

COMPILATION OF THE  
WORLD HEALTH  
ORGANIZATION'S  
CURRENT  
RECOMMENDATIONS ON  
ADOLESCENT SEXUAL AND  
REPRODUCTIVE HEALTH

## Safe abortion care

### 1) Definitions

*Abortion* refers to a voluntary intervention to terminate an unwanted, mistimed, or unplanned pregnancy. The persons, skills and medical standards considered safe in the provision of abortion are different for medical and surgical abortion and depend on the duration of the pregnancy.

*Safe abortion* refers to abortion that is done with a method recommended by WHO (i.e. medical abortion, vacuum aspiration, or dilatation and evacuation), is appropriate to the pregnancy duration, and is provided by a trained health-care provider.<sup>82</sup>

*Less safe abortion* refers to abortion that only meets one of two criteria – i.e. either the abortion is done by a trained health-care provider but with an outdated method (e.g. sharp curettage) or a safe method of abortion (e.g. misoprostol) is used but without adequate information or support from a trained individual.<sup>82</sup>

*Least safe abortion* refers to abortion that is provided by untrained individuals using dangerous methods (i.e. ingestion of caustic substances, insertion of foreign bodies, or use of traditional concoctions).<sup>82</sup>

### 2) Rationale

*Unsafe abortions among adolescents are an important problem.* An estimated 3.9 million girls aged 15 to 19 years undergo unsafe abortions every year in the developing world.<sup>20</sup>

*Unsafe abortions among adolescents have major health consequences.* Approximately 8% of all maternal mortality between 2003 and 2012 was attributable to abortion.<sup>83</sup> Compared with older women, adolescents are more likely to seek abortions from untrained providers, have a self-induced abortion, more likely to terminate their pregnancies after the first trimester when the procedure is more dangerous, more likely to delay seeking medical care for complications following unsafe abortions, and are less likely to know about their rights concerning abortion and post-abortion care and to report having had an abortion.<sup>84</sup>

*Safe abortion care carries low risk.* Safe abortion care carries very low health risks; safe abortion can have a lower risk than an injection of penicillin or carrying a pregnancy to term.<sup>85,86</sup>

*However, laws and policies need to be less restrictive and provision of quality services needs improvement.* Access to safe abortion services is highly restricted in many countries, and restrictive abortion laws are associated with higher levels of maternal mortality.<sup>87,88</sup> Countries further restrict adolescent access to safe legal abortion through barriers related to consent (parental, spousal, or health-care provider), age, and marital status for minors and restrictions on information provided to the public.<sup>89</sup> Where safe abortion care is provided to adolescents, it often is not adolescent-friendly.<sup>90</sup>

## 1) Relevant WHO guidelines

a) [WHO. \*Safe abortion: Technical and policy guidance for health systems\*. Geneva: WHO; 2012.](#)<sup>85</sup>

This guideline, which is relevant for but not specific to adolescents, consolidates recommendations for providing safe abortion care. Broadly, it describes methods for surgical abortion, medical abortion, abortion for pregnancies of gestational age over 12 to 14 weeks, care preceding induced abortion and post-abortion care. This guideline issues the same recommendations for adolescents as for adults, along with the following adolescent-specific recommendations:

➤ *Policy:*

- An enabling regulatory and policy environment is needed to ensure that every woman who is legally eligible has ready access to safe abortion care. Gear policies to respect, protect and fulfill the human rights of women, to achieve positive health outcomes for women, to provide good-quality contraceptive information and services, and to meet the particular needs of poor women, adolescents, rape survivors and women living with HIV.

b) [WHO. \*WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries\*. Geneva: WHO; 2011.](#)<sup>10</sup>

This guideline, which is specific to adolescents, provides recommendations for action and research to prevent early pregnancy and poor reproductive outcomes among adolescents. Broadly, it recommends reducing marriage before the age of 18 years, reducing pregnancy before the age of 20 years, increasing use of contraception by adolescents at risk of unintended pregnancy, reducing coerced sex among adolescents, reducing unsafe abortion among adolescents, and increasing use of skilled antenatal, childbirth, and postnatal care among adolescents. With regards to abortion, the guideline issues the following adolescent-specific recommendations:

➤ *Policy:*

- Ensure that laws and policies enable adolescents to obtain safe abortion services.

➤ *Community:*

- Identify and overcome barriers to the provision of safe abortion services for adolescent girls.

➤ *Health facility:*

- Ensure that adolescents have access to post-abortion care as a life-saving medical intervention, whether or not the abortion or attempted abortion was legal.
- Ensure that adolescents who have had abortions can obtain post-abortion contraceptive information and services, whether or not the abortion was legal.

- *Individual:*

- Enable adolescents to obtain safe abortion services by informing them and other stakeholders about the dangers of unsafe methods of interrupting a pregnancy, the safe abortion services that are legally available, and where and under what circumstances abortion services can be legally obtained.

c) [WHO. Health worker roles in providing safe abortion care and post-abortion contraception. Geneva: WHO; 2015.<sup>91</sup>](#)

This guideline, which is relevant for but not specific to adolescents, consolidates recommendations on the safety, effectiveness, feasibility and acceptability of involving a range of health-care providers in the delivery of recommended and effective interventions for providing safe abortion and post-abortion care, including post-abortion contraception. Broadly, it provides clinical guidelines on the management of abortion and post-abortion care in the first trimester and beyond 12 weeks, management of non-life-threatening complications, provision of post-abortion contraception, pre- and post-abortion counseling, and provision of information on safe abortion. This guideline issues the same recommendations for adolescents as for adults.

d) [WHO. Consolidated guideline on sexual and reproductive health and rights of women living with HIV. Geneva: WHO; 2017.<sup>37</sup>](#)

This guideline, which is relevant for but not specific to adolescents, consolidates recommendations on the sexual and reproductive health and rights specific to women living with HIV. Broadly, it describes strategies for planning, developing and monitoring programmes and services that promote gender equality and human rights, taking into account national and local epidemiological contexts. This guideline issues the same recommendations for adolescents as for adults.

## **2) Key concepts to consider**

*Restrictive laws and policies often force adolescents who need safe abortion care to seek illegal and unsafe abortions.*<sup>88</sup> Abortion laws and policies should not create situations that lead adolescents to seek unsafe abortions.<sup>85</sup> Instead, they need to support reduction of maternal mortality and morbidity caused by unsafe abortion by overcoming policy, social and programmatic barriers that hinder access to and timely provision of safe abortion care.<sup>10,85</sup>

*Adolescents are less likely than adult women to obtain safe abortion services.*<sup>84</sup> Adolescents and other stakeholders need to be informed about the dangers of unsafe abortions, the safe abortion services that are legally available, and where and under what circumstances abortion services can be legally obtained.<sup>10</sup>

*Abortion services and health-care providers are often not adolescent-friendly.*<sup>90</sup> Health-care providers should be trained to inform, counsel and provide services to adolescents according to their evolving capacities, and health-care providers should be responsive to the specific needs of different groups of adolescents.<sup>10</sup> Abortion services, particularly with adolescents, should be non-judgmental, free of coercion, and respect women and girls' informed and voluntary decision-making, autonomy, confidentiality and privacy.<sup>10,85</sup> Services should be available at the primary-care level, with referral systems in place for all required higher-level care.<sup>85</sup> As adolescents may be particularly affected by user fees as a barrier to safe abortion services, they should be considered exempt.<sup>10,85</sup> Furthermore, unmarried adolescents may be under pressure to have an abortion and those suffering from coercion should be referred for counseling and social and legal support.<sup>85</sup>

### 3) Key complementary documents in addition to the WHO guidelines

- a) [WHO. Clinical practice handbook for safe abortion. Geneva: WHO; 2014.](#)<sup>92</sup>
- b) [OHCHR, UNFPA, UNICEF, UN Women and WHO. Interagency statement: Preventing gender-biased sex selection. Geneva: WHO; 2011.](#)<sup>93</sup>
- c) [Renner R-M, de Guzman A, Brahmi D. Abortion care for adolescent and young women. International Journal of Gynecology & Obstetrics. 2014; 126\(1\):1-7.](#)<sup>94</sup>
- d) [Guttmacher Institute. Adolescents' Need for and Use of Abortion Services in Developing Countries. New York: Guttmacher Institute; 2016.](#)<sup>90</sup>
- e) [Ipas. Provision of Abortion Care for Adolescent and Young Women: A Systematic Review. Chapel Hill: Ipas, 2013.](#)<sup>95</sup>

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