

# COMPREHENSIVE ABORTION CARE

MEDICAL ABORTION TRAINER GUIDE

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## CREDITS

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## GUIDANCE FOR TRAINERS

# INTRODUCTION

Welcome to Dkt WomanCare Global Trainer Guide. This document is designed to guide team members who are providing information and education on medical abortion (MA) for internal and external stakeholders. It is suitable for both clinical and non-clinical audiences.

This guide covers subject matter related to medication abortion pills and the management of induced abortion, early pregnancy loss (miscarriage) and postabortion care up to 14 weeks gestation.

## Objectives

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At the end of the training, the trainees will be able to:

- Describe the management of induced abortion, early pregnancy loss and postabortion care up to 14 weeks gestation
- List the indications for medication abortion pills
- List the types of medication abortion pills, how they work and how effective they are
- Give accurate advice for follow up care, including contraception

## How to use this guide

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This suggests a format for a 4 hour training on use of medication for induced abortion and the management of early pregnancy loss. It covers essential information related to provision of safe, effective, patient centred MA services and further discusses specific points related to early pregnancy loss and postabortion care. It also contains instructions to facilitate some additional exercises that can be useful in a training setting.

The time allocations suggested in the agenda are a guide only. Some audiences may already be familiar with the content and require less time in the classroom.

## Trainer preparation

1

The trainer must have minimum knowledge of medication abortion and must have passed the training program themselves. They must also possess planning and management skills to run classroom based learning sessions.

2

For role plays, the trainers should be able to provide objective, supportive and challenging feedback where required.

3

Trainers should ensure that the trainees have all the information about the subject matter in advance of the event. This can take the form of the Dkt WomanCare Global Medication Abortion Guidelines, the accompanying Medication Abortion Trainee Manual, or job aids.

## Training format



This training is based on the DKT WomanCare Medical Abortion Guidelines. These are summarised in the Medical Abortion Trainee Guide which should be distributed to all trainees in advance of training.



The training is classroom based, with supplementary training aids of a slide presentation and role play scenarios. It is not designed for teaching with live patients.

## Who is eligible to attend this training?

Attendees of this training do not need to have a minimum level of competence or knowledge. They can be from a wide range of backgrounds including:

- Health care providers of all cadres including specialists, clinical officers, nurses, midwives, pharmacists.
- Community or lay health workers
- Sales teams
- Other non clinical members of the team who require correct knowledge of medical abortion

## Assessment

This will take the form of a knowledge test, which will take place before and after the training sessions. The pass mark for this is 80%.

Role plays are not formally assessed but feedback is encouraged.

On completion of this training, trainees will be given:

- A certificate of attendance and
- An assessment certificate if they pass the knowledge test with a score of 80% or more.

## Course evaluation

It is critical to collect information on your training session and its outcomes so that future courses could be improved.

Collect information using a scale of 1-4 using one feedback sheet per trainee. Ask if the trainees were satisfied with:

- Length of the course
- Appropriateness of course content for their role
- Quality of the training components – slide presentation, role plays etc
- Quality of reference materials
- How well the course is organised

Always collect information on the names of the people who have attended, their roles, and the score from their pre and post knowledge tests and any other feedback they were given.

## General training techniques

Energiser exercises can be useful to refocus on the training, for instance after lunch break, or when the trainer feels energy is reduced in the room. They should last for approximately 2 minutes and can take the form of

- Standing up, throwing a ball to each other and calling out an interesting fact they have heard that day,
- Look up/look down game
- Dance to a music reel

# Training on Medications for Comprehensive Abortion Care:



## Summary outline with indicative timings



If you plan to open the training with validation by a key person, make sure you have allocated enough time in the beginning for this, and this does not cut into your training time.



If you invite a key person to open the course, request that they highlight the importance of the topic globally and locally and motivate participants to read and use all of the course materials suggested during the training.



Pre training preparation: ensure adequate numbers of relevant resources to give to trainees.

Table: The following shows Indicative timings and provides an overview of the training – it is not intended as a handout

Example Timings	Session Title / Focus	Suggested Time Allocation	Resources / Method	Slide Numbers
09:00 - 09:15	Welcome, Introductions: trainers and trainees, Overview and expectations, Ground rules, Questions	15	Course outline Aims and objectives Flipchart ground rules Discussion	Slide 1
09:15 - 09:45	Pre-test	30	Evaluation Tool: Pre-Test Test Script	
09:45 - 09:50	Learning outcomes	5	Facilitated discussion	Slide 2
09:50 - 10:00	Global challenge of abortion	10		Slides 3 - 8
10:00 - 10:05	Early pregnancy loss or miscarriage	5		Slides 9 - 10
10:05 - 10:15	Overview of abortion methods	10		Slides 11 - 15
10:15 - 10:45	Overview of Medical/ Medication Abortion	30		Slides 16 - 32
10:45 - 11:00	TEA BREAK	15		
11:00 - 11:15	A high-quality medical abortion service	15	Flipchart	Slides 33 - 36
11:15 - 11:20	Post-abortion contraception	5		Slides 37 - 39
11:20 - 12:00	Role plays	40	Role play handouts	
12:00 - 12:10	Role of telemedicine in MA	10		Slides 40 - 42
12:10 - 12:40	Post-test	30	Evaluation tool: test script	
12:40 - 12:55	Training evaluation and review of expectations	15	Training evaluation forms Flipcharts	
12:55 - 13:10	Certificates and closing	15	Certificates	
13:10	LUNCH			

## Detailed Session Guide



### Welcome & Introduction

Suggested time allocated: 5 minutes

Resources: Flipchart,  
Name Tags.

Trainers should welcome participants to the course and let them briefly introduce their roles and backgrounds using the following activity.

Ask each trainee to introduce themselves. Put these questions on a slide or *flipchart*.

- Name, (how they wish to be addressed)
- Where they are located
- Their role
- How this training will be of benefit to them (in one word)

*This can take a lot of time if number of trainees is large. In such cases, the trainer can give each participant a plastic/paper name tag/plate where they can write these details and stick them on their dresses/ coats etc for others to read*

The trainer, taking the lead, should thank participants for attending. Remind everyone that this is an assessed course, and there will be a knowledge test at the beginning and end of the training.



### Overview and expectations

Suggested time allocated: 5 minutes

Resources: Flipchart

The purpose of this is to clarify expectations and involve the trainees in their learning.

Give an overview of the course objectives on a *flipchart* and the proposed agenda, ask the trainees if they have any particular learning needs from the session.

Ensure that these are written on a *flipchart* and they are returned to at the end of the training to decide if these have been met.

Distribute any materials such as guidelines and technical information.

Explain to trainees any logistics related to the venue and timings of breaks.



## Ground rules

Suggested time allocated: 5 minutes

Resources: Flipchart



The purpose is to build trust within the group and establish a supportive learning environment.



This is good practise for all group trainings and should be led by the trainees themselves.



Ask trainees in the group for rules on how people should behave during the training. This may include rules about no mobile phones, not interrupting other people, respecting other people's opinions, active participation and being on time. Ensure that these are written on a *flipchart* and agreed by the group.



Pre-test should be completed now



## Learning outcome

Suggested time allocated: 5 minutes

Resources: Facilitated discussion on Slide 2



By the end of this training trainees should be able to:

- Provide an overview of Abortion and its global challenges
- Explain Early Pregnancy Loss (Miscarriage)
- Provide an overview of different abortion methods
- Provide an overview of Medication Abortion
- Explain After-Care / Post-abortion Care
- Explain options for Medical Management of Early Pregnancy Loss
- Describe a high quality Medication Abortion (MA) service
- Provide options for post-abortion contraception
- Explain the role of telemedicine in abortion care



## Global Challenge of Abortion

Suggested time allocated: 10 minutes

Resources: Slides 3 - 8



Start by providing an overview of abortion.



Discuss key facts on abortion.



Emphasise the difference between safe and unsafe abortion methods and give definitions.



Describe the challenges of unsafe abortion globally.



Use this opportunity to discuss the short, medium and long term consequences of unsafe abortion



## Early Pregnancy Loss or Miscarriage

Suggested time allocated: 5 minutes

Resources: Slides 9 - 10



Discuss the key definitions related to early pregnancy loss and miscarriage highlighting why they are important for comprehensive abortion care related services:



Types of early pregnancy loss or miscarriage: threatened, missed and incomplete miscarriage.



## Overview of Abortion Methods

Suggested time allocated: 10 minutes

Resources: Slides 11 - 15



Provide an overview of different methods of abortion.



Explain differences between D&C, surgical methods (electric and manual vacuum aspiration) and medical methods.



Emphasize that D&C is not a recommended method.



Ask the trainees why D&C should not be used, and present the global evidence that MVA and Medical Abortion are used as preferred methods for evacuation of the uterus in most parts of the world.



## Overview of Medical Abortion

Suggested time allocated: 30 minutes

Resources: Slides 16 - 32



Provide an overview of medical abortion and drugs used.



Explain the mechanism of action and contraindications of the drugs.



Explain the important steps of managing an induced abortion with pills. Emphasize key components of the service:

- Assessing eligibility for medical abortion (diagnosing and dating the pregnancy, ruling out medical contraindications);
- Administering the abortion medicines with instructions on their appropriate use and managing the common side-effects;
- Assessing whether the abortion process has had a successful outcome and whether any further intervention is required.



Explain side-effects that can be expected after taking the drug and the importance of follow-up care.



Discuss possible complications after medical abortion and their danger signs.



Discuss signs that indicate that the medical abortion might be unsuccessful.



Explain how medical abortion can be self-managed in early pregnancy.



Explain protocols used for medical management of miscarriage or early pregnancy loss.



Ask trainees to summarize the key points of providing a high quality medical abortion service.



TEA BREAK

15 MINUTES



## A high quality medical abortion service

Suggested time allocated: 15 minutes

Resources: Flipchart,  
Slides 33 - 36.

### 'What is required for a high quality medical abortion service?'

Write this question on a flip chart and ask the group the key requirements for a high quality service for women seeking medical abortion services.

Ensure that the following areas are covered in the discussion – counselling and choice, consent, privacy and confidentiality, comprehensive evidence-based information provision, high quality products, aftercare, signposting to other services, contraception.

Pre procedure care: discuss what is essential prior to administration of medical abortion?

Essential: establishing indication, consent, estimating gestational age.

Emphasize that the following are not routinely required according to the WHO guidelines: antibiotics, anti-D administration, blood tests, infection screening.

Discuss how to establish gestational age? Provide the scenario given below to the group then summarise the discussion with slides 33 - 36.

### Scenario #1

If a client presents on **October 19th**, and says the first day of her last menstrual period was **August 20th**, what is her gestational age?

11 days until end of August + 30 days in September + 19 days in October  
= 60 total number of days since LMP.

So a gestational age of **8 weeks and 5 days**.  
*Discuss the implications for inaccurate estimation*



## Post Abortion Contraception

Suggested time allocated: 5 minutes

Resources: Slides 37 - 39

Provide an overview of post abortion contraception and what contraceptive methods can be started at what time after a surgical and medical abortion.



## Role Plays

Suggested time allocated: 40 minutes

Resources: Role play handouts

Assign a volunteer pair two case studies that would be eligible for medical abortion and ask them to carry out role-play consultations during which one plays the part of a provider describing the correct medical abortion regimen and monitoring process to the other playing the case study client. The pair should then switch roles for the other case study.

### Case Study #1

PAT  
(eligible)

- 6 weeks GA.
- Combination is preferred if available.
- For **combination** give mifepristone 200mg in centre and advise to take misoprostol 800µg vaginal, buccal or sublingual at home in 24 – 36 hrs.
- Advise and give PAFP.
- Ensure clear instructions for how and when to take the drugs are given along with clear instructions on what to look out for and reasons to return.
- For misoprostol only regime, admit and administer 800µg vaginal or sublingual every 3 hours for a maximum of 3 doses. Monitor for signs of expulsion (vital signs, bleeding, pain), give pain killers, advise and give PAFP as appropriate.

### Case Study #2

ANNA  
(eligible)

- 9 weeks gestational age, found to have a missed miscarriage.
- Combination is preferred if available.
- For **combination** give mifepristone 200mg in centre and advise to take misoprostol 800µg vaginal, buccal or sublingual at home in 24 – 36 hrs.
- Ensure clear instructions for how and when to take the drugs are given along with clear instructions on what to look out for and reasons to return.
- For misoprostol only regime, admit and administer 800µg vaginal or sublingual every 3 hours for a maximum of 3 doses. Monitor for signs of expulsion (vital signs, bleeding, pain), give pain killers.

Summarise dosing schedule with Slide 30.

Also summarise the differences between surgical and medical methods, with an emphasis on patient choice and acceptability.



## MA Using Telemedicine

Suggested time allocated: 10 minutes

Resources: Slides 40 - 42



Provide an overview of telemedicine.



Ask trainees how abortion related services can be provided using telemedicine and summarize using slide 42.



## Evaluation and review of expectations

Suggested time allocated: 15 minutes

Resources: Training Evaluation Sheets, 'Expectations' Flipchart, 'Positive Actions' Flipchart.



Give out the *Training Evaluation Sheets* and ask participants to complete these now and to hand them to a Trainer explaining how their comments will be used. Make sure that they have all been collected before participants leave.



Then invite participants to retrieve or identify any '*expectations*' they posted on the flipchart sheet on Day 1 and discuss in pairs and then with the large group, about how well this has been met or not.



Ask trainees to write down one '*positive action*' they will take back to their place of work to ensure high quality care.



## Whole group review, certificates and closing

Suggested time allocated: 15 minutes

Resources: Certificates, 'Ground rules' flipchart.



Give out participation and assessment *Certificates* as appropriate - or ask the person who gave the opening welcome to return to do this and reinforce the need for the work to continue.



Manage a final closing round for example, "one word to describe how you feel now at the end of the course ..." and plan who to start and end with (perhaps trainers who will model using just one word) and in which direction to continue this final round so that you end with someone whom will finish with a positive comment.



Thank everyone for attending the training, highlighting the '*ground rules*' on confidentiality agreement.

## Contact

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Email: [contact@dktwomancare.org](mailto:contact@dktwomancare.org)

[www.dktwomancare.org](http://www.dktwomancare.org)

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