

# Complications

## Purpose

The purpose of this activity is for participants to understand the risks associated with medical management of postabortion care and medically-indicated abortion at or after 13 weeks gestation, how often they occur, and to present an overview of how to identify and manage them. Women presenting for PAC and medical treatment may already be experiencing complications, and an essential part of their treatment is evacuation of the uterus. This time can also be used to discuss the current system that the trainees have for adverse event monitoring and reporting as well how these lessons learned are integrated into the care they provide.

Depending on the baseline knowledge, experience level or the needs of the group, you may need to combine this activity with a more indepth review of complication management (**see Chapter 4, page 39 of the *Medical Abortion Reference Guide: Induced abortion and postabortion care at or after 13 weeks gestation* ['second trimester'].)**)

## Materials

- Flipchart
- Markers
- MA complications flowchart (**see Appendix 6, page 35 of the *Medical Abortion Reference Guide: Induced abortion and postabortion care at or after 13 weeks gestation* ['second trimester'].)**)

## Timeline

1 hour (30 minutes large group and 30 minutes small group discussion and gallery walk)

## Instructions

- Depending on the baseline knowledge or the needs of the group, you may need to combine this activity with a more in-depth review of complication identification and management. Additionally, you may need to discuss when to choose when medical versus procedural-based uterine evacuation can be used. If only a brief overview is needed, you can facilitate a discussion by asking the group

## Training Curriculum – Postabortion care at or after 13 weeks gestation ('second trimester')

what complications occur with evacuation of the uterus using medications at or after 13 weeks gestation. Write their answers on a flipchart. The complications that they should include are:

- Infection
  - Failed evacuation
  - Uterine rupture
  - Hemorrhage
  - Retained placenta
- Once they have identified these complications or you have added to the list if they have not identified all the risks, emphasize the concept that PAC at or after 13 weeks gestation is lifesaving. The risks of the treatment are minimized by using safe technologies by trained providers. Now ask the group how often they think each risk might happen from the technology used to treat PAC and, if correct, write it next to the risk; if not, discuss what the correct percentage is:
    - Infection (2% or less)
    - Failed medical abortion (less than 1%)
    - Uterine rupture (much less than 1%; 1/1,000 women and in women with a previous scar 3/1000 women)
    - Hemorrhage (less than 1%)
    - Retained placenta (less than 10% but this can be managed safely with either medications or vacuum aspiration and does not necessarily increase the risk of hemorrhage or need for transfusion).
  - Next, divide participants into three small groups . Give each group a sign/symptom that a woman might experience (for example pain, fever, and bleeding). Have each group start with this sign/symptom, generate a differential diagnosis, and discuss management options for each diagnosis. Each group will be responsible for putting this information on a flipchart – be creative (drawings, use of newspaper or construction paper, etc). Once the groups are done, put the completed flipcharts around the room and have everyone walk around and review the charts (gallery walk). After everyone has reviewed the flipcharts, review any remaining questions.
  - Hand out the *Complications Flowchart/Job Aid (MA only)*.