

Complications

Purpose

The purpose of this activity is for participants to understand the risks associated with medical abortions at or after 13 weeks gestation, how often they occur, and an overview of how to identify and manage them. This time can also be utilized 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 in-depth review of complication management (**see Chapter 4, page 30 of the *Medical Abortion Reference Guide: Induced abortion and postabortion care at or after 13 weeks gestation* ['second trimester']**).

Materials

- Flipchart
- Markers
- *Complications Flowchart/Job Aid (MA only)* (**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. If only a brief overview is needed, then you can facilitate a discussion by asking the group what complications occur with medical abortions at or after 13 weeks gestation. Write their answers on a flipchart. The complications that they should be sure to include are:
 - Infection
 - Failed medical abortion
 - Uterine rupture
 - Hemorrhage
 - Retained placenta

Once they have identified these complications or you have added them to the list if they failed to identify all the risks, emphasize the concept that while medical abortion at or after 13 weeks gestation

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can be provided safely, the associated risks increase with advancing gestational age. The risk of medical abortion at or after 13 weeks gestation, however, is lower than a woman experiencing a delivery at term and risks are minimized by using safe technologies by trained providers.

Now ask the group how often they think each risk might happen (how many women out of 100 having a medical abortion at or after 13 weeks) and if correct, write it next to the risk – if not, discuss what the correct proportion 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 (about 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)*.