

Additional Module Activities

The following additional module activities were developed to expand the content of certain modules if training organizers deem this necessary. These additional activities can be included in appropriate places in the training agenda, according to participants' learning needs and training objectives.

Overview and Guiding Principles

Additional Activity

- Abortion Care Bingo

Abortion Care Bingo

Time: 30 minutes

Purpose

This activity helps participants get to know more about each other and about abortion care. This activity can be used as an icebreaker activity.

Preparation

- Duplicate one Abortion Care Bingo sheet for each participant.
- Ensure there is space for participants to mingle during the activity.
- You will need the Abortion Care Bingo key.

Instructions

- Ask participants to stay seated until you finish giving instructions, which are as follows:
 - Each person will receive an Abortion Care Bingo sheet, which they should keep face down until you say "start."
 - Once the sheets are turned over, participants should look at a box on the sheet, find another participant in the group who fits the description or can answer the question in the box, and write the answer and the person's first name in that box. For the boxes with an opinion or experience statement, they should just write the person's name in the box.
 - Once they have given or shared one piece of information, participants should move on to a new person.
 - The goal is to complete five boxes in a row (horizontally, vertically or diagonally).
 - There must be a different person's name in each of the boxes.
 - The box in the middle is a free space.
 - Once a participant has completed five boxes in a row, they can yell "BINGO!" The first person to correctly complete five boxes in a row and yell "BINGO!" is the winner.
 - If all of the answers are not correct according to the Abortion Care Bingo key, the game will

continue until the next person yells "BINGO!"

- Distribute Abortion Care Bingo sheets.
- Instruct participants to move to the open area.
- Wait until everyone is in the open area and has a pen and an Abortion Care Bingo sheet before telling them to start.

Comprehensive Abortion Care BINGO

B	I	N	G	O
<p>Believes all women have the right to high-quality, accessible abortion care.</p> <p>_____</p> <p>Name</p>	<p>Has provided counseling to someone receiving abortion-related care.</p> <p>_____</p> <p>Name</p>	<p>Knows what MVA stands for.</p> <p>M _____</p> <p>V _____</p> <p>A _____</p> <p>_____</p> <p>Name</p>	<p>Can name an international NGO that endorses women's sexual and reproductive rights.</p> <p>_____</p> <p>Name</p>	<p>Believes community linkages are a valuable asset to providing comprehensive abortion care.</p> <p>_____</p> <p>Name</p>
<p>Has observed a uterine evacuation procedure.</p> <p>_____</p> <p>Name</p>	<p>Has performed a uterine evacuation procedure.</p> <p>_____</p> <p>Name</p>	<p>Can name a local NGO that works on abortion-care issues</p> <p>_____.</p> <p>_____</p> <p>_____</p> <p>Name</p>	<p>Knows 2 of the 3 key elements that comprise the woman-centered abortion-care model</p> <p>_____.</p> <p>_____.</p> <p>_____</p> <p>Name</p>	<p>Has processed MVA instruments.</p> <p>_____</p> <p>Name</p>
<p>Has provided contraceptive methods to women.</p> <p>_____</p> <p>Name</p>	<p>Knows how many women die each year from complications of unsafe abortion.</p> <p>_____</p> <p>Name</p>	<p>BINGO (free space)</p>	<p>Knows the last name of one of today's trainers.</p> <p>_____</p> <p>Name</p>	<p>Can name a multinational health organization that supports abortion-care services.</p> <p>_____</p> <p>Name</p>
<p>Can name 2 sexual and reproductive rights in the IPPF Charter.</p> <p>_____</p> <p>Name</p>	<p>Knows the approximate % of pregnancies worldwide that end in abortion each year.</p> <p>_____</p> <p>Name</p>	<p>Has always upheld women's confidentiality and privacy.</p> <p>_____</p> <p>Name</p>	<p>Believes counseling is an essential element of abortion-related care.</p> <p>_____</p> <p>Name</p>	<p>Knows what EC stands for.</p> <p>EC _____</p> <p>_____</p> <p>Name</p>
<p>Knows what first-trimester methods of uterine evacuation WHO recommends.</p> <p>_____</p> <p>Name</p>	<p>Can name 2 hormonal contraceptive methods.</p> <p>_____</p> <p>Name</p>	<p>Knows the definition of "choice."</p> <p>_____</p> <p>Name</p>	<p>Can name the year of the International Conference on Population and Development (ICPD) in Cairo.</p> <p>_____</p> <p>Name</p>	<p>Knows what LARC stands for.</p> <p>L _____</p> <p>A _____</p> <p>R _____</p> <p>C _____</p> <p>_____</p> <p>Name</p>

Abortion Care BINGO: KEY

B	I	N	G	O
Opinion	Personal experience	Manual Vacuum Aspiration	IPPF FIGO Ipas	Opinion
Personal experience	Personal experience	Locally appropriate answer	1. Choice 2. Access 3. Quality	Personal experience
Personal experience	Nearly 47,000	BINGO (free space)	Locally appropriate answer	WHO FIGO IPPF ICM
See IPPF Charter	22%	Personal experience	Opinion	Emergency Contraception
Vacuum aspiration and medical abortion	Oral contraceptive pills Injectables Implants IUS Skin patches Hormonal rings	The right and opportunity to select between options	1994	Long-acting reversible contraception

Reproductive Rights

Additional Activity

- My Childhood

My Childhood

Time: 1 hour

Purpose

To help participants describe the way society expects boys and girls to behave and examine the impact on provider-client interactions related to unwanted pregnancy.

Instructions

- Mention that social norms for men's and women's behavior are a powerful factor in determining what people do.
- Tell participants: *We are going to do a drawing exercise that will help us reflect on our experiences growing up. This exercise is not about how good or bad our drawing skills are, but rather, it's meant to help us express feelings or thoughts that are not always easy to put into words.*
- Give each participant a piece of paper and ask them to draw their most memorable childhood experience when they realized they were different from the opposite sex. For example, noticing as a child that boys were given outdoor chores while girls remained inside cooking and cleaning the house.
- Instruct that the differences should not be physical ones, such as boys urinating standing up and girls sitting down.
- Instruct that after they finish drawing, they should write on the top of the same paper the feelings they had when they realized that they were different.
 - Examples could be feeling angry about the unfair distribution of household tasks or feeling superior about having higher status seating at the dining table.
- Tell participants they have 15 minutes to complete their drawing and statements.
- Remind participants that this is not an art contest.
- Go around the room to ensure understanding of the task and provide support to participants as they draw.
- Then make your own drawing to share in the exercise.

Note to trainer: If participants feel they were not treated differently growing up and cannot think of anything to draw, ask them to think of a situation later in life, such as in a job, a first relationship or leaving home for the first time.

- Call the large group together and have participants share their drawings and feelings.

Post the drawings on the wall or a board, if possible.

- If the group is large, have participants break into smaller groups to share and then post the pictures up for others to look at during a break.
- Summarize on a flipchart the participants' key experiences and feelings.
- Lead a discussion based on the experiences described in the drawings, including the following:
Based on these experiences and feelings, how does society expect men and women to behave?
 - For example, men are supposed to protect women, women are inferior and supposed to show more respect to men, men have to earn the income for the family while women stay at home and care for the children.
- *Tell participants: Based on what we've discussed so far, how do you think society's expectations can lead to unwanted pregnancy?*

For example:

- If women are to be submissive to their husbands who don't want them to use contraceptives, then they cannot control their own fertility.
- If women depend on men for money to go to a clinic for contraceptives, then they cannot get easy access to contraceptives when they need them.
- If adolescent girls have sex with older men in exchange for school fees because their parents do not want to spend money educating daughters, then these girls are at higher risk for sexually transmitted infections and unwanted pregnancy.
- If men think women are their property, then women and girls can be more easily sexually assaulted.
- Finally, bring the discussion back to the participants by asking: *As health-care providers, do we take into account society's influence on women's reproductive rights and the experiences that lead to unwanted pregnancy when we interact with women needing abortion?*
- Conclude the activity by summarizing the key points and encouraging participants to consider the various factors that influence the reproductive rights and choices of women in their care.

(Adapted from Varkey et al., 2001)

Community Linkages

Additional Activities

- Creating Reproductive-Health Messages
- Planning Referral Mechanisms

Creating Reproductive-Health Messages

Time: 45 minutes

Purpose

To have participants think through the important components of creating targeted health messages that raise awareness and dispel myths regarding pregnancy and abortion.

Instructions

- Point out that there are many different venues for delivering health messages: billboards, pamphlets, public-service announcements on both radio and TV, comic book storyboards, street theater, plays or dramatizations, magazines, newspapers, press releases. (Refer to Appendix A in the Reference Manual.)
- Ask participants to brainstorm a list of common misperceptions, myths and assumptions regarding pregnancy and abortion.
- Pick six myths, misperceptions or assumptions and have participants break into six small groups, assigning each group one topic.
- Each small group should then discuss the following:
 - Who is the target audience for dispelling the myth, misperception or assumption
 - A good medium for the message
 - A medium for the message that may not be as effective with that audience
 - A rough draft of the message
 - A rough plan for diffusing the message (who, where, how long/often, cost)
- Have each group report back a summary of their health-message planning session.

Planning Referral Mechanisms

Time: 45 minutes

Purpose

To plan for the establishment of referral mechanisms between and among providers and communities.

Instructions

- Ask participants to make a list of public and private abortion-related services—both formal and informal if appropriate—in their communities. They could gather information from the

Community Map and Profile if necessary.

- Participants should then determine if any of these services have formalized referral agreements, listing those that do.
- Next, participants should list out any informal referral agreements that operate in practice.
- Finally, participants can make a plan for a good referral system among the services, including how and when such a system could be established.
- Point out that if possible, all types of providers and services should be included in the system, including those not linked to the government.
- This plan can be integrated into the Action Plan Worksheet for follow-up.

Uterine Evacuation Methods

Additional Activities

- Panel of Administrators: Shift to UE Services with MVA and/or Medical Methods
- Overcoming Opposition to MVA and/or Medical Methods

Panel of Administrators: Shift to UE Services with MVA and/or Medical Methods

Time: 35 minutes (depending on size of panel)

Purpose

Allows participants to hear facility administrators describe their process for changing uterine evacuation methods from sharp curettage (SC) to manual vacuum aspiration (MVA) and/or medical methods and hear suggestions about how participants could do the same in their facilities.

Preparation

- Invite a panel of administrators from facilities that have successfully changed from uterine evacuation with SC to MVA and/or medical methods.

Instructions

- Ask each administrator to address their rationale for making the change, the issues and challenges they faced and how they overcame them, and the outcomes of the change.
- Invite participants to ask panelists questions and for suggestions about making a similar change in their own facilities.

Overcoming Opposition to Providing UE Services with MVA and/or Medical Methods

Time: 35 minutes

Purpose

Allows participants to identify the arguments that may be made against transitioning to MVA and/or medical methods for uterine evacuation and then work together to devise responses and solutions.

Preparation

- The small groups will need paper and pens to complete this activity.

Instructions

- Divide participants into small groups.
- Have small groups brainstorm potential opposition to transitioning to MVA and/or medical methods for uterine evacuation in their facilities.

- Have them write down arguments that others might make against the transition and the specific positions that might be held by those opposing the transition.
- Ask participants to make these arguments as realistic for their circumstances as possible.
- Give an example of an argument that might be made against transitioning to MVA services:
 - Providers would need to be retrained and the facility would have to procure new instruments and supplies.
- Give an example of an argument that might be made against transitioning to medical methods for uterine evacuation:
 - Providers would need to be retrained and the facility would need to expand toiletry and resting/waiting areas.
- When the small groups have finished brainstorming, ask that some members of each group role play (or just debate) the opposition, giving their arguments against the transition. They should play the roles of people in specific positions where relevant.
- Ask other small-group members to role play the proponents of the transition, stating their rationales for making the transition.
- Ask each small group to work together as a team to figure out concrete strategies for overcoming their disagreements and develop solutions that will work for everyone involved.
- Ask each small group to briefly summarize their arguments and solutions for the large group.

Monitoring to Improve Services

Additional Activities

- Monitoring Planning Practice
- Implementing a Monitoring System: Barriers and Solutions

Monitoring Planning Practice

Time: 45 minutes

Purpose

Provides the opportunity for participants to begin planning how to monitor certain aspects of services.

Preparation

- Participants will use Table 5-2: *Examples of abortion services monitoring* in the Reference Manual.
- Each group will need at least one piece of flipchart paper.

Instructions

- Divide the participants into five small groups.
- Assign each group one of the following aspects of abortion-related services:
 - Infection prevention
 - Management and organization of services
 - Counseling
 - Contraceptive counseling and services
 - Client satisfaction
- Ask each group to begin planning how to monitor to improve the aspect of services they were assigned, using Table 5-2: *Examples of abortion services monitoring* in the Reference Manual as an example.
- They should include details about:
 - Indicators: What will we use to measure our activities?
 - Information sources: Where can we get this information?
 - Checklists, questionnaires and exit interviews: What type of questions should we ask?
- Each group should select a “recorder” who will write the group’s answers on a piece of flipchart paper.
- Suggest that someone else in each group be chosen as the “reporter” who will present their group’s work to the larger group.

- Give the small groups 20 minutes to develop their monitoring plans.
- After 20 minutes have passed, call the group together and ask each small group to present their work.

Implementing a Monitoring System: Barriers and Solutions

Time: 45 minutes

Purpose

Gives participants the opportunity to practice addressing barriers to implementing a routine monitoring system.

Preparation

- Each group will need several sheets of flipchart paper.

Instructions

- Divide the participants into four small groups.
- Explain to the groups that they should think of themselves as “planners,” anticipating barriers as they plan a new monitoring system.
- Ask each group to brainstorm all the barriers that they might encounter in implementing the monitoring system. Possible barriers include:
 - Not enough staff
 - Not enough time
 - Not enough money
 - Lack of knowledge of monitoring and evaluation concepts and tools
 - Training needed
 - No staff buy-in
 - Fear of results
 - Fear that poor results might affect funding
- Tell the group they will have 15 minutes to work on the activity.
- Ask that one person in each group be a “recorder” who will write the list of barriers down the left side of a piece of flipchart paper.
- Ask the group to also designate a “reporter” who will present the group’s work at the end of the activity.
- When the lists of barriers are complete, ask each small group to pass their flipchart paper to the group to their right. Every group should now have a list of barriers from another group.
- Explain to the groups that they should now think of themselves as “consultants” to the groups who created the lists of barriers they now have.

- Ask each group to brainstorm possible solutions to each of the barriers on the flipchart paper. Tell them that they will have 15 minutes to come up with a list of solutions.
 - They should record the solutions next to the barriers on the flipchart paper.
 - Tell them to prioritize the top three barriers and corresponding solutions.
- After 15 minutes, bring the large group back together.
- Ask for one of the groups to report back about their barriers and solutions.
 - If time is limited, ask the group to report on the three most important barriers for which they developed solutions.
- Ask for comments from the rest of the group.
- Ask another group to report on *different* barriers and solutions.
- Ask for questions and comments from the rest of the group.
- Repeat this process until all of the small groups have had a chance to report.

Informed Consent, Information and Counseling

Additional Activities

- Values and Attitudes
 - Active Listening
 - Counseling Special Populations
 - Empathy
 - Demonstration of Effective Communication
 - Experiencing Loss
-

Values and Attitudes

Time: 20 minutes

Purpose

Shows participants how values and attitudes can affect the quality of care they deliver to women.

Preparation

- Prepare two different-colored sticky notes, or small squares of paper with tape attached, for each participant.
- Prepare two flipcharts with these sentence fragments, adapted as needed:
 - Women living with HIV who want to have children...
 - Women who have multiple abortions...

Instructions

- Explain to participants that they are going to explore how their values and attitudes about women can influence the quality of abortion-related services they provide.
- Give each participant two different colored sticky notes.
- Tell participants that you will show them two sentence fragments, one at a time.
- Without writing their name, they should write down on the sticky note their immediate response, their initial feelings, an opinion or a statement about the sentence fragment.
 - It is important for participants to be completely honest. Individual responses will be anonymous, but the group will read and discuss them.
 - Make sure all participants use the same color sticky note for each sentence fragment.
- Post the flipchart with the sentence fragment “Women living with HIV who want to have children...”

- Give participants 30 seconds to write down a response.
- Remind them to write down their immediate, uncensored reaction.
- Tell them that if they take too much time, it means that they are thinking too much about their response.
- Collect the responses and stick them on the flipchart under the sentence fragment.
- Post the flipchart with the sentence fragment “Women who have multiple abortions...”
 - Give participants 30 seconds to write down a response.
- Collect their responses and stick them on the flipchart under the sentence fragment.
- After all responses have been posted on the flipcharts, ask a volunteer to read aloud the responses to the first fragment.
- Then ask for a second volunteer to read the responses to the other fragment.
- Allow participants to process the exercise by addressing the following questions:
 - *What did you observe about the values and attitudes held by people in this course?*
 - *How much do women sense about their health-care providers' attitudes toward them?*
 - *As a health-care provider, how might your values and attitudes influence the care you give your clients?*
 - *As a health-care provider, what do you do when you have a strong belief about a certain woman or her behavior?*
 - *What biases could potentially interfere with providing high-quality abortion-related care?*
- Conclude by emphasizing:
 - Health-care providers can communicate judgment and disapproval about a woman, her behaviors or her choices without speaking a word, through tone of voice, body language and gestures.
 - It is important that providers become aware of their personal values and beliefs and learn how to separate those from their professional practices.

Active Listening

Time: 10 minutes

Purpose

Allows participants the opportunity to practice active listening and experience what it feels like to talk to an active listener.

Instructions

- Ask participants to divide into pairs.
- Ask each person to think of *any* topic they can talk about easily for three minutes.
- Ask one person in each pair to talk without interruption for three minutes while the other person

actively listens.

- The active listener can use nonverbal communication, encouraging words and open-ended questions, but they should not turn the topic to themselves.
 - After three minutes, ask participants to switch roles. The other person should then talk without interruption for three minutes while the other actively listens.
 - Then lead a large-group discussion by asking:
 - *How did it feel to have someone actively listen to you?*
 - *How did it feel to actively listen to someone?*
 - *How often do we actively listen to each other in our everyday lives?*
 - *How could active listening impact a woman's experience in the abortion-care counseling session and during the abortion-care clinic visit overall?*
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Special Counseling Considerations

Time: 30 minutes

Purpose

Help participants develop special considerations for certain women seeking abortion-related care.

Preparation

- Research which special considerations are most often seen in abortion-care settings at participants' facilities and select four.
- Prepare additional handouts, such as articles and other information, on any of those special considerations, if desired.
- Duplicate the Special Counseling Considerations worksheet.

Instructions

- Divide participants into four small groups.
- Distribute Special Counseling Considerations worksheet.
- Assign each group one of the four special populations.
- Ask participants to complete the worksheets and write their responses on flipchart paper.
 - Participants can use the Reference Manual, any additional materials provided by the trainer and their own experiences to complete their worksheets.
- After 10 minutes, call everyone back into the large group and have each group briefly report their findings.

Special Counseling Considerations worksheet

Special considerations (check one)

- ☐ Young women
- ☐ Women with multiple abortions
- ☐ Women who have experienced violence
- ☐ Women living with HIV
- ☐ Women who engage in sex work
- ☐ Women with cognitive and developmental disabilities and/or mental illness
- ☐ Women in refugee and displaced settings
- ☐ Women who have experienced genital cutting
- ☐ Women who partner with women

What are key issues for these women?

What are specific abortion-care considerations for these women?

What are some abortion-care counseling questions you might ask?

What referrals for additional care might you make?

Empathy

Time: 20 minutes

Purpose

This activity enhances participants' ability to feel empathy for women receiving abortion-related care.

Instructions

- Read the following three Empathy scenarios out loud.
- After reading each scenario:
 - Ask participants to try to empathize with the woman in the scenario. Encourage them to attempt to look at the situation from her point of view and feel what she might be feeling.
 - Ask participants to try to identify the deeper, underlying reasons that a woman might seek an abortion or treatment for a miscarriage.
 - » For example, in the first scenario, some underlying reasons are: poverty, inability to support a child, desire to continue her education, social stigma against single mothers, abandonment by her boyfriend, fear of social reprisals if sexual relationship with a married man is discovered

Empathy Scenario 1: A poor, young, unmarried woman becomes pregnant by her married boyfriend who was supporting her financially while she was in school. He refuses to help with the pregnancy or the child.

Empathy Scenario 2: A woman becomes pregnant while her husband is unemployed. Her husband has a history of beating her when he is upset or drunk. She miscarries when her husband beats her upon finding out about the pregnancy.

Empathy Scenario 3: A woman cares for her four children who are all under six years of age, as well as for her elderly in-laws. When she becomes pregnant again, she sees a local doctor who tells her that having another child will threaten her health.

Demonstration of Effective Communication

Time: 30 minutes

Purpose

This activity demonstrates effective communication techniques.

Preparation

- Review the scripts.
- Ask a volunteer or co-trainer to act as the client and have that person review the script.
- Participants will need a sheet of paper to complete this activity.

Instructions

- Tell participants that you and a volunteer will first demonstrate ineffective communication and then do a second demonstration of effective communication techniques.
 - Instruct participants to note the ineffective and effective techniques on a sheet of paper as they observe the demonstration.
- Using the script, demonstrate *ineffective* counseling techniques.
- Ask the participants: *What ineffective communication strategies did you observe?*
 - Correct responses include:
 - » Closed-ended questions
 - » Lack of attention
 - » Hurried tone
 - » Non-caring attitude
 - » Accusatory statements
 - » Impatience
- Using the script, demonstrate *effective* communication techniques.
- Ask the participants: *What effective communication strategies did you observe?*
 - Correct responses include:
 - » Open-ended questions
 - » Welcoming facial expression and body language
 - » Encouraging words
 - » Neutral tone of voice and facial expressions
 - » Caring attitude
 - » Open-mindedness

Demonstrating Communication Techniques Scripts

Ineffective verbal and nonverbal communication skills:

Provider: "Do you need an abortion today?"

(The provider is flipping through paperwork on her desk and does not focus her attention on the client. Her tone is hurried and impatient.)

Woman: "Yes."

Provider: "Do you feel sad about it?"

(The provider's facial expression and tone do not indicate caring or concern.)

Woman: "No."

Provider: "Why not?"

(The provider's tone is surprised and slightly accusatory.)

Woman: "I didn't want to be pregnant in the first place. I just had my third child a year ago." (The provider writes down the woman's statement but does not otherwise acknowledge what the woman has told her.)

Provider: "Do you need anything else today?"

(The provider's facial expression and body language continue to indicate that she is not interested and is in a hurry to finish the counseling session.)

Effective verbal and nonverbal communication skills:

Provider: "What brings you here today?"

(The provider is facing the client, smiling and using eye contact that is culturally appropriate. The provider's tone of voice is low and reassuring.)

Woman: "I came here because I need an abortion." (The provider nods and looks understanding.)

Provider: "I see. How do you feel about ending your pregnancy?"

Woman: "I feel upset that I have to come here, but I know I will feel relieved afterwards."

Provider: "Tell me more about this. What makes you feel upset?"

(The provider's facial expression and body language remain open and understanding. She does not show surprise or any negative reactions.)

Woman: "I didn't want to be pregnant in the first place. I just had my third child a year ago." Provider: "I understand. So you don't feel you want to have another child at this time. Tell me more about what you feel you need here today."

(The provider nods. The provider's facial expression and body language remain open and inviting.)

Experiencing Loss

Time: 20 minutes

Purpose

Gives participants the opportunity to develop empathy for feelings of loss women may have.

Preparation

- Scissors and several sheets of paper of two different colors will be needed.
- Cut 8x8cm (3x3 inch) squares of paper and compile a packet of 12 squares, six of each color, for each participant.

Instructions

- Explain the importance of remaining quiet throughout this activity.
 - There will be time for sharing at the end, but the focus of the activity is each individual's process.
- Distribute a packet of 12 squares, six of each color, to each participant.
- Ask participants to write down the names of two people that are personally important to them on two of one color of paper squares and two of the other color squares (writing only one name per square).
- Then ask participants to write two activities that they enjoy doing on two of the first color of paper squares and two of the other color squares (writing one activity per square).
- Finally, ask participants to write two material objects that are most dear to them on the remaining two first and second set of squares (one object per square).
 - Make sure each participant now has two identical sets of six pieces of paper of different colors, with one item (person, activity or thing) that they are most attached to written on each piece of paper.

Note to trainer: Sometimes these directions can be confusing to participants. Therefore, you may want to prepare another way to explain the directions just in case participants need clarification. One suggestion would be to have participants complete one set of colored squares with two people, two activities and two things and then copy that set onto the second set of different colored squares.

- Instruct participants to fold one set of colored squares in half and put aside.
 - Work with only one set of squares at this point. Choose which color set to work with first, ensuring that everyone uses the same color.
- Instruct participants to give up one of their squares (representing a person, activity or object).
 - Tell them that they are choosing to give up this person, activity or object forever.
- Collect those pieces of paper, putting them in a pile at the front of the room.
- Instruct the group to choose another person, thing or activity to give up forever, then collect those squares as well.

- Repeat this process once or twice more, but *never* use language that would suggest that it's their *last* loss.
 - Don't tell them how many rounds of losses are planned.
 - Participants should feel that they might have to make another choice.
- Ask participants about the feelings they are experiencing, for example: anger, sadness or frustration at having to give something up, guilt or regret over their preferences and choices made, appreciation of what they have left.
- Inform the participants that they may hold onto and put aside the squares they have left.
- Instruct participants to now take their intact set of squares and hold all six in their open hands. Remember that the squares should be folded once so the writing cannot be seen.
- Go around the group, taking pieces of paper away at random.
 - Pass two to three times around the group.
 - Between each pass, tell participants that they can open their remaining pieces of paper (if they choose) to see what people, activities or objects remain. They should fold them back up before you pass by again, though.
 - Take more pieces of paper away from some people than from others. Some people should lose all their squares and some should retain all six.

Note to trainer: Plan ahead to be sure at least one person loses nothing and at least one person loses everything. Losing everything at once or losing everything piece by piece both make an impact.

- Process the activity by asking participants to describe:
 - Their feelings about the activity.
 - Their feelings about having no control over what they lose.
 - Their losses compared with those of other participants (fair/unfair).
 - How their feelings differed from the first to the second round (from being able to choose their losses to not being able to choose).
 - How their feelings of loss may be similar to those of a woman undergoing an abortion. Women may feel loss regarding a wanted pregnancy, their health, their health-care decisions, their fertility, control over their lives, their relationship with a partner or family member, etc.
- Emphasize that giving women support and helping them explore their feelings and options, rather than telling them what to do, can help them gain a sense of control over their lives and lessen the impact of their losses.

Contraceptive Services

Additional Activities

- Explain the Method
- Contraceptive-Counseling Communication
- Medical Eligibility for Contraception After a Uterine Evacuation
- Special Contraceptive-Counseling Issues
- Privacy and Confidentiality

Explain the Method

Time: 15 minutes

Purpose

Provides participants practice in providing information about contraceptive methods using lay language.

Preparation

- Create a box of cards with information about a different contraceptive method on each card. Include mechanisms of action, effectiveness, potential side effects and correct usage.

Instructions

- Divide the participants into groups of four to five.
- Have each person in each group take turns choosing one card from the box and effectively explaining the contraceptive method on that card to the rest of the group using non-technical language.
 - Key messages should include: mechanisms of action, effectiveness, potential side effects, how to use the method correctly, and when to return for resupply or follow-up care.
- Ensure that each participant explains a different method.

Contraceptive-Counseling Communication

Time: 15 minutes

Purpose

Allows participants to identify ineffective and effective contraceptive-counseling communication techniques.

Preparation

- Duplicate two copies of the Contraceptive-Counseling Communication Skit script.

Instructions

- Tell participants that this next activity involves two skits between a provider and a woman.
- Ask for two volunteers to play the roles of provider and woman.
- Give each volunteer a copy of the script.
- Ask the volunteers to perform Skit 1.
- Ask participants to call out the elements of the contraceptive-counseling communication that were ineffective.
 - Ensure that the following points are raised:
 - » The provider's nonverbal communication shows impatience and a lack of caring.
 - » The provider doesn't explore options; instead recommends one method.
 - » The provider doesn't offer an interim method; woman could become pregnant within three weeks.
 - » The provider shows an unfriendly manner.
- Ask volunteers to perform Skit 2.
- Ask participants to call out the elements of the communication that were effective.
 - Ensure that the following points are covered:
 - » The provider calls the woman by name and makes appropriate contact.
 - » The provider's nonverbal communication shows caring.
 - » The provider explores all options and side effects with the woman.
 - » The provider discusses STI prevention as well.
 - » The provider and the woman have a two-way conversation.

Contraceptive-Counseling Communication Skits

Setting: Woman and provider sit across from each other in a contraceptive-counseling session.

Skit 1: Poor Communication Skills

- Provider: (Acts distracted and busy.) We only have injectables, pills, condoms and IUDs here. Which do you want?
- Woman: Well, I'm not sure.
- Provider: (Looks at watch.) What aren't you sure about?
- Woman: Which kind is best for me.
- Provider: Oh, well... (Fidgets in seat.) Probably an IUD would be best. Come back in three weeks and we'll put it in.
- Woman: But I have to travel two hours by taxi to come back.
- Provider: (Reading something while speaking.) Well, do you want to get pregnant again?
- Woman: One day, yes, but not right now.
- Provider: An IUD would keep you safe for a while.
- Woman: OK, what is it?
- Provider: (Sounds impatient.) It's a contraceptive that gets inserted up your vagina and stays there until you want to get pregnant.
- Woman: OK.

Skit 2: Positive Communication Skills

- Provider: Hello Ms. (Calls her by name and shakes her hand.) I understand you would like to delay pregnancy for a while.
- Woman: Yes, for at least a few more years.
- Provider: (Looks directly at her.) There are several methods that can prevent pregnancy over the long term that are not permanent. You didn't have any complications from your abortion care, so all methods are safe for you.
- Woman: OK, which one is best for me?
- Provider: (Provider pulls out some sample methods and names each method.) Now, certain methods may be better for you depending on your personal situation. (In a gentle tone.) I need to ask a personal question to help you determine the best methods for you. How many sexual partners do you have?
- Woman: Only my husband, but he could have other women, I'm not sure.
- Provider: Have you used condoms before?
- Woman: Yes, sometimes.
- Provider: Would you and your husband be willing to use them each time you have sex?

Woman: Yes, I don't see a problem with that.

Provider: While condoms are your best protection against sexually transmitted infections (STIs), you may want to consider using them with another contraceptive method.

Woman: Like what?

Provider: Well... (Leaning forward, making eye contact.) There are several to choose from. Let's talk through these methods: how they work, how much they protect against pregnancy, how to use them, when and how to get more or get a checkup and any possible side effects. Then you can make your decision.

Woman: That sounds great. Thank you.

Medical Eligibility for Contraception After Uterine Evacuation

Time: 15 minutes

Purpose

Allows participants to demonstrate their knowledge of medical eligibility for contraception after an abortion in different clinical situations.

Preparation

- Create boxes of cards with information about a different contraceptive method on each card.
- Create a set of boxes with one of the following clinical situations listed on each card:
 - Uncomplicated uterine evacuation with MVA when uterine size is up to 13 weeks
 - Uncomplicated uterine evacuation with MA when uterine size is up to 13 weeks
 - MVA with complications: Infection
 - MVA with complications: Cervical injury or perforation
 - MVA with complications: Excessive blood loss
- Participants will need to use the Reference Manual to complete this activity.

Instructions

- Divide participants into small groups.
- Give each group a box of cards with information about a different contraceptive method on each one.
- Also give groups a second box with a different clinical situation listed on each card.
- Ask each participant to randomly pick out a method from the first box and a clinical situation from the second box and then discuss the medical appropriateness of the chosen method for that clinical situation.
- Ask the other participants to check for accuracy using the Reference Manual.
- The participant should then return the clinical situation card back to the box.
- Every participant should take one turn.

Special Contraceptive Counseling Considerations

Time: Varies

Purpose

Provides participants with additional information about special contraceptive counseling considerations.

Note to trainer: The following activity is a continuation of an activity on special contraceptive counseling considerations in the body of the module. The special considerations listed here are the ones

not already covered in the module. Please focus on the special counseling considerations that are relevant to the setting(s) in which your participants work.

Instructions

- Tell participants that you will be talking about special counseling considerations, including:
 - Women with multiple abortions
 - Women who engage in sex work or transactional sex, where their sexual partners give gifts or services in return for sex
 - Women with cognitive and developmental disabilities and/or mental illness
 - Women in refugee and displaced settings
 - Women who partner with women
- Tell participants that you will begin with a discussion about *women with multiple abortions*.
- Read the following scenario out loud:
 - *A 22-year-old woman has received abortion-related services at this facility three times in the last two years. She is trying to finish school and graduate so she can get married to her boyfriend. Oral contraceptive pills make her sick to her stomach.*
- Ask participants to brainstorm special counseling considerations for women with multiple abortions.
 - Ensure that responses include:
 - » If the woman desires pregnancy and is having spontaneous abortions, refer her to specialized gynecological care.
 - » For women who are having multiple abortions due to unwanted pregnancy, discuss breaking the cycle of unwanted pregnancy and abortion.
 - » Discuss and resolve any difficulties or barriers to consistent use of contraception.
 - » Counsel on and provide emergency contraception, if possible.
- Tell participants that you will next discuss *women who engage in sex work or transactional sex*.
- Read the following scenario out loud:
 - *A 17-year-old woman comes in for abortion-related services. When asked about her partner, she says she has a few partners. They are all older than she is, and give her money for clothes and books for school.*
- Ask the participants to brainstorm special considerations for women who engage in transactional sex.
 - Ensure that the discussion covers the following:
 - » Because of taboos against transactional sex, it is particularly important for the provider to demonstrate empathy and respect in order to gain the woman's trust.
 - » Women may not identify their relationships as transactional.
 - » Some women are forced into these circumstances because of economic or family

difficulties. They may charge their sexual partners money or receive other items of worth as a means of survival.

- » Discuss whether sex work is voluntary or coerced.
 - » Dual-method protection is highly advisable.
 - » Referral for reproductive-tract infections (RTIs) screening and treatment is recommended.
 - » IUS or IUD should not be used if infection is present.
 - » Emergency contraception may be advisable.
 - » Refer the woman to additional health services and resources to help her stop engaging in transactional sex if she desires that.
- Tell participants that you will next discuss *women with cognitive disabilities and/or mental illness*.
 - Read the following scenario out loud:
 - A 25-year-old sexually active woman with a cognitive disability is brought in by her mother. She had a spontaneous abortion and would like to prevent future pregnancies.*
 - Ask the participants to brainstorm about special considerations for women with cognitive disabilities and/or mental illness.
 - Ensure that responses include:
 - » Depending on their level of functioning, many women with a cognitive disability or mental illness are capable of having consensual sex and making decisions regarding contraception.
 - » Depending on the woman's memory ability, pills may be more difficult than injectables.
 - » Depending on her fine motor-skill ability, diaphragms may be difficult.
 - » Risk of abuse and nonconsensual sex may be higher.
 - » Women with cognitive and/or mental illness should be instructed in how to negotiate use of barrier methods (condoms, diaphragms, caps).
 - » EC is recommended because many women may not know in advance when they will engage in sexual activity.
 - » No method should ever be forced, such as tubal ligation or an IUD or IUS insertion.
 - Discuss additional special considerations for women with cognitive disabilities and/or mental illness:
 - Providers and clinicians should take time and special care with women who have cognitive disabilities, mental illness or both.
 - There is a wide range of cognitive disabilities and mental illness; some women will need more assistance than others.
 - Women may come to the clinic with a partner, caregiver, parent, friend or relative. While it may be helpful to engage the companion in discussions about contraceptive options for the woman, it is critically important to address the woman directly.
 - Communicating about contraception with a woman who has a cognitive disability or mental illness may take some extra time and effort on the provider's part.

- Tell participants that you will next discuss *women in refugee/internally displaced situations*.
- Read the following scenario out loud:
 - *A 32-year-old married woman with three children received abortion-care services. She lives in a refugee camp and says she had to seek an abortion because the pregnancy was a result of rape. She does not want to get pregnant again soon, but she and her husband eventually want another child.*
- Ask the participants to brainstorm what the special considerations for women in refugee/internally displaced situations might be.
 - Ensure that responses include:
 - » Refugees/internally displaced persons (IDPs) may be exposed to high levels of sexual violence.
 - » Medical settings for refugees/IDPs often do not carry a full range of contraceptive supplies; counseling based on the methods available is most beneficial.
 - » Providers are advised to develop a protocol that addresses the long-term needs of contraceptive clients.
 - » Women are at higher risk of RTIs and HIV. Counseling around women's needs for barrier methods is important.
 - » Adolescent girls are among the most vulnerable in refugee or displaced settings; every effort should be made to provide them with contraceptive information and methods.
 - » EC provision in advance is recommended.
- Discuss additional issues for women living in refugee/displaced settings:
 - Many refugee and displaced women lose access to routine medical care, including contraceptive supplies.
 - These women may have previously been using contraceptives routinely.
 - Providers should find out as much as possible about the methods and protocols that are more familiar and acceptable to women.
- Tell participants that you will next discuss *women who partner with women*.
- Read the following scenario out loud:
 - *A 28-year-old woman tells you that her sexual partner is a woman. She came for abortion-related services due to a pregnancy from donor insemination that resulted in an incomplete miscarriage.*
- Ask the participants to brainstorm what the special considerations for women who partner with women may be.
 - Ensure that responses include:
 - » Providers should not make assumptions about women who have female sexual partners; they should simply listen to the information provided to them.
 - » Women who partner with women may also engage, or have engaged in the past, in sexual relationships with men.

- » Women who partner with women may be at risk for RTIs, HIV and unwanted pregnancy and need contraceptive information and methods, or they may desire future pregnancy.
- » Women who partner with women may have experienced sexual violence with either a male or female partner.

Privacy and Confidentiality

Time: 15 minutes

Purpose

Gives participants the opportunity to discuss ways to ensure privacy and confidentiality.

Instructions

- Read the following scenario out loud:
 - *A woman who had severe complications from an abortion is now recovering from the procedure. She is not able to leave her bed. You would like to provide contraceptive counseling and, if she desires it, an interim method.*
- Ask participants to suggest ways to ensure as much privacy and confidentiality for this woman as possible.
 - Responses should include but are not limited to:
 - » Move her bed to a private area in the clinic for counseling.
 - » Remove other women from the room for a period of time while you offer counseling.
 - » Put up a curtain or other visual barrier, speak softly and use demonstration rather than words to communicate as much as possible.
- Read the next scenario out loud:
 - *A woman's husband insists on being present during your contraceptive-counseling session. When you ask the woman, she agrees to include him. The husband does all the talking. You are not sure what the woman's preferences are.*
- Ask participants to suggest possible ways to improve privacy and confidentiality in this situation.
 - Responses should include but are not limited to:
 - » The woman might have felt pressured to include her partner in the session.
 - » Always find a way to speak to the woman alone without the presence of her partner or other person and, at that time, determine what her preferences are.
 - » Find a way to meet her contraceptive needs, even if it is without her partner's knowledge.
 - » Make sure that she feels comfortable with the method and any possible repercussions from her partner.

Infection Prevention

Additional Activities

- Routes of Infection Transmission
 - HIV and Standard Precautions
-

Routes of Infection Transmission

Time: 15 minutes

Purpose

Encourages participants to think critically about how and to whom infection is transmitted.

Preparation

- Prepare two flipchart pages in advance with the following information:
 - How do blood-borne diseases spread?
 - » Cuts or openings in skin
 - » Contact with mucous membranes
 - Diseases can be transmitted:
 - » From client to health worker
 - » From health worker to client
 - » From client to client
 - » From health worker to health worker
 - » From one part of client's body to another
 - » From health worker to members of the community
 - » From client to members of the community

Instructions

- Post the prepared flipcharts.
- Ask participants to look at the first flipchart, which describes how blood-borne diseases are spread.
- Then ask them to look at the flipchart describing the people affected by disease transmission.
- Ask participants to form pairs with the person sitting next to them.
 - Each pair should select, from the first flipchart, one way that disease can be spread and, from the second flipchart, one group of people affected.
 - They should then create a scenario that illustrates how disease might spread in their own abortion-care facilities.

- » Ask them to be imaginative yet realistic in their responses.
- » Offer an example: A midwife gets stuck with a needle (“cuts or openings in skin” from the first chart) from a client infected with a blood-borne pathogen who moves while getting blood drawn (“client to health worker transmission” from the second list).
- Ask each pair to share and briefly discuss their example with the large group.

HIV and Standard Precautions

Time: 10 minutes

Purpose

Reinforces the importance of following standard precautions for all clients and challenges myths about and discriminatory practices toward clients who are known to be living with HIV.

Preparation

- Duplicate the following HIV article for each participant or plan to have one participant read the article aloud: www.southsudanmedicaljournal.com/archive/november-2011/health-workers-stigmatise-hiv-and-aids-patients.html

Instructions

- Tell participants that treating all clients' blood and body fluids as if they are infectious is called *standard* or *universal precautions*.
- Ask them to express how they feel about treating people who are known to have HIV in the same way as those whose HIV status is not known.
 - Discuss their comments.
- Distribute the HIV article.
 - Give participants a few minutes to read the article.
 - Ask them to discuss their feelings about the article.
- Although participants may understand the concept of standard precautions, people in their local settings who are known to be infected may still be treated differently. Remind participants that this is not consistent with standard precautions.
- Conclude by reinforcing the importance of using standard precautions for **all** clients.
 - Remind participants that many people who are infected, as well as their health-care workers, may be unaware of their infection status.
 - Emphasize that extra steps for handling infection, such as putting people with HIV in isolation rooms and disposing of their linens, are not necessary when standard precautions are practiced properly.

Note to trainer: You may want to incorporate articles and discussion on Hepatitis B and Ebola in this activity if these are concerns in your area.

Uterine Evacuation Procedure With Ipas MVA Plus[®]

Additional Activities

Instrument Features, Care, Use and Processing

- Aspirator Preparation Relay Race
- Instructions Communication Game
- Processing Barriers and Solutions
- Instrument-Processing Protocols
- Processing Supplies Scavenger Hunt
- Instrument-Processing Practice Stations

Uterine Evacuation Procedure

- Observe Uterine Evacuation Procedure

Post-Procedure Care

- What Can Happen?
- Emotional Support Skit

Instrument Features, Care, Use and Processing

Aspirator Preparation Relay Race

Time: 20 minutes

Purpose

Allows participants to practice assembling, preparing, evacuating and disassembling the Ipas MVA Plus aspirator.

Preparation

- A table large enough to accommodate two participants assembling aspirators will be needed.
- At least two aspirators, two cannulae and two drinking glasses filled with colored water will also be needed.

Instructions

- Divide participants into two teams.

- Have each team line up a small distance from the table.
- Place the two sets of disassembled aspirators, cannulae and drinking glasses with colored water on the table.
- When you say “start,” the first person in each line will come to the table to:
 - Assemble and prepare the instrument.
 - Suction the water into the aspirator.
 - Detach the cannula, release the valve and allow the water to flow into the glass.
 - Completely disassemble the instrument.
- If the first person correctly performs all the steps, give them a sign to indicate “yes.”
 - That person should then run back to the line and the second person in line should proceed to the table to assemble the instrument, aspirate the water and disassemble the instrument.
- If they do not perform the steps correctly, give them a sign to indicate “no.”
 - They must start again from the beginning until they perform the steps correctly.
- Each person on the team must take a turn at the table.
- The first team to finish wins.

Instructions Communication Game

Time: 15 minutes

Purpose

Illustrates the importance of providing participants with opportunities to practice assembling, preparing and disassembling the MVA Plus instrument under supervision rather than merely explaining the steps to them.

Preparation

- Conduct this activity before providing any training in instrument assembly, preparation and disassembly.
- Arrange enough space in the room for participants to form two lines.

Instructions

- Divide participants into two teams. Have each team form a line.
- Whisper to the first person in each line the steps for assembling and preparing the instrument.
 - Whisper approximately 10 steps.
- While the other participants cover their ears, ask the first participant to whisper the same steps to the next person in line.
- Have participants continue until the last person in line has heard the instructions.
 - Ask that person to repeat aloud the steps they just heard.

- Discuss what steps were lost or changed at some point between the first and last people in line.
 - Emphasize that when they explain the steps of instrument assembly, preparation and disassembly to other health-care workers in the future, those participants may not remember all the steps. Then, when those participants go on to explain the steps to others, additional steps may be forgotten or changed.
 - Point out that this illustrates the importance of giving everyone the opportunity to practice instrument assembly, preparation and disassembly, rather than just explaining the steps.
-

Processing Barriers and Solutions

Time: 20 minutes

Purpose

Allows participants to identify barriers to proper instrument processing at their facilities and develop solutions for overcoming those barriers.

Preparation

- Label a flipchart “Processing Barriers and Solutions.”
- Make two columns on the flipchart.
 - Label one column “Barriers.”
 - Label the other column “Solutions.”
 - Have in mind an example of each.

Instructions

- Post the “Processing Barriers and Solutions” flipchart.
 - Ask participants to brainstorm barriers to proper instrument processing at their facilities.
 - Write their responses on the flipchart.
 - For each barrier mentioned, ask participants to brainstorm solutions.
 - Give an example of each if necessary.
-

Instrument-Processing Protocols

Time: 25 minutes

Purpose

Provides the opportunity for participants to begin creating or updating instrument-processing protocols at their facilities.

Preparation

- Participants will need their Reference Manuals, paper and pens.

Instructions

- Divide participants into groups according to facility.
- Have participants review relevant instrument-processing options listed in the Reference Manual, keeping in mind the personnel, supplies and logistics parameters of their facilities.
- Ask participants to begin planning processing protocols for their facilities.
 - They can include personnel and training needs, supplies and other logistics in their plans.
- Check in with each group to assess their progress.
- Ask one group to present their work to the large group.
 - Discuss their protocols.
- Ask participants to finish the protocols once they return to their facilities.

Processing Supplies Scavenger Hunt

Time: 20 minutes

Purpose

Allows participants to become familiar with the supplies and equipment needed for instrument processing and learn where they may be located in a given facility.

Preparation

- Duplicate Equipment Needed for Instrument Processing list, which is included with the next Additional Module Activity, for each small group.

Instructions

- Divide participants into teams by facility.
- Give each team the list of equipment.
- Give the teams 20 minutes to search the facility for the items on the list.
- The first team to locate the greatest number of items wins the scavenger hunt.

Instrument Processing Practice Stations

Time: 40 minutes

Purpose

Allows participants to simulate clinical practice using facility-relevant methods for instrument processing.

Preparation

- Obtain equipment and supplies for processing practice stations, including several Ipas MVA Plus aspirators and Ipas EasyGrip® cannulae, from the list of Equipment Needed for Instrument Processing.

- Set up instrument-processing stations, using only the processing methods used at participants' facilities.
- Participants will need their Instrument Processing Skills checklists.

Instructions

- Divide participants into groups according to facility.
 - Ensure that there as many groups as there are instrument-processing stations.
- Assign each group to a practice station and give them 10 minutes to practice the processing steps for that method, using their skills checklists for guidance.
- After 10 minutes, have the groups rotate to the next station.
- Ensure that participants have an opportunity to practice at each station and that they are using their checklists.
- Observe each group as they practice, coach them as needed and evaluate them using the checklist.

Equipment Needed for Instrument Processing: Practice Stations and Scavenger Hunt

1. Decontamination Soak

Container for fluid
Bleach liquid or powder (optional)
Measuring cup (optional)
Clean forceps or gloves
Face protection
Water
Container for MVA after soaking

2. Cleaning

Face protection, gloves, gown or apron
Brush, long soft-tipped probe
Towels
Detergent
Rinse basin
Water
Wash basin

3a. Steam Sterilize

Autoclave: pressure sterilizer
Paper or linen wrap
Tape or tie closure

3b. Glutaraldehyde Sterilize

Glutaraldehyde Soak basin with lid
Sterile rinse water
Clock to time 10 hours if using Cidex
Calendar for expiration date
Sterile forceps or gloves
Sterile MVA container with lid
Sterile towels (optional)

3c. Glutaraldehyde HLD

Glutaraldehyde
Soak basin with lid
Sterile or boiled rinse water
HLD or sterile forceps or gloves HLD or sterile container with lid
Clock to time 20 minutes if using Cidex
Sterile towels (optional)

3d. Chlorine HLD

Chlorine powder
Cup or other measuring device
Water
HLD soak basin with lid
Sterile or boiled rinse water
HLD or sterile forceps or gloves
HLD or sterile MVA container with lid
Clock to time 20 minutes

3e. Boiling HLD

Metal pot
Water
Source of heat
Clock to time 20 minutes
HLD forceps
HLD container with lid

Uterine Evacuation Procedure

Observe Uterine Evacuation Procedures

Time: Varies

Purpose

Provides participants the opportunity to observe actual uterine evacuation procedures in preparation for clinical practice.

Preparation

- Arrange for the facility to allow participants to observe uterine evacuation procedures.
- Ensure that all participants who will be observing have the Uterine Evacuation Procedure With Ipas MVA Plus Skills checklist.

Instructions

- Facilitate the participants' observation of actual uterine evacuation procedures following completion of the module.
- Tell participants to use the Uterine Evacuation Procedure With Ipas MVA Plus Skills checklist when observing the procedure (as relevant).
- See the *Clinical Practicum* module for guidelines on confidentiality and other clinical observation considerations.

Post-Procedure Care

What Can Happen?

Time: 25 minutes

Purpose

Provides participants the opportunity to integrate physical and emotional monitoring and discharge instructions provided during post-procedure care.

Preparation

- Conduct this activity near the end of the module because it summarizes the material covered.
- Duplicate the Post-Procedure Care: What Can Happen? worksheet.

Instructions

- Hand out the Post-Procedure Care: What Can Happen? worksheet.
- Ask participants to brainstorm a list of all the conditions that might occur during the post-procedure care period.
 - Write their answers in the first column of the worksheet.
 - Be sure answers include both physical and emotional responses and normal and abnormal

recovery patterns.

— Reinforce the message that, in most cases, recovery is normal.

- Divide the participants into small groups by facility.
- Ask the small groups to complete Columns 2 and 3 for each condition listed in the first column:
 - How to monitor a woman's status to detect or assess the condition listed
 - What discharge instructions are needed related to each condition
- Ask the groups to share their responses.
- Summarize the possible conditions and how to assess them using the following guide.
 - Increased bleeding is assessed by:
 - » Reviewing her chart
 - » Measuring the blood loss to assess if it is decreasing
 - » Looking at her clothes and sheets
 - » Asking her about the volume of blood lost
 - » Assessing her pallor and general appearance
 - » Assessing her for weakness, level of awareness and abdominal pain
 - Severe cramping is assessed by:
 - » Reviewing her chart
 - » Assessing if the pain is decreasing
 - Severe abdominal pain is assessed by:
 - » Assessing if the pain is decreasing
 - » Evaluating her level and pattern of pain
 - Significant physical decline is assessed by:
 - » Reviewing her chart
 - » Taking her vital signs
 - » Performing a physical assessment to determine the cause
 - Normal recovery is assessed by:
 - » Reviewing her chart
 - » Taking her vital signs
 - » Assessing her pain, bleeding and level of awareness *twice*
- Have participants complete Columns 4 and 5 for each condition:
 - Whether their facility is currently monitoring women in the way listed in Column 2
 - If not, how to initiate this monitoring
- Have a few participants or each small group share their responses.

Post-Procedure Care: What Can Happen?

1	2	3	4	5
What can possibly happen?	How can this be monitored and assessed?	What discharge instructions are needed?	Is this currently monitored routinely at your facility?	How can this monitoring be initiated at your facility?

Emotional Support Skit

Time: 20 minutes

Purpose

Provides participants the opportunity to observe an example of providing emotional support.

Preparation

- Duplicate three copies of the Emotional Support Skit instructions.

Instructions

- Ask for volunteers to play the roles of **woman**, **provider** and **health-care worker**.
- Give each volunteer the Emotional Support Skit instructions to review.
- Ask the volunteers to perform the skit.
- After the skit performance, ask and discuss the following questions:
 - *How did the provider monitor the woman's emotional needs?*
 - *What were the woman's emotional-support needs?*
 - *How did the provider offer emotional support?*
 - *What impact did this support have on the woman's recovery?*
 - *How can we as providers improve the emotional support we offer?*

Emotional Support Skit Instructions

Roles: Woman receiving abortion-related services, provider and health-care worker. The woman is one of two clients in the post-procedure care area of a small, rural hospital.

Woman: A 21-year-old married woman, she came alone to the health-care facility the day before. She was pregnant, her uterine size equivalent to seven weeks. She was treated with uterine evacuation by vacuum aspiration, with local anesthetic and analgesics prior to treatment. Her chart documents that she is not interested in contraceptive counseling. She has bruises on her face, arms and torso. Her blood pressure is slightly elevated. Her temperature is normal. She complains of cramping and severe pain as well as feeling cold. She is shaking and tearful. She responds only when spoken to, and moans occasionally.

Provider: A clinical officer who has worked at this hospital for only one year, she has been at work for 10 hours and is quite tired. She is concerned about both women under her care. The other woman gave birth by Cesarean section two hours ago.

Health-care worker: An older man who has worked at the hospital for many years, he knows the woman and her family.

Key events to cover in the skit:

- Provider takes woman's vital signs upon arrival and notes them on her chart. Asks woman how she is feeling, checks for bleeding and notes information on her chart.
- Provider leaves woman while she monitors her other client, about whom she is also concerned.
- Health-care worker speaks to woman, makes it clear he knows her husband and family.
- Woman cries softly.
- Provider returns to woman and asks why she is crying, but woman will not say.
- Provider notes the health-care worker nearby and realizes that he knows the woman and her family.
- Provider sends health-care worker to complete a task and reassures woman that the hospital has a strong confidentiality and privacy policy.
- Provider closes a curtain around the woman, sits close to her and speaks quietly.
- Provider asks about woman's pain, her family situation and the bruises. She knows that many women who experience violence have bruises like that. She says that while violence against women is fairly common, it is not acceptable. Asks woman if anyone has hit her.
- Woman says she is feeling a lot of pain. Initially, she denies being hit and cries harder.
- Provider consoles her and asks if she needs more pain medication.
- Woman accepts analgesics and asks about the ability to have children after abortion-related care. She says her husband doesn't agree with using contraception because he wants children, but she doesn't feel ready.
- Provider tells her about contraceptive methods her husband won't know about and refers her to the provider for counseling on contraception and violence.

- Provider checks vital signs and asks about bleeding and pain. Woman is physically fine.
- Provider gives discharge instructions and helps woman stand up.

Uterine Evacuation with Medical Methods

Additional Activities

- Service Delivery Issues
 - Location of Misoprostol Administration Debate
-

Service Delivery Issues

Time: 45 minutes

Instructions

- Break the participants into four groups:
 - Client Flow
 - Facilities
 - Equipment, Commodities and Supplies
 - Staffing and Training
- Give each group a colored index card with the respective questions below on it.
 - Ask the groups to take 20 minutes to discuss the questions and write up their answers on a flipchart for presentation.

Client Flow

- How will women move from intake/registration through to leaving the facility?
- Where will they take the misoprostol (onsite or at home)? If taking it at the clinic, how long will they wait there and where?
- When will contraceptive counseling be given and how will women get contraceptive supplies?
- Is the clinic schedule flexible or open enough for women to have options as to when they can access services?
- List any other client-flow issues you can think of.

Facilities

- How is the clinic best arranged to accommodate women getting uterine evacuation with medical methods?
- Is the counseling room large enough? Private enough?
- What is the toilet situation?
- Where are places to rest?
- Are there places to walk around while waiting?
- List any other facilities issues you can think of.

Equipment, Commodities and Supplies

- Make a list of all the equipment, commodities and supplies needed for providing uterine evacuation with medical methods.

Staffing and Training

- What staff is needed to provide uterine evacuation services with medical methods?
- How will caseload affect staff and scheduling?
- Who will care for women after they take the misoprostol?
- Who will provide care during follow-up visits when necessary?
- What kind of staff orientation should be made for ALL staff?
- How will new staff be trained on medical-abortion services?
- Who will be taking phone calls after hours?
- List any other staffing or training issues you can think of.
- Ask groups to come back into a large group.
- Give each small group five minutes to present and answer questions.
 - Take questions and comments between each presentation.
- Reassure participants that medical abortion-related phone calls don't tend to be more common than vacuum aspiration-related phone calls.
- Hand out Checklist for Starting Uterine Evacuation Services with Medical Methods and Suggested Supply List for Uterine Evacuation Services with Medical Methods.
- Compare small-group list of equipment, commodities and supplies to the handout.
- Ask for final questions or clarification.

The following list is a general guide about issues to consider and steps to take in preparing to initiate UE services with medical methods. Depending on the operation and policies of the facility, some of these may not apply, or other steps may be necessary. Always design services to be sustainable.

Medical Director and Staff:

- ☐ Review evidence-based protocols for UE with medical methods and prepare facility protocols.
- ☐ Inform staff and community that the facility is planning to offer UE with medical methods.
- ☐ Set target date for starting UE services with medical methods.
- ☐ Develop a monitoring and evaluation plan for the new service.

Administrative Issues:

1. Staff and Scheduling

- ☐ Review current staffing levels and arrangements and clinic schedules to determine the capacity to add UE services with medical methods; make any necessary changes.
- ☐ Assess best times for scheduling UE with medical methods clients.
- ☐ Select key person or team to be primarily responsible for UE with medical methods clients.

2. Facility

- ☐ Determine the facility's ability to provide vacuum aspiration back-up services to women who have a failed uterine evacuation.
- ☐ Ensure an appropriate referral system if vacuum aspiration is not available onsite.
- ☐ Assess the physical requirements for medical methods (telephone, private examination and counseling rooms, toilets and recovery rooms if administering misoprostol in the clinic).

Training:

- ☐ Schedule training for the entire staff.
- ☐ Determine staff needs and assess possible staff biases to direct training appropriately.
- ☐ For clinical staff, arrange for more in-depth training on counseling, clinical assessment and complication management as needed.

Supplies and Equipment:

- ☐ Assess your capacity to perform ultrasonography either onsite or through referral when necessary.
- ☐ Obtain or develop client education materials; referral, consent and appointment forms; client diary; and any other charting forms needed.
- ☐ Determine infectious-waste disposal system for pregnancy tissue.
- ☐ Determine if additional supplies or equipment are needed (contraceptives, emergency equipment, etc.).
- ☐ Ensure a means to transfer women for emergency care if needed.
- ☐ Analgesics
- ☐ Medications for vomiting, diarrhea and abdominal pain
- ☐ Drinking water and cups
- ☐ Supplies necessary for pelvic exam, including speculum, gloves, etc.

- ☐ Equipment and medications for emergencies
- ☐ Ultrasound and its accessories (either onsite or by referral)
- ☐ Suction instruments (MVA or EVA) (either onsite or by referral)
- ☐ Urine hCG tests and urine cups
- ☐ Consent forms
- ☐ Client instructions and/or information sheet (including 24-hour emergency contact information, signs and symptoms for caution requiring a call to a provider, and information on expected effects and possible side effects)
- ☐ Sanitary pads
- ☐ Client education materials and other materials such as magazines, books, educational videos, etc.
- ☐ Contraceptive supplies

Location of Misoprostol Administration Debate

Say: Whether the woman takes the misoprostol onsite or at home will depend on the clinic's policies and protocols. Where you work, what is the policy or protocol regarding the administration of misoprostol?

- Take a few answers.

Explain that it is best, if possible, to allow women to choose whether to take the misoprostol at home or in the clinic.

Say: The next exercise will help us examine the considerations related to each setting. Even if your facility currently only offers misoprostol in one setting (at clinic or at home), it's helpful to know the distinctions between the two, because at some point you may want to change your protocols.

Tell participants that they will now have the opportunity to create team presentations in the form of a “debate” about where to administer misoprostol.

- Break the participants into two teams. Assign one team to be the Clinic Team and the other to be the Home Team.
 - Ask each team to first read the section in the Reference Manual pertaining to their topic
 - Next, each team should choose a captain who will be responsible for helping the team organize and proceed through the task and stay on track.
- The task of each team is to present to the other team the key arguments for why their place of misoprostol administration is “best,” based on the information in the Reference Manual. Arguments should include:
 - Preparing for use
 - Accommodations and care
 - Special considerations

Encourage groups to be as creative as possible in presenting the information while also comprehensively covering the content.

- Team members may work together in smaller groups or pairs to prepare different topics and may use a variety of methods. The overall presentation to the other team must take place at one time.
- For example, a few participants might prepare a poster with the things a clinic must have in place for proper service delivery, while the others prepare a short skit about what the provider needs to discuss with the woman before she leaves the facility.
- The captain can moderate the presentation while different team members make their mini-presentations in the order of key information to be conveyed.
- Provide the teams with materials to use in creating their presentations and tell them they have 20 minutes to prepare and then 15 minutes to present to the other team.
 - After each team makes their presentation, the other team has five minutes to ask questions or for clarification on the topics presented.
- Once both teams are done, bring the participants back together into a large group.
 - Ask for any further questions.
 - Make sure that all the key content on location of administration of misoprostol from the Reference Manual was covered in the presentations. If necessary, explain and discuss any issues that were not adequately presented.

Say: As you can see, there are advantages to both venues of misoprostol administration. When possible, women should be able to choose where to take the misoprostol.