

PAS Advances in Abortion Care

Volume 1, Number 1

Carrboro, NC 1991

1

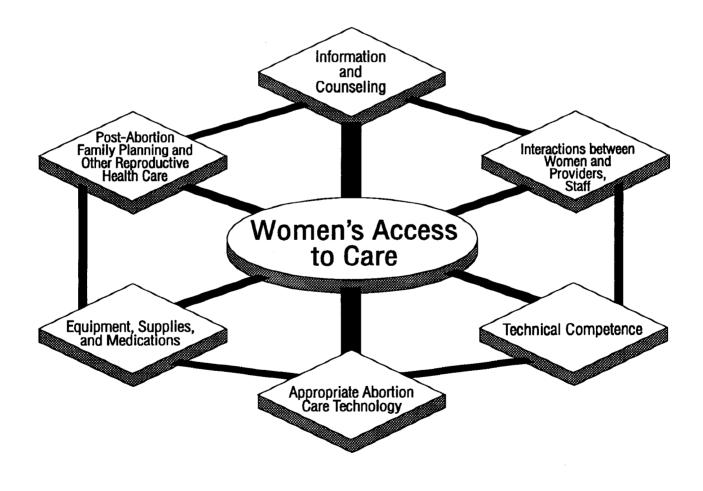
A Quality of Care Framework for Abortion Care

by Ann H. Leonard, R.N., M.S.P.H. and Judith Winkler, M.Ed.

Quality of care is a term that refers to the overall safety, effectiveness, and appropriateness of health care. While there is no single definition or measurement of quality, a framework of fundamental elements in the quality of care is becoming generally accepted in the area of reproductive health and family planning (Bruce, 1989). The quality of care framework for abortion care provides a structure for evaluating various aspects of abortion care services. It does not prescribe minimum or optimum standards; rather, it can be used to identify areas in which services are stronger or weaker and also to highlight improvements made over time.

The framework can be used to identify specific policy, infrastructure, and management factors that impede women's access to highquality abortion care. In this way the framework provides a set of goals around which strategies may be devised for improving the quality of abortion care for the future.

This paper outlines each of the seven elements of the framework.



Advances in Abortion Care

Appropriate Abortion Care Technology

T he provision of high-quality abortion care depends on the availability of safe and effective medical technologies. It is essential that the technologies used be:

- acceptable to women and providers
- manufactured to high standards
- consistent with relevant regulatory requirements
- appropriate to specific service delivery settings.

Technical Competence

The proficiency with which all members of the health care team at all levels of the system perform the tasks involved in abortion care is a key element of quality of care. High levels of competence can be achieved through:

- training in relevant aspects of care for all staff according to the functions that each staff member fulfills
- adequate supervision of all staff and functions
- adherence to protocols for referral and treatment by staff throughout the health care system
- adherence to standard infection prevention practices to maintain the safety of women, providers, staff, and the community
- mechanisms for review of all complications and deaths related to abortion treatment throughout all levels of the health care system.

Interactions Between Women and Providers/ Staff

This element encompasses all of the interactions that women have with providers and staff when they seek and receive abortion care. These interactions need to be characterized by:

- respect and support for women and their situations while meeting immediate medical needs
- non-judgmental attitudes
- an atmosphere of trust between providers/staff and women
- respect for women's need for confidentiality
- respect for women's ability and right to make informed decisions/choices about their health and fertility
- absence of provider bias or coercion in provision of care
- an opportunity for women to express their views, concerns, and questions
- responsiveness to women's expressed concerns.

Information and Counseling

Informing and counseling are fundamental aspects of health care. In abortion care women need:

- counseling to assist them in making decisions and expressing their concerns
- information about all aspects of their care, including current condition, treatment plan, and follow-up needs
- information about where and how to get comprehensive reproductive health care that meets their individual needs,

including medical follow-up, family planning, prenatal care, treatment for STDs and infertility

- information about warning symptoms of post-abortion complications and how to obtain appropriate care
- the opportunity to express concerns, ask questions, and receive accurate, understandable answers.

Post-Abortion Family Planning and Reproductive Health Care

Post-abortion family planning and reproductive health care are additional services to which women need access when they seek abortion care. It is essential that women's reproductive health needs be:

• assessed at the time of abortion care through discussion and counseling, and addressed with provision of services or referral as appropriate.

This care must be:

- delivered in the context of the Quality of Care framework for family planning (Bruce, 1989)
- made accessible and not limited by administrative or policy barriers.

Equipment, Supplies, and Medications

The availability of essential and appropriate equipment, supplies, and medications is central to the provision of safe and effective care. Correct management of these commodities will help ensure that equipment functions and that supplies and medications are available as needed. Essential equipment, supplies, and medications should:

- be present at every level of the system, corresponding to the care performed at each level and in quantities sufficient to meet the need
- be managed through a system for inventory control, resupply, and maintenance
- include well-functioning systems for transportation, communication, and referral
- include supplies and equipment for essential support services, such as infection prevention, throughout the health care system.

Access to Care

Access to care is based, in large part, on the availability of services. All of the foregoing elements of the framework contribute to making abortion care available at points throughout the health care system, but women may still not have access to services for a number of reasons. The goal of high-quality abortion care is not simply that services be available, but that the largest possible number of women are able to benefit from quality care. Meeting this objective requires that services be effectively and appropriately managed and that women understand how to obtain them. To achieve this level of accessibility, services need to have the following characteristics:

- women understand the full range of services available to them through the health care system
- women enter the health care system through decentralized service delivery points and receive care at the lowest appropriate level of the networked system, i.e., the primary level if possible
- services are effectively managed, referral and treatment protocols exist and are followed at each level of the system, and administrative and logistical factors are not obstacles to the timely delivery of high-quality care
- fees for abortion services are within reach of women's ability to pay; emergency care is provided regardless of women's ability to pay
- care for women is in no way contingent on prior acceptance of contraception
- abortion care services are integrated with or linked to the fullest available array of medical and reproductive health services.

References:

Bruce, J. Fundamental Elements of the Quality of Care: A Simple Framework. *Working Papers No.1*. New York: The Population Council, 1989.

World Health Organization. Technical and Managerial Guidelines for Abortion Care. Geneva: World Health Organization, in press. Advances in Abortion Care is an occasional publication of IPAS. It addresses issues related to the quality of abortion care, including: introduction of appropriate technologies, clinical update information, women's perspectives, research results, and experiences from IPAS' and other ongoing projects in the developing world.

IPAS is an international non-profit organization that addresses a global issue critical to women's health--the problem of unsafe abortion. IPAS' primary mission is to promote safe, respectful abortion care, defined as:

- appropriate and timely treatment for abortion complications;
- options for safe, voluntary abortion; and
- comprehensive family planning counseling and services to reduce the need for abortion.

Single copies of Advances in Abortion Care are available free of charge. To order multiple copies, contact:

> Judith Winkler, Series Editor Advances in Abortion Care IPAS 303 E. Main Street P.O. Box 100 Carrboro, NC 27510 USA (919) 967-7052 Telex 3799366 IPAS FAX: (919) 929-0258

© IPAS, 1991

This document may be reproduced in whole or in part, for educational and/or non-profit purposes upon notification of IPAS. If parts of this document are to be quoted or reproduced, the author(s) names, document title, series title, IPAS, and the date must be clearly cited.

Forrest C. Greenslade, Ph.D. President

Katie Early McLaurin Executive Director IPAS

Advances in Abortion Care