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Missed opportunities in women's health: post-abortion care

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Around the world, 56 million induced abortions took place annually in 2010–14, which was about 25% of all pregnancies. Abortion rates vary widely across regions, do not differ significantly by income level or legal status of abortion,[1] and depend on many factors, one of the key ones being a lack of access to modern contraceptives.[1] Safe abortion, however, depends on the legal climate, and countries with restrictive abortion laws are far more likely to have illegal and unsafe abortions. Abortion-related complications are an important and preventable cause of maternal mortality, accounting for 8–9% of maternal deaths worldwide,[2] with 42 to 63 women dying out of every 100 000 abortions. Globally, the rate of abortion-related deaths dropped by about 42% between 1990–94 and 2010–14, from 108 per 100 000 women to 63 per 100 000. The rate of such deaths is highest in Africa, at 141 per 100 000 abortions.[1,2]

Abortion-related complications can also result in severe morbidity. An estimated 6·9 million women in developing regions sought treatment for complications from an unsafe induced abortion in 2012.[3] A review of 70 studies from 28 countries estimated that at least 9% of women admitted to hospital for abortion-related reasons had a near-miss event; ie, they had complications, such as severe haemorrhage, that would have most likely resulted in death had they not made it to hospital.[4] Additionally, repeat abortions are common and can be reduced by integrating contraceptive services in abortion and post-abortion care services.[5,6]

Post-abortion care has been shown to lower mortality and morbidity related to unsafe abortion, and to reduce future unwanted pregnancies by providing contraceptive servicees. Additionally, in 1994, countries around the world made political commitments to address abortion-related morbidity and mortality through the provision of quality health care.[7] Nevertheless the provision of quality post-abortion care in health-care facilities in many countries is still scarce, with access hindered by restrictions on abortion, stigma, health-care providers' negative attitudes, and low capacity of some health-care systems to provide post-abortion care.[8,9]

In a report published in *The Lancet Global Health*,[9] Onikepe Owolabi and colleagues analysed data from the Demographic and Health Surveys programme obtained during 2007–17 from ten countries (Bangladesh, Haiti, Kenya, Malawi, Namibia, Nepal, Rwanda, Senegal, Tanzania, and Uganda). Data were available from 2007–15 for all ten countries. The investigators used a signals-function approach (measuring the availability of key equipment and the ability to perform services in primary-level and referral-level facilities in each country) to assess their capacity and calculate the proportion of facilities providing post-abortion care.

The investigators[9] identified crucial gaps in the provision of post-abortion care in these countries. In seven of the ten countries less than 10% of primary-level facilities could provide basic post-abortion care, and in eight countries less than 40% of referral-level facilities provided comprehensive post-abortion care. The proportion of primary-level facilities with basic post-abortion care capability ranged from zero of 213 in Namibia to 136 (29%, 95% CI 25–33) of 472 in Malawi. Comprehensive post-abortion care capacity in referral-level facilities ranged from six (8%; 95% CI 5–11) of 80 in Bangladesh to 32 (58%; 45–70) in Malawi.

This is the first multicountry analysis using standardised, nationally representative data to assess the capacity of health facilities that offer delivery services to provide post-abortion care. Despite some limitations of the study methods, including a bias towards facilities that provided delivery services and characterisation of the quality of post-abortion care from a health system's perspective alone, this study highlighted the large gap between political commitments to address the consequences of unsafe abortion and the capacity of health systems to provide post-abortion care.

Despite the global commitment in 1994 by countries to provide quality post-abortion care,[7] in practice there is still a long way to go. Increasing the provision of such care is essential to reduce the level of abortion related morbidity and mortality. Greater emphasis should be placed on preventing unwanted pregnancies and unsafe abortion, and on improving access to post-abortion care services in health-care facilities. In fact, missed opportunities to improve women's health include those in reproductive health services and provision of modern contraceptives in postpartum care as well as in post-abortion care.

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I declare no competing interests.

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