



**USAID**  
FROM THE AMERICAN PEOPLE

**HEALTH POLICY  
INITIATIVE**

# **Is There Value in Adding a Follow-up Visit to Postabortion Care?**

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Presenting work by  
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March 19, 2008

# Research Objective

- Identify the key issues to adding HIV counseling and testing and a second visit to the current PAC model of service delivery
- Gather evidence of positive impacts on maternal and perinatal health and HIV prevention that can be gained through 2<sup>nd</sup> visit activities
  - Benefits for women
  - Progress toward development goals
  - Potential cost savings

# Current USAID PAC Model & Proposed 2<sup>nd</sup> Visit

- One-time visit
  - Emergency medical treatment
  - FP counseling
  - STI evaluation and treatment
  - HIV counseling and referral for testing
- *Proposed second visit*
  - *Voluntary on-site HIV counseling and testing*
  - *Extended FP counseling and support*
  - *Counseling on additional topics*

Timing: 2 weeks to 1 month following emergency services

## PAC client profile

- Sexually active, in their reproductive years and likely not using contraception = at risk of all unintended outcomes of sexual activity
- May be only contact with healthcare system

# Potential to Increase FP Uptake in PAC Setting

- FP uptake rates in PAC are low - can be as low as 2–15%  
(Solo et al., 1999; Diaz et al., 1999; Benson and Hupaya, 2002)
- Bolivia: Uptake rates increase significantly when counseling quality is improved, and actively involves women and their partners in the reproductive care decision making process  
Improving postabortion FP counseling in three hospitals resulted in an increase of 44-77 percentage points in women's acceptance of FP following PAC (Diaz et al., 1999).
- Zimbabwe: Women who received high-quality FP counseling during their PAC visit were more likely to use highly effective contraceptive methods, experienced significantly fewer unplanned pregnancies, and underwent fewer repeat abortions than women at the control site (Johnson et al., 2002).

# Why provide these services in a separate visit?

- **Non emergency setting**
  - Less stressful
  - More opportunity to engage client in quality interactions
  - Removes consent issues for HIV testing
- **More quality counseling**
  - Relaxed atmosphere
  - More 1 to 1 counseling time
  - More specialized counselors available
- **Opportunity for follow-up**
  - Ask questions about FP and HIV information they received during the 1<sup>st</sup> visit
  - Second chance to accept a family planning method or change method
  - Be screened for complications or side effects and ask questions about the procedure
  - On-site testing available for HIV
- **Opportunity to involve partner**
  - Chance to discuss what they learned at first visit and potentially bring partner with them to 2<sup>nd</sup> visit counseling

# Benefits for the Woman

## 1. Prevention of future abortions

- Many women at PAC facilities are there because of unintended pregnancies, and if not counseled in FP and birth spacing, will likely have another unintended pregnancy.
  - A study among abortion patients at three sites in Viet Nam reported an average of 2.2 abortions per patient (Nguyen et al., 1998)
  - Among patients admitted for the treatment of abortion complications at a clinic in Kenya, 55 percent of those interviewed had had a previous abortion (Webb, 2000).
  - A study of 149 HIV-positive women in Abidjan, Côte d'Ivoire, who were followed postpartum, found that only 39 percent were using contraceptives, leaving them susceptible to future unintended pregnancies. Half of their subsequent pregnancies were unintended and one-third of these were terminated through induced abortions (Desgrees du Lou et al., 2002)

## **Benefits for the Woman, cont.**

- 2. Improved Maternal and Perinatal Health through Birth Spacing and Planning**
- 3. HIV Diagnosis and Access to Treatment**
- 4. PMTCT and Fertility in the Context of HIV**

# Benefits of Counseling on Additional Topics

## Malaria prevention counseling

- Serious consequences of contracting malaria during pregnancy for the mother and fetus - Additional risks for HIV positive women

## Referral for gender-based violence

- Access to a safe environment for counseling that she may not otherwise have received.

## Counseling of Partners

- Gives women an opportunity to discuss what they have learned about FP with their partners at home between PAC visits, increasing communication, even if the male partner does not accompany the woman to the follow-up visit.
  - A study conducted in Egypt examined the effects of providing counseling to the husbands of PAC patients on the husbands' level of involvement in their spouses' recovery and on patients' recovery and subsequent use of contraception after PAC (Abdel-Tawab et al., 1999).

## Nutrition

# Progress Toward Development Goals

## *President's Emergency Plan Goals*

- Prevent 7 million new HIV infections
- Provide treatment to 2 million HIV-infected people

## *UNGASS Goals*

- Reduce proportion of infants infected with HIV by 50% by 2010
- Increase percentage of HIV-infected women receiving a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission
- Increase percentage of people with advanced HIV infection receiving antiretroviral combination therapy
- Increase percentage of patients with STIs at health-care facilities who are appropriately diagnosed, treated, and counseled

## *UN Millennium Development Goals*

- Reduce child mortality
- Improve maternal health

# Cost Savings

- FP services range from approximately \$7 to \$24 per person per year
- PAC services range from approximately \$35 to \$180 per person to complete emergency treatment

Simply put, FP services are significantly less expensive than PAC services and result in high future savings.

# Cost Savings

Estimated cost of the additional PAC visit is **under \$20**.

- Also requires additional resources to cover the cost of relevant personnel, testing kits, and FP commodities

Results in the potential for substantial cost savings by limiting the need for:

- A follow-up PAC visit for future terminated or lost pregnancies: **\$35–\$180 per patient** (Brambila et al., 1999; Futures Group Spectrum Allocate model application, Uganda)
- Cost of PMTCT services for HIV-positive women who would limit pregnancies but do not accept an FP method during the initial PAC visit: **\$50 per patient** (Stover et. al., 2006)
- Cost of supporting orphans as a result of HIV-related deaths or deaths due to pregnancy/labor/abortion complications: **\$224–\$652 per child per year for an estimated 11 years each** (Stover et. al., 2006).

# Conclusion

- A follow-up PAC visit including CT has the dual potential of significantly increasing the acceptance of an FP method by women receiving PAC services and increasing HIV testing and access to treatment among a key group for HIV services.
- A follow-up PAC visit provides benefits both in terms of cost savings incurred by reductions in unintended pregnancies and HIV transmission and in terms of the health benefits realized by PAC patients, their families, and communities.
- These benefits are in addition to the positive affects that a follow-up PAC visit can have on the achievement of the goals associated with the President's Emergency Plan, the United Nations General Assembly Special Session, and the Millennium Development Goals.

**Thank you**



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