



COMPREHENSIVE ABORTION CARE

OPERATIONAL GUIDELINES

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**Ministry of Health and Family Welfare
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Acknowledgement

Abortions have been legal in India since the introduction of the Medical Termination of Pregnancy (MTP) Act in 1971. The Act gave a legal framework for the abortion services to be provided with safety under certain indications.

To further improve the access to safe abortion services, the MTP Act has recently been amended and the Medical Termination of Pregnancy (Amendment) Act, 2021 and the Medical Termination of Pregnancy (Amendment) Rules, 2021 as prescribed under the Act have come into force. These amendments intend to increase the ambit and access of women seeking legal abortion services for different reasons or indications.

With the changes in the Act as well as the technical updates and scientific advancements in abortion technologies, there was a felt need to update the CAC training materials accordingly. All the components under the CAC training package hence, have been revised and updated in accordance with the amendments. The package includes Trainer's and Provider's manual for conducting MTP/CAC (Comprehensive Abortion Care) trainings with a standardized training curriculum and Operational Guidelines for programme managers to implement and monitor the services.

I believe that the CAC training package, will enhance the skills of doctors, both Ob-Gynae specialists, medical officers and programme managers in providing respectful, confidential and high-quality abortion care services to the women in need of these services. This will also enable them to improve the clinical as well as non-clinical aspects of CAC trainings and in planning, implementation and monitoring of CAC Services in the States.

I am thankful to Dr P. Ashok Babu, Joint Secretary (RCH), MoHFW, for his guidance and keen engagement in taking forward the operationalization of MTP/CAC trainings. I am also thankful to all the experts contributing towards the development of this manual especially Ipas Development Foundation for taking a leading role in compilation. I look forward to effective implementation of amendments and thereby significantly addressing the issue of unsafe abortions in the country.



(Dr. Sumita Ghosh)

Healthy Village, Healthy Nation



एड्स - जानकारी ही बचाव है
Talking about AIDS is taking care of each other

Aim of the Guidelines

‘Comprehensive Abortion Care Services Operational Guidelines is a guide for program managers and service providers for providing Woman Centered Comprehensive Abortion Care (CAC) at health facilities in the public sector within the framework of the MTP Act.

Comprehensive Abortion Care and its various services elements should be available at all eligible health facilities. CAC should be an essential component of reproductive health (RH) services at all these facilities.

The following components of care should be ensured at all these facilities to have an enabling environment for the women coming for abortion care services:

- Privacy and confidentiality maintained for all clients
- Respectful, courteous and nonjudgmental health staff
- Reproductive rights respected while providing services
- Clean and hygienic surroundings
- Availability of 24x7 running water supply, uninterrupted power supply (including power back-up), and clean toilets (separate for male and female)
- Assured referral linkages

Abortion care services by level of facility

Different levels of health facilities in the public health system have different cadres of health care workers who can provide different abortion-related services. It ranges from informing and educating the women about the availability and legality of abortion care; helping them to recognise early pregnancy and confirming it; providing abortion care; and referring them to an appropriate facility for the management of complications.

Abortion care services by level of facility are given below in Table 1.

Table 1: Abortion care services by level of facility

Facility Level	Human resource available	Abortion care services
Community/ Outreach	ANM/AWW	<ul style="list-style-type: none"> Information on availability of abortion services Awareness on legality of abortions Confidential counselling on abortion related care and contraception Supply of contraceptive methods (condoms, oral contraceptive pills) Information on signs and symptoms of early pregnancy Confirmation of early pregnancy with pregnancy testing kit Recognition of danger signs of complications and timely referral
	ASHA	<ul style="list-style-type: none"> Information on legality of abortion services Confidential counselling on where to access early and safe abortion services, post-abortion contraception Supply of contraceptive methods (condoms, oral contraceptive pills) Information on signs and symptoms of early pregnancy Confirmation of early pregnancy with pregnancy testing kit Recognition of danger signs of complications and timely referral Facilitate and accompany the woman for services
Sub-centre, Health & Wellness Centres (Level I)	ANM/CHO	<ul style="list-style-type: none"> Information to community and women on the: <ul style="list-style-type: none"> legal provisions for safe abortion contraceptive methods & their use reproductive health care, including abortion services, family planning and other RH services recognition of signs and symptoms of early pregnancy Provision of contraceptive services Confirmation of early pregnancy with pregnancy testing kit Confidential counselling for abortion care Refer women for safe abortion services Recognition of signs and symptoms of abortion complications Counselling information to ASHA on her roles and responsibilities

Continued

Facility Level	Human resource available	Abortion care services
PHC/ non FRU-CHC (Level 2)	CAC trained medical officer	<ul style="list-style-type: none"> Confidential counselling for abortion care General physical and pelvic examination of the women coming for abortion services Vacuum aspiration up to twelve weeks LMP/uterine size Medical methods of abortion up to nine weeks of pregnancy Post-procedure contraceptive counselling and services Evacuation of incomplete, inevitable abortions Documentation and reporting of services I/V antibiotics and fluids in case of abortion complications Assured referral to higher centres for cases above twelve weeks gestation and with abortion complications Orientation of community-level workers (ASHA/ANM) on relevant aspects of abortion care
	CAC trained nursing staff	<ul style="list-style-type: none"> Confidential counselling for abortion care Recognition of signs and symptoms of abortion complications Post-procedure contraceptive counselling and services
FRU-CHC/ SDH/District hospitals (Level 3)	Obstetrician-gynaecologist	<p>The above activities at Level 2 plus:</p> <ul style="list-style-type: none"> Uterine evacuation up to 20 weeks for women as per indications under the MTP Act and upto 24 weeks for special category of women by gynaecologist Laparotomy and indicated surgery for abortion complications such as uterine perforation and bowel injury Treatment of other complications such as sepsis, coagulopathy
	CAC trained medical officer	
	CAC-trained nursing staff	
Private facilities: approved by DLC for MTP upto 12 weeks	CAC trained provider	<ul style="list-style-type: none"> Performs functions described under PHC (Level 2) Vacuum aspiration up to 12 completed weeks of pregnancy Medical methods of abortion up to nine completed weeks of pregnancy
	Nursing staff	<ul style="list-style-type: none"> Confidential counselling for abortion care Recognition of signs and symptoms of abortion complications Post-procedure contraceptive counselling
Private facilities: approved by DLC for MTP upto 24 weeks	Obstetrician-gynaecologist	<ul style="list-style-type: none"> Uterine evacuation up to 20 weeks for any woman requesting these services and upto 24 weeks for special category of women by gynaecologist Performs functions described under FRU-CHC (Level 3)
	Nursing staff	<ul style="list-style-type: none"> Confidential counselling for abortion care Recognition of signs and symptoms of abortion complications Post-procedure contraceptive counselling

Continued

Facility Level	Human resource available	Abortion care services
Medical College/ District Hospital with provision of USG guided procedures and blood storage facility	Obstetrician- gynaecologist	<ul style="list-style-type: none"> Termination beyond 24 weeks for substantial foetal abnormalities after approval by the Medical Board

Note: Facilities under public sector do not need separate site approval for providing abortion care services.

Human Resource: Services to be rendered by different cadres of health workers

Table 2: Abortion care tasks by different cadres of health care workers

Task	MMA trained medical officer	CAC trained medical officer/Obgyn	CAC trained nursing staff (GNM and higher)
Education/Information on: Prevention of unintended pregnancy; Legal provisions for abortion; Dangers of unsafe abortion	√	√	√
Counselling: pre- and post-abortion	√	√	√
Patient assessment	√	√	No
History taking	√	√	√
Physical examination	√	√	√
Pelvic examination	√	√	Only for digital evacuation
Infection prevention including universal precautions	√	√	√
Surgical evacuation (MVA/EVA)	No	√	No
Prescribing MMA drugs upto 9 weeks	√	√	No
Evacuation of incomplete abortion (including when required, during MMA procedure)	No	√	No
Pain medications—analgesics; I/V sedation; paracervical block	√	√	√ (Not paracervical block)
Post-procedure care	√	√	√
Post-abortion contraception (condoms, oral contraceptive pills, injectables, IUCD)	√	√ Also tubal ligation	√
Follow-up care	√	√	√
Instrument processing	√	√	√
Maintain records and submit reports	√	√	√
Treatment of complications—antibiotics; I/V fluids	√	√	√
Treatment of complications—blood transfusions; repair of minor injuries; abdominal surgery	√	√ Abdominal surgery by gynaecologists only	No

Note: Second trimester pregnancy termination procedures can only be done by gynaecologists/eligible providers.

Essential infrastructure at health facilities for abortion care services

Table 3: Essential infrastructure at different facility levels for CAC

Site	PHC/non FRU-CHC	FRU-CHC/SDH/DH
OPD	<ul style="list-style-type: none"> Seating arrangement for client/ woman, accompanying person IEC materials display Site signage 	Same as in PHC
Examination room	<ul style="list-style-type: none"> Examination table with foot step Hand washing facility Screen/curtains for privacy 	Same as in PHC
OT (minor OT for first trimester terminations and major OT for second trimester terminations)	Minor OT: <ul style="list-style-type: none"> Labour table, foot step Light source (lamp) Sterilised consumables like cotton, gauze etc. Emergency drug tray, I/V fluids and stand, oxygen cylinder MVA/EVA tray* Equipment for IUCD insertion** 	Minor OT: Same as in PHC Major OT: <ul style="list-style-type: none"> OT table (hydraulic) Boyle's apparatus Anaesthesia tray Equipment for all indicated surgeries
Infection prevention	<ul style="list-style-type: none"> Colour-coded bins in OPD 0.5% chlorine solution Hub-cutter 	Same as in PHC

***MVA/EVA tray:** gloves, sim's speculum, anterior vaginal wall retractor, vassellum, sponge holding forceps, MVA aspirator, cannula of different sizes, bowl for antiseptic solution and POC check, 10 ml syringe with needle, cotton/ gauze. All the contents in the tray should be sterile (with sterilisation date label).

****Equipment for post-abortion IUCD insertion:** All instruments to be used are available in the MVA/EVA tray. In addition, uterine sound and scissors are also required.

Documentation

All the induced abortion care procedures are to be documented in the following formats:

1. Form C—Consent Form
2. Form I—RMP Opinion Form upto 20 weeks and Form E between 20-24 weeks
3. Form III—Admission Register
4. Form II/Monthly reporting to the district health authority (CMHO)
5. Form D – For approval by Medical Board for pregnancy beyond 24 weeks
6. Quarterly reporting format given by MoHFW
7. Facility level HMIS report: Regular recording of CAC data

In addition:

- All the cases of abortion complications including spontaneous, incomplete or inevitable abortions should be recorded separately
- Record all the cases referred to the higher centres for complications or other indications
- MMA card should be used in all cases where MMA drugs are prescribed

Drugs, consumables and equipment

The functional equipment required for providing comprehensive abortion care at different levels of the health facilities (with quantities and numbers) are as below:*

	Item	PHC/non FRU-CHC (Level 2)	FRU-CHC/ SDH (Level 3)	DH/DWH (Level 3)
	First trimester cases (expected)	8 (50% MMA - 4 cases)	15 (50% MMA - 8 cases)	35 (30% MMA— 10 cases)
	Second trimester cases (expected)		2	8
I.	Equipment			
I.a.	Cheatle's forceps	1	2	3
I.b.	Cusco's speculum (medium and large)	3	4	10
I.c.	Sim's speculum (medium and large)	2	4	5
I.d.	Sponge holding forceps	2	3	5
I.e.	Anterior vaginal wall retractor	2	3	5
I.f.	Valsellum/Allis forceps	2	3	5
I.g.	Dilator set	1	2	3
I.h.	Sharp and blunt curette	2	3	5
I.i.	Ovum forceps	0	1	2
I.j.	Bowl/kidney tray (antiseptic)	1	3	5
I.k.	Instrument tray	1	3	5

Continued

	Item	PHC/non FRU-CHC (Level 2)	FRU-CHC/ SDH (Level 3)	DH/DWH (Level 3)
	First trimester cases (expected)	8 (50% MMA - 4 cases)	15 (50% MMA - 8 cases)	35 (30% MMA— 10 cases)
	Second trimester cases (expected)		2	8
l.l	Suction machine/Foot pump	1	1	1
l.m	MVA aspirator	2	3	5
l.n	Cannulae of different sizes	2 sets	3 sets	5 sets
l.o	Instrument for gynae/abdominal surgery	NR	1 set	2 sets
l.p	Instrument trolley	1	1	2
l.q	Resuscitation equipment <ul style="list-style-type: none"> • Oral airway • Face mask • Ambu bag • Oxygen cylinder with reducing valve flow meter • Endotracheal tubes 	To be available	To be available	To be available
2.	Drugs			
2.a	Antibiotics Tab Doxycycline Cap Ampicillin	6 courses 2 courses	10 courses 3 courses	35 courses 10 courses
2.b	Analgesics—Tab Ibuprofen	54	90	315
2.c	Tab Misoprostol (400 microgm)	20	48	80
2.d	Tab Mifepristone	5	12	20
2.e	Inj. Oxytocin	10	60	120
2.f	Inj. Xylocaine/Lignocaine (vials)	2	3	5
2.g	5% Dextrose	2	5	10
2.h	Ringer lactate	2	5	10
2.i	Normal saline	2	5	10
Drugs for emergency tray				
2.j	Inj. Diazepam	2	4	10
2.k	Inj. Atropine	6	10	35
2.l	Inj. Adrenaline	1	2	5
2.m	Inj. Aminophylline	2	3	10
2.n	Inj. Sodium bi-carbonate 7.5%	1	2	5
2.o	Inj. Calcium gluconate—10%	2	3	5
2.p	Inj. Perinorm	2	5	10
2.q	Inj. Avil/Phenergan	2	3	10
2.r	Inj. Hydrocortisone	2	3	5
2.s	Inj. Frusemide	2	3	5
2.t	Inj. Dopamine	4	6	20

Continued

	Item	PHC/non FRU-CHC (Level 2)	FRU-CHC/ SDH (Level 3)	DH/DWH (Level 3)
	First trimester cases (expected)	8 (50% MMA - 4 cases)	15 (50% MMA - 8 cases)	35 (30% MMA— 10 cases)
	Second trimester cases (expected)		2	8
3.	Consumables			
3.a	Povidone iodine solution bottles	4	6	10
3.b	Bleaching powder/Hypochlorite solution	√	√	√
3.c	Disposable syringes (2 ml)	24	40	140
3.d	Disposable syringes (10 ml)	12	20	80
3.e	I/V sets	2	5	20
3.f	I/V cannula/scalp vein sets	2	5	20
3.g	Surgical gloves (pairs)	24	40	175
3.h	Utility gloves	2	4	10
3.i	Cotton/gauze	2 packets	3 packets	5 packets
3.j	Foley's catheter of different sizes			
3.k	Plastic gowns	2	4	4
3.l	Perineal sheet	2	4	10
3.m	Trolley sheet	2	4	10
3.n	Surgical masks (disposable)— no. of boxes	1	1	2
3.o	Head caps (disposable)—no. of boxes	1	1	2
3.p	OT slippers	10	15	20

Monitoring and evaluation

Programme managers should monitor the abortion care services, using the tool, given in Annexure I.

Referral arrangements

A well-functioning referral system is vital to providing safe and high-quality abortion services. Referral arrangements enable women to access routine care as well as get prompt treatment for complications.

Assured referral

1. Referral centre should be at such distance where the woman can reach within one to two hours.
2. Availability of vehicle for transport to the next level of facility.
3. Alert the receiving health facility through a referral slip or telephone about the clinical condition of the woman being referred.

The receiving referral centre should provide feedback to the referring centre on the type of complication ascertained; the care provided; the outcome of the treatment; and the plan for subsequent care.

Note: For more details on abortion care, please refer to:
'CAC Training and Service Delivery Guidelines', 2023 MoHFW.

Annexure 1

Monitoring tool for CAC services

- a. Today's date: ___/___/___ (DD/MM/YYYY)
- b. Site/Facility name: _____
- c. Name/s of the provider: _____
- d. Name of the programme manager/s visiting the site: _____
- e. How many abortion care procedures been provided at this facility in the last three months? _____
- Method/Technology used: _____ Contraception given (nos.): _____
- If no services provided, reason for non-provision: _____
- f. Does the examination and treatment area have visual and auditory privacy? _____
- g. Does the facility have the necessary instruments and supplies for infection control and procedure? _____
- h. Are the following available at the site:
1. MVA kits
 2. MMA drugs
 3. All contraceptive methods
 4. IEC material on abortion care
 5. Coloured bins for waste disposal
 6. Documentation forms: Form C Form I/E Admission Register Form II
- i. Have the community health workers attached to the site been oriented to CAC? _____
- j. Gaps identified for quality improvement in services: _____
- k. Action plan for quality improvement—person responsible—timeline: _____

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'Comprehensive Abortion Care Services Operational Guidelines' has been prepared with support from Ipas Development Foundation, in an effort to streamline and monitor the provision of abortion care services at public health facilities.