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Self-reported Follow-up Care Needs Can be Met in Both Facility and Self-managed Abortion: Evidence from Low- and Middle-income Countries

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Jacobson, Laura E. MPH, "Self-reported Follow-up Care Needs Can be Met in Both Facility and Self-managed Abortion: Evidence from Low- and Middle-income Countries" (2024). *OHSU-PSU School of Public Health Annual Conference*. 10.

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Self-reported follow-up care needs can be met in both facility and self-managed abortion: Evidence from low- and middle-income countries

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School of Public Health Annual Conference

April 4, 2024



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Acknowledgments

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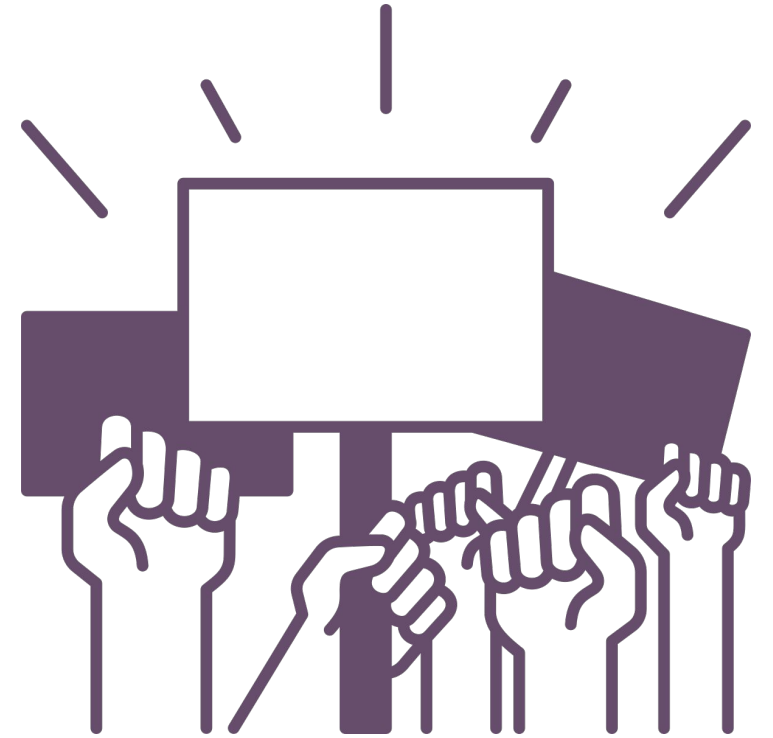


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Positionality

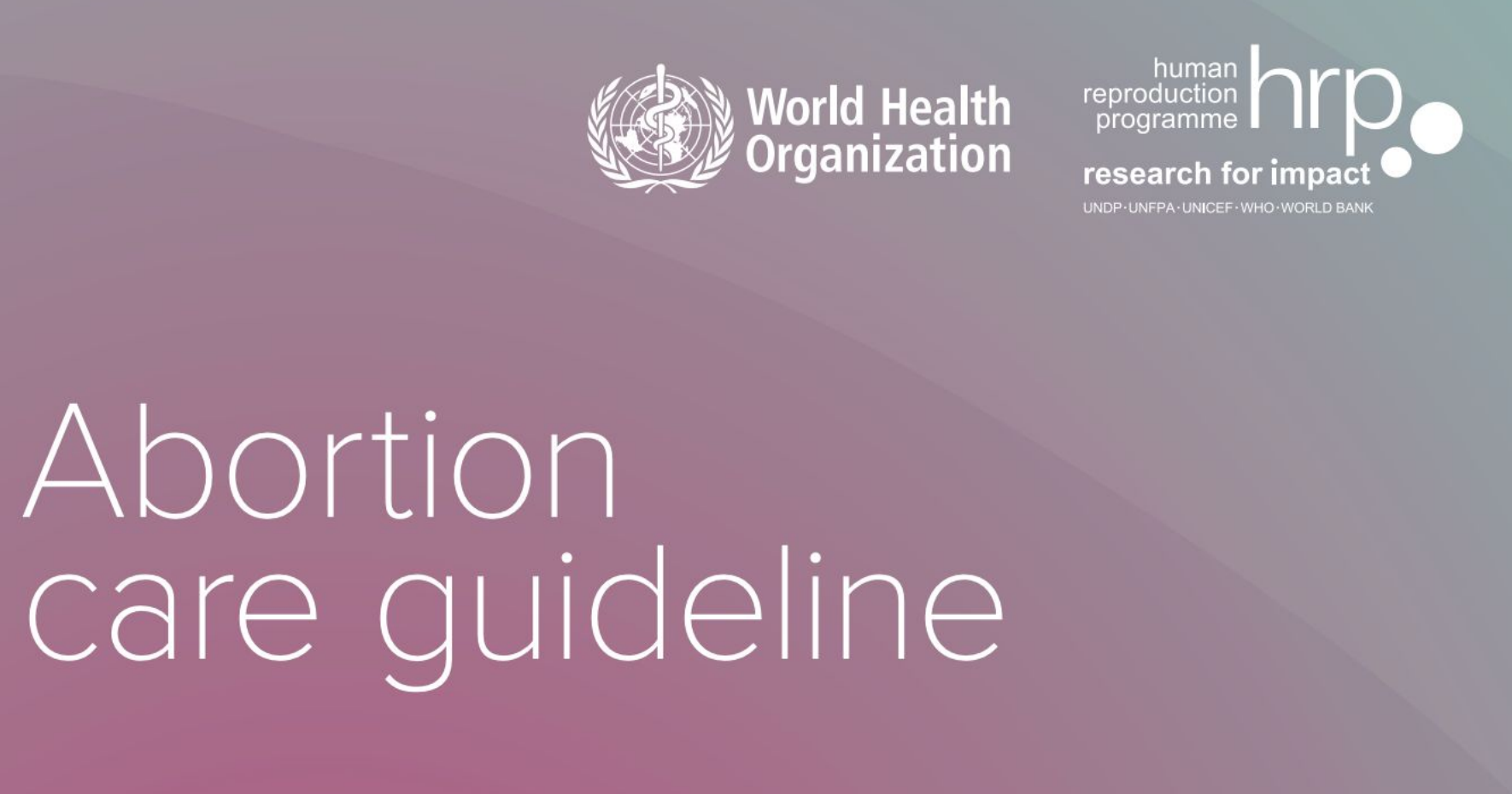


Background

- **Abortion safety is well established;** (NASEM 2018; Moseson 2022; Bearak et al., 2020)
- **Equitable access to high-quality abortion care varies** (Cohen & Joffe, 2020; Ganatra et al., 2017; Singh et al., 2018)
- **Legal restrictions have implications on public health** (Kost & Lindberg, 2015; Bernstein & Jones, 2019; Harries et al., 2015; Foster, 2020, De Zordo et al., 2021)
- **Medication abortion: (misoprostol + mifepristone or misoprostol alone)** (Popinchalk 2019; Footman 2018)



Self-Managed Medication Abortion (SMA)



Post-Abortion Follow-up Care

- Post-abortion follow-care often an indirect measure of abortion complications (Qureshi et al., 2021; Singh & Maddow-Zimet 2016)
- Motivation for seeking follow-up care may vary (Chae et al., 2017; Gerdts et al., 2020; Moseson et al., 2021)
- Supportive post-abortion follow up care are important for high-quality abortion care; motivation and care needs not fully understood



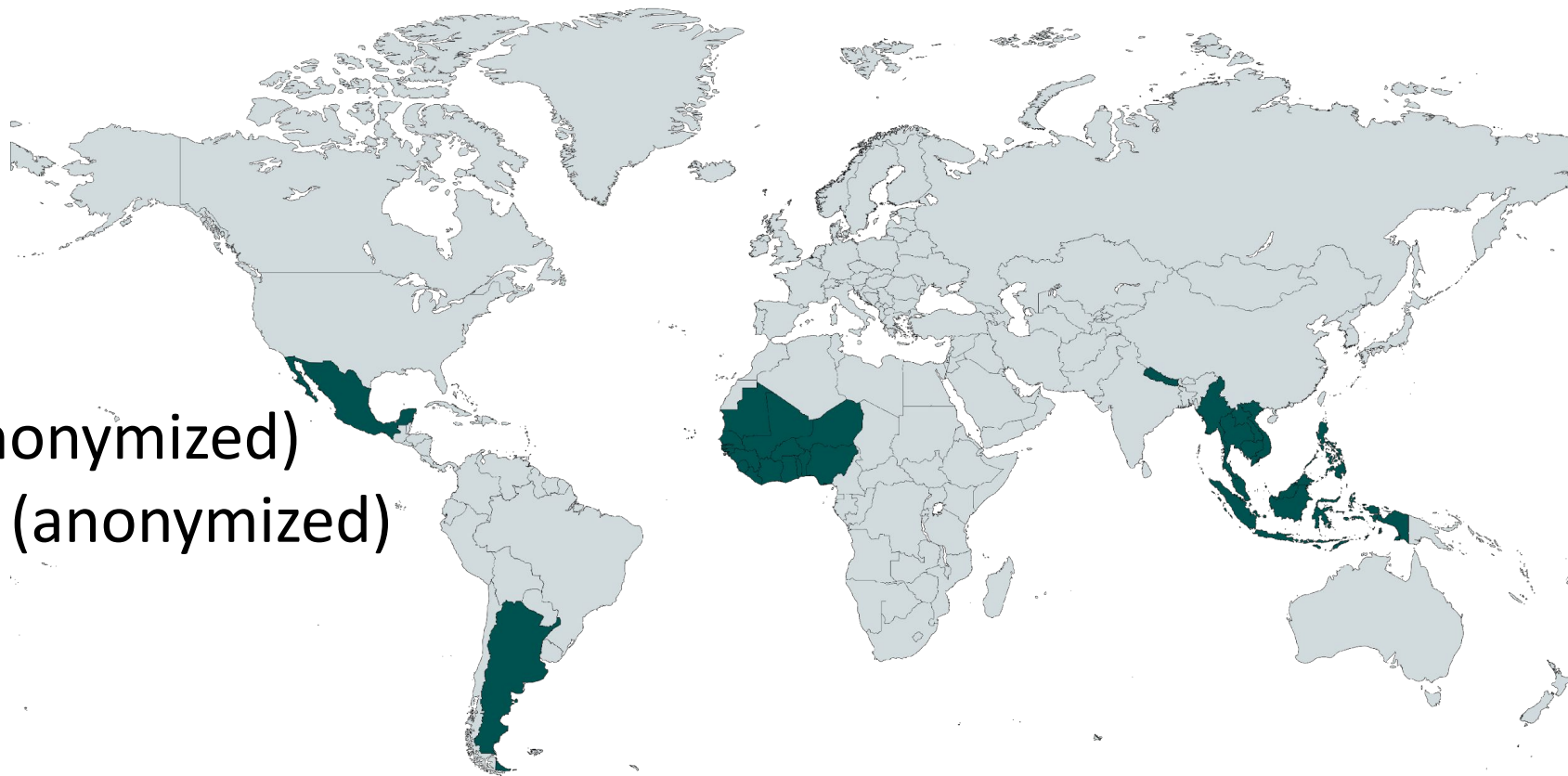
Study Purpose

To understand in-facility follow-up care-seeking behavior among both people who **self-managed** medication abortions and those who obtained **facility-managed** medication abortions in **six countries**, and to explore factors that contribute to meeting individuals' self-reported care needs



Setting

- Argentina
- Mexico
- Nepal
- Nigeria
- West Africa (anonymized)
- Southeast Asia (anonymized)



Methods

- **Data:** qualitative in-depth interviews previously conducted with people who had **facility-** or **self-managed** medication abortion
- **Study period:** 2018-2019
- **Abortion models of care:** private non-profit facilities, abortion accompaniment groups, and safe abortion hotlines
- **Interviews:** collected in local language and translated into English
- **Ethics:** PSU IRB: board review not required



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Self-Reported Follow-up Care Needs

Care needs met

Received care if it was needed or wanted

OR

Did not receive care when confident care was not necessary

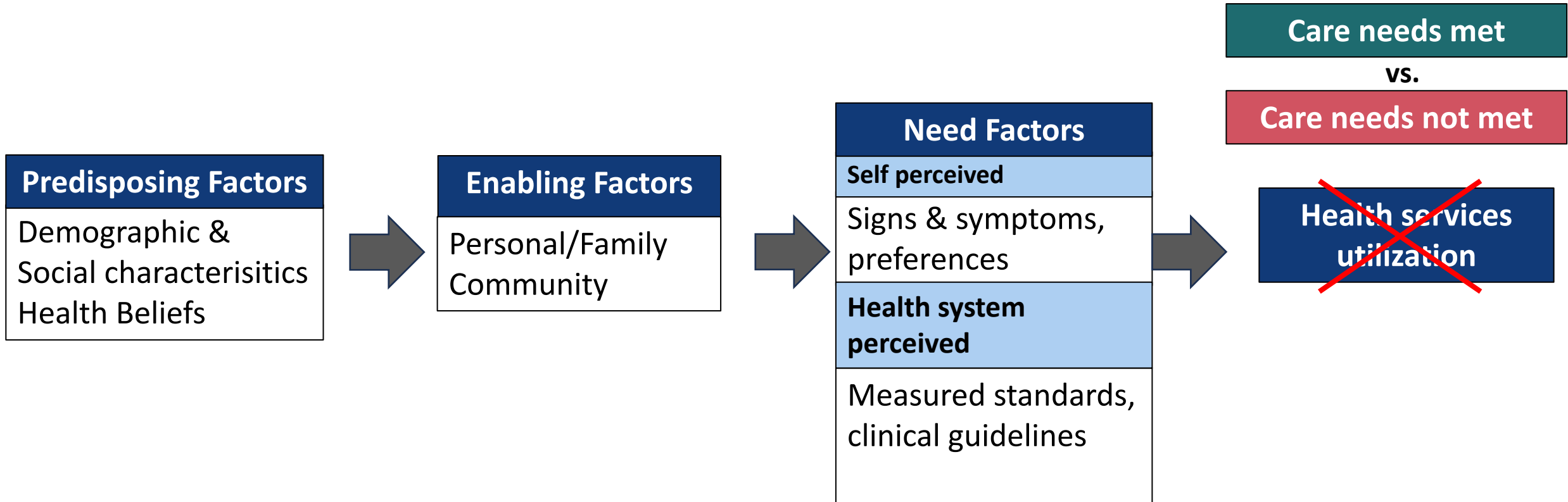
Care needs not met

Wanted care but did not receive it

OR

Received care but stated it was unwanted or unnecessary

Andersen behavioral model of utilization



Results:

Participant Characteristics (n=67)



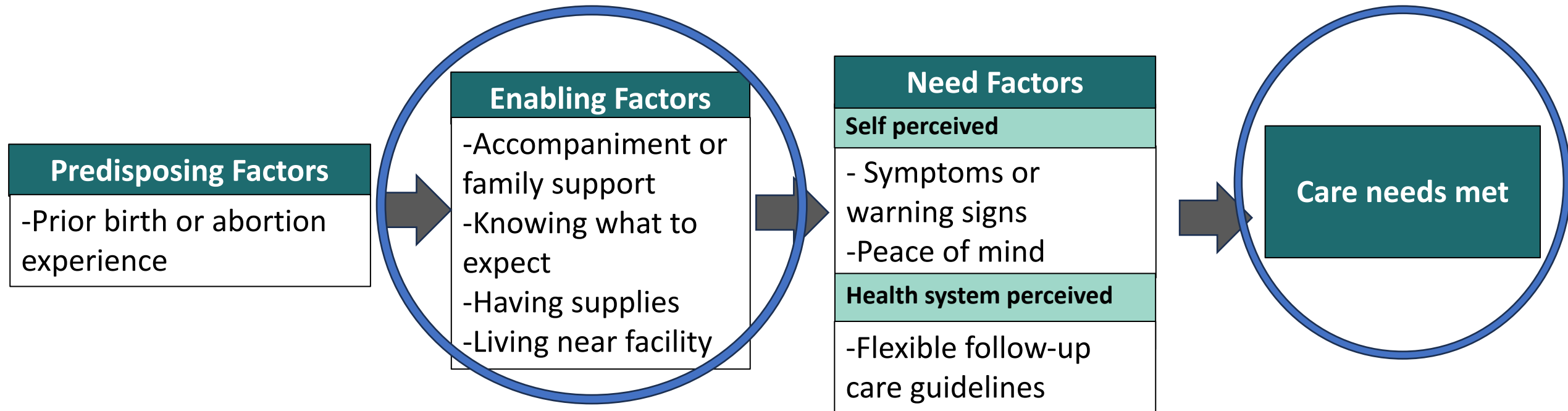
vs.



- Participants: **35 (52%) facility-managed** and **32 (48%) SMA**.
- Care needs met (n=59, 88%)
 - Half received follow-up care in a facility
 - Follow-up care: ultrasound, pregnancy test, pain meds
 - Primary reason for seeking follow-up care: **discuss/manage symptoms** (14/33, 42%)
- Primary reason for not seeking follow-up care: **no concerns** (24/34, 71%)

Modified Andersen behavioral model of utilization

Care needs met



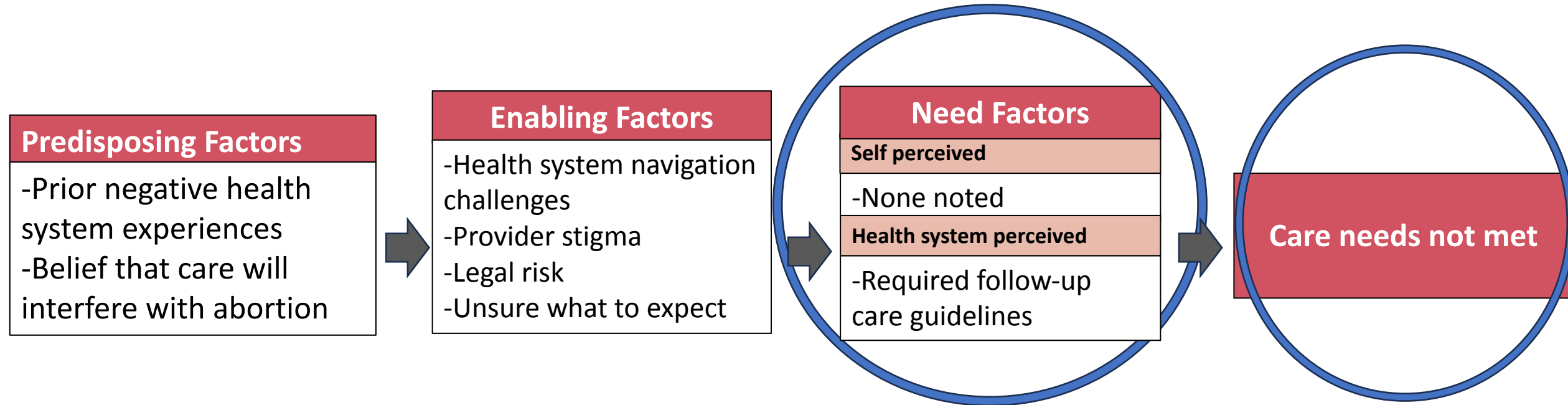
“The hotline advised me to go to the hospital if I had severe cramps until I couldn’t stand up or I couldn’t do my activities. But I managed myself to do my activities, so, I didn’t think I needed to go.”

(Southeast Asia, SMA with safe abortion hotline, no follow-up care)



Modified Andersen behavioral model of utilization

Care needs NOT met





“It was terrible. So, the technician, it seemed to me, maybe I’m just making an assumption here since it is their job, but she started questioning me, you know, saying, ‘No, because you’re pregnant.’ ‘No, I’m not pregnant.’ ‘But you were pregnant.’ ‘Yes, I was pregnant, I had an abortion.’ ‘Oh, and how? Was it with pills, did you do it on purpose or was it a miscarriage?’ And like I didn’t know how much of it was part of her job, and how much she was just asking to be nosy or something. So, I answered her, but it was a really uncomfortable situation, you can imagine how I’m sitting there with my legs spread in the air and everything.”

(Argentina, SMA with accompaniment support, follow-up care in a facility)

Conclusions & Implications

- Medication abortion follow-up care needs can be met both in and outside of health facilities for both people who **self-manage** and access **facility-managed** medication abortions.
- Unnecessary care does occur and may result in poor quality care that erodes trust in the health system.
- Meeting individuals' care needs is essential to ensuring safe, person-centered abortion care, as defined by the World Health Organization.



Thank You

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References

- Andersen, R. M. (1995). Revisiting the behavioral model and access to medical care: does it matter? *Journal of Health and Social Behavior*, 36(1), 1–10. <https://doi.org/2137284>
- Bearak, J., Popinchalk MPH, A., Ganatra, B., Moller MPH, A., Bearak, J., Popinchalk, A., Ganatra, B., Moller, A.-B., Tunçalp, Ö., Beavin, C., Kwok, L., & Alkema, L. (2020). Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990-2019. *The Lancet Global Health*, 20, 1–10. [https://doi.org/10.1016/S2214-109X\(20\)30315-6](https://doi.org/10.1016/S2214-109X(20)30315-6)
- Center for Reproductive Rights. (2020). *The World's Abortion Laws*. <https://reproductiverights.org/worldabortionlaws>
- Chae, S., Kayembe, P. K., Philbin, J., Mabika, C., & Bankole, A. (2017). The incidence of induced abortion in Kinshasa, Democratic Republic of Congo, 2016. *PLoS ONE*, 12(10), 1–16. <https://doi.org/10.1371/journal.pone.0184389>
- Chen, M. J., & Creinin, M. D. (2015). Mifepristone with buccal misoprostol for medical abortion: A systematic review. *Obstetrics and Gynecology*, 126(1), 12–21. <https://doi.org/10.1097/AOG.0000000000000897>
- Cohen, D. S., & Joffe, C. E. (2020). *Obstacle Course: The Everyday Struggle to Get an Abortion in America*. University of California Press.
- NASEM. (2018). *The safety and quality of abortion care in the United States*. National Academies Press.
- Singh, S., & Maddow-Zimet, I. (2016). Facility-based treatment for medical complications resulting from unsafe pregnancy termination in the developing world, 2012: A review of evidence from 26 countries. *BJOG*, 123(9), 1489–1498. <https://doi.org/10.1111/1471-0528.13552>
- World Health Organization OECD & The World Bank. (2018). *Delivering quality health services: A global imperative for universal health coverage* (Issue July).