

---

# Postabortion Care (PAC): Counselling Young Clients

---



**USAID**  
FROM THE AMERICAN PEOPLE



[www.drh.go.ke](http://www.drh.go.ke)



## Definition of PAC

Postabortion care is an approach for reducing complications and death arising from abortion. Abortions can be spontaneous (miscarriage) or induced.

## Purpose of PAC Counselling

For the youth to:	For the counselor to:
<ul style="list-style-type: none"><li>• cope with her existing situation;</li><li>• appreciate consequences abortion; and</li><li>• evaluate her feelings and opinions regarding the problem for which help was sought.</li></ul>	<ul style="list-style-type: none"><li>• act as an emotional support for the adolescent client;</li><li>• link the youth to other related health and/or social services, including family planning, HCT, STI, and attention for gender based violence; and</li><li>• provide adequate information to help the adolescent client make healthy and informed decisions regarding her situation.</li></ul>

## Counselling Youth

*Every young person is unique, thus, age, developmental stage, education or literacy level and marital status will all influence counselling.*

- Tailor information provided and gauge how to effectively communicate information.
- Remember that a provider has the responsibility to provide confidential and quality services to all women, including youth clients.
- Youth PAC clients deserve and have a right to the same treatment and standard of care regardless of whether their abortion was in-





**USAID**  
FROM THE AMERICAN PEOPLE



### Extending Service Delivery Project

1201 Connecticut Avenue, NW, Suite 700  
Washington, DC 20036  
Tel: 202-775-1977  
Fax: 202-775-1988  
ESDMail@ESDProj.org  
www.esdproj.org

### Pathfinder International

Kenya Office  
International House  
Mezzanine Floor  
Mama Ngina Street  
P.O. Box 48147-00100 GPO  
Nairobi, Kenya  
Tel: 254 (20) 2224154  
Fax: 254 (20) 2214890

*Note: USAID is prohibited by law from funding any abortion activities or supplies.*

### As you counsel youth clients:

- Allow enough time for the youth to feel comfortable and to ask questions. Be patient and ask open-ended questions to encourage conversation.
- Correct and misconceptions.
- Use visual aids where appropriate (e.g. when showing FP methods).
- Be compassionate, empathetic and nonjudgmental.
- Ensure that privacy and confidentiality are observed.

### Common Barriers for Seeking PAC Services

- Fear of negative provider attitudes.
- Fear of retribution, stigma, or disbelief if the pregnancy is associated with sexual coercion, violence or abuse.
- Fear of retribution, stigma or disbelief if sexual offender is a close relative or direct family member, especially for the younger adolescent.
- Concern that treatment may require prolonged stay, which can be difficult to explain to parents, guardians or school authorities.
- PAC service site is inaccessible (e.g., location, times services are offered, cost/inability to afford services, poor services).
- Perceived or actual lack of confidentiality.
- Fear of what PAC procedures and services may entail.
- Uncertainty of how/where to seek PAC services.

*Note: Be receptive to the youth client's needs and pay particular attention to situations and issues that may limit her access to PAC services.*

**Note:** Youth clients may face additional stigma from adults (e.g. parents, health providers) due to their age, or get a negative reception if not married or in a formal union.

- If feasible, provide a separate waiting area for youth clients to give them a sense of privacy and alleviate fears of being seen by adult community members.
- Ask if the youth client would like someone else to be involved in their care (e.g., partner, friend, a caring adult, or parents). If so, include that person in ways that will be supportive to the client during the procedure and the recovery process.

## Key information and messages

During postabortion care and counselling, it is important to communicate these messages.

### 1. **Information about the youth client's physical condition**

- Provide reassurance about their physical condition.
- Truthfully answer questions they may have about their physical condition.

### 2. **A description of the procedures and examinations**

- Explain that she may feel some discomfort.
- Explain that she will have to urinate before the procedure.
- Explain where the procedure will take place.
- Explain how the pelvic examination will be done:
  - \* The external vagina will be cleaned with a solution to help prevent infection.
  - \* A speculum will be inserted gently into her vagina to look for injury, bleeding, and signs of infection.
- Explain who will be present and who will do the procedure.
- Explain what will happen during each step of the procedure.
- Provide details of the procedure.
- Inform her of possible major and minor complications that may occasionally occur.

### 3. **Information about the results of the physical examination and tests**

- Explain the results of the examinations and tests in simple language.

### 4. **A step-by step description of what is happening during the procedure**

- Encourage her to relax as the speculum is inserted.
- Talk to and reassure adolescent throughout by giving **pain management counselling** to help in controlling pain.
- Explain to her what she will feel.
- Encourage her to relax her abdominal muscles by breathing in deeply and breathing out slowly and demonstrate how this will be done.

### 8. **Information on sexual and reproductive health**



Remember that some adolescent may not know exactly how pregnancy occurs or the ways to prevent pregnancy. You will then need to provide extensive information including more information on sexual and reproductive health (SRH).

- Explore client's knowledge level in relation to SRH.
- Provide extensive information.

### 9. **Information on where to seek additional Sexual and Reproductive Health (SRH) services**

- Provide referrals for other SRH or social services that may be needed depending on the youth client's situation.
- Include screening for sexual abuse and gender-based violence (GBV) as appropriate. If abuse has occurred, refer her for other counselling or social support services, if available.
- Link youth to relevant community based programs and/or peer education and counselling.
- Provide relevant and appropriate IEC materials suitable for the adolescent client.
- Inform the client of related youth friendly services such as counselling on drugs and drug abuse.
- Provide a return date before the client is discharged, as appropriate.



**6. Information on self risk-assessment and preventing unintended or unplanned pregnancy and infections**

- Help the adolescent client assess her risk for future unplanned pregnancy, STI and HIV infection.
- Provide information on how she can reduce her risk.
- Provide information on dual protection methods, including demonstrating how to use a condom correctly.
- Counsel her on abstinence as appropriate and relevant.

**Remember:**

1. Inform the youth client that she can become pregnant before her next menses.
2. Inform her that it is better for her health and the health of her baby if she waits at least 6 months before trying to become pregnant again, if she intends to.
3. In addition, it is healthier to wait until she is at least 18 years old before becoming pregnant.
4. Counsel the client to use a family planning method until it is a healthy time to become pregnant.

**7. Information on Sexually Transmitted Infections (STI), Human Immunodeficiency Virus (HIV) and HIV Counselling and Testing (HCT)**

- Provide information on preventing STIs and HIV.
- Explain the need to use condoms for dual protection against pregnancy and STI/HIV.
- Demonstrate condom use (both male and female).
- Encourage clients to negotiate for condom use.
- Inform clients of HCT availability and encourage them to have the service.

- Inform her about the medications given and explain the effect in pain control.
- Talk calmly and reassuringly to her during the procedure and always explain what is happening.

**5. Information on danger signs**



**If any of the following symptoms are present, advise the adolescent to return to the hospital or clinic immediately:**

- Fever or chills
- Increased bleeding after the procedure
- Bleeding for more than 72 hours (3 days)
- Foul-smelling discharge from the vagina
- Menses heavier than normal
- Severe lower abdominal pain
- Fainting, dizziness, weakness
- Vomiting or nausea

**Advise the young client:**

- Not to insert anything in her vagina, even tampons, because this could cause an infection. She should use sanitary pads, cotton, wool or clean cloths, as available.
- Not to have sex until at least 72 hours (3 days) after all bleeding has stopped and to make sure to use a condom and/or other contraceptive method.
- To get plenty of rest, drink lots of fluids, and eat foods rich in iron and protein, (e.g. beans, lentils, green leafy vegetables, eggs, meat, etc.) as appropriate, to assist recovery.
- How to take any prescribed medications.
- About any follow-up appointments that are needed after the procedure.
- About when fertility will return (i.e., when she is likely to become pregnant again).
- About the availability and locations of family planning services.
- About the availability of condoms for family planning and STI/HIV prevention from local pharmacies and youth centres.

