



World Health Organization abortion care guidelines: Summary of recommendations on self-managed abortion

INTRODUCTION

In March 2022, the World Health Organization (WHO) released updated **abortion care guidelines** based on **the most current evidence** on abortion care, law, and policy. The updated version of the guidelines contains a range of new recommendations for clinical, service delivery, and law and policy components of abortion care. This brief summarizes the changes to recommendations about self-managed abortion (SMA)* in the guidelines, linking those recommendations to research conducted by Ibis Reproductive Health in close partnership with safe abortion accompaniment groups.

WHO GUIDELINES FOR SELF-MANAGED MEDICATION ABORTION

The **WHO guidelines fully recommend** the self-management of medication abortion up to 12 weeks' gestation. This includes:

- Self-assessment of eligibility (determining pregnancy duration; ruling out contraindications).
- Self-administration of abortion medicines outside of a health care facility and without the direct supervision of a trained health worker; management of the abortion process.
- Self-assessment of the success of the abortion.

NEW CADRES OF PROVIDERS

The WHO guidelines also newly recommend “community health workers” as providers of medication abortion services. These can include non-medical abortion providers, such as **safe abortion accompaniment groups**, who play a critical role in delivering safe abortion care in settings where abortion is illegal or highly restricted.

NO SINGLE RECOMMENDED MODEL

The WHO guidelines newly recognize that there is no single recommended approach to abortion care provision. The guidelines clearly state that all people should be able to access a variety of abortion care options (e.g. facility-based, telehealth, etc.) along with all the information they need to make an informed choice, and a supportive **enabling environment** that facilitates their ability to access their preferred method/model of care.

Individuals may interact with multiple health systems—from the community level to clinical care—over the course of their SMA experience. If, before, during, or after a self-managed abortion, an individual needs or decides to seek health care services at a clinic or hospital (to confirm abortion completion, for help managing side effects, or to assess potential warning signs of a complication), providers should meet their needs **without judgment or stigma** and maintain patient privacy without reporting to law enforcement or otherwise placing the patient at risk of criminalization for their pregnancy outcome.

ADVANCING PERSON-CENTERED CARE: RESEARCH FROM IBIS THAT AFFIRMS THE UPDATED WHO GUIDELINES

Research from Ibis Reproductive Health has documented the **effectiveness, safety, and acceptability** of self-managed abortion supported by safe abortion accompaniment groups, particularly through **our SAFE study**, a large prospective, observational study that recruited medication abortion callers from **two safe abortion accompaniment groups** in Argentina and Nigeria from 2019 to 2020. Those seeking abortion care before 12 weeks' gestation received step-by-step instructions from the accompaniment group on a regimen of mifepristone and misoprostol or misoprostol alone.

*The WHO defines self-managed abortion as self-management of the entire process of a medication abortion or one or more of its component steps, such as self-assessment of eligibility for medication abortion, self-administration of medicines without the direct supervision of a health worker, and self-assessment of the success of the abortion process.

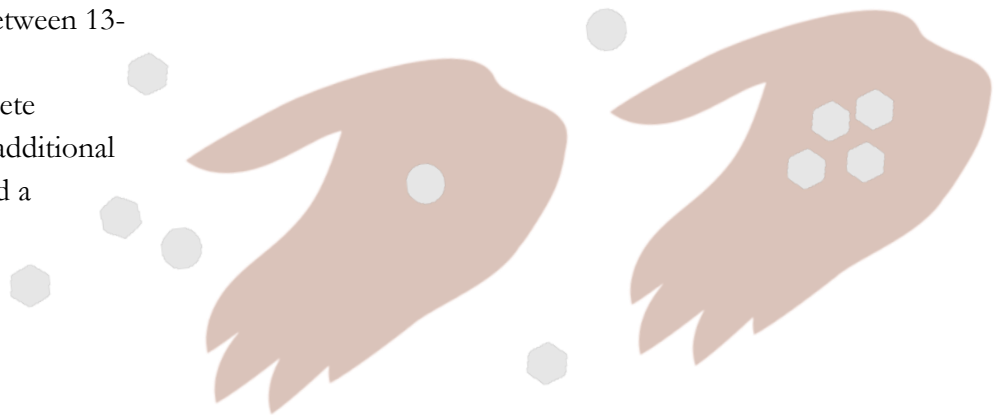
The study examined participants' abortion outcomes, finding that 96.9% of participants had a complete abortion without surgical intervention, and that the effectiveness of **self-managed medication abortion** with accompaniment group support was “non-inferior” to (i.e., was no less effective than) clinician-managed medication abortion administered in clinic settings.

The 2022 WHO abortion care guidelines outline improvements in client-centered care, including a call for the removal of abortion restrictions at any point in pregnancy. While the current WHO guidelines acknowledge the ability of people to self-manage their abortions before 12 weeks, research has also demonstrated that accompaniment groups can help provide safe and effective medication abortion care at and after 12 weeks' gestation:

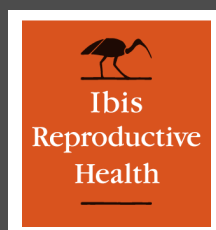
- **A retrospective chart review** of a hotline in Indonesia found that of the 91 callers who were beyond 12 weeks' gestation, 91.2% had a complete abortion and did not seek additional care.
- **Additional research demonstrated** that of the 316 people who self-managed an abortion between 13-24 weeks' gestation with support from accompaniment groups, 76% had complete abortions using medication alone. With additional medical interventions, 94% of clients had a successful abortion.

Existing research on SMA later in pregnancy suggests that self-managed abortion with accompaniment group support can be a safe, effective, and **acceptable** option for those seeking abortion after 12 weeks' gestation in restrictive legal settings, and additional research should seek to better understand the experiences and preferences of those who self-manage with medication abortion at or after 12 weeks' gestation.

All people should have access to their preferred method of abortion care throughout pregnancy. The inclusion of SMA in the WHO abortion care guidelines affirms decades of experiential evidence from feminist activists and a strong body of research that has demonstrated not only the safety and effectiveness of self-managed abortion, but the importance of a model of abortion self-care that enables people to exercise the autonomy to make the best decisions for their own lives.



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