ISSN 2598-3180 (Online)
JOURNAL OF MIDWIFERY
Research and Practice
Accredited by SINTA 4th

Article

Quality and Women-Centered Care in Comprehensive Abortion Care (CAC) WHO 2024: Literature Review

Yulizawati[1], Shinta Mayasari[2], Marzatia Yulika[3], Pramawahyudi[4], Tajri Syayidil Qalbi[5], M.Pemberdi Intasir[6]

[1,2,3] Department of Midwifery Facuty of Medicine Universitas Andalas-Padang-Indonesia
[4]Department of Computer Engineering, Faculty of Information and Technology Universitas Andalas-Padang-Indonesia
[5]Department of Mechanical Engineering Faculty of Engineering, Universitas Andalas-Padang-Indonesia
[6] Maritim Raja Ali Haji University-Indonesia

SUBMISSION TRACK

Received : March 20, 2025
Final Revision : May 25,2025
Available Online: June 30, 2025

KEYWORDS

comprehensive abortion care; person-centered care; post-abortion care; quality of care; women-centered care

CORRESPONDENCE

Phone : 081371863752
Email : yulizawati@med.unand.ac.id

A B S T R A C T

Abortion care is an integral component of women's reproductive health services. Comprehensive Abortion Care (CAC), as outlined by the WHO, emphasizes not only clinical safety but also women-centered care that respects women's rights, experiences, and autonomy. This literature review aims to synthesize current evidence on the quality of care and the implementation of women-centered care within CAC services. A literature review was conducted using PubMed and Semantic Scholar, focusing articles published between 2020 and 2025. Fourteen studies meeting the inclusion criteria were analyzed through thematic synthesis. The findings indicate that women's satisfaction with abortion and post-abortion services is strongly influenced by interpersonal aspects of care, including respectful communication, empathy, emotional support, and involvement in decision-making. While many health facilities demonstrate adequate technical quality, gaps persist in the consistent delivery of women-centered care due to system readiness, stigma, legal constraints, and variability in provider attitudes. Evidence from interventional studies suggests that structured person-centered care models can significantly improve women's care experiences. This review highlights that high-quality CAC extends beyond clinical outcomes and requires deliberate integration of women-centered principles into routine practice. Strengthening provider competencies and health system support is essential to ensure equitable, respectful, and meaningful abortion care.

Attribution- NonCommercial 4.0 International. Some rights reserved

I. INTRODUCTION

Abortion care is an inseparable component of women's reproductive health services. Globally, abortion whether spontaneous or induced continues to contribute significantly to maternal morbidity and mortality when not managed appropriately, safely, and with dignity (Cunningham et al., 2022). Abortion services therefore require not only clinical accuracy but also an approach that respects women's rights, needs, and experiences as central subjects of care.

The World Health Organization (WHO), through its latest Comprehensive Abortion Care Guideline, emphasizes that comprehensive abortion care (CAC) must encompass two core dimensions: technical clinical quality and women-centered experience of care (WHO, 2024). This principle positions women as key decision-makers and promotes care that is safe, empathetic, stigma-free, and supported by effective communication, adequate pain management, contraceptive counseling, and ongoing psychosocial support.

In line with WHO guidance, the International Confederation of Midwives (ICM) identifies abortion and post-miscarriage care competencies as essential components of professional midwifery practice. These competencies extend beyond clinical skills to include empathetic communication, choice-based counseling, respect for women's autonomy, and advocacy for equitable and ethical reproductive health services (ICM, 2024). Midwives therefore play a strategic role in ensuring the comprehensive implementation of CAC principles in daily clinical practice.

In Indonesia, commitment to comprehensive abortion and post-miscarriage care has been formalized through the National Guidelines for Comprehensive Post-Miscarriage Care and the Midwifery Professional Standards. These regulations emphasize that care should be holistic, encompassing clinical management, counseling, education, referral, and protection of women's dignity and rights (Ministry of Health of the Republic of Indonesia, 2020a; 2020b). However, in practice, the implementation of women-centered approaches continues to face challenges, including limited resources, stigma, high workloads among health workers, and a predominant focus on clinical aspects alone.

Recent international studies over the past five years indicate that the quality of comprehensive abortion care is strongly influenced by women's interpersonal experiences during service delivery, including provider attitudes, communication quality, feelings of safety, and involvement in decision-making. Research also highlights persistent gaps between normative CAC standards and actual service delivery in health facilities, both in low- and middle-income countries (ICM, 2024; WHO, 2024). These findings underscore the importance of critically examining how quality and women-centered care concepts are operationalized within comprehensive abortion services.

Despite the growing body of literature on CAC, syntheses that specifically examine service quality and women-centered care within the WHO 2024 CAC framework remain limited, particularly those integrating global policy perspectives, midwifery professional standards, and empirical evidence across diverse service contexts. This literature review aims to address this gap by examining current scientific evidence on quality and women-centered care in comprehensive abortion services.

Based on this background, the research question guiding this literature review is: How is the quality and implementation of women-centered care in comprehensive abortion services based on the WHO 2024 CAC framework, and what factors influence women's experiences and satisfaction with these services? This question underpins the processes of literature searching, extraction, analysis, and synthesis, and is expected to contribute to strengthening midwifery practice, policy development, and the quality of women's reproductive health services.

II. METHODS

This study employed a literature review design to synthesize scientific evidence related to service quality and women-centered care in comprehensive abortion services. Article searches were conducted using the PubMed and Semantic Scholar databases. The search strategy employed combinations of the keywords "comprehensive abortion care" AND "women-centered care" AND "abortion care." All retrieved articles were screened to identify and remove duplicates.

The selection process was conducted in stages, beginning with title and abstract screening, followed by full-text review. Inclusion criteria comprised English-language articles published between 2020 and 2025, available in full text, and addressing service quality or women-centered approaches in the context of abortion or post-miscarriage care. Secondary or tertiary journal articles were excluded.

Data from eligible articles were extracted and mapped into a matrix table to identify thematic patterns, alignment with comprehensive abortion care principles, and implications for midwifery practice. Of the 8,756 articles initially identified, 14 met the inclusion criteria and were included in the final analysis.

III. RESULT

Table 1. Journal extraction results table

No	Title (Author & Year)	Method	Objective	Type of Intervention	Key Results
1	Maternal satisfaction with the quality of post-abortion care in Ethiopia at teaching hospitals of Amhara regional state by 2023 (Erega et al., 2025)	Cross-sectional	Evaluate satisfaction Mother to PAC quality	Home PAC services Sick education	Satisfaction influenced communication , empathy , and support emotional
2	"I am putting my fear on them subconsciously": a qualitative study of contraceptive care in the context of abortion bans in the US (Zia et al., 2024)	Qualitative	Explore impact policy on counseling	Counseling contraception	Restrictions law lower quality of woman-centered care
3	Post-abortion care services in Zambian health facilities: a qualitative study of users' experiences and perceptions (Lubeya et al., 2024)	Qualitative	Dig experience PAC users	PAC facilities health	Experience women are very determined attitude officer

4	Development and validation of a person-centered abortion scale: the experiences of care in private facilities in Kenya (Sudhinaraset et al., 2020)	Instrument development	Develop tool PCA measurement	Measurement quality service	Validation draft person-centered abortion care
5	Evaluating the implementation of post-abortion care in Shanghai using the RE-AIM framework: a qualitative study of provider perspectives (Zhu et al., 2025)	Qualitative	Evaluation PAC implementation	Implementation PAC system	Obstacle system influence quality service
6	Health facilities readiness to provide comprehensive abortion care and factors associated with client satisfaction in Central Oromia Region, Ethiopia: a multilevel modeling approach (Gebremariam et al., 2023)	Multilevel quantitative	Connection readiness & satisfaction	CAC facility health	Readiness facility increase satisfaction client
7	Effects of implementing a postabortion care strategy in Kinshasa referral hospitals, Democratic Republic of the Congo (Ishoso et al., 2021)	Quasi-experimental	Impact of PAC strategy	PAC Implementation	Improvement quality & continuity care
8	Perspectives on high-quality interpersonal care among people obtaining abortions in Argentina (Bercu et al., 2022)	Qualitative	Perception quality interaction	Interpersonal care	Empathy and communication are core qualities of CAC
9	Professionalism, stigma, and willingness to provide patient-centered safe abortion counseling and care: a mixed methods study of Ethiopian midwives (Fekadu et al., 2022)	Mixed methods	The influence of midwife stigma	Abortion counseling	Stigma inhibits woman-centered care
10	"They talked to me rudely." Women's perspectives on quality of post-abortion care in public health facilities in Kenya (Ouedraogo et al., 2023)	Qualitative	Perspective PAC quality	public PAC	Lack of counseling lower quality
11	Assessing post-abortion care using the WHO quality of care framework for maternal and newborn health: a cross-sectional study in two African	Cross-sectional	Assessing PAC with WHO QoC	Evaluation quality service	The experience of care component is not optimal

	hospitals in humanitarian settings (Pasquier et al., 2024)				
12	Evaluation of comprehensive abortion care service in University of Gondar Comprehensive Specialized Hospital in Northwest Ethiopia: mixed case study design (Getaneh et al., 2025)	Mixed case study	CAC Evaluation	CAC Hospital Services	Quality technical well , PCC aspects vary
13	Person-centered abortion care in public health facilities across four regions of Ethiopia: a cross-sectional quantitative study of client experiences. (Chekol et al., 2024)	Cross-sectional	Assessing PCA	Public abortion services	PCA improves satisfaction Woman
14	Person- centered care for abortion services in private facilities to improve women's experiences in Kenya (Cotter et al., 2021)	Interventio n	Increase experience client	PCC Model	PCC improves experience Woman

IV. DISCUSSION

This literature review demonstrates that the quality of comprehensive abortion care is largely determined by the extent to which women-centered care principles are integrated into clinical practice. Women's satisfaction with abortion services is not solely associated with medical success, but is predominantly influenced by the quality of communication, provider empathy, and the emotional support received throughout the care process (Chekol et al., 2024; Erega et al., 2025). These findings underscore that the *experience of care* dimension constitutes a core component of service quality, as emphasized in the World Health Organization's Comprehensive Abortion Care (CAC) quality framework (WHO, 2024).

From the service-user perspective, qualitative studies consistently highlight that health care providers' attitudes and behaviors are the most influential factors shaping women's care experiences. Research conducted in Zambia indicates that women perceive abortion services as high quality when providers are friendly, non-judgmental, and responsive to their emotional needs (Lubeya et al., 2024). Similar findings have been reported in Argentina and Kenya, where empathy, clear communication, and a sense of being respected emerged as central elements of high-quality care (Bercu et al., 2022; Ouedraogo et al., 2023). This body of evidence reinforces the understanding that CAC quality cannot be separated from the interpersonal relationship between women and care providers.

The concept of women-centered care in abortion services has been further strengthened through the development of validated measurement instruments. Sudhinaraset et al. (2020) developed the *person-centered abortion care scale*, which identifies respect, autonomy, and communication as core constructs of abortion service quality. This instrument provides empirical evidence that women's care experiences can be systematically measured and used as indicators of service

quality. The relevance of this approach is supported by quantitative findings from Ethiopia, which demonstrate that higher levels of person-centered abortion care are directly associated with increased women's satisfaction (Chekol et al., 2024).

However, the implementation of women-centered care is strongly influenced by health facility readiness and broader health system capacity. A multilevel study in Ethiopia showed that facility readiness including the availability of resources, trained personnel, and referral systems was positively correlated with client satisfaction in CAC services (Gebremariam et al., 2023). Evaluations of CAC services in referral hospitals further revealed that although technical quality was generally adequate, the delivery of person-centered care varied considerably and lacked optimal standardization (Getaneh et al., 2025). These findings indicate that improving service quality requires system-level interventions, rather than focusing solely on individual health care providers.

The implementation of structured abortion care strategies has been shown to enhance overall service quality. Evidence indicates that comprehensive Post-Abortion Care (PAC) strategies improve continuity of care, access to counseling, and women's care experiences during service delivery (Ishoso et al., 2021). Moreover, evaluations of PAC implementation using the RE-AIM framework in Shanghai highlight that program adoption and sustainability are heavily influenced by managerial support and cross-unit service integration (Zhu et al., 2025). These findings suggest that CAC quality emerges from the synergy between policy frameworks, facility management, and clinical practice.

Stigma and personal values among health care providers emerge as significant barriers to the implementation of women-centered care. A mixed-methods study in Ethiopia revealed that abortion-related stigma negatively affects midwives' professionalism and willingness to provide empathetic, needs-oriented counseling (Fekadu et al., 2022). Within restrictive policy contexts, qualitative evidence also indicates that fear and legal pressure compromise the quality of contraceptive counseling, thereby limiting the application of women-centered care principles (Zia et al., 2024). These findings highlight that abortion service quality is inseparable from the social, legal, and cultural contexts in which care is delivered.

The WHO quality of care framework provides important insights into the gap between technical and experiential dimensions of care. Studies conducted in two African hospitals using this framework demonstrate that although safety and effectiveness components are relatively well addressed, *experience of care* elements including communication and emotional support remain suboptimal (Pasquier et al., 2024). These findings are consistent with evidence from Kenya, where limited counseling and a lack of empathetic approaches were reported to negatively influence women's perceptions of post-abortion care quality (Ouedraogo et al., 2023, Yulizawati, 2025).

Evidence supporting the effectiveness of women-centered care models is further strengthened by interventional studies. Research conducted in private health facilities in Kenya demonstrates that the systematic implementation of person-centered care models significantly improves women's experiences, including feelings of respect, involvement in decision-making, and overall satisfaction with services (Cotter et al., 2021). These findings provide strong evidence that women-centered care is not merely a normative ideal, but a feasible and impactful approach to improving service quality.

Overall, the synthesis of the 14 included studies indicates that the quality of comprehensive abortion care is shaped by the interaction of three key elements: interpersonal care quality, health system readiness, and the socio-policy context. The WHO Comprehensive Abortion Care Guideline emphasizes that abortion services must be safe, effective, and centered on women's experiences as service users (WHO, 2024). This perspective aligns with the *Essential Competencies for Midwifery Practice*, which underscore the role of midwives in delivering holistic, empathetic, and rights-based care (ICM, 2024).

In the Indonesian context, these findings are particularly relevant to the National Guidelines for Comprehensive Post-Miscarriage Care and the Midwifery Professional Standards, which emphasize the importance of care that not only meets clinical standards but also upholds humanitarian values, ethical principles, and women's empowerment (Ministry of Health of the Republic of Indonesia, 2020a; 2020b). Integrating global evidence with national policy frameworks reinforces the urgency of strengthening midwifery capacity and health system support to embed women-centered care as the core of CAC service quality.

V. CONCLUSION

This literature review confirms that the quality of comprehensive abortion care cannot be assessed solely on the basis of clinical success, but is also determined by the extent to which services are women-centered. The synthesis of findings demonstrates that empathetic communication, provider attitudes that respect women's dignity, and adequate psychosocial support are key determinants of women's satisfaction and care experiences, even when technical standards are met. Facility readiness, the implementation of structured abortion care strategies, and stigma reduction at both individual and health system levels play critical roles in achieving high-quality care. Evidence from interventional studies indicates that women-centered care approaches are feasible and yield positive impacts on women's experiences. Future research should focus on the development and evaluation of sustainable implementation strategies to integrate women-centered care principles into routine comprehensive abortion service delivery.

REFERENCES

Bercu, C., Filippa, S., Ramirez, A.M., Katz, A., Grosso, B., Zurbriggen, R., Vázquez, S., & Baum, S.E. (2022). *Perspectives on high-quality interpersonal care among people obtaining abortions in Argentina* . 1–10. https://doi.org/10.1186/s12978-022-01401-1

Chekol, B.M., McCaffrey, S., Dijkerman, S., Acre, V., Biru, D.D., Mehary, A.B., & Muluye, S. (2024). Person-centered abortion care in public health facilities across four regions of Ethiopia: a cross-sectional quantitative study of client experiences. *Frontiers in Reproductive Health* , *6* , 1331682. https://doi.org/10.3389/frph.2024.1331682

Cotter, S.Y., Sudhinaraset, M., Phillips, B., Seefeld, C.A., Mugwanga, Z., Golub, G., Ikiugu, E., Yu, S., Sudhinaraset, M., Phillips, B., & Seefeld, C.A. (2021). Person-centred care for abortion services in private facilities to improve women's experiences in Kenya. *Culture, Health & Sexuality* , *23* (2), 224–239. https://doi.org/10.1080/13691058.2019.1701083

Cunningham, F.G. (2022). *Williams Obstetrics* (26 Edition). Me Graw Hill.

Erega, BB, Ferede, WY, Mitiku, AK, Arage, RB, & Yehuala, ED (2025). *Maternal satisfaction with the quality of post-abortion care in Ethiopia at teaching hospitals of Amhara regional state by 2023* .

Fekadu, A., Berhe, A., Belgu, B., Yimer, I., Tesfaye, Y., & Holcombe, S. J. (2022). Professionalism, stigma, and willingness to provide patient-centered safe abortion counseling and care: a mixed methods study of Ethiopian midwives. *Reproductive Health* ,

19 (1), 1–17. https://doi.org/10.1186/s12978-021-01238-0

Gebremariam, F.A., Habtewold, E.M., & Degife, D.T. (2023). Health facilities readiness to provide comprehensive abortion care and factors associated with client satisfaction in Central Oromia Region, Ethiopia : a multilevel modeling approach. *Reproductive Health* , 1–18. https://doi.org/10.1186/s12978-023-01610-2

Getaneh, B.D., Worku, N., Demissie, KA, Tafere, T.Z., & Jejaw, M. (2025). *Evaluation of comprehensive abortion care service in University of Gondar Comprehensive Specialized Hospital in Northwest Ethiopia : mixed case study design* .

ICM. (2024). *ICM Essential Competencies for Midwifery Practice* .

Ishoso, D. K., Tshefu, A., Delvaux, T., Dramaix, M., Mukumpuri, G., & Coppieters, Y. (2021). Effects of implementing a postabortion care strategy in Kinshasa referral hospitals, Democratic Republic of the Congo. *Reproductive Health* , 1–11. https://doi.org/10.1186/s12978-021-01130-x

Ministry of Health of the Republic of Indonesia. (2020a). *DECREE OF THE MINISTER OF HEALTH OF THE REPUBLIC OF INDONESIA NUMBER HK.01.07/MENKES/320/2020 CONCERNING MIDWIFE PROFESSIONAL STANDARDS WITH* . 1–90.

Ministry of Health of the Republic of Indonesia. (2020b). *National guidelines for comprehensive post-miscarriage care* .

Lubeya, M. K., Munakampe, M. N., Mwila, M., & Makasa, M. (2024). Post-abortion care services in Zambian health facilities : a qualitative study of users' experiences and perceptions. *BMC Women's Health* , 1–12. https://doi.org/10.1186/s12905-024-03179-9

Ouedraogo, R., Kimemia, G., Igonya, E.K., Athero, S., Wanjiru, S., Bangha, M., & Juma, K. (2023). *perspectives on quality of post-abortion care in public health facilities in Kenya* . 1–13. https://doi.org/10.1186/s12978-023-01580-5

Pasquier, E., Owolabi, O.O., Powell, B., Fetters, T., Ngbale, R.N., Lagrou, D., Fotheringham, C., Hillen, C.S., Chen, H., Williams, T., Moore, A.M., Claudia, M., Gbanzi, A., Debeaudrap, P., Filippi, V., Benova, L., & Degomme, O. (2024). Assessing post-abortion care using the WHO quality of care framework for maternal and newborn health : a cross-sectional study in two African hospitals in humanitarian settings. *Reproductive Health* , 1–14. https://doi.org/10.1186/s12978-024-01835-9

Sudhinaraset, M., Landrian, A., Afulani, P.A., Phillips, B., & Diamond-smith, N. (2020). *Development and validation of a person-centered abortion scale : the experiences of care in private facilities in Kenya* . 1–11.

WHO. (2024). *Abortion care guideline, second edition* (Second Edi). World Health Organization.

Yulizawati, Y., Aprila, P. Z., Ridwan, L. H., & Amira, S. (2025). POTENSI AROMATERAPI DAN AKUPRESUR SEBAGAI INTERVENSI NON-FARMAKOLOGIS UNTUK MEREDUKSI KECEMASAN PADA IBU HAMIL: TINJAUAN LITERATUR SISTEMATIS TERHADAP STUDI KLINIS TERKINI. *Media Penelitian Dan Pengembangan Kesehatan*, *35*(2), 676–687. https://doi.org/10.34011/jmp2k.v35i2.3195

Zhu, J., Hua, M., Tian, Q., Tan, R., Fan, N., Wang, S., Li, S., & Yang, Y. (2025). *Evaluating the implementation of post-abortion care in Shanghai using the RE-AIM framework : a qualitative study of provider perspectives* .

Zia, Y., Somerson, E., Folse, C., Alvarez, A., Davis, K.A., Comfort, A.B., Brown, K., Brandi, K., Moayedi, G., & Harper, C.C. (2024). “I am putting my fear on them subconsciously”: a qualitative study of contraceptive care in the context of abortion bans in the U. S . *Reproductive Health* . https://doi.org/10.1186/s12978-024-01908-9

Biografi

Yulizawati, SST., M.Keb was born in Kampar 20 July 1981 and currently a Lecturer in the Midwifery Department, Faculty of Medicine, Universitas Andalas since 1 May 2014. She completed Diploma III degree in Midwifery at the Polytechnic of Padang, taking Midwifery Program in Bukittinggi, and graduated in 2002. She used to worked at RSIA Eria Bunda Pekanbaru in 2003-2004, and Akbid Indragiri Rengat 2004-2014. She graduated from Diploma IV in Midwifery Program in 2004 at the Faculty of Medicine, Padjadjaran University. Since 2022-present, she is the Head of the Midwifery Department, Faculty of Medicine, Andalas University. As well as being EiC of the Journal of Midwifery (JoM)

Shinta Maya Sari, was born in Padang on 17 January 1995. She is currently a Master's student in Midwifery at the Faculty of Medicine, Universitas Andalas (2024–present). She completed Bachelor's Degree in Midwifery at Universitas Andalas in 2018 and obtained her Professional Midwife qualification in 2020. She has professional experience as a practicing midwife under the Nusantara Sehat Team-Based program of the Indonesian Ministry of Health at Puskesmas Tumbang Hiran, Central Kalimantan (2021–2023), and at RSIA Zainab Pekanbaru (January–July 2024).

Marzatia Yulika, was born in Padang on July 27, 1995. She is an alumna of the Bachelor's Program in Midwifery at the Faculty of Medicine, Universitas Andalas, from which she graduated in 2017. She then continued her studies in the Midwifery Professional Education Program at the same university and completed the program in 2020. From 2021 to 2023, she worked as a staff member of the Bachelor's Program in Midwifery at the Faculty of Medicine, Universitas Andalas. She subsequently pursued a master's degree at the Faculty of Medicine, Universitas Andalas, and graduated in 2024. She is currently active as a part-time lecturer in the Department of Midwifery at Universitas Andalas.

Pramawahyudi, was born Solok on July 6 1984 and currenly a Lecturer in the Computer Engineering, Faculty of Infomation and Technology, Universitas Andalas. He completed a master's degree at electrical engineering, Faculty of engineering, Universitas Andalas.

Tajri Syayidil Qalbi was born in Pekanbaru 06 June 2006 and currently a student in the Department of Mechanical Engineering Faculty of Engineering, Universitas Andalas since Agustus 2024. She completed Dharma Yuda Senior High School in Pekanbaru,

M.Pemberdi Intasir, born in Pekanbaru on November 13, 1991, and I am currently a lecturer in physical education at the Faculty of Teacher Training and Education since 2022.
I completed my undergraduate degree in Physical Education from Riau University from 2010 to 2014 and my master's degree in sports education from Padang State University from 2015 to 2018.