- **Intrauterine fetal demise (IUFD; fetal death)**: The intrauterine death of a fetus at any point in time during the pregnancy *(7)*.
- **Mandatory waiting period**: A requirement imposed by law or policy, or in practice, to wait a specified amount of time between requesting and receiving abortion care.
- **Medical methods of abortion (medical abortion)**: Use of pharmacological agents to terminate a pregnancy *(2)*.
- **Mental health**: A state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community *(8)*.
- **Miscarriage (spontaneous abortion)**: Spontaneous loss of a pregnancy before the fetus is usually viable outside the uterus. The clinical signs of miscarriage are vaginal bleeding, usually with abdominal pain and cramping. If the pregnancy has been expelled, the miscarriage is termed "complete" or "incomplete" depending on whether or not tissues are retained in the uterus *(9)*.
- **Missed abortion**: Arrest of pregnancy development where the embryo/fetus/embryonic tissue or empty gestational sac remains in the uterus and the cervical os is closed. Symptoms may include pain and/or bleeding, or there may be no symptoms at all *(10)*.
- **Osmotic dilators**: Short, thin rods made of seaweed (laminaria) or synthetic material. After placement in the cervical os, the dilators absorb moisture and expand, gradually dilating the cervix *(2)*.
- **Policy**: A law, regulation, procedure, administrative action, incentive or voluntary practice of governments and other institutions *(11)*.
- **Post-abortion care**: Provision of services after an abortion, such as contraceptive services and linkage to other needed services in the community or beyond. It can also include management of complications after an abortion.
- **Primary health care (PHC)**: A whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and preferences as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment *(12)*.
- **Quality of care**: QOC encompasses six areas or dimensions of quality that are required in relation to health care:
    - *effective*, delivering health care that is adherent to an evidence base and results in improved health outcomes for individuals and communities, based on need;
    - *efficient*, delivering health care in a manner which optimizes resource use and avoids waste;
    - *accessible*, delivering health care that is timely, geographically reachable, and provided in a setting where skills and resources are appropriate to medical need;
    - *acceptable/person-centred*, delivering health care that takes into account the preferences and aspirations of individual service users and the cultures of their communities;
    - *equitable*, delivering health care that does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location or socioeconomic status;
    - *safe*, delivering health care that minimizes risks and harm to service users *(13; p. 9)*.
- **Regulation of abortion**: All formalized laws, policies and other instruments (e.g. facility-level protocol) that regulate pregnancy and abortion.
- **Self-care**: The ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health worker. The scope of self-care thus includes health promotion, disease prevention and control, self-medication, providing care to dependent people, seeking hospital/specialist/primary care if necessary, and rehabilitation, including palliative care. It includes a range of self-care practices and approaches *(14)*.