
How Misoprostol Treatment Changes the Paradigm on Postabortion care

*Rasha Dabash, MPH
Gynuity Health Projects*

Regional Meeting on Postabortion Care
Alexandria, EGYPT
May 12th, 2010

Essential Elements of Postabortion Care

Community and service provider partnerships	<p>Prevent unwanted pregnancies and unsafe abortion</p> <p>Mobilize resources to help women receive appropriate and timely care for complications from abortion</p> <p>Ensure that health services reflect and meet community expectations and needs</p>
Counseling	<p>Identify and respond to women's emotional and physical health needs and other concerns</p>
Treatment	<p>Treat incomplete and unsafe abortion and potentially life-threatening complications</p>
Contraceptive and family planning services	<p>Help women prevent an unwanted pregnancy or practice birth spacing</p>
Reproductive and other health services	<p>Preferably provide on-site, or via referrals to other accessible facilities in providers' network</p>

Source: Postabortion Care Consortium Community Task Force. Essential Elements of Postabortion Care: An Expanded and Updated Model, PAC in Action #2 Special Supplement, September 2002

Mobilizing Resources: Decentralizing PAC

- Creates access at lower levels of healthcare system where no surgical services offered due to lack of:
 - Surgical facilities
 - Trained providers
 - Equipment Supplies
 - Adequate infection prevention capacity

- Potentially less costly for health systems and women

- Non-invasive outpatient service may improve access and reduce stigma/resistance to seeking care

Treatment: Task Shifting

- ❑ A range of providers can offer, including non-physician providers
- ❑ Nurses and midwives have been primary providers of misoprostol in studies
- ❑ Counseling a major part of service provision and generally well done by trained mid-levels and nurses
- ❑ Training and experience quickly increase provider confidence and efficacy
- ❑ Cost effective; frees up most skilled providers, resources, sites for more urgent need

Who can offer?

- Provider ***must be able to:***
 - Identify open os
 - Assess gestational age/uterine size
 - Provide information and counseling
 - Confirm complete abortion (closed os, no signs of complications)
 - Recognize severe infection or bleeding needing referral for immediate surgical care

- Ultrasound and surgical back-up not essential at all sites but need to be available via referral as needed

Counseling: Essential Elements

- Advantages and disadvantages of methods
- Treatment administration
- What to expect
- Side effects, average duration, how to manage
- Signs of potential complication and what to do
- Importance of follow-up visit
- Future fertility and reproductive health intentions
- FP and other RH needs

Counseling: Surgical vs. Medical

- ❑ Essential to provide information, answer questions/concerns.
- ❑ Shifts focus from “surgery, anesthesia, and hospitalization (provider controlled)” to woman’s experiences, perceptions, needs.
- ❑ Can take as long as or more time than counseling for surgical methods.
- ❑ Opportunity to engage/involve women in their care, build trust and address woman’s broader needs/concerns

Advantages and Disadvantages: As Reported by Women

	Misoprostol Treatment	Surgical Treatment (D&C, MVA, EVA)
Advantages	<ul style="list-style-type: none"> ✓ Easy, simple to administer ✓ Avoids surgery, anesthesia ✓ Out-patient ✓ More natural, like menses ✓ Women in more control, involved 	<ul style="list-style-type: none"> ✓ Quicker ✓ Provider controlled ✓ Woman can be less involved
Disadvantages	<ul style="list-style-type: none"> ✗ Bleeding, cramping and side effects (real or feared) ✗ Waiting, uncertainty 	<ul style="list-style-type: none"> ✗ Invasive ✗ Small risk of uterine or cervical injury ✗ Small risk of infection ✗ Loss of privacy, autonomy

Choice !

- ❑ Increasing women's choice can improve women's compliance, satisfaction and outcomes
- ❑ Whenever possible, women should be given the choice of treatment methods
- ❑ System or provider should not decide for the woman or assume that they know what a woman might prefer

Contraception After Misoprostol Treatment

Contraceptive method	When method can be offered
Condoms	At first visit
Oral contraceptives	At first visit
Contraceptive jellies, foams, tablets or films	At first visit
Injectables	At first visit
Implants	At first visit
IUDs	At follow-up
Sterilization	May opt for surgical treatment since sterilization and completion of the abortion can be done at the same time

Conclusion

- ❑ Misoprostol can decentralize access to PAC and task shift services to community-based cadres of providers/facilities.
- ❑ Counseling is key and can facilitate other essential elements of service model.
- ❑ Women should have the choice of methods whenever possible.

Thank You!