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# How Misoprostol Treatment Changes the Paradigm on Postabortion care

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# Essential Elements of Postabortion Care

<b>Community and service provider partnerships</b>	<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>
<b>Counseling</b>	<p>Identify and respond to women's emotional and physical health needs and other concerns</p>
<b>Treatment</b>	<p>Treat incomplete and unsafe abortion and potentially life-threatening complications</p>
<b>Contraceptive and family planning services</b>	<p>Help women prevent an unwanted pregnancy or practice birth spacing</p>
<b>Reproductive and other health services</b>	<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

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- 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

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- ❑ 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?

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- 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

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- 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

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



# Choice !

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

# Conclusion

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- ❑ 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.

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Thank You!