Institutionalizing Quality Postabortion Care into the Health Systems-

Role & Effectiveness of a Woman-Centered (WC) Postabortion Care Training Center at Services Institute of Medical Sciences (SIMS), Lahore.

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Why we need WC-PAC training center?

- **Alarming Data** - Nationwide study by Population Council 2012
  - Out of 9 million pregnancies each year in Pakistan, 4.2 million are unintended.
  - 2.2 million out of 4.2 million (54%) terminated by induced abortion.
  - Rise in abortion rate 27 to 50 per 1000 women between 2002 to 2012.
Why we need WC-PAC training center?

- **Alarming Data** - Nationwide study by Population Council 2012
  - High level of family planning unmet need (20%) and low level of contraceptive use (modern method - 27%) put women at risk of unintended pregnancies and seek abortion.
  - 80% of these induced abortions being done by unskilled & untrained providers.
  - Various studies showed that 13% of maternal mortality is associated with unsafe abortion and related complications (WHO).
Why we need WC-PAC training center?

- Factors contributing significantly to abortion related maternal morbidity & mortality.
  - Barriers to access to health care facilities in the pretext of the abortion.
  - Stigma associated with the word ABORTION.
  - Failure to deal emotional & psychological aspects with empathy.
  - Unawareness regarding the provisions in the country law governing abortion.
Why we need WC-PAC training center?

- Unskilled & untrained providers.
- Outdated & dangerous methods of uterine evacuation.
- Procurement & Supply issues related to available resources.
- Lack of sustainable training & monitoring programs.
Evolution of WC-PAC training center

• PAC related services like use of misoprostol & MVA introduced at Services Hospital (SH) few years back.

• But gaps & weaknesses in areas like addressing emotional & psychological needs of women seeking abortion, instrument processing, infection prevention & postabortion contraceptive services were identified.

• To rectify the situation Obs. & Gynae Department of SH approached Ipas and NCMNH* for conducting a comprehensive workshop on “Woman-Centered Postabortion Care”.

*National Committee for maternal and neonatal health
A series of workshops conducted at SIMS through collaboration with Ipas & NCMNH

<table>
<thead>
<tr>
<th>S#</th>
<th>Workshops</th>
<th>Date</th>
<th># Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Woman-Centered Postabortion Care Clinical Skills Training</td>
<td>Feb 24-27, 2015</td>
<td>14</td>
</tr>
<tr>
<td>2</td>
<td>Woman-Centered Postabortion Care Clinical Skills-Training of Trainers (TOT)</td>
<td>Sep 17-19, 2015</td>
<td>13</td>
</tr>
<tr>
<td>3</td>
<td>Trickle down workshop on Woman-Centered Postabortion Care Clinical Skills *</td>
<td>Nov 3-6, 2015</td>
<td>20</td>
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</table>

* This workshop was conducted by Obs./Gynae Department on its own at Services Hospital and evaluated by Ipas & NCMNCH representatives.
Woman-Centered Postabortion Care
Clinical Skills Training at SIMS
Woman-Centered Postabortion Care
Clinical Skills Training at SIMS
Role of WC-PAC Training Center at Services Hospital

- Ensure provision of trained and skilled providers through ongoing WC-PAC trickled down trainings.

- Values clarification exercises – Personal beliefs & values about abortion does influence professional judgment and quality of care.

- Equipment (MVA Kits) medicines (Misoprostol) and supplies - uninterrupted provision of equipments, medicines and supplies required for PAC services.
Role of WC-PAC Training Center at Services Hospital

- Infection prevention – strict adherence to the prescribed codes governing infection prevention.

- Monitoring & evaluation of PAC services – Direct observation with checklists, patients’ record & logbook reviews, analysis of services provided. Ipas representatives visit regularly for this follow up.
Role of WC-PAC Training Center at Services Hospital

- Record keeping & auditing of statistics.
- Follow up training program - Gaps and weaknesses identified during monitoring and evaluation are being addressed on a regular basis.
- Follow up training programs are tailored to the identified deficiencies.
Achievements

• Establishment of WC-PAC training center within a short span of time in accordance with national standards and guidelines.

• Training imparted to Health Care Providers of various levels trained to date as below:

<table>
<thead>
<tr>
<th>Cadre</th>
<th>No</th>
<th>Title of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>59</td>
<td>MVA, MPAC, PAFP</td>
</tr>
<tr>
<td>Nursing Staff</td>
<td>08</td>
<td>Instruments processing &amp; infection prevention</td>
</tr>
<tr>
<td>OTAs</td>
<td>04</td>
<td>Instruments processing &amp; infection prevention</td>
</tr>
</tbody>
</table>
Woman-Centered Postabortion Care Clinical Skills Training at SIMS – Role play
Woman-Centered Postabortion Care
Clinical Skills Training at SIMS
PAC room at Services Hospital
Achievements

• All the five elements of PAC are being focused equally.
• Group discussions & deliberations aimed at values clarification are being held.
• Phenomenal change in the uterine evacuation method. MVA is almost universal, very few D&Cs.
## Services provided to the clients
Feb 2015 – Sep 2016 (n=675)

<table>
<thead>
<tr>
<th>S#</th>
<th>Diagnosis</th>
<th>Clients served</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PAC</td>
<td>633</td>
<td>94</td>
</tr>
<tr>
<td>2</td>
<td>Induced (Therapeutic abortion)</td>
<td>21</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Other (Biopsy)</td>
<td>21</td>
<td>3</td>
</tr>
</tbody>
</table>
**PAC services provided to the clients**  
Feb 2015 – Sep 2016 (n=675)

<table>
<thead>
<tr>
<th>S#</th>
<th>Procedure</th>
<th>Case</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>D &amp; C, D &amp; E</td>
<td>42</td>
<td>06</td>
</tr>
<tr>
<td>2</td>
<td>EVA</td>
<td>50</td>
<td>08</td>
</tr>
<tr>
<td>3</td>
<td>MA (Misoprostol)</td>
<td>6</td>
<td>01</td>
</tr>
<tr>
<td>4</td>
<td>MVA</td>
<td>576</td>
<td>85</td>
</tr>
<tr>
<td>5</td>
<td>MVA for MA Failure</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
Achievements

• Institutional supply of MVA kits and misoprostol – at least tap is turned on.
• Doctors trained at this center have gone out to various District & Tehsil Hospitals & Private set ups & providing PAC services.
• Contraceptive uptake increased in women seeking PAC services.
## Postabortion Contraceptives Uptake
### Feb 2015 – Sep 2016 (n=675)

<table>
<thead>
<tr>
<th>S#</th>
<th>Contraceptive Methods</th>
<th>Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Condoms with Emergency Contraceptive Pills</td>
<td>209</td>
<td>31</td>
</tr>
<tr>
<td>2</td>
<td>Implant</td>
<td>32</td>
<td>05</td>
</tr>
<tr>
<td>3</td>
<td>Injectable</td>
<td>12</td>
<td>02</td>
</tr>
<tr>
<td>4</td>
<td>IUCD</td>
<td>73</td>
<td>11</td>
</tr>
<tr>
<td>5</td>
<td>OCPs</td>
<td>44</td>
<td>07</td>
</tr>
<tr>
<td>6</td>
<td>Tubal Ligation</td>
<td>7</td>
<td>01</td>
</tr>
<tr>
<td>7</td>
<td>Referred for tubal ligation / IUCD / Implant</td>
<td>11</td>
<td>02</td>
</tr>
<tr>
<td>8</td>
<td>Method desired by client but no method received at that time.</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>No method desired by client</td>
<td>92</td>
<td>14</td>
</tr>
<tr>
<td>10</td>
<td>No data marked in log book</td>
<td>192</td>
<td>27</td>
</tr>
</tbody>
</table>
PAC/Uterine Evacuation Women Served
Feb-Sep 2015 prior to training Vs Feb-Sep 2016 post intervention

Women served with appropriate technology
# increased from 161 to 381
(20/month to 45/month)
Challenges

- Sustainability and smooth performance of PAC training center.
- Certification of providers.
- Post-training monitoring and evaluation.
- Relocation and transfers of trained & skilled PAC providers & trainers.
- Time constraint for the unit incharge dealing with other administrative challenges.
Challenges

• Constant struggle to ensure PAC kits & medicines available round the clock.
• Record keeping.
• Provision of postabortion contraceptive services. Gaps were identified in terms of lack of effective counseling & to ensure continuous supplies.
• Role of Misoprostol in PAC services.
• Linkage with community & dissemination of PAC services.
Lessons Learnt

- Need to have more synchronized efforts for smooth functioning of this PAC training center.
- Creating a supporting environment within the institution.
- To have workable and well coordinated linkage with family planning department to improve quality of post-abortion contraceptive services.
Lessons Learnt

• Follow up & refresher courses designed according to the identified gaps & weaknesses.
• Random checking of records and log books
• Rewarding dedicated workers.
• Last but not the least, the unit incharge must be highly motivated and should remain committed.
Way Forward…. 

• Further scaling up use of safer WHO recommended methods - MVA, Misoprostol.

• To ensure provision of 100% contraceptive services to women leaving the facility after receiving PAC to prevent a missed opportunity.

• Integrate comprehensive abortion care into standard sexual & reproductive health services to optimize availability.

• Expand the pool of trained providers.
Way Forward

• To bring services closer to the community by focusing on training of mid-level health care providers & on “Medical Abortion”.

• Continuous engagement with policy makers & relevant agencies to emphasize on PAC services.
Thank you