

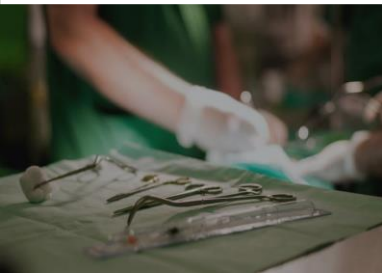


# COMPREHENSIVE ABORTION CARE



**MISOPROSTOL TO IMPROVE CLIENT ACCESS & CHOICE  
FOR POST-ABORTION CARE IN NOWSHERA DISTRICT, KP  
PROVINCE, PAKISTAN**

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# Introduction

- Pakistan's maternal mortality ratio is **276** maternal deaths per **100,000** live births with **6%** of all maternal deaths caused by complications of unsafe abortion.
- In 2012 nearly **200,000** women were treated for complications of abortion; the lowest rate of treatment was in Khyber Pakhtunkhwa Province with **9** complications treated for every **1,000** women of reproductive age.



# Initiative

- Since 2011, IRC Pakistan has been supporting 41 health facilities in KPK's crisis-affected Nowshera District
- Reduce unintended pregnancy
- Address risk of injury and death from abortion complications.
- Build staff capacity according to WHO standards
- Ensure zero stock outs of FP commodities and PAC supplies.



# Initiative

- ⦿ Increase demand for long-acting FP services and PAC.
- ⦿ Ensures 24/7 availability of services at selected health facilities.
- ⦿ In 2014 the IRC supported all facilities to offer misoprostol as an option for treatment of incomplete first trimester abortion.





# Challenges

- Provider capacity to counsel and administer miso for PAC were initial challenges
- Low understanding of the legal context.
- Client apprehension around efficacy of medical abortion compared with MVA.
- FP uptake in PAC clients is low with many clients not returning for seven day follow up visit and clients refusing to adopt short term methods.

# Initiating use of Miso – multi pronged strategy

- ⦿ Advocacy with the stake holders (relevant public health administration)
- ⦿ Capacity building of the providers
- ⦿ Provision of supplies
- ⦿ Improving quality of counseling
- ⦿ Addressing attitude and biases of the providers
- ⦿ Increasing follow up of Miso clients
- ⦿ Cover the basic health units
- ⦿ Activities around facilities / with communities
- ⦿ Collecting specific data for Miso clients
- ⦿ Sharing lessons with partners



# Results

- ◎ **498** women chose misoprostol from April to December 2014.
- ◎ **82%** experienced a complete abortion and did not require follow up MVA.
- ◎ Clients were counseled.
- ◎ High rates of acceptability and satisfaction among the clients and the ability of providers.

# Results – July to December 2014

- 431 of 680 PAC clients treated chose misoprostol .
- 54 of the 431 (13%) required a follow-up MVA
- 377 of the 431 clients either returned for a recommended follow up appointment and did not require further treatment or did not return to the facility.



# Results – July to December 2014

Facility Types	Clients Treated with Misoprostol	% of Post-Miso FP Uptake	% of Post-Miso LTFP Uptake
DHQ (1)	82	58%	63%
CHC (3)	55	43%	75%
RHC (7)	197	70%	71%
BHU (PAC)	97	24%	43%
Total	431	60%	67%



# Lesson Learned

- Use of misoprostol is simple, cost-effective and can be implemented in settings with high rates of abortion-related mortality.
- Misoprostol can increase access to and uptake of PAC at lower level health facilities.
- Family planning counseling must be strengthened for all PAC clients and tailored to those patients treated with misoprostol versus MVA.



**THANK YOU**