Comprehensive Abortion Care
Progress in South Africa
Judith Kluge, Alison Fiander
South Africa: before democracy (1994)

- Termination of Pregnancy (TOP): extremely restricted
- 200,000 illegal abortions annually
- Associated with substantial preventable morbidity and mortality
- 1,000–1,500 legal abortions performed annually among mainly white women
- Divided, fragmented and inequitable health system
Abortion law in South Africa
CHOICE ON TERMINATION OF PREGNANCY ACT, 1996

<table>
<thead>
<tr>
<th>Indication for termination of pregnancy</th>
<th>&lt;12 weeks 0 days: On demand</th>
<th>* &gt; 20 weeks 0 days: Maternal physical/mental health</th>
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</thead>
<tbody>
<tr>
<td>12 weeks 1 day – 20 weeks 0 days:</td>
<td>12 weeks 1 day – 20 weeks 0 days:</td>
<td>* &gt; 20 weeks 0 days: Fetus malformation</td>
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<tr>
<td>Maternal physical/mental health</td>
<td>Fetal physical/mental anomaly</td>
<td>&gt; 20 weeks 0 days: Risk of injury to fetus</td>
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<td>12 weeks 1 day – 20 weeks 0 days:</td>
<td>12 weeks 1 day – 20 weeks 0 days:</td>
<td>* &gt; 20 weeks 0 days: Mental disability</td>
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<tr>
<td>Rape or incest</td>
<td>Social/economic</td>
<td>&gt; 20 weeks 0 days: Continuous unconsciousness</td>
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*Requires the consent of an additional medical/nurse practitioner

- < 12 wks: provided by a certified midwife
- Amendment Act in 2003: Any registered nurse with training.
Choice on Termination of Pregnancy Amendment Act of 2003

- allows any health facility with a 24-hour maternity service to offer first trimester abortion services, without the ministerial permission
- allows all registered nurses who have completed the prescribed TOP training course, not only midwives, to provide first trimester terminations
- a policy where implementation is heavily dependent on nurses
TOP services in SA

- A number of districts = NO SERVICES AT ALL (particularly rural areas)
- Reasons for suboptimal service provision:
  - inadequate numbers of trained staff
  - long waiting times
  - conscientious objection by health care workers.
- Western Cape - Roving teams of abortion providers to increase access for women in settings where the providers are unwilling to provide the service.

Unsafe abortions

• Estimated 50% of abortions are illegal
Obstacles to CTOP act implementation

- Knowledge of the law (providers and women)
- Lack of facilities
- Nurses’ attitudes towards abortions
- Stigma of abortion
- Lack of support from doctors & gynaecologists
- Apathy
  - “In the over twenty years that I have been involved in women’s health, I have not seen this level of apathy, both on an individual and institutional level.” Marion Stevens, *Women in Sexual and Reproductive Rights and Health*

Previous/ other training provided

• IPAS
• Woman Care Global
• Marie Stopes
• Department of Health District nurse trainers providing MTOP training but formal MVA training lacking.
Additional Challenges/Barriers

• South African Nursing Council
• NOT recognizing provision of first trimester abortions (especially surgical) as a speciality
• Currently no extra compensation for extra skills
• “scope of practice”
Recent Positive developments in increasing access to abortion

- <2010 all first trimester abortions done surgically (Manual vacuum aspiration)
- **2010**: Mifepristone approved for MTOP in public sector <9wks
- **2012**: Mifepristone added to SA Essential Medicines List for termination of pregnancy after 13 weeks
- - lead to more effective medical induction abortion in T2
Incorporation into local Policy Guidelines
LSC CAC training

- Courses - 5
- No attended: 28 (plus 7 registrars)
- 3 providing MVAs
- 17 providing CAC but no MVAs (either not trained or objected to providing MVAs)
- 12 from pilot sites
On the job practical supervision and training (accreditation)

• Certified competent to perform first trimester MVAs: 5

• 1 doctor (intern – first year medical doctor)

• 4 professional nurses
  • 3 from non-pilot sites- specific request made due to lack of other MVA training available
  • 2 from rural towns

• Post abortion Intrauterine device insertion
PN D. Arendse
Mitchell’s Plain Community Health Clinic

• Provided Comprehensive Abortion Care but not first trimester MVA
• MVAs outsourced to “roving” doctor
• Now provide Ave 38 MVAs/month
• Post abortion Intrauterine device insertion
PN P. Magadlela.
*Michael Mapongwana*
CHC
LSC Abortion provider support group

- 2 debriefing sessions held for abortion providers in pilot sites
- Sharing stories on becoming an abortion provider
- Challenges in CAC services
- CTOP Act
- Involvement of managers
- Staff attitudes regarding on CAC provision
Post Partum Family Planning: Post Partum Intrauterine Device insertion

- Training courses
  - PPFP – 9
- PPFP counselling – 5
- No of Health Care providers trained
  - PPFP - 86
- PPFP counselling -38
- No competent on PPPIUD insertion - 9 (need minimum of 10 supervised insertions)
- No of women received a PPIUD - 155
Thank you