Task sharing in post abortion care; Health care providers' perception on safe abortion, post abortion care and contraceptive counselling at district level in Uganda

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Uganda – Reproductive Health Indicators

Indicator	Data
Annual Population Growth Rate	3,6
TFR	6,2
Desired FR	4-5
Mistimed/undesired pregnancies	4 in 10
Unmet need for family planning	33%
MMR	430

Situation Assessment - Uganda

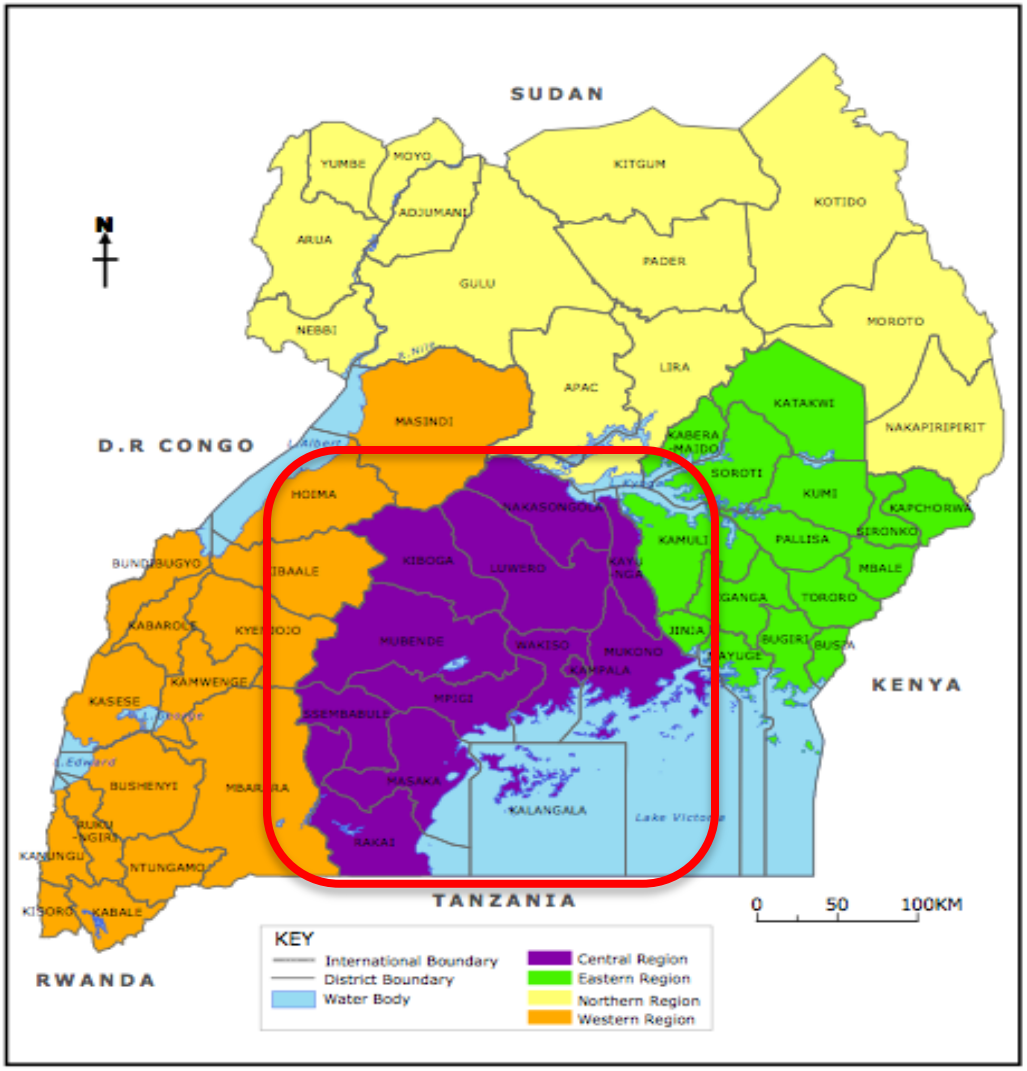
- Abortion is only legal to save the life of the mother
- Induced abortions are estimated to be the second biggest contributor to MMR
- Estimated 297,000 abortions occur annually
- Approximately 85,000 women are treated for complications annually
- Unsafe abortions is estimated to account for 40% of admission to EOC

Aim of Study

- To explore the health care providers' perception on Post Abortion Care:

  - Medical and surgical methods
  - Contraceptive Methods and Counselling
  - Professional Competences and skills
  - Task shifting/sharing and responsibilities

Study Setting



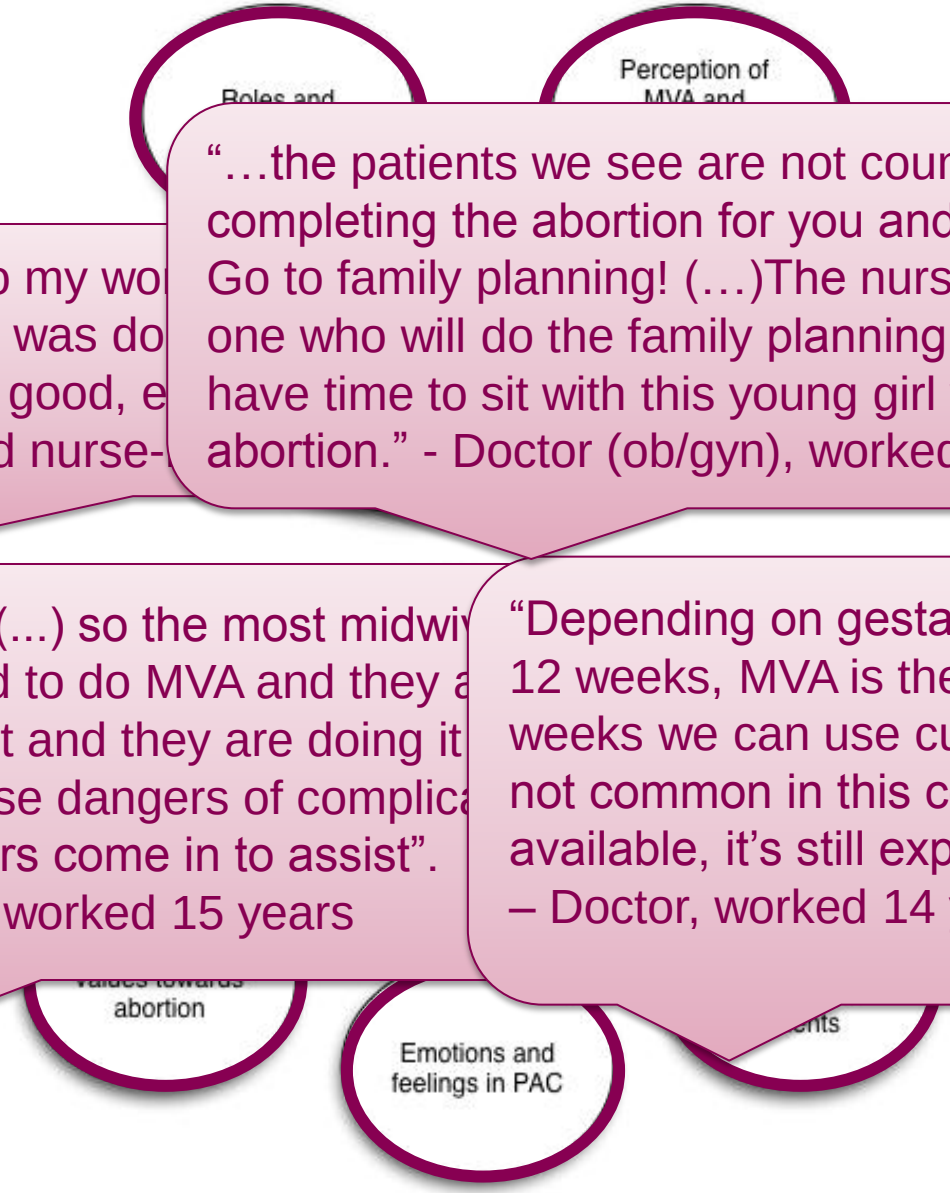
Materials & Methods

- Study Design
  - Inductive study
  - Qualitative method: In-depth interviews (n= 27)
  - Thematic analysis

- Interview guideline was tested and validated

- Inclusion criteria:
  - Being employed in one of the 7 identified health facilities
  - Being a nurse-midwife, clinical officer or medical doctor
  - Actively participating in PAC

Findings



"…the patients we see are not counselled (…) we are completing the abortion for you and then you'll leave! Go to family planning! (…)The nurse doing ANC is the one who will do the family planning (…) she doesn't have time to sit with this young girl who has had an abortion." - Doctor (ob/gyn), worked 14 years

"This is adding to my wo
exactly what she was do
attitude is not so good, e
abortion" – Head nurse-

"Doctors are few (...) so the most midwi
have been trained to do MVA and they a
comfortable with it and they are doing it
But when we sense dangers of complica
that's when doctors come in to assist".
– nurse/midwife, worked 15 years

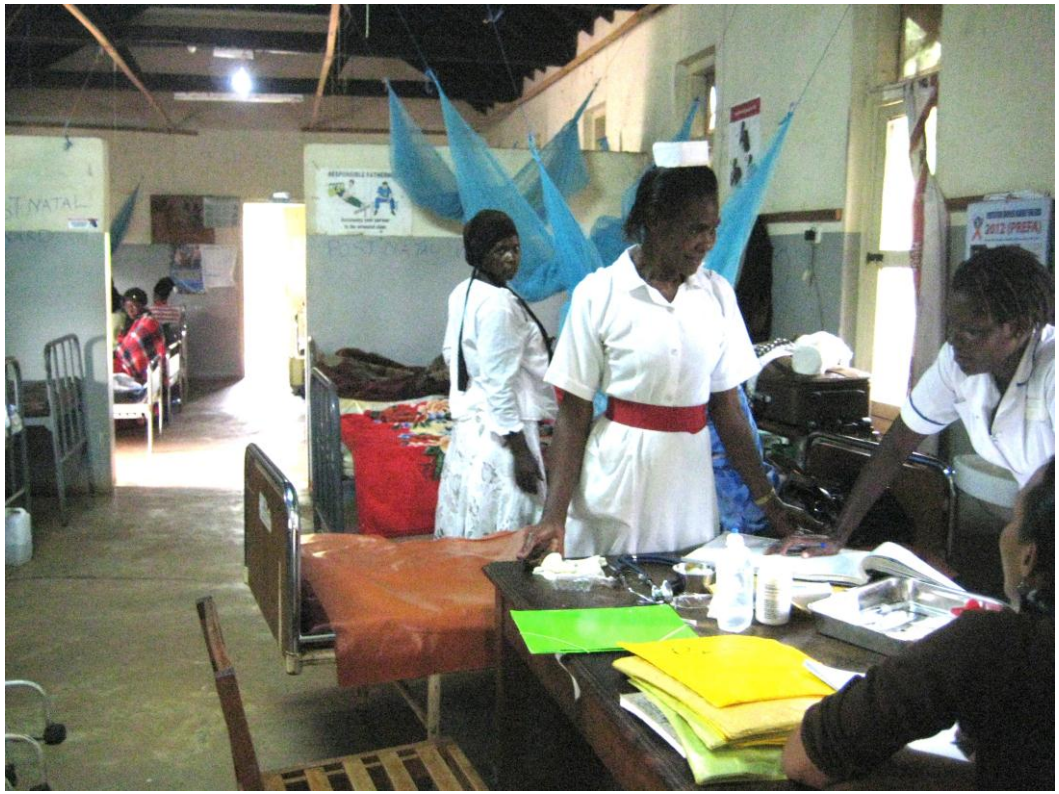
"Depending on gestational age, below 12 weeks, MVA is the best. Above 12 weeks we can use curettage... Miso is not common in this country, it's not available, it's still expensive".
– Doctor, worked 14 years

Conclusions – PAC in Uganda

- PAC is controversial and induces stress and frustration
- Midwives are the main providers'
  - Perform interventions not allowed by hospital guidelines
- Different methods of uterine evacuations:
  - MVA, D&C,(Misoprostol)
- Misoprostol is rarely used at district level
  - Lack of awareness
  - Poor accessibility of drugs
- In-official task sharing is widely present, but few are specifically trained:
  - Demand for training in methods for PAC
  - Counselling

Implications - Summary

- Policy level:
  - Enable evidence-based misoprostol use in PAC
- Implementation:
  - Make midwives the official main provider of PAC through task sharing
  - Provide in-service training in PAC specifically
  - Enable FP in connection with PAC and enable confidentiality
- Implementation of official task shifting in PAC would provide a systematic approach to:
  - Improved quality of care
  - Accessibility of services
  - Reduce mortality and morbidity



Thank you!