Integrating abortion care training in sexual and reproductive health education programs

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What is the demand for good clinical practice in abortion care

Demand for abortion Care

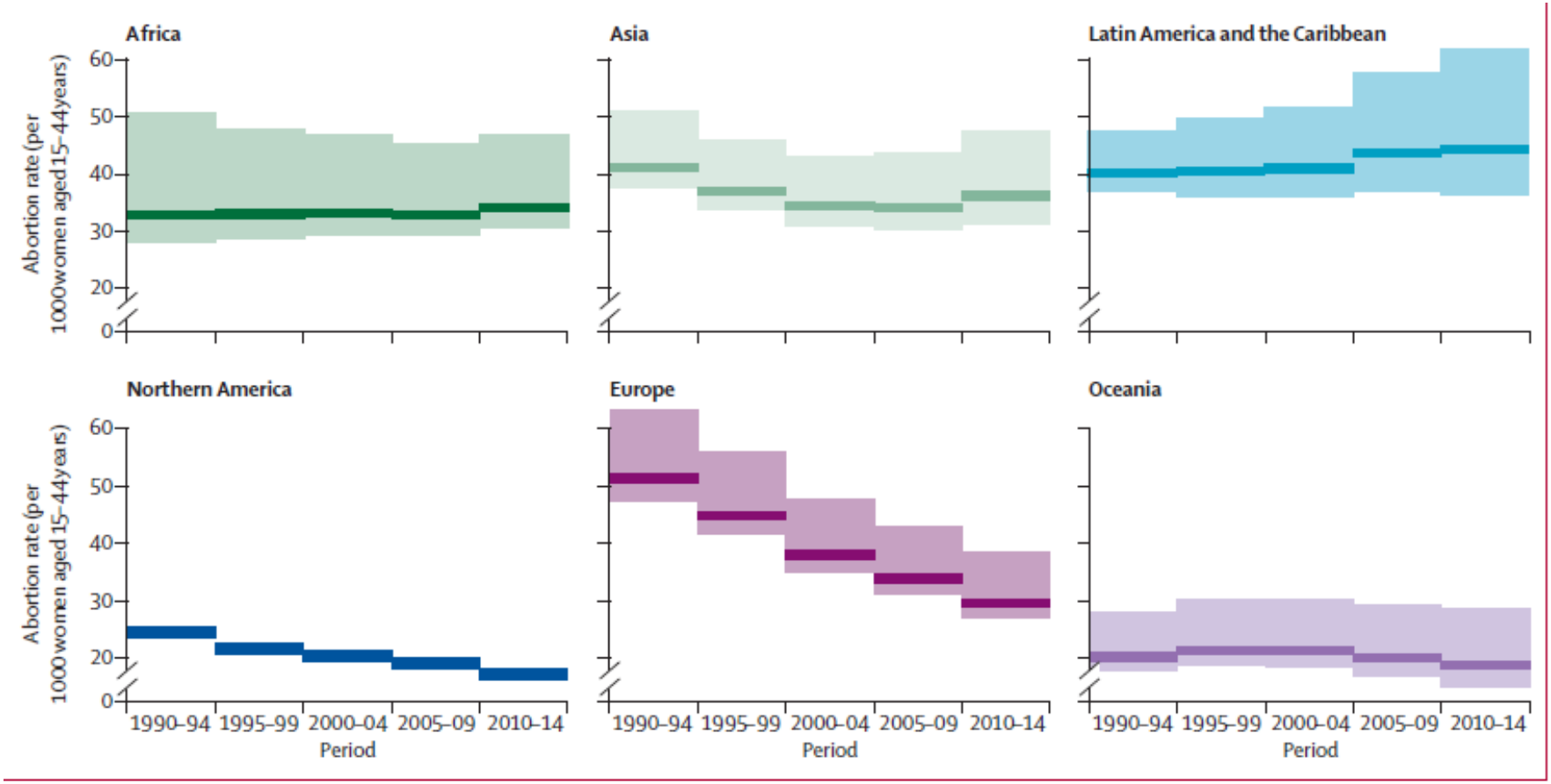
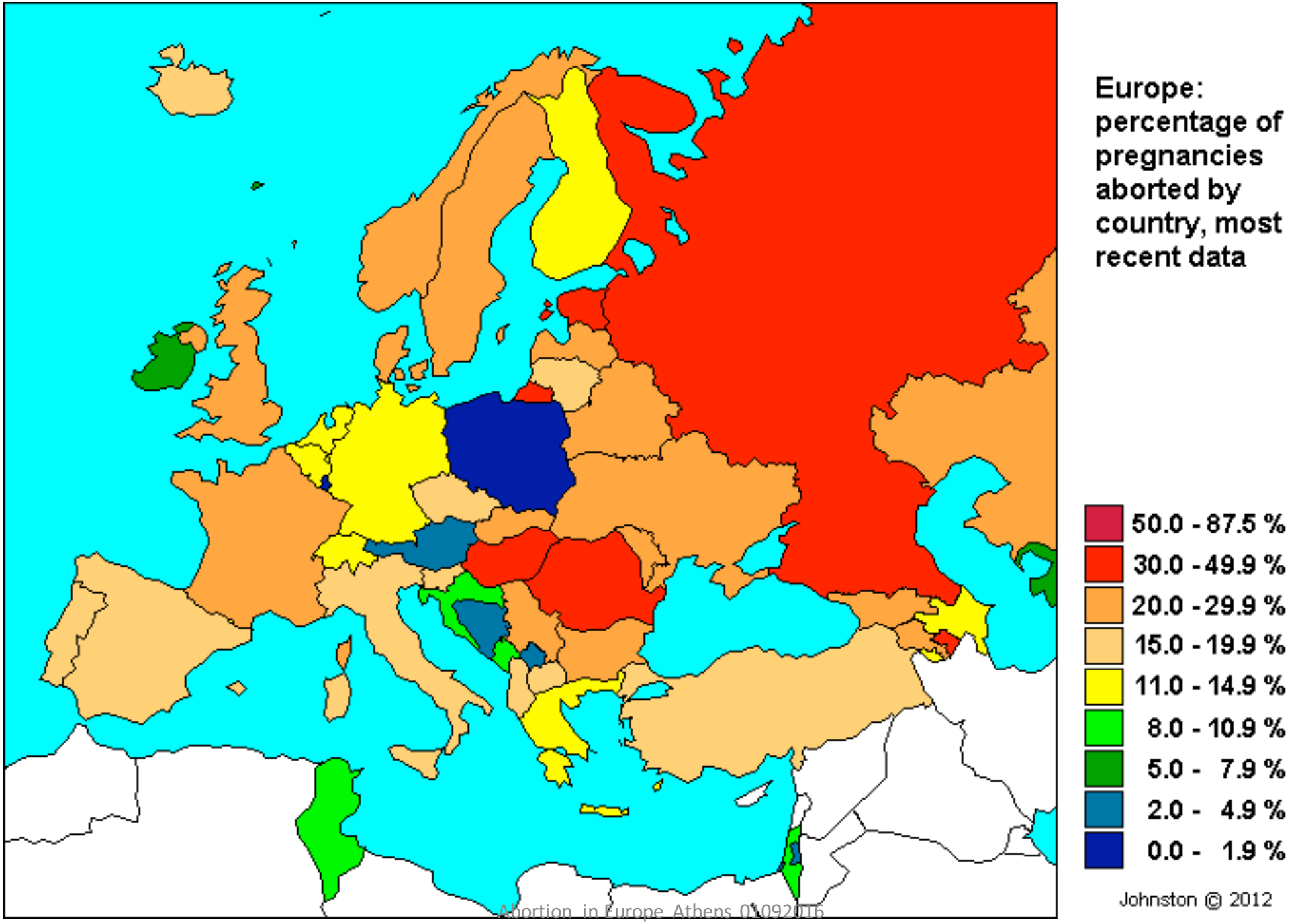


Figure 1: **Global and regional abortion incidence rate estimates (per 1000 women aged 15–44 years), 1990–94 to 2010–14**
Shaded areas are 90% uncertainty intervals.

Global and regional estimates of induced abortion, 1990–1994 and 2010–2014

World and region	No. of abortions (millions)		Abortion rate†	
	1990–1994	2010–2014	1990–1994	2010–2014
World	**50.4**	**56.3**	**40**	**35**
Developed countries	11.8	6.7*	46	27*
Developing countries	38.6	49.6*	39	37
Africa	4.6	8.3*	33	34
Asia	31.5	35.8	41	36
Europe	8.2	4.4	52	30*
Latin America and the Caribbean	4.4	6.5*	40	44
Northern America	1.6	1.2	25	17*
Oceania	0.1	0.1	20	19

*Difference between 2010–2014 and 1990–1994 was statistically significant. †Abortions per 1,000 women aged 15–44.
SOURCE: Sedgh G et al., Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends, *The Lancet,* 2016, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30380-4/abstract.


Europe: percentage of pregnancies aborted by country, most recent data
50.0 - 87.5 %
30.0 - 49.9 %
20.0 - 29.9 %
15.0 - 19.9 %
11.0 - 14.9 %
8.0 - 10.9 %
5.0 - 7.9 %
2.0 - 4.9 %
0.0 - 1.9 %
Johnston © 2012
Abortion_in Europe_Athens_01092016

Abortion law around the world- Progress and Pushback

- 68- Countries currently prohibits abortion entirely or permits it only to save a women's life
- 60- Countries allow a women to decide whether to terminate a pregnancy
- 57- Countries permit abortion to protect a women's life and health
- 14- Countries permit abortion for socio-economic motives

- **39% of the world population lives in countries with highly restrictive laws governing abortion (Finer and Fine, 2013)**

How to improve Sexual and Reproductive Health of the Women in Europe?

Multi-faceted Approach

- Working with Organisations which can make a difference
- Understanding what works?
- Promoting availability of all effective methods of contraception including access to abortion
- Focusing on the totality of Sexual Health of Women as an overall package
- Role of EBCOG and the National Societies

EVERY WOMAN
EVERY CHILD

THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)

SURVIVE
THRIVE
TRANSFORM

SUSTAINABLE DEVELOPMENT GOALS

LIFE COURSE

Women's health

INTERVENTION PACKAGES

- sexual and reproductive health information and services;
- nutrition;
- management of communicable and non-communicable diseases;
- screening and management of cervical and breast cancer;
- gender-based violence prevention and response;
- pre-pregnancy risk detection and management

Pregnancy, childbirth and postnatal care

- antenatal care,
- childbirth care;
- safe abortion and post-abortion care;
- prevention of mother-to-child transmission of HIV;
- management of maternal and newborn complications;
- postnatal care for mother and baby;
- extra care for small and sick babies

ENABLING ENVIRONMENT

HEALTH SYSTEM ENABLERS

- policies for universal health coverage; sufficient and sustainable financing;
- health workforce supported to provide good-quality care everywhere;
- commodity supply;
- health facility infrastructure; community engagement;
- mainstreaming emergency preparedness;
- human rights-, equity-and gender-based approaches in programming;
- accountability at all levels

World Health Organization
REGIONAL OFFICE FOR Europe

REGIONAL COMMITTEE FOR EUROPE 66TH SESSION

Copenhagen, Denmark, 12–15 September 2016

Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind

Working document

WHO Europe Action Plan for Sexual and Reproductive Health 2030

- Millennium Development Goal 5 (Now sustainable development goal-Target 3.7):
- "To ensure universal access to sexual and reproductive healthcare services, including for family planning, information, and education, and the integration of reproductive health into national strategies and programmes by 2030.
- Target 5.6: To ensure universal access to sexual and reproductive rights-as part of Beijing declaration"

WHO Europe Action Plan for Sexual and Reproductive Health 2030

- Provision of information and services that enable people to make informed decisions about contraception
- Prevent sexual violence and exploitation
- Reduce unmet needs for contraception by removing medical barriers to contraception
- Reduce STI by providing dynamic preventive and curative services
- That abortion services offer comprehensive information

European Union

- Van Lancker Report 2002
- “ Called upon all European States to make abortion safe and accessible where legal, and refrain from prosecuting women for illegal abortions”
- (Sexual and Reproductive Health and Rights-2001/2128 (INI), Committee on Women’s Rights and Equal Opportunities)

Engagement meeting of EBCOG with EU Commissioner of Health 2015

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journal homepage: www.elsevier.com/locate/ejogrb

Review

European Board and College of Obstetrics and Gynaecology (EBCOG) ☆

Allan Templeton

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EBCOG Position Paper on Medical Abortion

The provision of safe abortion is crucial to the public health of all communities. WHO advises that the choice of abortion should be readily available to women in all national healthcare systems [1]. For more than 25 years medical abortion with combined mifepristone and misoprostol has proved to be safe, effective and acceptable. Non-

laws and maternal mortality is best illustrated in Romania which saw a dramatic rise in maternal mortality when abortion was suddenly restricted in 1963, and then an equally dramatic decline after abortion was legalized in 1988 [3]. There is evidence that unsafe abortions still take place in some parts of Europe [4]. Although clandestine medical abortions are likely to be of lower risk than other illegal (usually surgical) approaches, there is substantial variation in

Standards of Care

Obstetric and Neonatal Service 2014

Gynaecology Services 2014

EBCOG Standards of Care -Gynaecology

Standard 5: Pelvic Inflammatory Disease:
Gilbert Donders

Standard 6: Vulvovaginitis:
Gilbert Donders

Standard 7: Contraception and Sexual Health:
Johannes Bitzer

Standard 8: Male Contraception:
Johannes Bitzer

Standard 9: Safe Termination of Pregnancy:
Johannes Bitzer

Safe Termination of Pregnancy

This Standard only applies to countries where termination of pregnancy is legal

1. Patient Focus

1.1. Women seeking a termination of pregnancy should be treated with respect and in a non-judgemental way.

1.2. Women should have ample opportunity to express any ambivalence and ask any questions they may have regarding their decision. In case of persistent ambivalence or unresolved issues around the decision making, specialised counselling should be readily available.

1.3 Women from different backgrounds should have culture sensitive counselling and interpreters should be available.

1.4 Women should get non-directive counselling and balanced information about the different methods of termination of pregnancy available in the country (medical and surgical) and possible complications.

1.5 Adolescents, women with coexisting physical and psychiatric disorders and women at risk of partner violence or abuse or severe family disruption should be offered specific counselling.

2. Accessibility

2.1 Services for termination of pregnancy should be easily accessible five days a week during office hours.

2.2. Fast track appointments should be available when appropriate.

2.3 Services should be provided by teams based on national guidance that are clear on the legal restrictions. They should be responsive to the needs of women and offer choices and preferences for method of management of termination of pregnancy.

3. Environment

3.1 A welcoming, safe environment is essential if women are to express their concerns easily.

3.2 All services should have a special reception area ensuring confidentiality and privacy.

3.3 All services should have easily accessible information and educational material about medical and surgical termination of pregnancy.

3.4 All services should have relevant translation services.

3.5 All services should have facilities for gynaecological examination, STI Screening, basic laboratory testing including blood grouping and βhCG measurements. Ultrasound services to determine location, viability and gestational age are required as standard.

3.6 The service delivery facilities (operating room, anaesthesia, equipment) should meet the national requirements.

3.7 Intra-operative ultrasound scanning should be available.

3.8 All services should have a formal arrangement with local emergency gynaecology services.

5. Process

4.1 All women seeking termination of pregnancy should be seen as soon as possible, at least within 5 days.

4.2 Between the decision and the actual termination of pregnancy, reflection for a limited period of time is advised according to the needs of the individual patient and to national legislation.

4.3 All methods of contraception should be discussed before the intervention. The option of long acting methods should be mentioned including immediate placement of an IUD or an implant.

4.4 All services should provide non-directive counselling.

4.5 All services should have local protocols according to national guidelines, regarding early and late medical and surgical terminations of pregnancy.

4.6 All services should have local protocols for the prevention of infections and rhesus immunisation.

4.7 There should be written guidelines on the management of women using the service who are under the legal age of consent.

5. Staffing and Competence

5.1 All services should have a lead clinician with an interest and expertise in termination of pregnancy, contraception and sexual health.

5.2 Staff members should be competent to counsel women in a non-directive way, make time to listen and respond to the emotional needs of women (and their partners).

5.3 Staff members should be able to perform the procedures offered by the service.

6. Training Standards

6.1 Doctors in training should attend theoretical courses to learn about termination of pregnancy and the law in their countries.

6.2 Doctors in training, with the exception of those who are conscientious objectors, should have access to the local termination of pregnancy services to fulfil the requirements of their curriculum.

6.3 Doctors providing the service should be trained and achieve competence in counselling about the methods of termination of pregnancy.

6.4 Doctors in training should maintain a log book to demonstrate their competence in managing women who request pregnancy termination including their post procedure contraceptive needs.

6.5 Regular training in communication skills, cultural/gender awareness, equality and diversity and in safeguarding adolescents and vulnerable adults should be provided.

7. Auditable Indicators

7.1. Uptake and documentation of surgical and medical termination of pregnancy and the incidence of complications.

7.2 Frequency of women with repeat terminations of pregnancy in the same service.

7.3 Documentation of post termination contraceptive planning.

7.4 Another standard could be the percentage of women who are screened or treated for Chlamydia prior to the procedure.

EBCOG

European Board and College of Obstetrics and Gynaecology

EBCOG Bachelor Class in Sexual and Reproductive Health (SRH)

Faculty

Dr Tahir Mahmood CBE, MD, FRCPI, MBA,FRCPE, FACOG, FRCOG, Programme Director

Dr Rolf Steinar Kirschner LRCP&SI, LM, MD, FEBCOG

Professor Johannes Bitzer MD, PhD

Bachelor Programme for EBCOG-UNFPA Joint Initiative

Day 1 - 09h00

Part 1: Knowledge

09h00 - Setting out the objectives of the course

09h05 - Societal factors and barriers to contraception

09h15 - Targeted history taking for the Sexual and Reproductive health care-Protocol based approach

09h30 - Basic reproductive physiology and contraception

09h50 - Medical Eligibility Criteria

10h00 - **Contraceptive Methods- 1**

The big five: Most effective methods

Action, Efficacy, Safety, Side Effects, Benefits of each method

Methods applied by Health Care Professionals

- IUD
- Implant Injections

Methods used by the client

10h30 – COC and Progestogen pill

11h00 - Coffee/Tea break

11h30 - **Contraceptive Methods- 2**

Medium effective methods

Action, Efficacy, Safety, Side Effects, Benefits of each method

Barrier Methods Natural Family Planning

11h50 - **Contraceptive Methods- 3**

- Permanent Methods of contraception (Female Sterilisation and Vasectomy)
- Emergency Contraception

12h10 - **Women with medical conditions**

- Women with cardiovascular risks
- Women with cancer risks
- Women with metabolic risks
- Women with STI risk

13h00-13h45 **LUNCH**

13h45 **Sexually transmitted infections**

An overview of the diagnosis, and treatment of common STIs

The epidemiology of STI in the local population and its relationship to contraceptive needs

- Teaching supported with videos and discussion

14h30 - **Sexual health issues**

- Coital difficulties
- Sexual Violence
- Teaching supported with videos and discussion

15h15-15h30 - Refreshments

15h30 - **Women with special needs**

- Adolescents (Younger women)
- Women after birth
- Women after abortion
- Peri-menopausal women (Older women)
- Migrants/Asylum seekers/Minorities
- Those with disabilities
- Vulnerable adults/drugs misuses/prisoners

16h45 - **Discussion**

17h00 - END OF DAY 1

DAY 2 - 09h00

09h00 - Recap of Day 1

09h15 - **Unplanned Pregnancy and Abortion care**

- Attitudes to unplanned Pregnancy (societal, legal, religious and local support services)
- Societal options for unplanned Pregnancy (Access to Abortion, Antenatal care, Adoption etc)
- Medical and Surgical methods of termination

10h45- 11h00 Refreshments

11h00 **Delivering the Care**

- Setting up Local Audit to improve the standards of Care
- Leadership Skills- working as a service lead (Needs assessment, option appraisal for the correct methods of contraception, working with stake holders and media, workforce issues)

12h00 - Part 2: Skills

Counselling skills (Pre –recorded Videos of Counselling and evaluation by a check list)

(Group Work)

13h00-13h45 - **LUNCH**

13h45 - **Helping the woman to find the right method for her (lecture): Decision making**

14h00 - **Small Group Work 1**:

Four cases will be given to delegates with a check list to make a recommendation for the women - work for 30 min feedback- 30 min

Template:

- Helping the woman to find a method
- Structure of the protocol:
- What are the needs of the woman?
- What is her profile (medical, psychosocial)
- Does she already have a method in mind?

- Has she already used a contraceptive method? What does she know, what are her concerns
- Are there methods she does not want?
- What are her risks?
- Which methods should be excluded for medical reasons?
- Which methods are suitable for her (no contraindications)
- Which of these methods best fits her needs and gives her additional benefits

15h00-15h15 - **Coffee Break**

15h15 Helping the women to use the method correctly – empowerment

Lecture: Information and Education

16h00 - **Small Group Work 2**

Small group work 30 min and feedback 30 min

The woman has chosen the combined pill, the progestogens only pill, the IUD:

Discussion

17h30 - END OF DAY 2

DAY 3 – 09h00

09h00 - Recap of Day 2

09h15 - **Follow up and care**

09h30 - How to follow up, enhance compliance, and manage side effects-

09h45 - **Small Group Work 3**

The woman has chosen an oral combined hormonal contraceptive
The woman has chosen a progestogen only pill
The woman has chosen a progestogen injection
The woman has chosen an Implant
The woman has chosen a Copper IUD
The woman has chosen a LNG IUS

The woman has chosen the condom
The woman has chosen the diaphragm
The woman has chosen natural method of contraception

10h45 -11h00 Coffee Break

11h00 - **Small Group Work 4**

The adolescent

The perimenopausal women

11h45 The postpartum, post-abortion woman

Small Group Work - 5

Medical conditions: The patient with a cardiovascular, metabolic, or cancer risk

12h30 - **Discussion**

13h00-13h45 **LUNCH**

13h45-**Practical Training in insertion and removal of LARC: (Videos and Models)**

- IUDs
- Subdermal implants

15h00 -15h15 **Coffee break**

15h15 - **Small Group work: 6**

Leadership project:

We will develop two scenarios and they will work out the local strategy as discussed on day 1

Possible scenarios:

1-High teenage pregnancy rates-poor compliance with the contraceptive methods

2- Clinic based close to the university campus- strategy to look after young adults with active sex lives

3 - High rates of repeat Termination of Pregnancies in a given population- socially deprived area

4- A dramatic increase in gonorrhoea in a given population

16h30- **Discussion and Feedback**

17h00- END OF THE COURSE

The essentials of training

- Skills
  - Methods of termination
    - Efficacy, risks, side effects
    - Management of complications
  - Eligibility criteria for procedures
    - Special groups
  - STI types and prevalence
    - Screening, Diagnosis and prophylactic treatment
  - Methods of postabortion contraception
    - Efficacy, risks, side effects,

The essentials of training

- Skills
  - Surgical procedures (hand on training)
    - Early and late abortion (hand on)
  - Medical abortion
    - Case discussions, tasks
  - Postabortion LARCs (Insertion)
  - Non directive counseling
    - Cases and case discussions (ambivalence, forced decision etc)
  - Contraceptive Counselling
    - Culture sensitive counseling
    - Difficult situations

The essentials of training

- Attitudes
  - Repeat abortions
  - Discordance with the partner
  - Minors

  - Ethical values and possible conflicts

  - How to respond to politicians, journalists etc.