The Experience of Postabortion Care Introduction and Expansion in Egypt

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Gynuity HEALTH PROJECTS

Abortion Access in Egypt

- Abortion only permitted to save a woman's health and life.
- Unsafe abortion major cause of maternal deaths and complications.
- Clandestine abortions widespread in a range of settings/conditions.
- Access to legal/safe abortion depends on women's financial means and provider willingness.
- Post-abortion care essential to reducing complications and mortality

Postabortion Care in Egypt

- 1998 Study of Egyptian Hospitals and subsequent research by Population Council, EFCS, and others showed:
  - 1 in 5 emergency cases in hospitals for PAC
  - D&C under general anesthesia most widely used
  - Providers not eager to deal with PAC patients (so long wait times, poor attitudes towards women)
  - Limited FP and RH counseling
  - Need for access outside large tertiary hospitals

**Huntington et al, The Postabortion Care Caseload in Egyptian Hospitals; International Family Planning Perspectives, 1998.*

Postabortion Care Introduction and MVA Pilot

- Postabortion Care Program introduced after this study
- MVA introduced under pilot project in select hospitals and later expanded to major hospital centers.
- Potential of MVA as an outpatient technology under local anesthesia limitd due to:
  - Political resistance/concerns
  - Limited supplies and infection prevention issues
  - Provider preference for D&C and general anesthesia
  - Provider competence (limited training of providers outside of tertiary hospitals)

Why Misoprostol for PAC?

- Misoprostol is widely available and inexpensive ($0.18/per pill for local product)
- Misoprostol is widely used in Obstetrics and Gynecology in Egypt
- On WHO Essential Drugs List for treatment of incomplete abortion
- Provides an important non-invasive alternative to surgery
- Misoprostol could increase access to services where surgical methods not available and where increase choice where they are.

Introductory Research with Gynuity of Misoprostol in 2 Hospitals

- From Feb 2007 to Aug 2008: 697 women enrolled at 2 large Egyptian hospitals offering Postabortion Care:
  1. El Galaa Teaching Hospital, Cairo
  2. Shatby Maternity Hospital, Alexandria
- Standard of Care in the Two Sites:
  - El Galaa: MVA under local or no anesthesia with hospitalization
  - Shatby: MVA under general or no anesthesia with hospitalization)
  - Long wait times for treatment
  - Family Planning and PAC counseling Provided

Research Questions

- Is misoprostol 400 mcg sublingual similar in safety & efficacy to surgery for incomplete abortion?
- Is there a clinically significant difference (> 2g/dL) in blood loss with misoprostol or surgery?
- Are side effects tolerable & acceptable?
- Does sublingual misoprostol offer advantages over standard surgery for treatment of incomplete abortion?

Study Protocol

- Hb measured and woman **randomized** to either:
  - **Surgical treatment (MVA):** (anesthesia per site norms)
  - **400 mcg sublingual misoprostol held under tongue for 30 minutes:** (paracetamol given for use as needed)
- Follow-up: After one week for all women to assess abortion status, Change in Hb, Side effects, and acceptability.

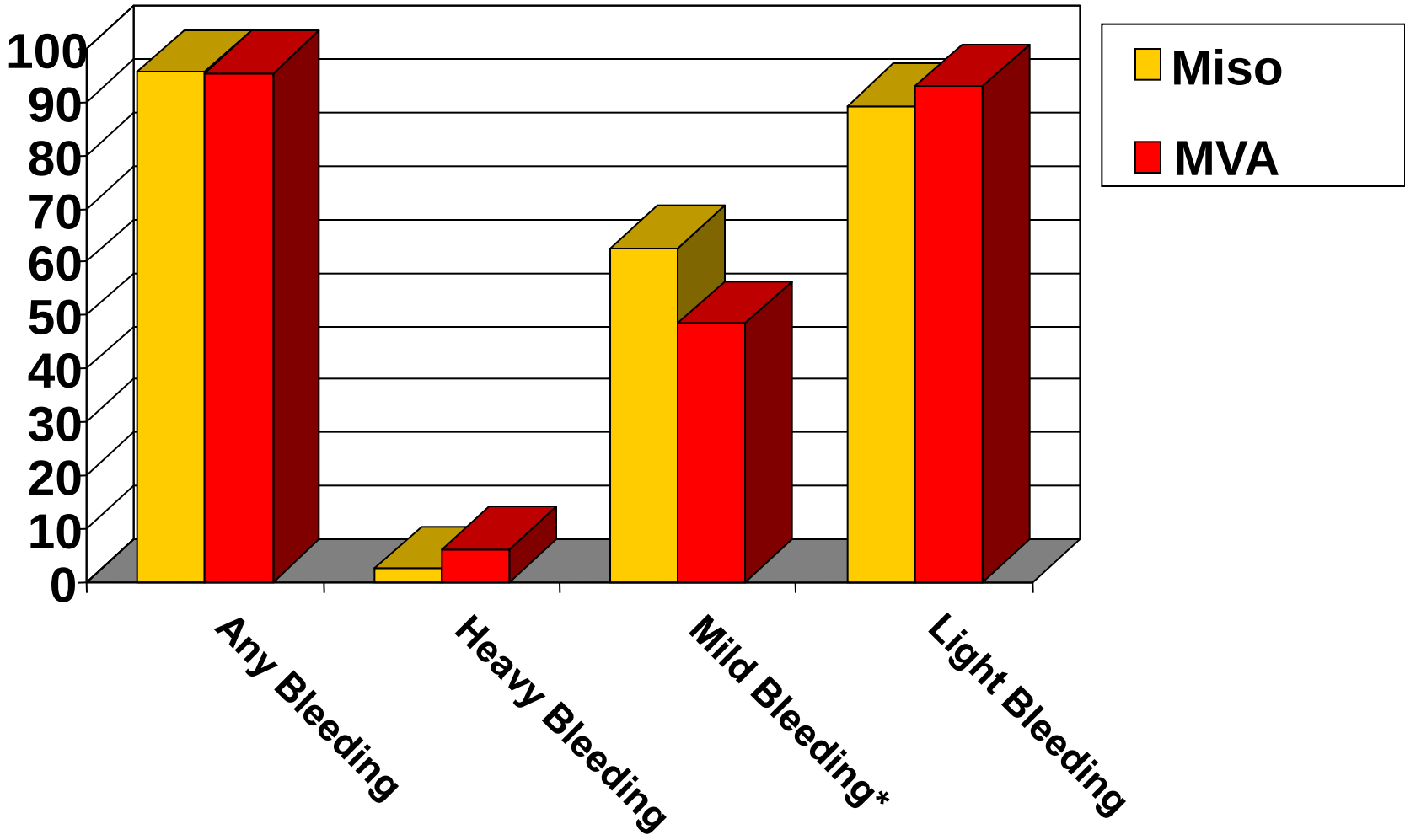
Efficacy %

Definition of success: Complete evacuation of the uterus without need for surgical intervention

	Misoprostol n=348	MVA n=347	*p-value*
Success^	**98.3**	**99.7**	***0.12***
Failures	**1.7**	**0.3**	

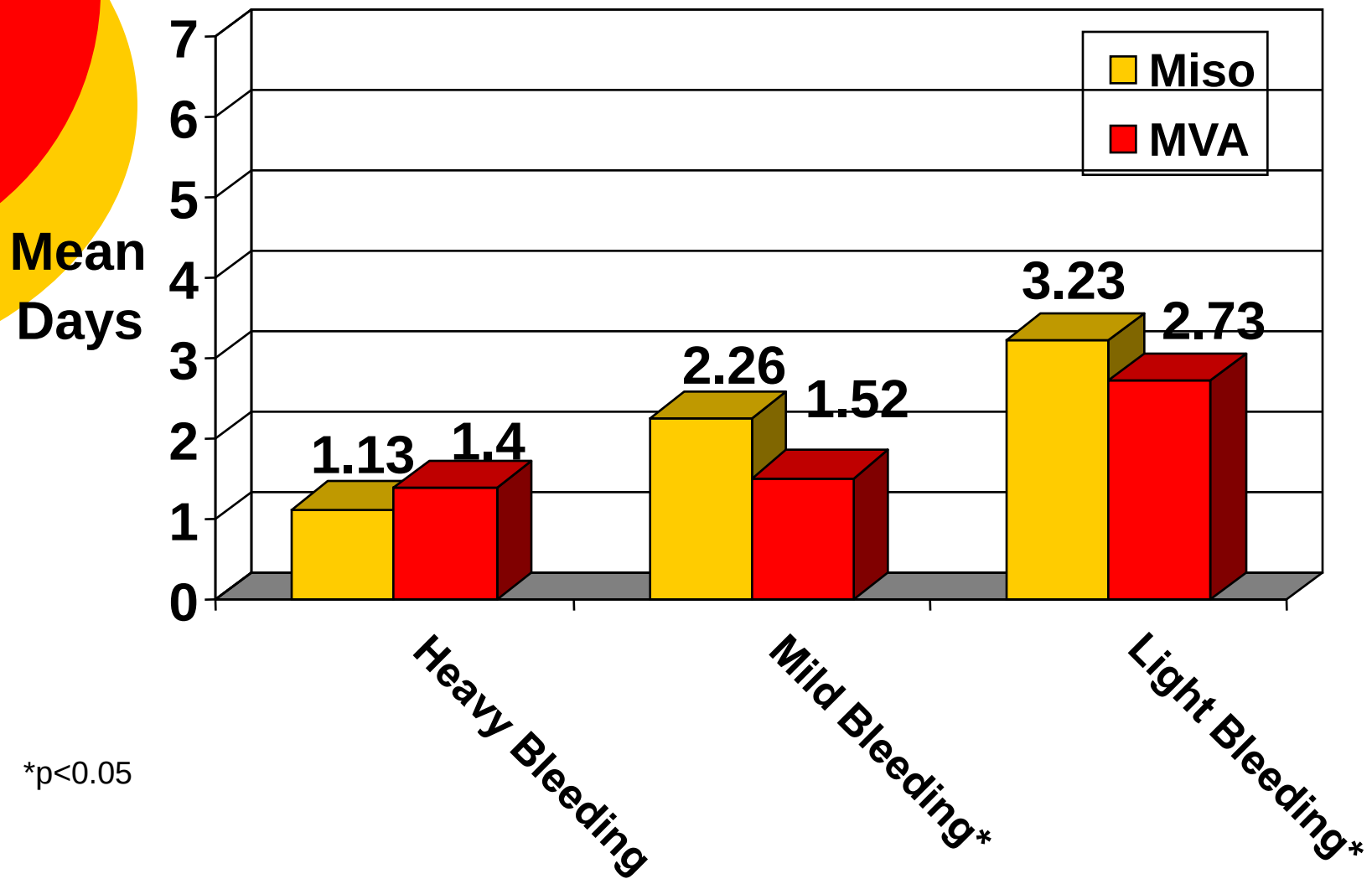
^Excludes 1 woman lost to follow-up in each group

Bleeding



*p<0.05

Mean Duration of Bleeding



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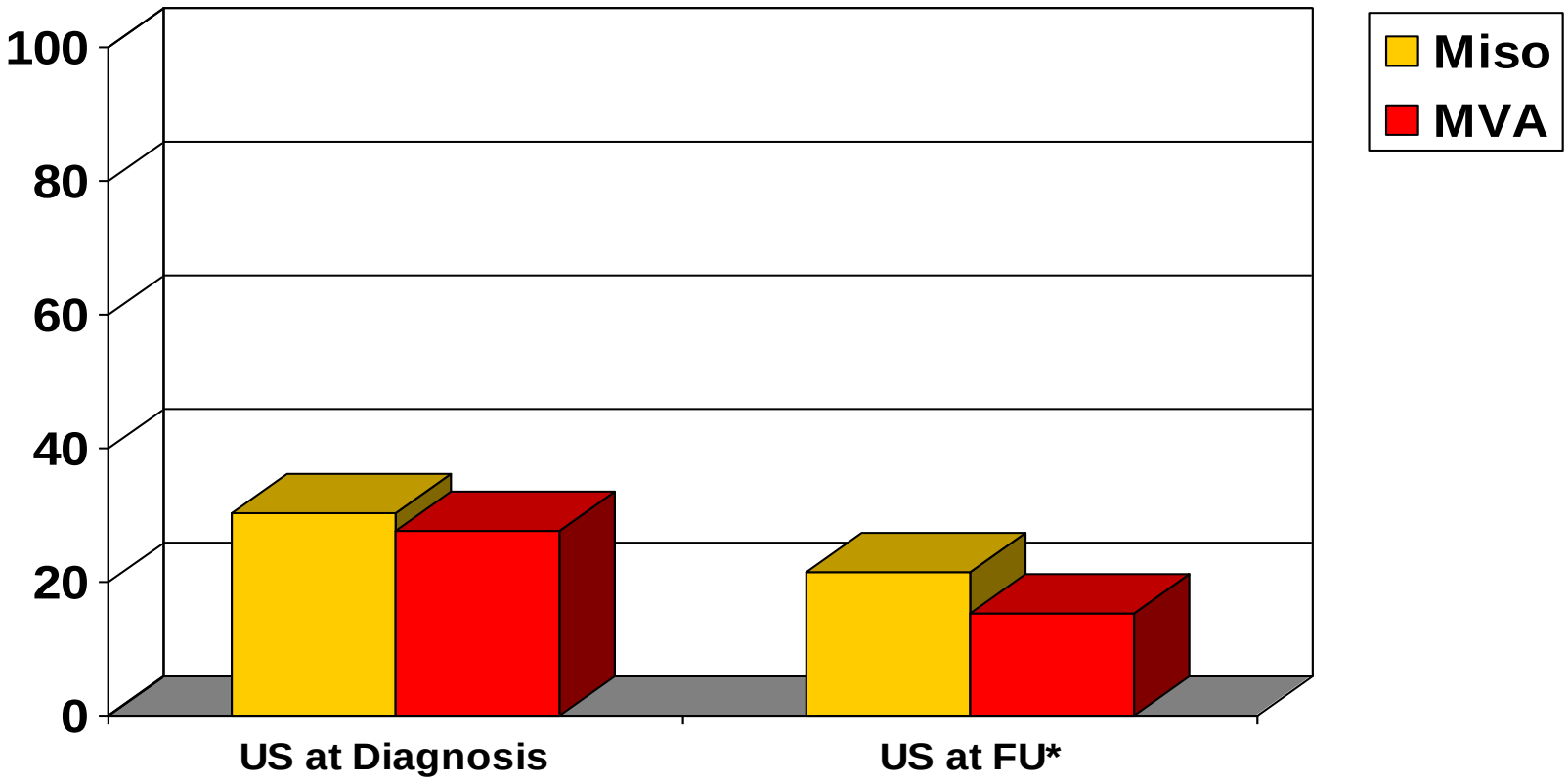
Change in Hemoglobin

	Misoprostol	MVA
Mean Pre-Treatment g/dL (range)	*10.9 (7.8-14.0)*	*10.8 (7.0-14.3)*
Mean Post-Treatment g/dL (range)	*10.4 (7.8-13.4)*	*10.4 (6.7-14.0)*
Mean Δ Hb g/dL ± SD * (Range)	**0.5 ± 0.36 (0-2.3)**	**0.4 ± 0.34 (0-3.0)**
% Change > 2 g/dL	**0.3%**	**0.9%**

* p<.01

Ultrasound Use in Diagnosis and Follow-up %



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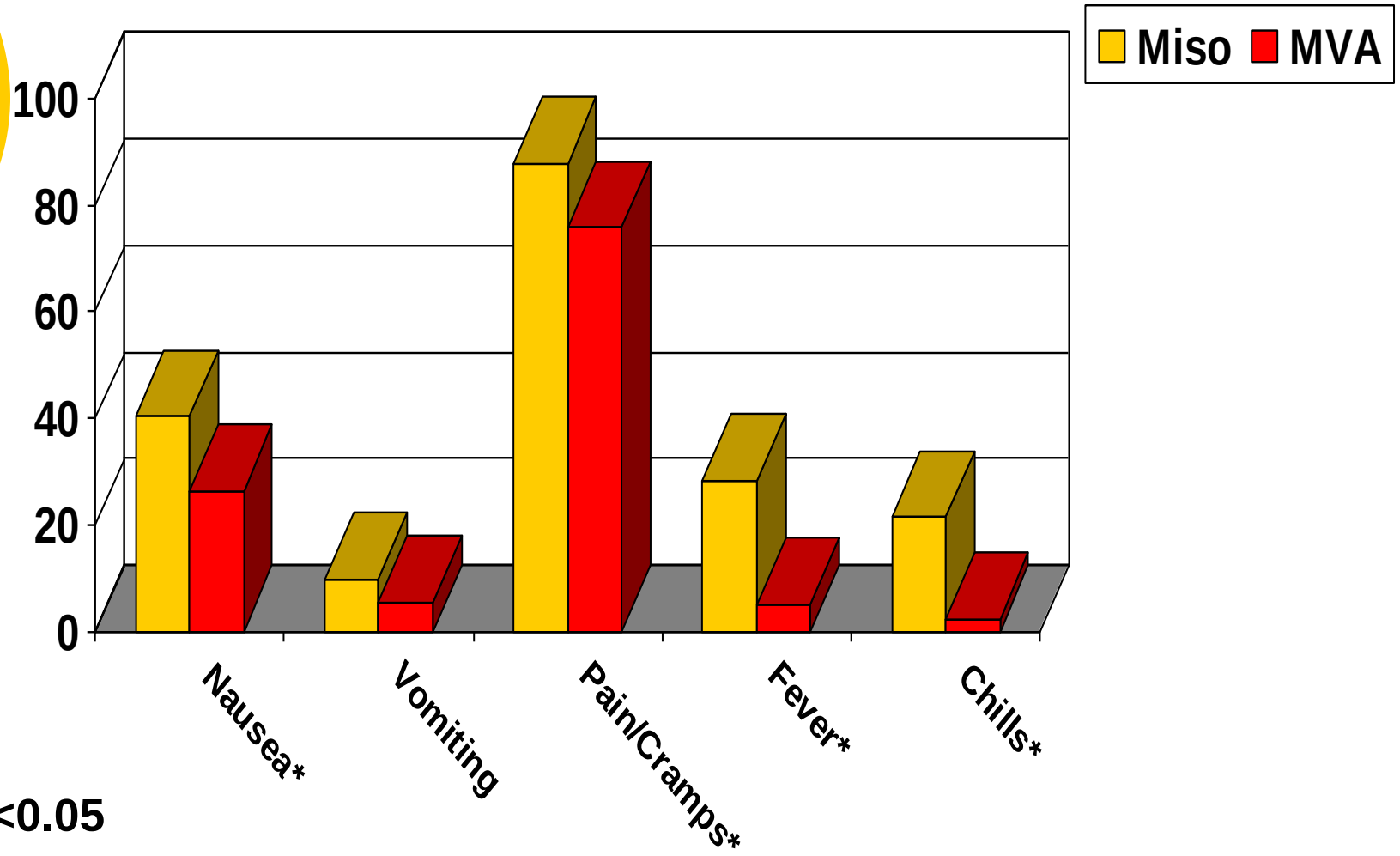
Side Effects (% ever)



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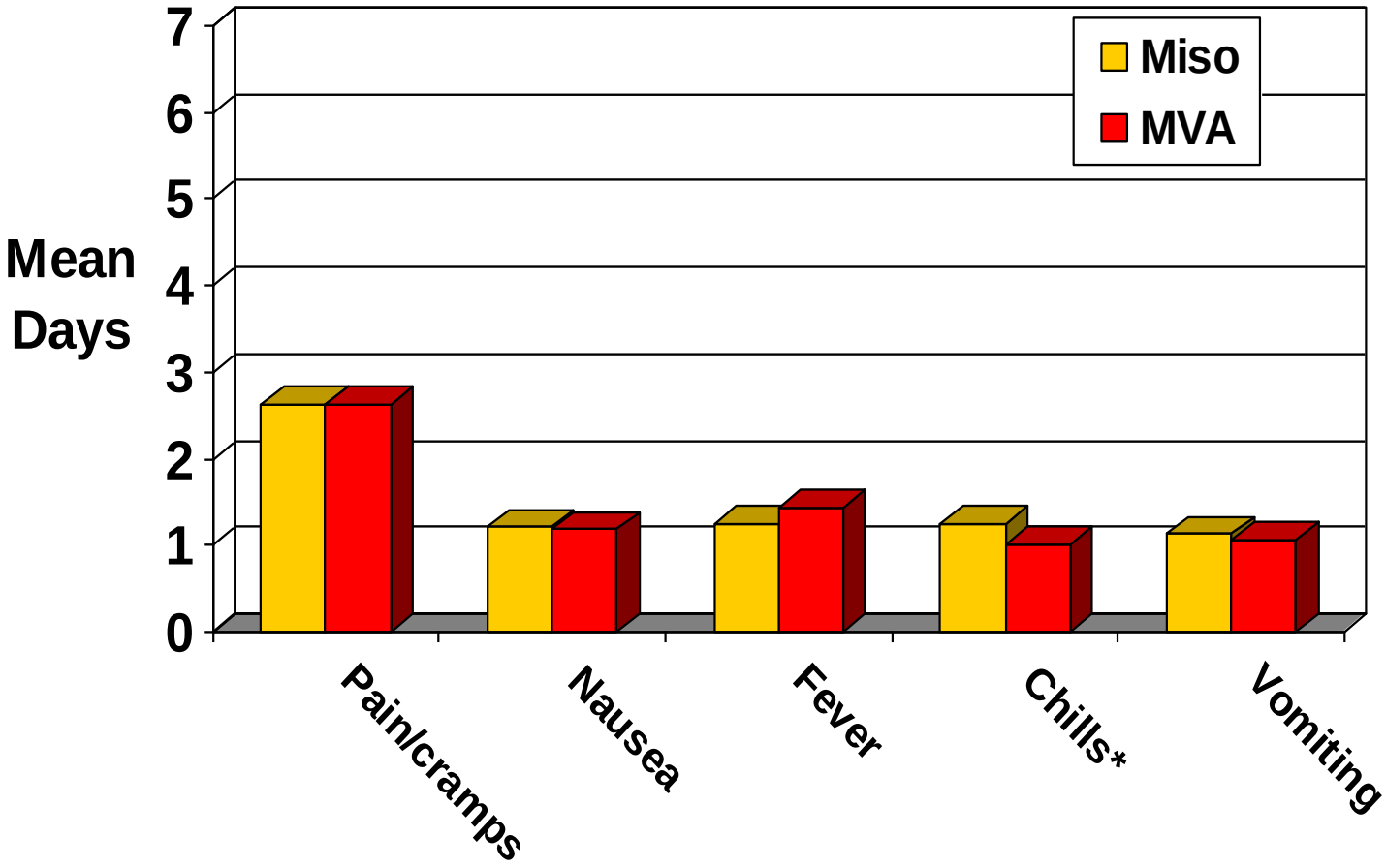
Mean Duration of Side Effects



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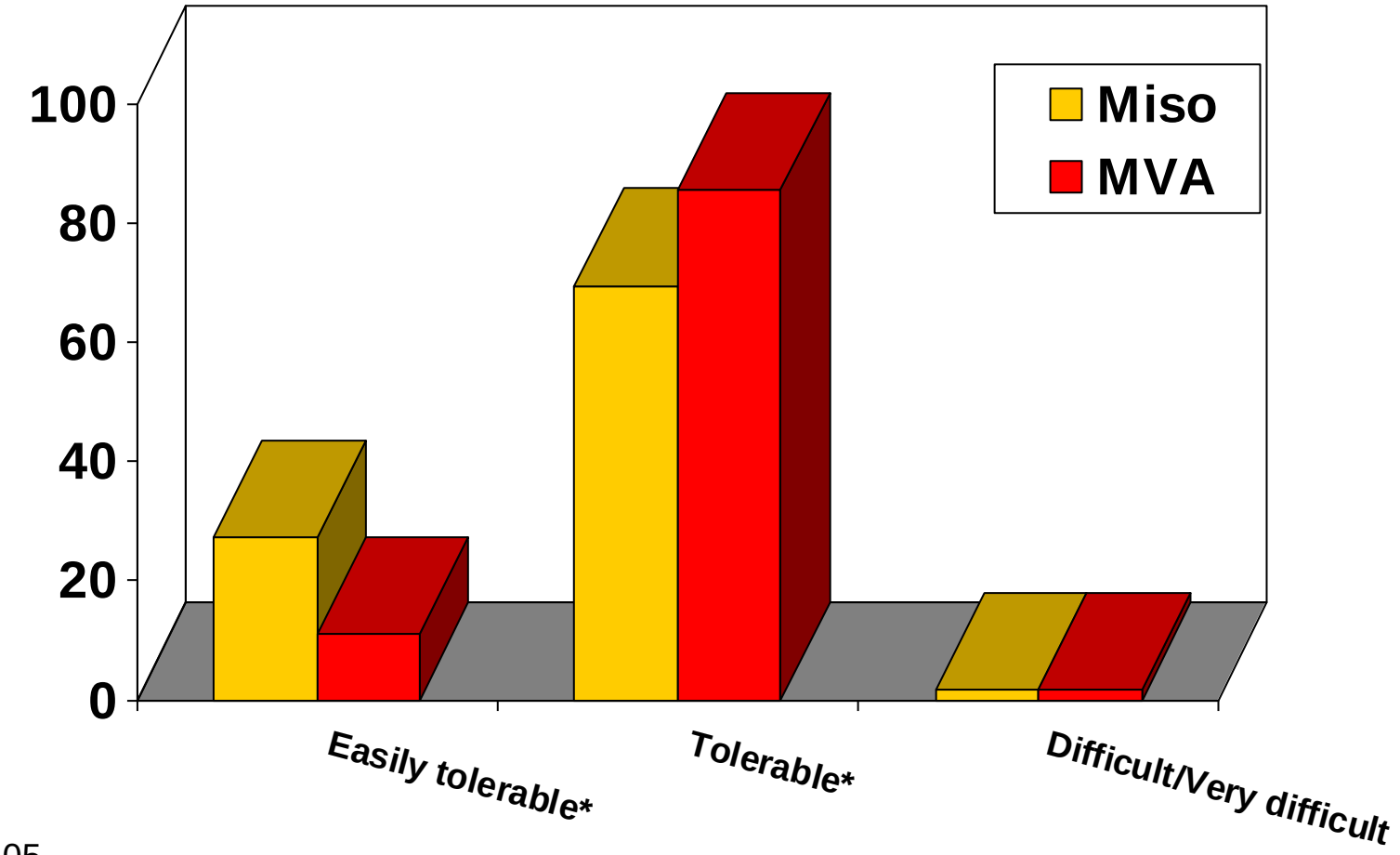
Acceptability of Side Effects (%)



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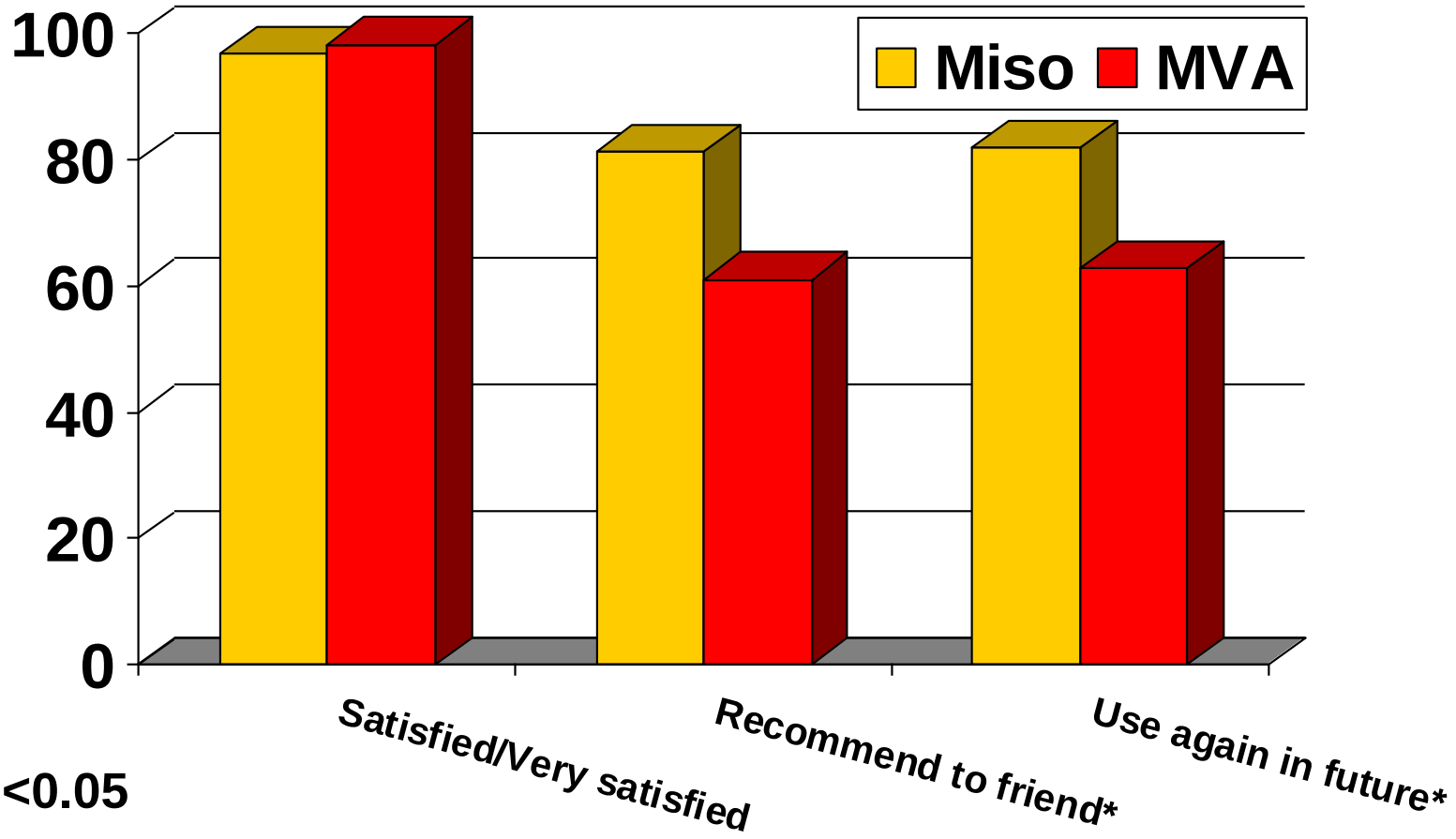
Acceptability / Satisfaction (%)



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Research Impact

- Misoprostol now standard first line treatment in some hospitals except when emergency intervention is required.
- MOH has requested that hospitals adapt their norms per study findings and EML
- Misoprostol being integrated into Norms for PAC
- Resources previously used for surgery/anesthesia can be diverted to more critical needs
- Cost savings to system and women
- Provider and women's acceptability high with experience

Challenges

- Disseminating new knowledge to all Safe Motherhood partners in Egypt for consensus
- Supplies/training for MVA, misoprostol and FP methods at all levels
- Reluctance to allow lower level providers to offer PAC treatment
- Policy maker concerns about potential “misuse” of misoprostol at community level
- Provider training needs and in service curriculum

Next Phase: Programmatic Research

- Integrate misoprostol as first line treatment into PAC services on a district level (primary thru tertiary) with referral of surgical cases to hospitals
- Explore alternatives to routine follow-up for women
- Technical support to MOH and Safe Motherhood Groups on this Technology and Potential Impact on creating access

Conclusion

- Misoprostol is a safe, effective and acceptable PAC method.
- Can play an important role in reducing burden on higher level facilities and improving access/quality of PAC in Egypt.
- Treatment for PAC needs to be more widely available: ideally both misoprostol and MVA
- Future programmatic research and scale up needs to take treatment technologies into account while promoting FP and other RH needs.

THANK YOU!