

Programmatic guidance, training and expansion of services

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**New Evidence and Strategies for
Scaling up Postabortion Care**
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What we know

- PAC increases use of FP, and prevents repeat abortion
- Is acceptable where induced abortion is legally restricted
- Links curative service (treatment for complications) with preventive service (FP)
- Providers are able to offer good quality PAC services, including using MVA
- Challenges remain: PAC has not reached its full potential

Why misoprostol?

- Internationally recognized treatment option for PAC
- Approval for inclusion of misoprostol in EML for incomplete abortion indication - April 2009

“With respect to use of misoprostol for the treatment of incomplete abortion, the Committee decided that the evidence showed that misoprostol is as effective as surgery and in some settings may be safer as well as cheaper and therefore recommended inclusion of the 200 micrograms tablet ... for management of incomplete abortion and miscarriage”

- IJGO, ACOG, FIGO as well as other internationally recognized bodies.

Incorporating misoprostol into PAC

- Low cost of service delivery and treatment
- Can increase women's choice & reduce burden on system
- Creates access where no treatments offered; lower level settings, sites where surgery not feasible/available
- Ultrasound not essential
- Requires fewer resources for training and introduction
- Opportunities to reinforce FP and RH needs at all levels

Required Skills

- A range of providers can offer, including non-physician providers and those at lower levels
- Surgical skills not needed
 - Must be able to:*
 - Identify open os
 - Assess gestational age
 - Recognize severe infection requiring immediate surgical care and refer
 - Confirm complete abortion
- Nurses and midwives have been primary providers of misoprostol in studies
- **Training/provider experience increases provider confidence and efficacy**

A new service?

- Misoprostol can be integrated into existing services
 - Additional treatment option
 - Family planning services, pre-natal care or other reproductive health services.

Steps for the successful introduction of misoprostol for postabortion care

- **Comprehensive training on misoprostol** use within the PAC framework
- **Involve** all staff at all levels
- **Continue regular training sessions on treatment of incomplete abortion**, especially in cases of constant personnel changes
- **Diagnosis and treat** women with incomplete abortion in a timely manner as soon as they present themselves in the hospital to better manage patient flow and reduce waiting times

Steps for the successful introduction of misoprostol for postabortion care

- **Identify mechanisms for follow up visits that will reduce uncertain treatment outcomes**, especially among women that do not have easy access to the hospital (ie distance)
- **Reduce dependency on ultrasound** to diagnose incomplete abortion and confirm treatment outcome
- **Educate hospital personnel** about the use of misoprostol for other reproductive health indications

Incomplete abortion guidebook:

MISOPROSTOL FOR
TREATMENT OF
INCOMPLETE
ABORTION:
AN INTRODUCTORY GUIDEBOOK

français

LE MISOPROSTOL POUR LE
TRAITEMENT DE
L'AVORTEMENT INCOMPLET:
UN MANUEL INTRODUCTIF

میزوبروستول
لعلاج الإجهاض
غير المكتمل:
دليل تمهيدي

عربي



Guidebook

- Review impact of PAC services on reducing maternal mortality
- Pharmacology and mechanism of action
- Experience from the literature and the field
- Comparability with MVA
- Expected side effects and management of side effects and complications
- Use of ultrasound
- Indications and contraindications
- Contraception after treatment

Instructions for Use: Miso for PAC

إرشادات الاستخدام

تعليمات استخدام عقار ميزوبروستول لعلاج الإجهاض والإجهاض غير الكامل

ملاحظة: الميزوبروستول ينتمي إلى مجموعة علاج القرحة المعوية الناتجة عن الاستخدام الواسع من دوسونول بسبب تفاعله مع مضادات الالتهاب. ولأنه يسهل علاج الإجهاض المتأخر، فإنه يستخدم كعلاج للإجهاض المتأخر، وقد أظهرت كفاءة استخدام ميزوبروستول بشكل فعال وأمن في تلك الحالات.

نوع الاستخدام: لعلاج الإجهاض غير الكامل لدى السيدات نوات الأرحام، بعد 12 أسبوعاً منذ دورة هضمت عند التشخيص. لن في علاج الإجهاض المتأخر بين 66-100%، وذلك بشرط ألا تتجاوز عتبات المقررة.

نوع الاستخدام: لأي نوع من الإجهاضات - أرحام الأ-

INSTRUCTIONS FOR USE

MISOPROSTOL FOR TREATMENT OF INCOMPLETE ABORTION AND MISCARRIAGE

BACKGROUND

Misoprostol is a prostaglandin E1 analog generally registered for prevention and treatment of gastric ulcers resulting from chronic administration of nonsteroidal anti-inflammatory drugs (NSAIDs). As misoprostol also induces uterine contractions, it is commonly used off-label for treatment of early pregnancy failures including incomplete and missed abortions. Studies have demonstrated that misoprostol can be used effectively and safely for these indications. This information is presented for the guidance of trained healthcare providers.

INDICATION AND USAGE

Misoprostol is indicated for treatment of incomplete abortion and miscarriage for women with **uterine size less than or equal to 12 weeks LMP** at presentation.

Use of misoprostol for incomplete abortion has a success rate of 66 -100% using the recommended doses. Use of misoprostol for missed abortion has a success rate of 60-93% using the recommended dose.

CONSIGNES D'UTILISATION

MISOPROSTOL DANS LE TRAITEMENT DE L'AVORTEMENT INCOMPLET ET DE LA FAUSSE-COUCHE SPONTANÉE

ALERTE

Misoprostol est un analogue synthétique de prostaglandine E1, commercialisé pour la prévention et le traitement de l'ulcère gastrique chronique résultant de l'administration chronique d'anti-inflammatoires non stéroïdiens (AINS). Induisant également des contractions utérines, il est souvent utilisé hors des indications officielles, pour le traitement des échecs de grossesse (avortement spontané et avortement manqué). Des études ont démontré que le misoprostol peut être utilisé efficacement et en toute sécurité pour ces indications. Cette information est présentée à titre de guide pour les professionnels de la santé.

Le misoprostol est indiqué pour le traitement de l'avortement incomplet et de la grossesse manquée chez les femmes dont la taille de l'utérus est inférieure à 12 semaines LMP au moment de la présentation.

Le succès du traitement de l'avortement incomplet avec le misoprostol est de 66 à 100% en utilisant les doses recommandées. Le succès du traitement de l'avortement manqué avec le misoprostol est de 60 à 93% en utilisant les doses recommandées.

Purpose:

- Guidance for clinicians/medical personnel
- Dissemination via fact sheets, clinical training, websites, inclusion in scientific articles, etc.

Content:

- Shows a standard product label for use of misoprostol for incomplete abortion, miscarriage, and induced abortion

Comprehensive PAC Training Manual

- Collaboration with Ipas – publication forthcoming
- To be used in conjunction with *Women-Centered Postabortion Care: Trainer's Manual* publication.

Challenges in expansion

- Trained and equipped providers
- Time for confidence in treatment method
- Sustainable drug supply
- Approval by various MOH and other bodies
- Development of national guidelines for postabortion care including misoprostol
- Linking training activities with policy and advocacy efforts