



NEW EVIDENCE AND STRATEGIES FOR SCALING UP POSTABORTION CARE

Alexandria, Egypt 12–13Th May 2010

**Dr. Magdy Khaled
UNFPA Assistant Representative**

Abortion Related Complications

- MMR in Egypt is estimated as 55 per 100,000 live births (MOH)
“43 (25 – 71) and about 2% of these deaths are estimated to be due to abortion.
- Approx. 20% of Ob/Gyn admissions in governmental hospitals are abortion case.

- An abortion survey conducted by MOH and UNFPA where 10,000 women in reproductive age were surveyed if they had abortion whether spontaneous or induced during the year 2007 to 2009, (the survey was conducted during 2009)

- **We found:**

- a) Abortions represent 9.7% of all pregnancies in the surveyed samples.
- b) 14.9% of abortions took place in pregnancies which happened during contraceptive use.
- c) Induced abortions accounted for 4% of all abortions
- d) Induced abortion were done by a doctor in 32% , others were self induced
- e) Only 12.9% of women who had abortion received some forms of counseling about FP after abortion (PPC)

CHALLENGES

(1) IN PREVENTING UNSAFE ABORTION

- Restricted law
- Lack of data
- Weak points in the FP programme (high unmet need, 10%, high contraceptive failure rate, high discontinuation rate for contraceptives)
- Competence of service providers .
- Contraceptive failures and high discontinuation rate of contraceptives

(2) IN PROVIDING ACCESS TO POSTABORTION CARE

- PAC is not part of the primary health care system in Egypt
- No established formal referral system
- Client awareness ?
- Community support ?
- MVA 
 - Availability
 - Training
 - Regulations
- Linkage between preventive and curative health care in Egypt

INTERVENTIONS ON POSTABORTION CARE related programmed

DESCRIPTION OF THE INTERVENTION

