Quality postabortion care

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Maternal & Neonatal Health Beyond 2015
57th ITM Colloquium, 24 ï 27 November 2015, Rabat - Morocco
This presentation will:

- Highlight the evolution of Postabortion Care (PAC) model
- Outline the abortion quality of care framework
- Present examples of current Ipas work in monitoring quality of care
Postabortion Care Model

- Original PAC model first articulated by Ipas in 1991
- Published as a model by Ipas in 1994
- Published as model by PAC Consortium in 1995

Elements of the original PAC model:
1) emergency treatment services for complications of spontaneous or unsafely induced abortion,
2) postabortion family planning counseling and services,
3) links to other comprehensive reproductive health care

Focus on clinical services from a health care provider perspective
Expanded and Updated Postabortion Care Model

Â Five essential elements:

1) Community and service provider partnership
2) Counseling
3) Treatment of incomplete and unsafe abortion and complications
4) Contraceptive and FP services
5) Reproductive and other health services

Â Shift of paradigm:
from facility-based, clinical services focus

comprehensive public health model

Postabortion Care Consortium, 2002
Further evolution é
Comprehensive Abortion Care Model (CAC)
Further evolution é
Comprehensive Abortion Care Model (CAC)

What is CAC?
It is a comprehensive approach to high quality, women-centered abortion care with four key elements:
1) Access
2) Quality
3) Choice
4) Sustainability

Shift of paradigm:
From public health model
Broader Rights-based care
Why do we care about quality?

First there is ample evidence that links quality of care with favorable health and behavioral outcomes.

Examples include:
- Timely treatment and management
- Decrease in hospital stay
- Decrease in unintended sequel
- Adherence to medications
- Increase in contraception uptake and continuance
- Decrease in repeat unwanted/unplanned pregnancies
- Satisfaction with care

But most importantly, quality of care is a basic right of the patient.
So, what is quality?

Measure of the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Institute of Medicine, 2001
Framework: Levels of actions for quality improvement

Environment:
- policy,
- payment,
- education

Functioning of organizations

Functioning of small units
- "microsystems"

Experience of clients, families, community

Berwick, Health Affairs, 2002
Aims for quality care improvement

- **Safe:** no harm
- **Effective:** evidence-based
- **Patient-centered:** respectful and responsive
- **Timely/Accessible:** reduce waits and harmful delays
- **Efficient:** no waste
- **Equitable:** quality care for all

Institute of Medicine, 2001
WHO, 2006
Indicators: examples

**In communities**
- Increased knowledge about PAC/CAC services and where they are provided
- Increased access to and use of PAC/CAC
- Increased acceptability of PAC/CAC
- Increased contraceptive use
- Increased satisfaction with PAC/CAC services
- Increased care sought at earlier gestation (1st trimester)
Indicators: examples

At health care facilities

> PAC/CAC services respond to and address community members' perceived needs, priorities and expectations
> Increased use of PAC/CAC and other health services
> Increased postabortion contraceptive uptake and continuance
> Improved performance of providers in meeting the PAC/CAC and other health needs
> Improved record keeping
> Improved referral and follow-up mechanisms for PAC/CAC and other health services

Postabortion Care Consortium, 2002
Indicators: examples

- **At health care facilities**
  - Use of appropriate uterine evacuation technology
  - Increased use of appropriate pain management
  - Use of appropriate infection prevention
Ipas work examples
Site performance:

1. **Appropriate Technology (1st Tri)**
   - Yes: 482
   - No: 1
   - No Data: 0

2. **Pain Management Provision (Non-MA)**
   - Yes: 377
   - No: 1
   - No Data: 0

3. **Contraceptive Provision**
   - Short Term: 27
   - Long Term: 25
   - None: 45
   - No Data: 1

4. **Age of UE Clients**
   - <20: 139
   - 20-24: 316
   - 25+: 0
   - No Data: 0

**Appropriate Tech (1st Tri) Breakdown by Quarter (%):**
- FY15Q1: 100%
- FY15Q2: 100%
- FY15Q3: 100%
- FY15Q4: 100%

**Pain Management Provision (Non-MA) Breakdown by Quarter (%):**
- FY15Q1: 100%
- FY15Q2: 99%
- FY15Q3: 100%
- FY15Q4: 100%

**Contraceptive Provision Breakdown by Quarter (%):**
- FY15Q1: 92
- FY15Q2: 69
- FY15Q3: 75
- FY15Q4: 66

**Age of UE Clients Breakdown by Quarter (%):**
- FY15Q1: 66
- FY15Q2: 63
- FY15Q3: 63
- FY15Q4: 63
Provider performance:

Provider Information

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Category</th>
<th>Provider Type Name</th>
<th>Gender</th>
<th>Age</th>
<th>Training Date</th>
<th># Contacts</th>
<th>Total UEs</th>
<th>Induced</th>
<th>Women &lt;20</th>
<th>Women 20-24</th>
<th>Women 25+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>General Practitioner</td>
<td>Doctor/General Practitioner/Medical Officer</td>
<td>Female</td>
<td>40</td>
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<td>256</td>
<td>140</td>
<td>7%</td>
<td>34%</td>
<td>69%</td>
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</table>

Facility Information

<table>
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<tr>
<th>Facility ID</th>
<th>Sector</th>
<th>Category</th>
<th>Facility Link to Provider</th>
<th># Trained Providers</th>
<th># Total Women Served</th>
<th># Women Served by Provider at Facility</th>
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<td>Secondary</td>
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<tr>
<td>Private 2</td>
<td>Private</td>
<td>Other</td>
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</table>

Individual Provider Performance

Postabortion Contraception Breakdown by Quarter
Expected rates of adverse events after 1\textsuperscript{st} trimester aspiration abortion, given FY15 global caseload

<table>
<thead>
<tr>
<th>Adverse Events</th>
<th>Frequency</th>
<th>Total Cases</th>
<th>Expected AEs per year</th>
<th>Number reported</th>
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<tbody>
<tr>
<td>Serious adverse event after 1\textsuperscript{st} tri aspiration abortion</td>
<td>&lt;0.1%</td>
<td>155,613</td>
<td>156</td>
<td>2* (1 case each in Nepal and Mexico)</td>
</tr>
</tbody>
</table>

*4 additional PAC/presenting complications reported from Myanmar
Exit interviews done yearly or every other year

Special studies / researches done as needed: Ethiopia study presented as example
## Achieved levels of basic SAC service delivery

<table>
<thead>
<tr>
<th></th>
<th>Basic SAC Service Delivery</th>
<th>2008</th>
<th>2014</th>
<th>% Achieved</th>
<th>2008</th>
<th>2014</th>
<th>% Achieved</th>
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<tr>
<td></td>
<td></td>
<td>Recommended</td>
<td>Actual</td>
<td></td>
<td>Recommended</td>
<td>Actual</td>
<td></td>
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<td>8</td>
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Achieved levels of comprehensive SAC service delivery

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Percentage of women treated for abortion complications that are serious*

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008</td>
<td>2014</td>
</tr>
<tr>
<td>2008, 29%</td>
<td>(95% CI: 27, 31)</td>
<td>29% (95% CI: 29, 34)</td>
</tr>
<tr>
<td>2014, 32%</td>
<td>(95% CI: 29, 34)</td>
<td>37%</td>
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</tbody>
</table>

Hospitals:
- 2008: 30%
- 2014: 22%
Percentage of women who received abortion services that were induced procedures*

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Health Centers</th>
<th>Hospitals</th>
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<tbody>
<tr>
<td>2008</td>
<td>32%</td>
<td>40%</td>
<td>23%</td>
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<tr>
<td>2014</td>
<td>52%</td>
<td>55%</td>
<td>44%</td>
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</table>

(95% CI: 27, 36) (95% CI: 47, 55)
Percentage of uterine evacuations performed with appropriate technology, second trimester*

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2014</th>
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<tbody>
<tr>
<td>Total</td>
<td>18%</td>
<td>34%</td>
</tr>
<tr>
<td>(95% CI:</td>
<td>15, 22</td>
<td>27, 39</td>
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<tr>
<td>Health Centers</td>
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<tr>
<td>2008</td>
<td>18%</td>
<td>15%</td>
</tr>
<tr>
<td>Hospitals</td>
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<tr>
<td>2008</td>
<td>20%</td>
<td>48%</td>
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<tr>
<td>Year</td>
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<td>------</td>
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<td>----------------</td>
</tr>
<tr>
<td>2008</td>
<td>54%</td>
<td>65%</td>
</tr>
<tr>
<td>2014</td>
<td>76%</td>
<td>78%</td>
</tr>
</tbody>
</table>

(95% CI: 50, 56) (95% CI: 75, 79)
Thank you for your attention