

Quality postabortion care

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This presentation will:

- “ Highlight the evolution of Poatabortion 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

“ 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

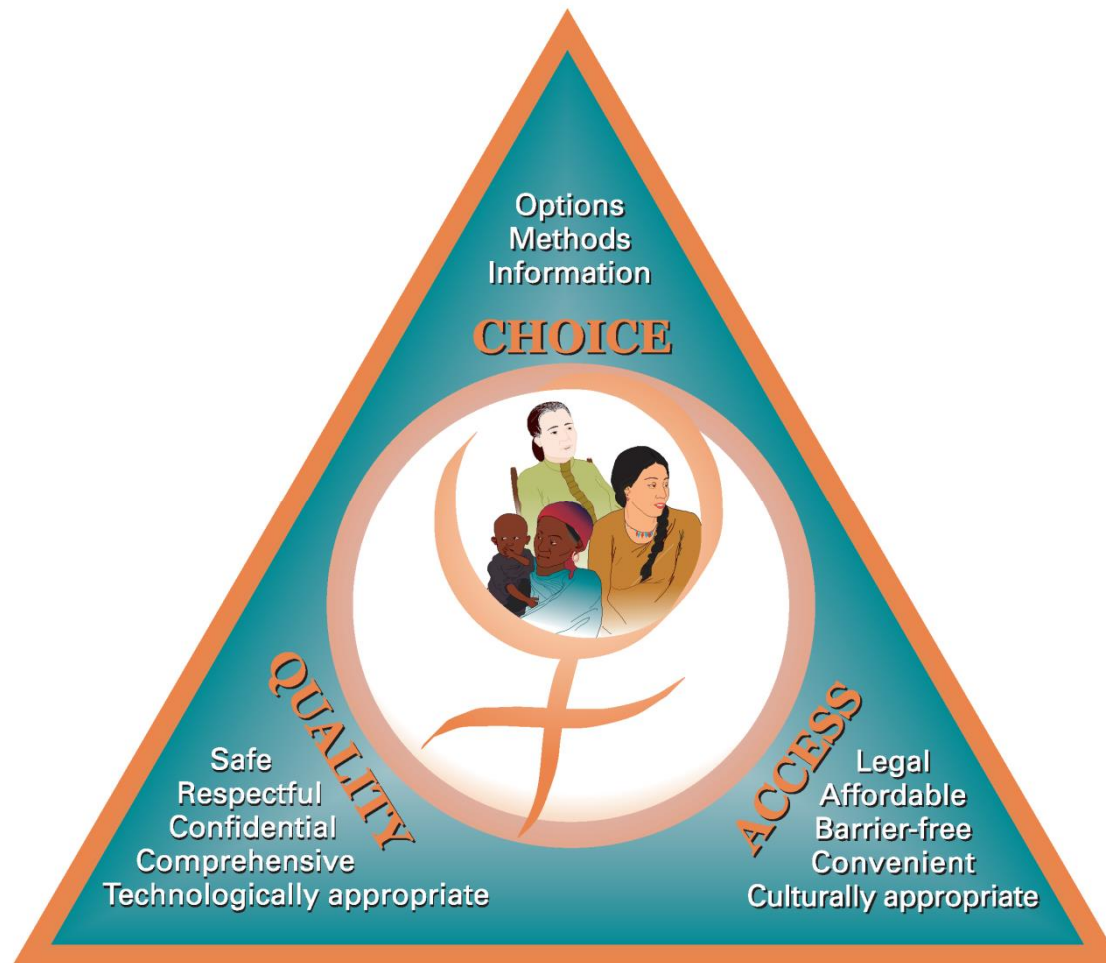
“ **Shift of paradigm:**

from facility-based, clinical services focus



comprehensive public health model

Further evolution ÷ Comprehensive Abortion Care Model (CAC)



Further evolution ã

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 ã .. and ã .and ã .

But most importantly, quality of care is a basic right of the patient

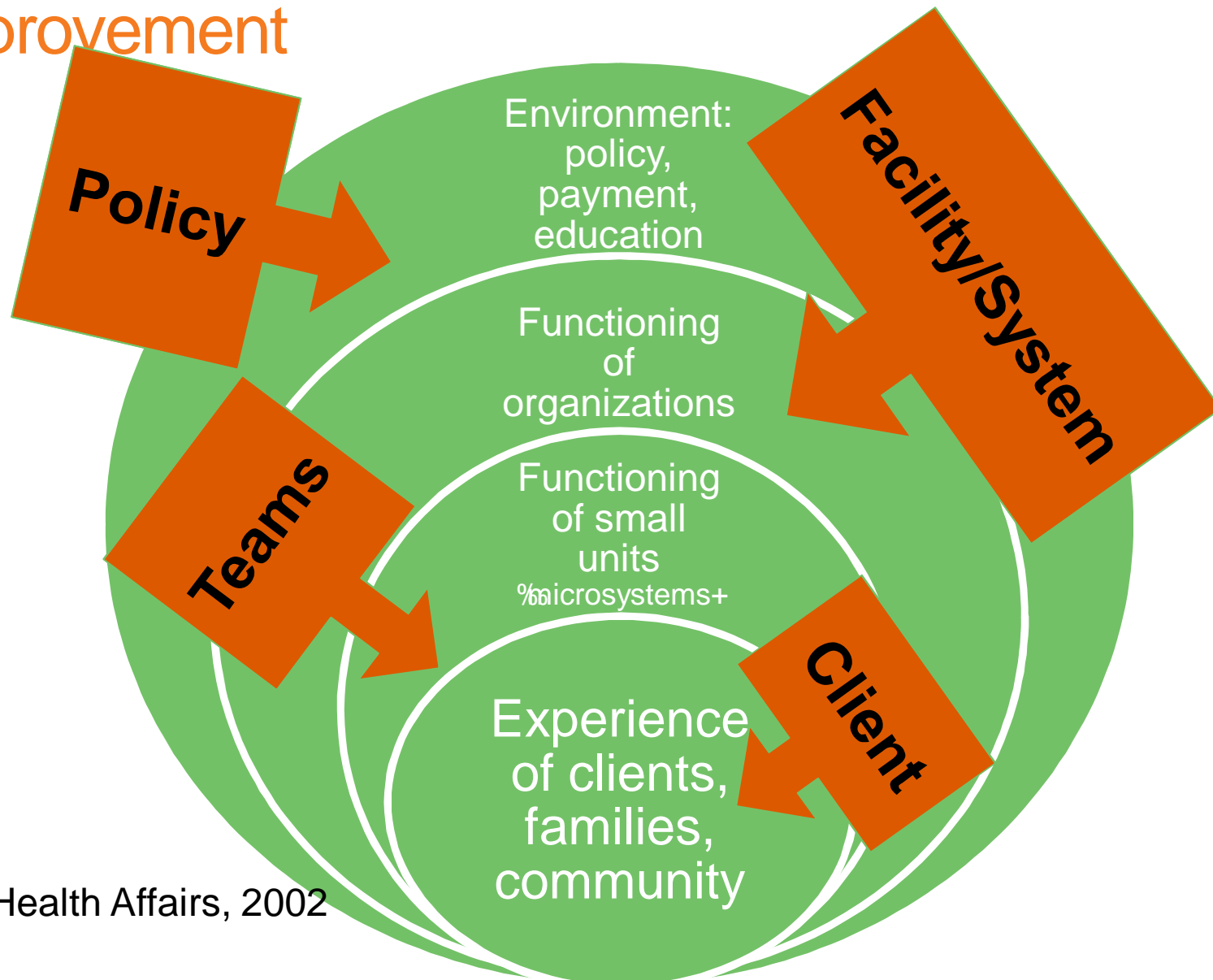
So, what is quality?

- “ 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



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



Indicators: examples

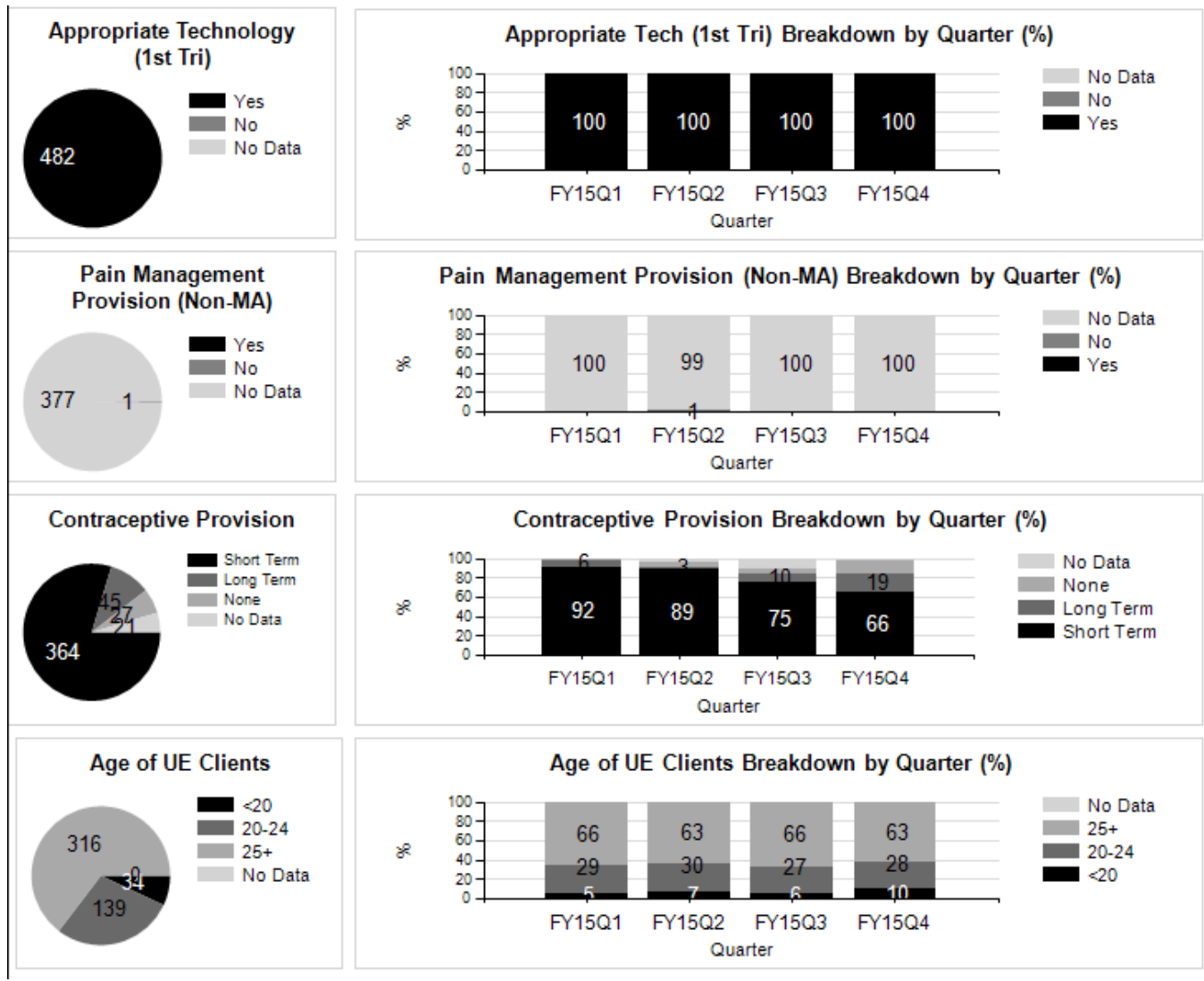
“ At health care facilities

- ” > Use of appropriate uterine evacuation technology
- ” > Increased use of appropriate pain management
- ” > Use of appropriate infection prevention



lpas work examples

Site performance:



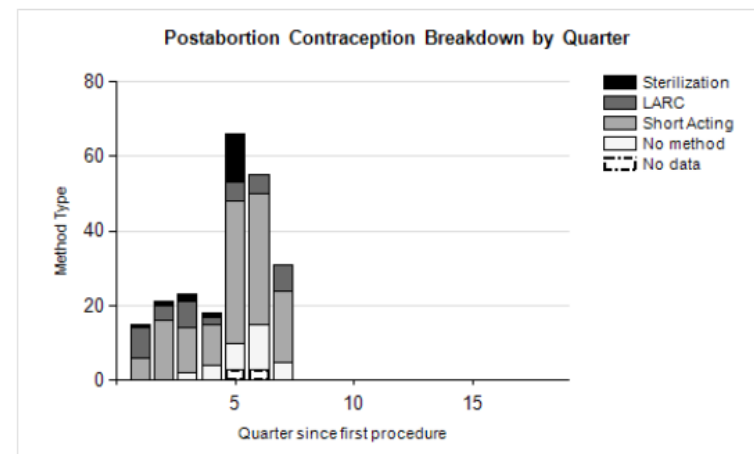
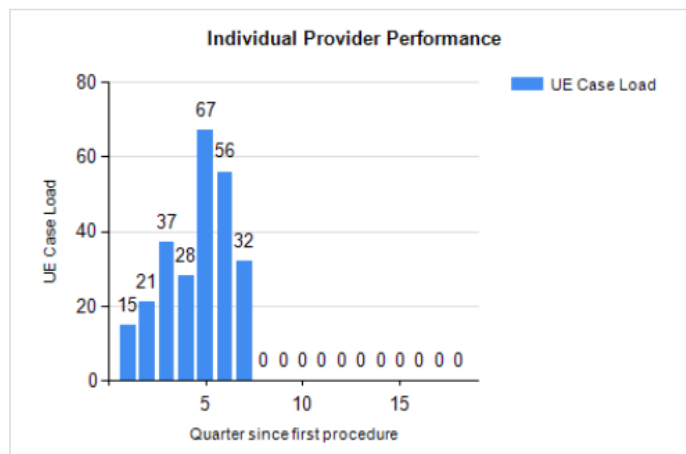
Provider performance:

Provider Information

Provider ID	Category	Provider Type Name	Gender	Age	Training Date	# Contacts	Total UEs	Induced	Women <20	Women 20-24	Women 25+
2	General Practitioner	Doctor/General Practitioner/Medical Officer	Female	40	17-Oct-13	7	256	140	7%	34%	59%

Facility Information

Facility ID	Sector	Category	Facility Link to Provider	# Trained Providers	# Total Women Served	# Women Served by Provider at Facility
111606009	Public	Secondary	Secondary	13	1583	168
111601211	Public	Primary	Current	3	54	5
2	Private	Other	Secondary2	1	83	83



Expected rates of adverse events after 1st trimester aspiration abortion, given FY15 global caseload

Adverse Events	Frequency	Total Cases	<u>Expected</u> AEs per year	Number reported
Serious adverse event after 1 st tri aspiration abortion	<0.1%	155,613	156	2* (1 case each in Nepal and Mexico)

*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

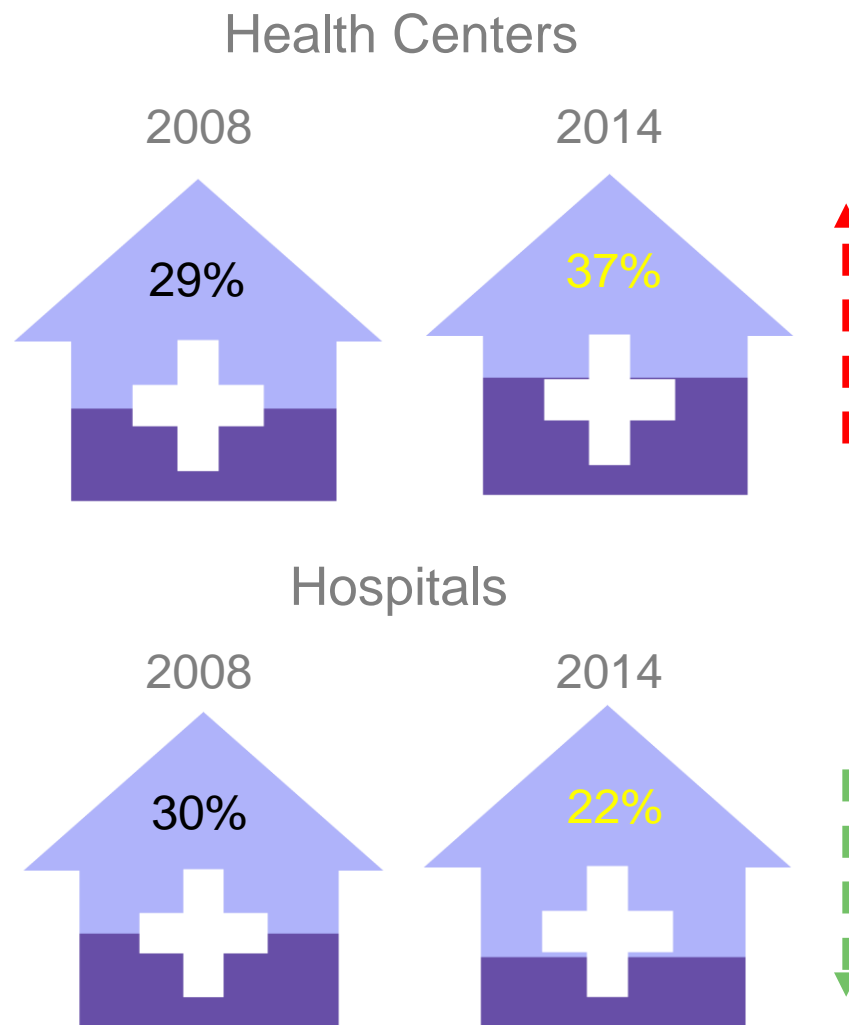
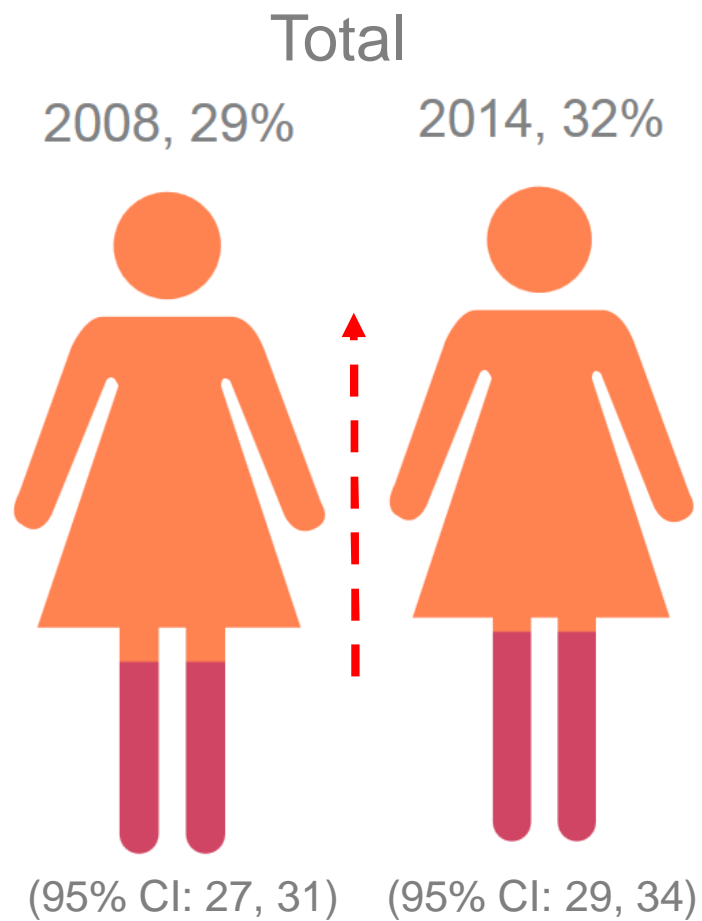
Achieved levels of basic SAC service delivery

	Basic SAC Service Delivery					
	2008			2014		
	Recommended	Actual	% Achieved	Recommended	Actual	% Achieved
National ⁴	591	149	25	704	889	126
Harari	1	3	300	2	3	150
Dire Dawa	3	1	33	3	5	167
Gambella	2	4	200	3	9	300
Addis Ababa	22	1	5	26	28	108
Tigray	35	14	40	40	78	195
Oromia	217	58	27	263	265	101
Amhara	138	38	28	160	240	150
SNNPR	120	26	22	143	226	158
Benshangul-Gumuz	5	1	20	8	11	138
Afar	11	1	9	13	13	100
Somali	36	3	8	42	12	29

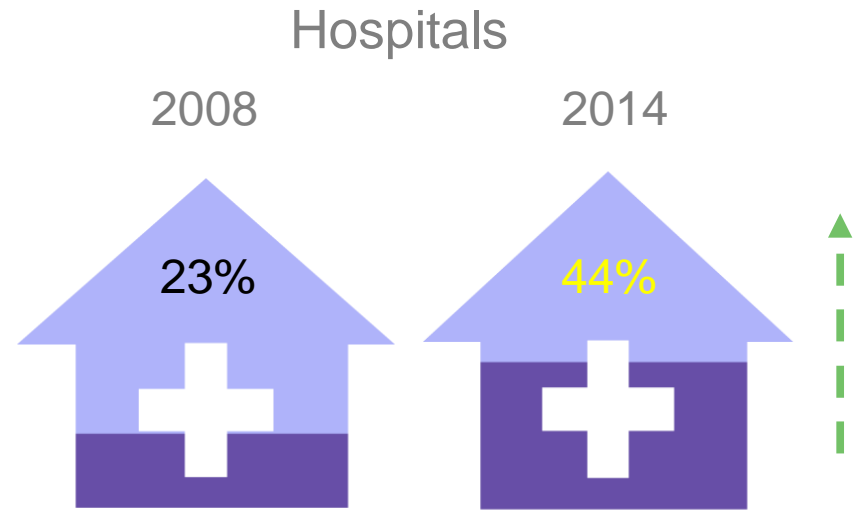
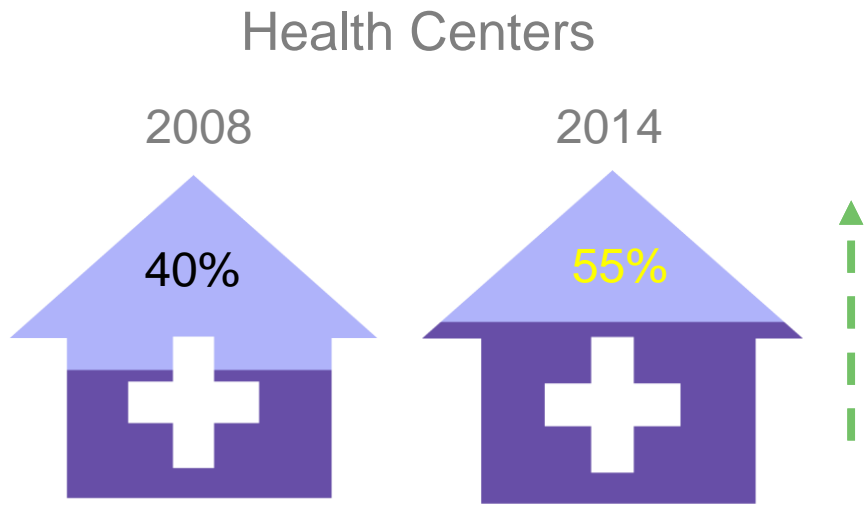
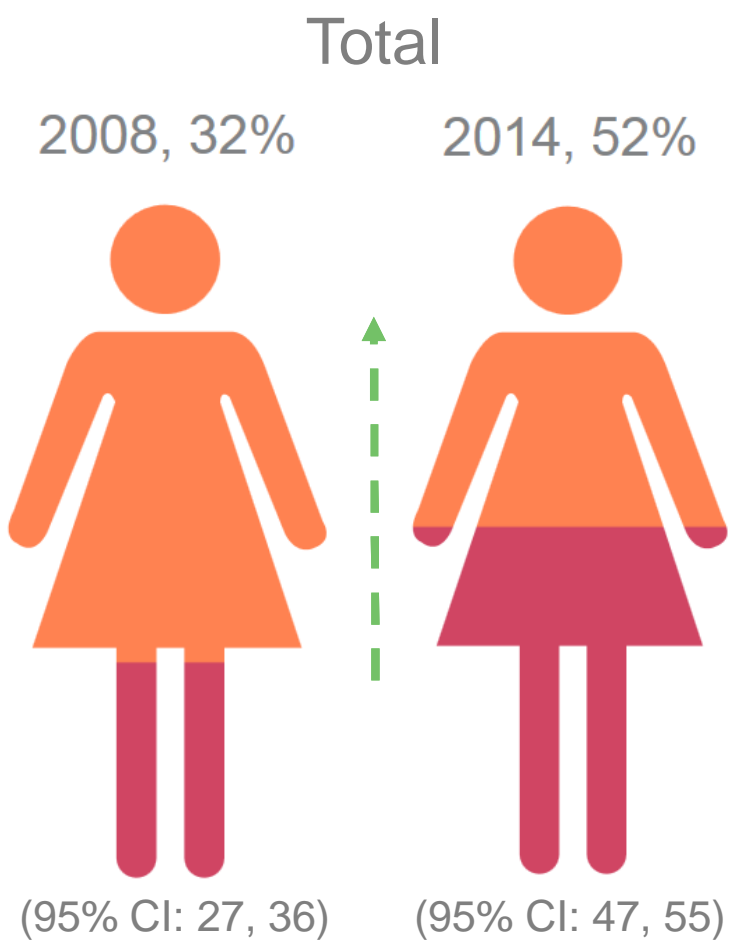
Achieved levels of comprehensive SAC service delivery

	Comprehensive SAC Service Delivery					
	2008			2014		
	Recommended	Actual	% Achieved	Recommended	Actual	% Achieved
National ⁴	148	29	20	176	66	38
Harari	1	0	0	1	2	200
Dire Dawa	1	1	100	1	1	100
Gambella	1	0	0	1	1	100
Addis Ababa	5	6	120	6	7	117
Tigray	9	5	56	10	10	100
Oromia	54	6	11	66	23	35
Amhara	34	5	15	40	9	23
SNNPR	30	6	20	36	8	22
Benshangul-Gumuz	1	0	0	2	0	0
Afar	3	0	0	3	1	33
Somali	9	0	0	11	3	27

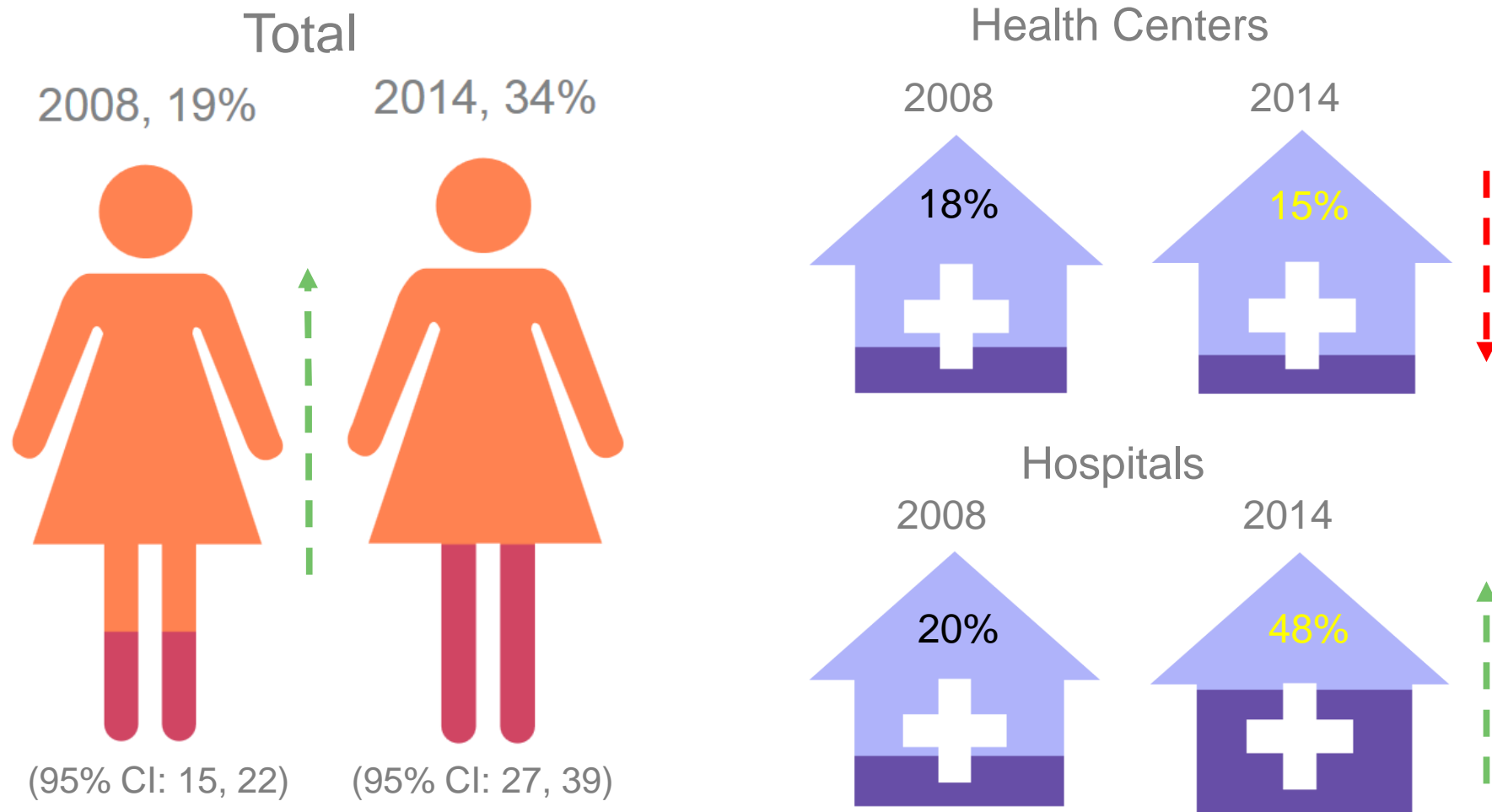
Percentage of women treated for abortion complications that are serious*



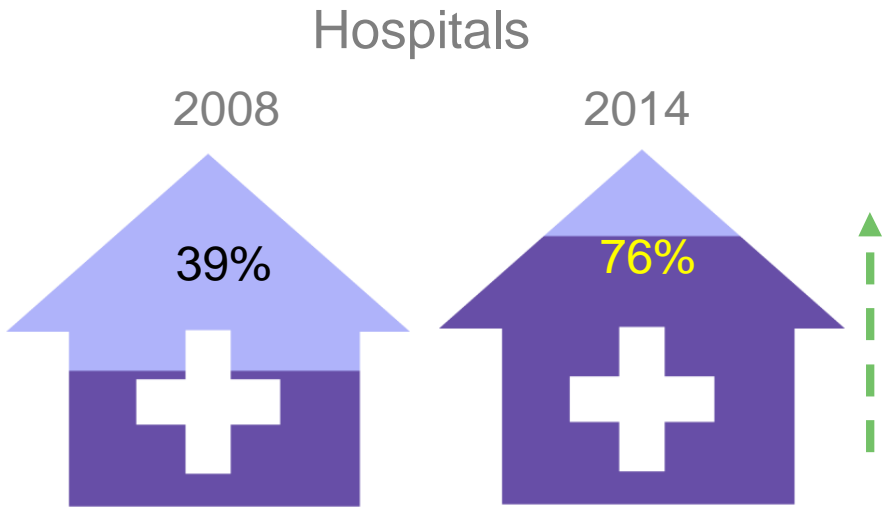
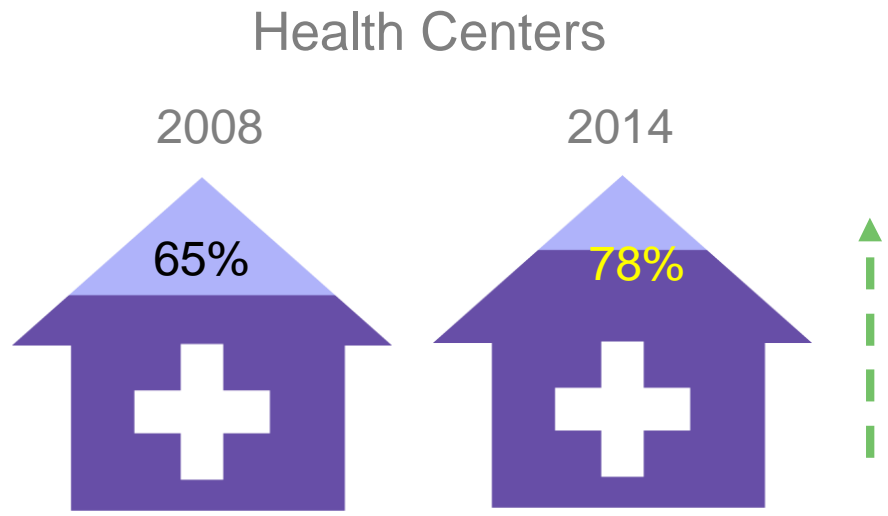
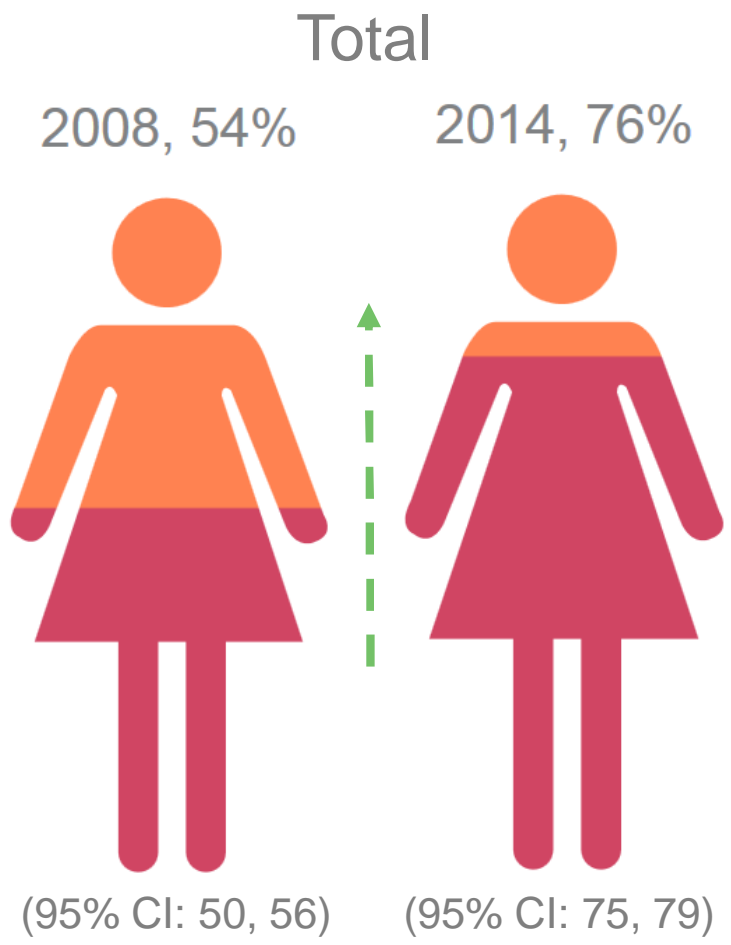
Percentage of women who received abortion services that were induced procedures*



Percentage of uterine evacuations performed with appropriate technology, second trimester*



Percentage of women who received abortion services that obtained contraception*



Thank you for your attention
