REPRODUCTIVE HEALTH matters

FEATURE

Pharmacy workers in Nepal can provide the correct information about using mifepristone and misoprostol to women seeking medication to induce abortion

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Abstract: *In Nepal, despite policy restrictions, both registered and unregistered brands of mifepristone and misoprostol can easily be obtained at pharmacies. Since many women visit pharmacies for abortion information, ensuring that they receive effective care from pharmacy workers remains an important challenge. We conducted an operations research study to examine whether trained pharmacy workers can correctly provide information on safe use of mifepristone and misoprostol for early first trimester medical abortion. Pharmacy workers in one district were given orientation and training using a harm-reduction approach, and compared with a non-equivalent comparison group in the second district. Overall, trained pharmacy workers' knowledge increased substantially, but no increase was found in the comparison group. Compared to the baseline (65%), 97% of trained pharmacy workers knew up to what stage of pregnancy and how women should use mifepristone and misoprostol. A higher percentage of pharmacy workers in the intervention group (77%) compared to the comparison group (49%) were knowledgeable at follow-up about determining whether an abortion was successful, implying a need for improving this aspect of training. As many mid-level health providers run their own pharmacies and offer medical abortion pills, it is important for the government to consider training these providers and registering their pharmacies as safe medical abortion service outlets.* © 2015 Reproductive Health Matters

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Medical abortion (MA) using a combination of mifepristone and misoprostol is safe and effective for termination of early pregnancies. Since MA can be offered in settings where surgical abortion services may not be widely available, it has the potential to increase women's access to safe abortion. The World Health Organization (WHO) recommends a regimen of 200 mg of mifepristone administered orally, followed 24–48 hours later by 800 mcg of misoprostol used vaginally, buccally or sublingually for termination of pregnancies up to nine weeks (63 days) LMP. With a regimen of repeated doses of misoprostol, it is also safe and effective between 9 and 12 weeks of gestation.[1]

Medical abortion was introduced in Nepal in 2009 on a pilot basis. Encouraged by the success of the pilot study, scaling-up of MA services throughout the country was subsequently approved. Guidelines were issued by the Family Health Division of the Ministry of Health and Population in 2009 and allowed the provision of MA by auxiliary nurse-midwives (ANMs).[2] The safety, efficacy and acceptability of MA provided by ANMs is now well established in Nepal.[3] As of September 2012, MA services up to nine weeks (63 days) LMP of pregnancy were scaled up in all public hospitals, selected private hospitals, and some NGO and private clinics throughout the 75 districts of the country. However, training of mid-level health providers (nurses and auxiliary nurse-midwives) in MA service delivery, and expansion of MA services provided by them in primary health centres

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and health posts has thus far been limited to 19 districts of the country.[4] Mifepristone and misoprostol for MA have been approved by the Department of Drug Administration and are available on prescription from accredited health care providers and clinics. Off-label or over-the-counter sale of MA tablets by pharmacies is not permitted.

Despite these restrictions, however, both registered and unregistered brands of MA pills are easily available at pharmacy retail shops. The open border with India has facilitated illegal entry of several unregistered brands of MA tablets as well as ineffective ayurvedic and other indigenous medicines that are purported to be abortifacient. Clandestine procurement and sales of such drugs by pharmacy retailers for menstrual regulation and abortion is common in Nepal. In a large-scale survey, pharmacy workers mentioned the names of 52 different allopathic medicines, 65 ayurvedic preparations and 12 homeopathic medicines which were being offered to people for menstrual regulation and/or abortion.[5] However, almost all of these products are ineffective or unsafe for inducing abortion.

No study has been carried out in Nepal to assess the MA dispensing practices of pharmacy workers, nor the regimens and routes of administration of misoprostol tablets they recommend. A study conducted among women receiving post-abortion care at major public hospitals in Nepal after induced abortions[6] revealed that out of 527 women participating in the study, 90% had presented with vaginal bleeding and 67% with abdominal pain. Some kind of medication for abortion had primarily been used by 68% of them, and the majority had received the information from pharmacy shops. Of those who had used a medication, 84% could not name the product, while 11% cited Medabon, a brand name for a combi-pack of mifepristone and misoprostol which is registered in Nepal for medical abortion.

A Nepal-India cross-border abortion study among 1,380 women, carried out in 2010, showed that one in five women (20%) in the study sought abortion services or medications from private clinics and pharmacy shops across the border in India. About 28% of these women had experienced complications due to medicines obtained from pharmacy shops, and of these 71% had excessive vaginal bleeding associated with severe abdominal pains. Knowledge about regimens and effective routes of misoprostol administration for early first trimester abortion was poor among the Indian as well as the Nepalese pharmacy workers interviewed.[7]

The Department of Drug Administration uses the print media to discourage illegal possession and sale of unregistered drugs by pharmacy distributors and retail shops and carries out periodic checks and raids at such shops. However, the government has not been successful in regulating clandestine market supplies and over-the-counter sales of registered and unregistered brands of MA medications. Pharmacy shops continue to act as the first contact point for many women requiring sexual and reproductive health-related information and care because of convenience and geographic accessibility: they can access medications, information and advice with relative anonymity, and at a lower cost than from the formal health sector. The success of most pharmacists and pharmacy workers in this regard seems to be due to their ability to facilitate rapid access to medications and other supplies, as well as medical information and advice, while maintaining confidentiality.[8]

Thus, given the reach of pharmacies in the general population, and the confidence that people place in them as sources of information and medications, pharmacy workers fill a critical niche. However, they do not always provide the most accurate or effective information or dispense the correct medications to customers. In some cases, the medications they sell may be unnecessary, ineffective, or even dangerous.[8]

The 2011 Nepal Demographic and Health Survey showed that among the women who had an abortion in the five years preceding the survey, 19% had used tablets for their last abortion. Moreover, 5% of them had obtained the tablets from a pharmacist or medicine shop.[9] Medical abortion services are not free at government health facilities and the fee for both manual vacuum aspiration and medical abortion (±US$ 10, or approximately 20% of average monthly family income in Nepal) is the same at all government hospitals. While the fee for medical abortion at government outreach health facilities (primary health care centres and health posts) is half the price (±US$ 5), it is still 10% of average monthly income.

Nepalese women's knowledge about the correct medications to use for a safe abortion is low even in districts where medical abortion services have been introduced by the government.