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FIGO INITIATIVE

Changes in the use of manual vacuum aspiration for postabortion care within the public healthcare service network in Honduras

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ABSTRACT

Honduras is one of the 17 priority countries included in the International Federation of Gynecology and Obstetrics (FIGO) Initiative for the Prevention of Unsafe Abortion and its Consequences. The priority category enables the country to request emergency funding to acquire services or commodities that could contribute toward achieving the objectives laid out in its plan of action. These objectives include improving postabortion care by increasing the use of manual vacuum aspiration (MVA) as an outpatient procedure with minimal human and material resources. Since the Ministry of Health lacked funding, use of the emergency fund was approved for the purchase and distribution of MVA kits nationwide to ensure continuity and the hope of increasing MVA use. Eleven hospitals participating in this initiative provided data for analysis of the outcome. These data show no increase in MVA use; however, as discussed in the article, further investigation provided valuable information on the reasons behind these results.

1. Introduction

Unsafe abortion is a public health issue in many low-resource countries that have restrictive abortion laws. In line with other Central American countries, Honduras has very restrictive laws regarding abortion [1]. Moreover, there is a legal obligation to denounce any patient seeking medical care at any clinic within the public healthcare system who is suspected of having had an induced abortion [2]. These restrictions explain the extent to which unsafe abortion in Honduras contributes toward maintaining the maternal mortality ratio above 100 deaths per 100 000 live births.

In 2008, the International Federation of Gynecology and Obstetrics (FIGO) created its Working Group on the Prevention of Unsafe Abortion. The Honduran National Society of Obstetrics and Gynecology (SGOH) is one of the member societies that has been participating in the initiative since it began. The SGOH carried out a situational analysis and formulated a plan of action in collaboration with the Ministry of Health and in accordance with some of the strategies proposed by FIGO [3]. One important item in this plan of action is to improve the care provided to women who have undergone abortion and who seek care for an incomplete abortion within the National Health Service.

Both the World Health Organization (WHO) and FIGO recommend abandoning the practice of sharp curettage in favor of manual vacuum aspiration (MVA) as the preferred method for the surgical treatment of incomplete abortion, and also recommend medical treatment with misoprostol when indicated [4,5].

Traditionally, the most frequently used technique for the treatment of incomplete abortion at public hospitals in Honduras has been sharp curettage. In 1996, several non-governmental organizations (NGOs) conducted a study to determine whether the use of MVA offered any advantages over sharp curettage when there is a therapeutic indication for its use. [6] According to international reports, comparison of these two treatments showed that costs were 60% less with MVA, mainly due to a reduction in the time needed to complete the procedure, the non-requirement for general anesthesia, and an shorter hospital stay overall. There was also a reduction in the rate of complications, particularly uterine perforation and transvaginal bleeding [6].

Prior to MVA, the patient is required to undergo counseling to enable her to give informed consent for the procedure. In addition, she must agree to initiate use of a contraceptive method of her choice after the procedure is complete and before she is discharged from hospital. This is a fundamental step that was not in place when sharp curettage was the method of postabortion care and it has significantly reduced the frequency of a second unwanted pregnancy or abortion [7].

For many years, Ipas, working together with the Honduran Ministry of Health, has been training healthcare providers in MVA as a means of promoting the use of this technique. A study on abortion that was also

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part of the SGOH's plan of action [8] found that difficulties in obtaining MVA kits or lack of these kits constituted the main barrier to increasing the use of this method. Another barrier to improving postabortion care was that social pressure from civil institutions practically forced the healthcare personnel at public institutions to discriminate against women requesting postabortion care.

For these reasons, SGOH requested emergency funds from the FIGO Working Group to enable them to purchase MVA kits, which were then distributed to healthcare facilities throughout the country. It was also deemed necessary to train all healthcare personnel working in postabortion care on abortion values clarification and confidentiality. The present paper presents the results of these interventions regarding the use of MVA instead of sharp curettage for the treatment of incomplete abortion in a number of hospitals in Honduras.

2. Materials and methods

Since Honduras is considered a priority country in the FIGO initiative in the Central American and Caribbean region, it is entitled to receive emergency funding to enable it to carry out the activities included in its plan of action. The SGOH requested these emergency funds for the purpose of purchasing 250 MVA kits, which would then be distributed nationwide by the Ministry of Health. The kits were distributed to 25 public hospitals (Table 1) in February 2012 with the objective of increasing MVA use for the treatment of incomplete abortion within the public health care system.

Once the kits acquired with the emergency funds were distributed, the Ministry of Health conducted training workshops for participating hospital personnel on pre- and postprocedure counseling in accordance with the new official guidelines. Workshops on pain management and on MVA were also offered.

A Training of Trainers (TOT) course consisting of values clarification exercises was carried out to ensure that prepared instructors were in place at each participating hospital to disseminate the information received during the course to other local healthcare personnel. This is a course originally created by Ipas to enhance awareness of participants' personal values with regard to abortion and how these values influence the way in which they deal with women in their care. As a result of this 3-day TOT course, conducted with technical support from Ipas and financial support from FIGO, 30 obstetricians and nurses from 23 hospitals were trained as trainers.

Table 1
Distribution of manual vacuum aspiration (MVA) kits.

No.	Hospital	MVA kits		
		RAMNI/AECID		FIGO/SOGH
		Delivered	Scheduled	Scheduled
1	Atlántida	5		20
2	Tela Integrado	10		10
3	Tocoa	5		5
4	Trujillo		5	5
5	Comayagua	5		10
6	Occidente	5		5
7	Cortes		5	5
8	Choluteca		5	5
9	El Paraíso	5		5
10	Gracias a Dios		5	5
11	Intibucá		5	10
12	Roatán	5		10
13	La Paz (Suazo Córdova)	5		10
14	Lempira (Juan M. Galvez)	5		10
15	Ocotepeque	5		10
16	San Francisco (Olancho)	5		5
17	Santa Bárbara	5		10
18	Valle (San Lorenzo)	5		10
19	El Progreso		5	5
20	Olanchito		5	5
21	Yoro (subirana)		5	5
22	Escuela	25		30
23	San Felipe			
24	Mario C. Rivas	10		30
25	Leonardo Martínez		5	5
	Extra kits			20
Total		105	45	250

3. Results

Some of the most important results attributable to the FIGO initiative in Honduras are discussed below.

3.1. Collaboration between SGOH and the Ministry of Health was strengthened and became more effective

One of the requirements of this initiative is the active involvement of the Ministry of Health in elaborating and carrying out the country's plan of action. In Honduras, the SGOH and representatives of the Ministry of Health worked closely together and collaborated toward successfully achieving some of the goals established in the plan of action regarding service provision, research, and continued medical education.

3.2. Highlighting the problem of unsafe abortion

The FIGO member associations taking part in this initiative have committed to including the subject of unsafe abortion and its consequences in national and regional congresses. This has increased the exposure of SGOH members to this issue, highlighting the problem and humanizing it. For the first time, at the most recent congress of the Latin American Federation of Obstetrics and Gynecology Societies (FLASOG), at least 7 sessions dealt with this subject.

3.3. Changes in MVA use

The changes in MVA use have been quite disappointing. First, only 11 of the 25 hospitals that received the kits were able to provide data on the number of women who benefited from the availability of MVA in the respective hospitals. MVA use increased slightly from 2011 to 2012 in 6 of the 11 hospitals that provided data for evaluation and decreased slightly in the remaining 5 hospitals. Overall, taking the entire set of 11 hospitals into consideration, MVA use increased from 71.1% to 77.1% between 2011 and 2012 (Table 2).

The trends were particularly unfavorable between 2012 and 2013, when MVA use increased in only 3 of the 11 hospitals and decreased in 8, dropping to below 2011 levels in 7 of these cases. Taking the entire group of 11 hospitals into consideration, the percentage of MVA use fell below 70%, i.e. below the 2011 level (Table 2).

Table 3 compares the number of procedures reported with the possible number achievable with the kits provided, considering 50 procedures per kit as optimal.

All of the hospitals in which there was an improvement, with the exception of Tela, and those in which there was no significant change, with the exception of Atlántida, reported having performed more procedures than expected with the number of kits allotted to them, and had used up all their kits by the end of 2012.

In the group in which the percentage of MVA use decreased, 3 very different situations were found in the 3 different hospitals: (1) in the San Marcos Ocotepeque Hospital, enough kits were available and MVA use was acceptable; however, use decreased consistently over the 3 evaluation periods; (2) in Progreso Hospital, use of the kits was high; however, overall MVA use was low and decreased consistently over the 3 evaluation periods; and (3) in Roatan, too many kits were provided and the percentage of MVA use was acceptable; however, there was a trend toward a more accentuated decrease in 2013. In these hospitals, the availability of trained personnel and the provision of kits should be reviewed in accordance with the number of procedures reported.