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FIGO INITIATIVE

Improving manual vacuum aspiration service delivery, introducing misoprostol for cases of incomplete abortion, and strengthening postabortion contraception in Bangladesh

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ABSTRACT

The Obstetrical and Gynaecological Society of Bangladesh was an important advocate in mobilizing government authorities to adopt new techniques for postabortion care and provide long-acting contraceptives post abortion. With the support of the International Federation of Gynecology and Obstetrics (FIGO), the Society provided commodities and training to increase the use of these techniques in 7 private and public hospitals and clinics. Data from two of these institutes for the January 2012 to June 2013 period showed a rapid decrease in the use of dilation and curettage, an increase in the use of manual vacuum aspiration (MVA) and misoprostol, and the progressive adoption of long-acting reversible contraceptives, permanent contraception, and injectable contraceptives in one of these two hospitals. The Directorates General of Health and Family Planning incorporated training in the use of MVA and misoprostol in their national operation plans. The success in these hospitals shows that the proposed changes have been well accepted by providers and clients.
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1. Introduction

In Bangladesh, maternal mortality resulting from abortion complications has fallen significantly from 13% of all maternal mortality in 2001 to less than 1% in 2010 [1,2]. However, the number of abortions still remains considerably high, ranging from 523 803 to 769 269, with an estimated 280 000 women having been treated for complications of either spontaneous or induced abortion in 2010 [3,4]. This imposes a preventable burden on the health system [3]. Overall, 61% of married Bangladeshi women aged 15–49 years are currently using a contraceptive method and the total fertility rate is 2.3 children per woman; however, 15% of births are mistimed and 13% are unwanted [5].

In 2008, the International Federation of Gynecology and Obstetrics (FIGO) launched the FIGO Initiative for the Prevention of Unsafe Abortion and its Consequences, the goal of which was to reduce the morbidity and mortality resulting from unsafe abortions and to reduce the burden of unsafe abortion on women and the public health system [6–8].

Bangladesh is one of the countries in South-Southeast Asia participating in the initiative. Over the years, its plans of action have included advocacy with policymakers; raising awareness among health professionals; counseling adolescents on sexual and reproductive health; developing/updating manuals and guidelines; producing information, education, and communication (IEC) materials on postabortion care, manual vacuum aspiration (MVA), and medical menstrual regulation; training healthcare providers in the MVA technique, in the use of misoprostol for the treatment of incomplete abortion, and in postabortion contraception; providing MVA kits and misoprostol; and encouraging the use of these techniques in selected hospitals. Bangladesh's current plan of action involves the following two objectives:

(1) To provide postabortion care with MVA or misoprostol to at least 80% of women admitted with or consulting for incomplete abortion in 7 selected hospitals and clinics supported by the Obstetrical and Gynaecological Society of Bangladesh (OGSB) by December 2013, with the expectation of reaching close to 100% by December 2014;
(2) To provide postabortion contraceptives to at least 60% of women seeking care for incomplete abortion or menstrual regulation/menstrual regulation with medication (MR/MRM) in 7 selected OGSB-supported hospitals and clinics, and to ensure that at

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least 50% of these women receive a long-acting reversible contraceptive (LARC) method.

According to the perceptions of health professionals participating in a 2010 survey, the great majority of healthcare facilities capable of providing postabortion care actually do provide these services, with only 16% of facilities failing to provide them [3,4]. However, although postabortion care guidelines recommend that family planning services be provided to all patients, the findings revealed large gaps in the extent to which providers complied with this recommendation. Only 34% of facilities offered contraceptive methods to postabortion care patients, and fewer than half of these women actually received a method [3]. The above-mentioned objectives were designed to improve this situation, beginning with a group of hospitals in which the OGSB is able to influence the provision of care.

The present paper provides a background of MVA and misoprostol use for the treatment of incomplete abortion in Bangladesh, highlighting the work performed under the FIGO initiative, and evaluates the progress achieved in replacing uterine curettage with MVA or misoprostol, and in promoting the acceptance of postabortion LARC methods.

2. MVA for the treatment of incomplete abortion

MVA is a safe, effective technique for uterine evacuation. Both the World Health Organization (WHO) and FIGO recommend MVA as the method of choice for uterine evacuation in cases of incomplete abortion and induced abortion in early pregnancy [9,10].

Box 1 provides a summary of the use of MVA in Bangladesh. Officially introduced in 1979 to provide services of menstrual regulation (MR), the MVA/MR syringes were often used for uterine evacuation in cases of incomplete and missed abortions. In 2002, the Directorate General of Family Planning introduced the concept of postabortion care services and the use of the double-valve MVA syringe for uterine evacuation (as long as uterine volume was less than that of a 12-week pregnancy) in cases of incomplete and missed abortion. Doctors at selected maternal and child welfare clinics, which functioned under the Directorate General of Family Planning, and NGO clinics (the Rising Sun Franchise) were initially trained to provide postabortion care services using MVA instead of dilation and curettage (D&C). These facilities, however, mainly provided prenatal,delivery and post natal care; and family planning services, with only very limited postabortion care services. Comprehensive postabortion care services were provided in upazila (subdistrict) health complexes, district hospitals, and in university teaching hospitals where, paradoxically, D&C was the technique used, since MVA equipments was not available and doctors were not trained in the use of that procedure. This situation was improved, and a training curriculum, guidelines, and technical standards for postabortion care, including a manual in the Bengali language, were developed in 2002 and updated in 2010.

In 2007, to popularize the use of MVA for postabortion care services, the OGSB issued the following statement: “In line with the recommendation of FIGO, the WHO and other professional bodies, the Obstetrical and Gynecological Society of Bangladesh (OGSB) acknowledges the use of MVA/MVA plus as a safer alternative to dilatation and curettage for postabortion care” [11].

A number of clinical meetings/seminars were conducted by the OGSB to familiarize obstetricians and gynecologists with MVA as a method of uterine evacuation. However, only relatively few clinicians performed this procedure. The following barriers to its adoption were identified:

(1) Lack of training

The health service providers working in facilities where women with abortions were admitted for treatment received inadequate in-service training on comprehensive postabortion care services or in the use of MVA (particularly the double-valve syringes). These facilities, which functioned under the Directorate General of Health Services (DGHS), included university teaching hospitals/ medical college hospitals, district hospitals, and Upazila health complexes.

(2) Lack of equipment

The MR (single-valve Karman’s syringe) and Ipas MVA plus aspirators [12] were not supplied to university teaching hospitals, district hospitals, or medical institutes. They were procured by the Directorate General of Family Planning but not by the Directorate General of Health Services.

After the introduction of the FIGO initiative, a joint plan of action was developed by the OGSB, the government of Bangladesh (the Directorates General of Health Services and of Family Planning), and national and international organizations. Under this plan, the OGSB developed a policy guide for the policymakers on different strategies for reducing the incidence and consequences of unsafe abortion, with an emphasis on training healthcare professionals in MVA for uterine evacuation, organizing the provision of services, obtaining MVA instruments, and supervising and monitoring these services. Later, during the development of the 5-year plan under the national “Health, Nutrition and Population Sector Planning” and its operation plan, the OGSB interacted with policymakers and successfully introduced postabortion care (including the procurement of the necessary equipment and the training of healthcare professionals) as a component of maternal healthcare in 2010. Later, in 2011, the Directorate General of Health Services issued a letter allowing the OGSB to train professionals in the use of MVA and misoprostol for postabortion care in selected health facilities.

Box 1
Increasing the use of manual vacuum aspiration (MVA) for cases of incomplete abortion in Bangladesh.

Year	Event
1979	MVA technique officially introduced for menstrual regulation services
2002	The DGFP introduced postabortion care services including double-valve MVA for use in cases of incomplete abortion in selected MCWCs and NGO facilities[a]
2007	The OGSB disseminated the FIGO statement on the use of MVA for cases of incomplete abortion
2008	OGSB joined the FIGO Initiative for the Prevention of Unsafe Abortion, and involved government organizations (the Directorates of Health Services and Family Planning), and several NGOs
2009	A policy brief was developed on the prevention of unsafe abortion and advocacy was conducted with the policymakers
2010	MVA was approved for postabortion care by the DGHS
2011	FIGO funding for the procurement of Ipas MVA plus aspirator and cannulas
2012 – 13	Training on the use of MVA for postabortion care was given to service providers and equipment was procured
2012 – 13	Services were provided to postabortion care clients (MVA for uterine evacuation, misoprostol in postabortion care, and postabortion family planning counseling and services)

Abbreviations: DGFP, Directorate General of Family Planning; MCWC, Mother and Child Welfare Centers; OGSB, Obstetrical and Gynaecological Society of Bangladesh; DGHS, Directorate General of Health Services.
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