First Country Experience on Misoprostol for Post Abortion Care (PAC) in Libreville, Gabon

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This presentation will focus on Gabon’s first experience introducing misoprostol as first line treatment for incomplete abortion. From April 2013 to October 2013, an open-label prospective study was conducted in a tertiary level health facility in Libreville, Gabon which aimed to document the introduction of misoprostol for the treatment of incomplete abortion. Eligible women diagnosed with incomplete abortion, either spontaneous or induced, with uterine size less than 12 weeks LMP received 400-μg sublingual misoprostol as first-line treatment. Women returned for follow-up and evaluation of abortion status one week after initial treatment. Any woman who had not had a complete expulsion was offered an extended follow-up visit in one week or an immediate surgical evacuation. Women with complete abortions underwent an exit interview. Success was defined as a complete abortion without recourse to surgical intervention at any time. Finding suggest that incomplete abortion can be successfully managed and treated with 400 mcg sublingual misoprostol in facilities that do not offer surgical services or whose services are overburdened. Success rates over 90% are consistent with findings from previous studies. Expanding the use of misoprostol has the potential to increase access to PAC services, particularly where access to safe surgical procedures and trained staff is limited. This information is particularly useful for Gabon in developing strategies to reduce the burden of care in overcrowded health facilities.