INTRODUCTION OF A STANDARDIZED SECOND TRIMESTER MEDICAL ABORTION TRAINING AND SERVICE PROVISION IN ETHIOPIA, OCTOBER 2010- MAY 2013

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Methods: The intervention consisted of national and hospital-based assessments, whole site values clarification workshops, team based clinical training, and post training follow-up and support. The training curriculum included didactic and hands-on components based on an abortion regimen of mifepristone 200mg po followed 36-48h later by misoprostol 400 or 800mcg vaginally, followed by 400mcg vaginally, sublingually, or buccally every 3h. On site follow-up visits were performed 8 weeks later. An adverse event monitoring system was also established as an opportunity for no-blame-based learning and service delivery improvement. Additional need-based minor site upgrades, equipment and supplies were also provided to some sites to strengthen services capabilities.

Results: Pre-training site assessments demonstrated approximately 189 cases of second trimester abortions over a 6-month period; 64% were for incomplete abortion from unsafe second trimester practices. Between October 2010 to May 2013, we conducted six rounds of clinical training which included 79 health professionals [37 physician providers (obstetrician, and general practitioners trained on emergency obstetrics care) and 42 nurse/ midwives assistants] from 17 hospitals. All 17 intervention sites are currently providing second trimester medication abortion using the standardized regimen. A total of 4200 women accessed services from October 2010 to December 2012. There was six severe adverse events were reported over this time period (four cases of uterine rupture, one death from pulmonary embolus and one severe hemorrhage requiring transfusion). Providers reported high satisfaction with the regimen.

Conclusions: Introduction of a standardized, effective second trimester medical abortion regimen is feasible and enables rapid uptake with increased access to safe services and a decline in incomplete abortion from unsafe abortion at participating sites.