The Experience of Postabortion Care Introduction and Expansion in Egypt

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Abortion Access in Egypt

- Abortion only permitted to save a woman’s health and life.
- Unsafe abortion major cause of maternal deaths and complications.
- Clandestine abortions widespread in a range of settings/conditions.
- Access to legal/safe abortion depends on women’s financial means and provider willingness.
- Post-abortion care essential to reducing complications and mortality
Postabortion Care in Egypt

• 1998 Study of Egyptian Hospitals and subsequent research by Population Council, EFCS, and others showed:
  ❖ 1 in 5 emergency cases in hospitals for PAC
  ❖ D&C under general anesthesia most widely used
  ❖ Providers not eager to deal with PAC patients (so long wait times, poor attitudes towards women)
  ❖ Limited FP and RH counseling
  ❖ Need for access outside large tertiary hospitals

Postabortion Care Introduction and MVA Pilot

- Postabortion Care Program introduced after this study
- MVA introduced under pilot project in select hospitals and later expanded to major hospital centers.
- Potential of MVA as an outpatient technology under local anesthesia limited due to:
  - Political resistance/concerns
  - Limited supplies and infection prevention issues
  - Provider preference for D&C and general anesthesia
  - Provider competence (limited training of providers outside of tertiary hospitals)
Why Misoprostol for PAC?

- Misoprostol is widely available and inexpensive ($0.18/per pill for local product)
- Misoprostol is widely used in Obstetrics and Gynecology in Egypt
- On WHO Essential Drugs List for treatment of incomplete abortion
- Provides an important non-invasive alternative to surgery
- Misoprostol could increase access to services where surgical methods not available and where increase choice where they are.
Introductory Research with Gynuity of Misoprostol in 2 Hospitals

- From Feb 2007 to Aug 2008: 697 women enrolled at 2 large Egyptian hospitals offering Postabortion Care:
  1. El Galaa Teaching Hospital, Cairo
  2. Shatby Maternity Hospital, Alexandria
- Standard of Care in the Two Sites:
  - El Galaa: MVA under local or no anesthesia with hospitalization
  - Shatby: MVA under general or no anesthesia with hospitalization
  - Long wait times for treatment
  - Family Planning and PAC counseling Provided
Research Questions

• Is misoprostol 400 mcg sublingual similar in safety & efficacy to surgery for incomplete abortion?

• Is there a clinically significant difference (> 2g/dL) in blood loss with misoprostol or surgery?

• Are side effects tolerable & acceptable?

• Does sublingual misoprostol offer advantages over standard surgery for treatment of incomplete abortion?
Study Protocol

- Hb measured and woman randomized to either:
  - **Surgical treatment (MVA):** (anesthesia per site norms)
  - **400 mcg sublingual misoprostol held under tongue for 30 minutes:** (paracetamol given for use as needed)

- Follow-up: After one week for all women to assess abortion status, Change in Hb, Side effects, and acceptability.
**Efficacy %**

Definition of success: Complete evacuation of the uterus without need for surgical intervention

<table>
<thead>
<tr>
<th></th>
<th>Misoprostol n=348</th>
<th>MVA n=347</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Success^</td>
<td>98.3</td>
<td>99.7</td>
<td>0.12</td>
</tr>
<tr>
<td>Failures</td>
<td>1.7</td>
<td>0.3</td>
<td></td>
</tr>
</tbody>
</table>

^Excludes 1 woman lost to follow-up in each group
Bleeding

*p<0.05
Mean Duration of Bleeding

Mean Days

- Heavy Bleeding
  - Miso: 1.13
  - MVA: 1.4
- Mild Bleeding
  - Miso: 2.26
  - MVA: 1.52
- Light Bleeding
  - Miso: 3.23
  - MVA: 2.73

*p<0.05
# Change in Hemoglobin

<table>
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<tr>
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<th>MVA</th>
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<tbody>
<tr>
<td><strong>Mean Pre-Treatment g/dL (range)</strong></td>
<td>10.9 (7.8-14.0)</td>
<td>10.8 (7.0-14.3)</td>
</tr>
<tr>
<td><strong>Mean Post-Treatment g/dL (range)</strong></td>
<td>10.4 (7.8-13.4)</td>
<td>10.4 (6.7-14.0)</td>
</tr>
<tr>
<td><strong>Mean Δ Hb g/dL ± SD * (Range)</strong></td>
<td>0.5 ± 0.36 (0-2.3)</td>
<td>0.4 ± 0.34 (0-3.0)</td>
</tr>
<tr>
<td><strong>% Change &gt; 2 g/dL</strong></td>
<td>0.3%</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

* p<.01
Ultrasound Use in Diagnosis and Follow-up %

* $p < 0.05$
Side Effects (% ever)

- Nausea*
- Vomiting
- Pain/Cramps*
- Fever*
- Chills*

*p<0.05
Mean Duration of Side Effects

Mean Days

- Pain/cramps
- Nausea
- Fever
- Chills*
- Vomiting

*Miso

MVA

*p<0.05
Acceptability of Side Effects (%)

*\(p < 0.05\)
Acceptability / Satisfaction (%)

![Bar chart showing comparison between Miso and MVA for Satisfied/Very satisfied, Recommend to friend*, and Use again in future*.](chart.png)

* $p < 0.05$
Research Impact

• Misoprostol now standard first line treatment in some hospitals except when emergency intervention is required.
• MOH has requested that hospitals adapt their norms per study findings and EML
• Misoprostol being integrated into Norms for PAC
• Resources previously used for surgery/anesthesia can be diverted to more critical needs
• Cost savings to system and women
• Provider and women’s acceptability high with experience
Challenges

• Disseminating new knowledge to all Safe Motherhood partners in Egypt for consensus
• Supplies/training for MVA, misoprostol and FP methods at all levels
• Reluctance to allow lower level providers to offer PAC treatment
• Policy maker concerns about potential “misuse” of misoprostol at community level
• Provider training needs and in service curriculum
Next Phase: Programmatic Research

- Integrate misoprostol as first line treatment into PAC services on a district level (primary thru tertiary) with referral of surgical cases to hospitals
- Explore alternatives to routine follow-up for women
- Technical support to MOH and Safe Motherhood Groups on this Technology and Potential Impact on creating access
Conclusion

• Misoprostol is a safe, effective and acceptable PAC method.
• Can play an important role in reducing burden on higher level facilities and improving access/quality of PAC in Egypt.
• Treatment for PAC needs to be more widely available: ideally both misoprostol and MVA
• Future programmatic research and scale up needs to take treatment technologies into account while promoting FP and other RH needs.
THANK YOU!