Medical Abortion Self-Care: Tele-Abortion

Background

Abortion was made legal in Nepal on September 2002. Since March 2004, the Government of Nepal (GoN) has been providing comprehensive abortion care services. Safe Abortion Service (SAS) up to 12 weeks with women's consent has been listed in the basic health service package, 2075.[4] On 21st May 2020, the GoN endorsed Interim guidelines for Reproductive, Maternal, Newborn, and Child Health (RMNCH) Services during the COVID-19 Pandemic.[5] which includes guidance on SAS such as:

- Induced safe abortion and PAC services including post-abortion contraception will be provided as per the National protocol and strict Inter Personal Communication (IPC) and Personal Protective Equipment (PPE) guidelines.
- Female Community Health Volunteers (FCHVs) will be mobilized to provide information and referral services for SAS including MA.
- Trained health service providers from NGOs and the private sector can be mobilized to provide home-based MA services.

A cohort study conducted in England to analyze the effectiveness, safety and acceptability of no-test medical abortion provided via telemedicine and in-person service showed a success rate of MA provided through telemedicine was higher than in-person service (99.2% versus 98.1%).[6] The mean waiting period and mean gestational age at treatment were also lessened when the MA service was provided through telemedicine. The study also conveyed high (96% satisfied) acceptability of telemedicine and high (80%) future preference by the service receivers. [6]

Rationale

1. The marginalized and vulnerable population have less access to safe abortion services.
2. Beneficiaries are procuring MA drugs from the pharmacy and medical shops.
3. Country is prepared not only for pandemic like COVID-19 but for natural disaster which Nepal is prone to (landslides, floods, earthquake).
4. To be prepared in achieving universal health coverage as there is estimate of global shortage of health workers by 2030 (WHO).

Key Interventions

After RMNCH interim guideline was endorsed by GoN, Ipas Nepal took lead to implement the tele-abortion in its intervention palika with close coordination with the local government. For the intervention, Ipas Nepal developed gestational wheel to determine gestational age, follow-up questionnaire to track any constraints for the providers and separate data format to track the services. MA self-care brochure was also developed in collaboration with National Health Information, Education and Communication Centre.

In September 2020, Ipas Nepal expanded

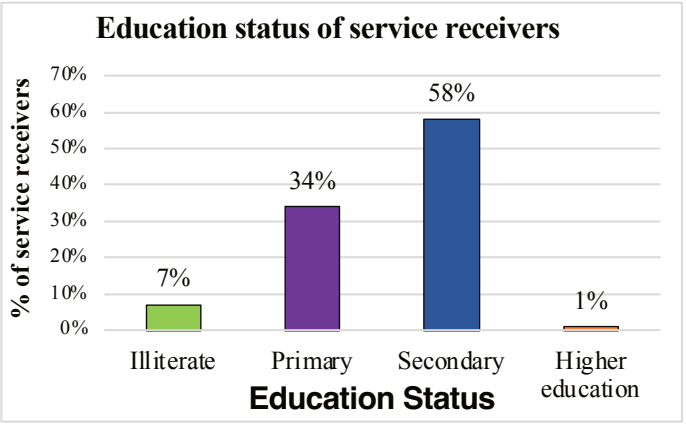
program in three Municipalities and extended its service in two added Municipalities in November 2021. Memorandum of Understanding was also signed with respective local governments. The program site for tele-abortion (MA) service were:

1. Bhirkot Municipality- Syangja
2. Arjunchaupari Rural Municipality- Syangja
3. Chulachuli Rural Municipality- Illam
4. Sitganga Municipality- Arghakhanchi
5. Budhiganga Municipality- Bajura

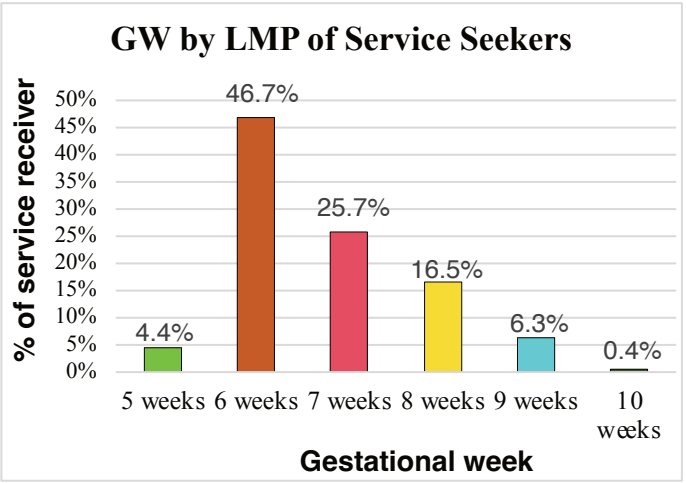
In both phase, orientation was provided to Health Coordinator, Female Community Health Volunteers (FCHVS) and service providers from the certified and non-certified health facilities. Any beneficiaries reaching out to the FCHVs or providers from non-certified health facilities are linked with the trained and certified MA providers in the municipalities who provides the counseling before the service.

Findings

In total 272 service seekers were provided with MA services through tele-abortion from 5 municipalities until December 2022. Majority (90%) of beneficiaries receiving the service were of age above 20 years.

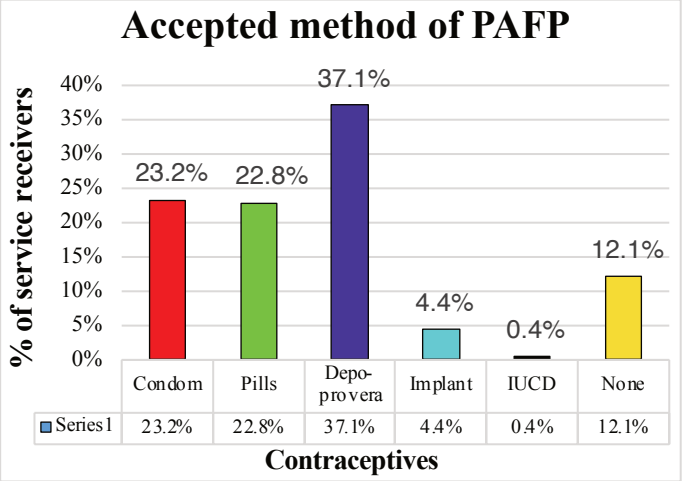


Higher proportion (58%) of women with secondary level education reached for tele-abortion service .

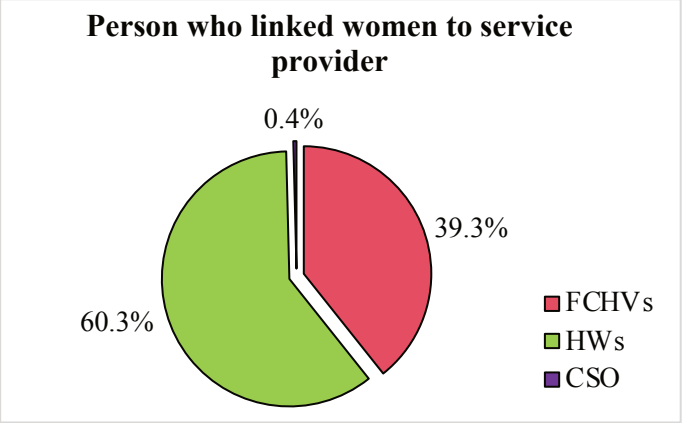


Almost half (45.7%) of the service seeker received MA service through tele-abortion in their sixth week of gestation.

Around four-fifth of the women received post-abortion contraception where Depo-Provera were the preferred method. There were 12.1% women who did not choose any contraceptive method.



Ninety-nine percent of women receiving tele-abortion service were followed up using MA success checklist within a week of service to ensure the completion of abortion service. While follow up, 0.73% women reported complication (incomplete abortion).



More than one third of abortion service seekers were linked by FCHVs and more than half (60.3%) linked by non-certified providers which might add to the evidence that mobilization of the available human resource could be beneficial in accessing the women in basic health service.

Lessons Learned

Access to the service

Tele-abortion has made the service accessible to the women in difficult topography. Tele-abortion can be a success modality in accessing abortion service as a part of self-care in humanitarian settings as well in the remote areas where abortion service is not easily accessible or available.

Address shortage of human resources

Tele-abortion services have embraced a cost-effective solution to utilize the available human resources especially in the rural areas where there is shortage of human resources in health and during humanitarian crisis.

Tele-abortion is safe and effective

Tele-abortion is safe and effective with minimal complication even without conducting any bimanual examination. Service seekers can be counselled on self-monitoring for completion of abortion and for post abortion contraception to prevent unintended and unwanted pregnancies.

Recommendation

MA self-care through tele-abortion in Nepal should not be permitted only to pandemic situation. There is a dire need to expand MA self-care as a regular program as Nepal has one of the difficult topographies and it is prone to natural disaster which makes difficult for women to access safe abortion services. The certification of health facilities and providers need to be lifted as per the RMNCH policy which has hampered accessing abortion service including MA self-care.

References

1. Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels J, et al. Global causes of maternal death: A WHO systematic analysis. Lancet Glob Heal [Internet] 2014 [cited 2022 May 6];2(6):323.
2. DOHS/MOHP. Annual Report. FreseniusCom [Internet] 2019;78(December):2–2.
3. Bernstein ME. Nepal Demographic and Health Survey. Eugen Q 1967;14(1):54–9.
4. Basic Health Service Package-2075 _ Public Health Update. pdf.pdf.
5. MoHP Nepal. Interim Guidance for RMNCH services in COVID 19 Pandemic Family Welfare Division Department of Health Services Ministry of Health and Population. 2020;
6. Aiken ARA, Lohr PA, Lord J, Ghosh N, Starling J. Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: a national cohort study. BJOG An Int J Obstet Gynaecol 2021;128(9):1464–74.
7. World Health Organization [WHO]. WHO Guideline on self-care interventions for health and well-being. 2021.

Photos

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