

Setting up second-trimester abortion care: service delivery and training issues

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Asking the Questions

- How to successfully provide high-quality second-trimester abortion care?
- How to set up services?
- How to train staff to make sure they can do this – and do it well?



Service Delivery Issues

- Location – within facility
- Scheduling
- Staffing
- Equipment, Medicines, & Supplies
- Viewing of fetus, disposal of fetal tissue
- (Referral)
- (Cost)



Location

- Provisions for privacy
- Space for waiting and recovery
- Beds for induction; overnight stay
- Space relative to area for labor and delivery
- Toilet facilities
- Location of ultrasound
- Location of contraceptive services



Scheduling

- Inpatient vs. outpatient provision – service issues
- Scheduling for same-day D&E
- Scheduling for same-day induction
- Accommodating ongoing inductions after daytime hours
- Scheduling relative to first-trimester abortion, contraceptive provision, counseling



Staffing

- Supportive of women having 2nd trimester abortion
- Provisions for rotation or time off
- Links with training...



Equipment, Medicines, & Supplies

- Equipment for D&E (vacuum source, appropriate forceps)
- Cervical preparation agent/mechanism
- Medicines for induction (mifepristone and/or misoprostol)
- Equipment, medicines and supplies to treat complications
- Ultrasound – the discussion continues!



Viewing of fetus, disposal

- Varies by culture, policy/regulations, and woman
- Establish facility policy
- Educate women
- As possible, offer choices



Training Issues

- Staff selection
- Values clarification
- Clinical training
- Emergency drills



Staff Selection

- Willingness
- Skills
- Staffing assignments



Clinical Training

- Prerequisites in first-trimester abortion care
- Start with earlier second-trimester cases
- Gaining skills in pre-abortion assessment of gestational age
 - Ultrasound for training
 - Compare assessment with actual
- Use of practice models



Emergency Drills

- Case study / drill approach – not unique to second-trimester abortion, but important to build and maintain skills and preparedness



Service Delivery: Nepal

- Location – 2 models
 - FP/MCH building
 - Gynae ward
- Equipment and Medicines
- Viewing of fetus, disposal of fetal tissue



Training: Nepal

- Values clarification
- Clinical training



In Conclusion

- Myriad issues, no one right way
- Assess environment and facility
- Offer choices when possible and able to maintain high quality

