

# Medical Abortion – Vietnam's Experience

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# Vietnam

- Population: 80 mill. (2004)
- Capital: Hanoi (4 mill)
- Rural population: 80%
- Life expectancy of women: 72

# Vietnam

- Women: 51%
- Public health system:
  - Central, provincial, district. Commune, village.
- Private sector:
  - Not very popular but expanding trend

# Number of abortions

Unit: 1000 cases per year

- 1986 – 672 cases
- 1988 – 805 cases
- 1990 – 1023 cases
- 1992 – 1340 cases
- 1996 – 1218 cases
- 1998 – 935 cases
- 2000 – 679 cases
- 2002 – 400 cases

# Number of abortions

- Abortion rate 2.8 times during woman's reproductive age (Tran Phuong Mai et al 2002)
- During 1992-1998 on average 1 million abortion/year (MOH)
- ~ 3/4ths of abortions were for pregnancies  $\leq 6$  weeks LMP
- Adolescent Abortion in Vietnam consist of 22-24% of total abortion (Census 94 & 95).
- Repeated abortion rate still high.
- Complication rate still high

# Current Policies on Abortion and MA

- National RH strategy 2001-2010
- National standard/guidelines on RH services (2002):
  - A chapter for Abortion
  - A Standard on MA up to 7 weeks gestation
  - Regimen: 200 mg mifepristone followed by 400 µg misoprostol taken orally 48 hours later
  - Counseling for abortion clients.
- Training manual on MA for service providers

# Abortion Techniques in Vietnam

- MVA – 86%
- D&C – 11%
- MA - 1%
- Other - 2%

# Clinical Trials on Medical Abortion

1. 1st study 1992: Comparison between two doses of mifepristone (200 mg & 600 mg )
2. 2nd study 1995-96: Acceptability of medical abortion to Vietnamese women
3. 3rd study 1997-98: The feasibility of a simplified MA regimen of 200 mg mifepristone followed by the choice of home-based or clinic-based administration of misoprostol
4. 4th study 1997-98: Comparison of various routes of administering misoprostol in the combined regimen
5. 5th study 2000-01: The possibility of providing MA services at different levels of the health system

# Vietnam' 8-site study (2001)

Preference of home miso. administration

- Home administration – 87%
- Clinic administration – 13%

# Drug availability

- Register Mifepristone and Misoprostol as products for MA
- Produce Mifepristone tablets in country – making price 3 times cheaper
- Provide free drug for MA training

1. Training combine theory with practice including the clinical technique
2. Emphasizing the role of counseling and IEC materials
3. Conducting 7 training courses for participants from the whole country

**Conclusion: Strategic steps in  
introducing MA services**