CAC CONNECT NEWSLETTER

Volume 4 Issue 3 July-September 2016

DID YOU **KNOW?**

Sublingual versus vaginal misoprostol for cervical dilatation one or three hours prior to surgical abortion:

A Double-blinded RCT

Misoprostol reduces complications and morbidity when used for cervical priming prior to surgical dilatation and vacuum aspiration in first trimester pregnancy. Despite the widespread use and extensive studies, the optimal route of administration of misoprostol before surgical abortion remains to be defined. The optimal priming interval after vaginal and sublingual administration of 400 mcg misoprostol has been reported to be three hours. A longer interval will not improve dilatation but will increase the risk for bleeding and expulsion of the uterine contents before surgical evacuation. The pharmacokinetic properties of misoprostol indicate that sublingual compared with vaginal administration of misoprostol may result in a more rapid cervical priming effect.

Vaginally administered misoprostol results in a slower uptake and fewer side effects compared with sublingual administration, but a longer lasting plasma concentration (Aronsson et al., 2007). Studies have shown sublingual administration to be equally effective to vaginal administration after two-three hour priming time (Hamoda et al., 2004; Tang et al., 2004), but sublingual treatment results in significantly more side effects compared with vaginal treatment (Aronsson et al., 2004b; Hamoda et al., 2004). When misoprostol is used for priming prior to surgical abortion, heavy bleeding and expulsion may occur in some women before surgery is performed (Fiala et al., 2007). The risk of bleeding and expulsion increases with the interval from administration of misoprostol to the procedure. Reducing the priming interval would mean fewer side effects, less risk of aborting prior to surgery, less pain and greater flexibility concerning misoprostol administration. Side effects include abdominal pain, shivering, fever and bleeding prior to surgery.

Main results and the role of chance: Multivariate analysis of the primary outcome baseline dilatation showed a significant influence on the route of administration as well as the interaction variable between the route of administration and total priming time, with the vaginal route becoming more effective with longer priming time. The total priming time had a significant influence on bleeding before surgery, with more women

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As a CAC service provider, what do you think is the most efficient route for the administration of misoprostol? Tell us via WhatsApp at +91 9013380510 or email us at helpdesk@cacconnect.in

NEWSLETTER **CONTEST N-15**

When is it?

Once a year, women's groups; CAC providers; reproductive health activists and advocates mobilize to decriminalize abortion, to provide access to safe and affordable abortion services and to end stigma and discrimination towards women who choose to have an abortion. This day is called the Global Day of Action for Access to Safe and Legal Abortion. On which DATE does this annual event take place?

Send in the answer (month and date) by:
WhatsApp/SMS: +91 9013380510 (or)
E-mail: helpdesk@cacconnect.in
(Please mention your full name and state)

WINNERS OF **CONTEST N-14**

Dr. Narendra Sharma
Rajasthan

Dr. Ajeet Kumar
Bihar

Dr. Rajendra Roy
Chhattisgarh

Answer to Contest N-14
Dr. Bidhan Chandra Roy

A big thank you to all our providers who participated in the contest!

PROVIDERS **SPEAK**

Perspectives from Madhya Pradesh

In each issue of the CAC Connect newsletter we are featuring stories and experiences of members from one particular state. For our next newsletter, we invite all our members from Bihar to write in about their experiences with CAC service provision. Entries can be emailed to us at helpdesk@cacconnect.in or given to your Ipas India representative.

I am placed at CHC Lateri in Madhya Pradesh. I was trained in CAC in 2015. Before this training I did not know much about the MVA method of MTP. But, after training, my knowledge about MVA and the MMA method of MTP and their various aspects improved. Now I am performing MTP at my CHC. Earlier I was referring cases to higher health facilities. My CHC is 85 km away from the District Hospital, as a result women were going to untrained, unqualified persons and were posing a risk to their lives. Now, I provide CAC services in the periphery itself and I feel proud after seeing smiles on their faces. I am very thankful to the Ipas India team and my trainers.

Dr. Vaibhav Modi

I work as a Medical Officer at PHC Gujri of Madhya Pradesh. It has been a great experience for me to be a trained MTP provider in a rural set-up. Being a male provider, initially it was a bit challenging for me to break the gender stereotype and initiate CAC services through MMA. For MVA, I faced difficulty in counseling female clients, explaining the procedure to them and convincing them to get services from me. But I was determined to serve women and with my consistent efforts now they come to me without any hesitation to even avail services through MVA. I feel MVA has an advantage over MMA as we are sure then and there that the evacuation is complete and the procedure does not usually require multiple follow-up visits. Now, on an average, I perform nine cases per month. As I am an IUCD provider, too, I also counsel women for postabortion IUCD insertion and help them make an informed choice. I appreciate the support extended by the Ipas India team members for their timely visit and guidance.

Dr. Ronak Singh Chandel

I serve as a Medical Officer in a very remote rural area at PHC Khimlasa of Madhya Pradesh. I was trained in CAC in March 2015. Post-training, I initiated CAC services at the PHC. Before my training, people of the surrounding villages used to go to locally available rural practitioners for availing abortion services. After my training, with the support of the Ipas India team, I oriented the ASHA workers to mobilize girls and women to avail MTP services from a trained provider. I also encouraged them to bring the incomplete abortion cases as well, as I feel they are in more immediate need of clinical attention. ASHA workers have played their role well and now girls and women have started approaching me for abortion services. So far, I have also provided abortion services to three adolescent girls who were below the age of 18 years. I knew very well that if I deny services to these young girls, they would approach the local rural practitioners, which would put their lives at risk. As I was completely confident of the proper documentation required for providing services to a minor, I went ahead and provided them these services. I got an immense sense of satisfaction when these girls and their guardians showed their gratitude. I am proud to be a male CAC-trained provider.

Dr. Pradeep Sarvariya

I am posted at CHC Garhakota in Madhya Pradesh. Before my training in CAC, we used to refer the MTP and incomplete abortion cases to the District Hospital. Although the facility had male CAC providers, due to political influence and social stigma they were not interested in providing services. After the training, I motivated the field ANMs to identify the cases and send them to the facility. Initially, when I tried to initiate CAC services at the facility, I experienced political barriers. The local MLA was not at all in favor of MTP and I got threatening calls to stop the MTP services. I wanted to serve women at the facility at any cost. I did not give up and sensitized my entire facility and field staff who assured me that they would support me. With the continuous support and assurance of the Ipas team, I was gradually able to mobilize more and more women to avail services at the facility. I am happy to serve them at their nearest facility.

Dr. Preeti Tiwari

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bleeding the longer the total priming time. For abdominal pain before surgery there was a significant influence of the administration route and the interaction variable between the administration route and the priming time with more women in the sublingual group experiencing abdominal pain the longer the priming time. The groups did not differ regarding the duration of surgery, amount of bleeding and rate of side effects, such as nausea and shivering. Women in the study preferred vaginal treatment, as they disliked the taste of the misoprostol tablets. Vaginal treatment was also perceived as quicker to administer.

Limitations, reasons for caution: The cervical tissue has viscoelastic properties, that is, tissue resistance to mechanical dilatation depends also on the rate at which dilatation is performed. The ideal measurement of dilatation force should, therefore, also record the rate and time of dilatation. To ensure comparability, only nulliparous women without prior cervical surgery were recruited. In addition, the time of dilatation was recorded and did not differ between the groups, and it is therefore assumed that dilatation took place at approximately the same rate. A limitation is that the study was conducted over a long time period because there was only one tonometer, decreasing numbers of surgical abortions and the fact that the main author was on a rotation schedule. In addition, the study was not powered to detect differences in side effects.

Source: Ingrid Sääv, Helena Kopp Kallner, Christian Fiala, Kristina Gemzell-Danielsson, Human Reproduction, 30 (6): 1314-1322. (June 2015)

Disclaimer: This article abstract is provided for information purposes only and is not meant to alter any current procedures prescribed by the Ministry of Health and Family Welfare. Please write to us at helpdesk@cacconnect.in if you would like to access the complete article.

CAC CONCLAVE 2016

The first CAC Conclave was held in New Delhi on 27 and 28 June. It is an endeavor to provide a national platform for a new generation of voices and create a wider community of advocates for comprehensive abortion care (CAC) in India. The CAC Conclave seeks to engage with an expanded group of academicians, NGOs, researchers, lawyers, service providers, and so on, and expand the discourse on the subject, which is limited to a small group of individuals and organizations. CAC Connect members were invited to present at the Conclave. We will bring you more information about the event, participation by our members, and a report on the deliberations and discussions soon! Visit www.cacconnect.in and www.ipasdevelopmentfoundation.org for updates!

National Trainers' Workshop 2016

Ipas Development Foundation organized a two-day National Trainers' Workshop from 26-27 February 2016 in Kochi, Kerala. The workshop saw the participation of 126 members, including 97 CAC master trainers, and representatives from Ipas India, Ministry of Health and Family Welfare, Government of India, and the Federation of Obstetric and Gynaecological Societies of India. Dr. Veena Dhawan, Assistant Commissioner, Maternal Health Division, participated in the workshop from MoHFW, while Dr. Shyamal Sett, Chairperson, MTP Committee, represented FOGSI at the workshop. In his address, Mr. Vinoj Manning, Executive Director, Ipas Development Foundation, highlighted the fact that it is with the support of key partners, providers, and master trainers that the CAC program has been able to reach over 10 lakh women in India.

SPOT THE DIFFERENCE **SD3**

Find seven differences between these two pictures!

Difficulty Level: **Very Easy**

MULTIMEDIA CONTEST **2016!**

DEADLINE **EXTENDED!!**

STEP TWO: **PHOTOGRAPHY**

WHAT?

The multimedia contest is a multiple-step game in which participants with the correct answer at each step are automatically eligible to move to the next phase. Participation at all steps is mandatory to be the final winner!

HOW?

- Take a picture of your facility/site and send it to us via email (helpdesk@cacconnect.in), WhatsApp (+91 9013380510) or upload it on the CAC Connect website as a blog post (www.cacconnect.in).
- Tell us why you are proud of your facility in two or three sentences.

WHEN?

Step Two of the contest is open until 15 September, 2016.
If you have not already participated in Step One, no problem! Just expand 'MTP' and send us the answer on +91 9013380510!

WAY TO **GOOD HEALTH!**

"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

WATCH OUT FOR

Fabcon—Fertility and Beyond
VENUE: Jaipur, Rajasthan
DATE: 8-10 July, 2016

FOGSI National Conference on Endometriosis
VENUE: Trichy, Tamil Nadu
DATE: 22-24 July, 2016

World Trauma Congress, 2016
VENUE: AIIMS, New Delhi
DATE: 8 August, 2016

WE WANT TO HEAR FROM YOU

Questions? Comments? Suggestions? Share with Us!

We want to hear from you. This is your newsletter and we want to feature your thoughts and experiences on CAC and related reproductive health issues.

CONTACT **US**

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