

## What's New

### Government of India: Reaching marginalized women with safe abortion a priority



Keshav Desiraju, Secretary of the Ministry of Health and Family Welfare. Photo: Ipas

At a September 12-13 meeting in New Delhi -- Beyond 40 years of legal abortion in India: Committing to women's health and rights -- officials of the Ministry of Health & Family Welfare decried unacceptably high levels of unsafe abortion and related deaths and injuries of women and girls in India. Keshav Desiraju, Secretary, Ministry of Health and Family Welfare, affirmed the importance of ensuring that all women can make their

own reproductive decisions and "that every woman has the right to access safe abortion services as a natural right."

More than 100 representatives of the state government, civil-society organizations, nursing and medical professionals, researchers and young people attended the meeting and pledged prompt action to strengthen services. A call to action issued at the close of the meeting recommended using public education campaigns to inform women and communities about the legality of abortion and where to obtain safe services.

Immediate training of nurses to offer post-abortion care, improved monitoring and reporting of abortion services; and strengthened procurement and logistics systems for abortion-related equipment and drugs and a full range of contraceptive methods, to help prevent unintended pregnancy are also needed to improve the accessibility, affordability and quality of abortion care. The call to action also specifies the need to update national CAC guidelines and drug approvals to conform to World Health Organization recommendations for safe abortion care and to amend the MTP Act to expand the base of abortion providers.

## Acting for Access to Safe and Legal Abortion – The CAC Connect September Contest

The Day of Action for Access to Safe and Legal Abortion originated in Latin America where, on September 28, activists have been mobilizing for the last two decades in support of decriminalizing abortion, providing access to safe and affordable abortion services and ending stigma and discrimination against women who choose to have an abortion.

To commemorate the day, we launched a sentence completion contest on the CAC Connect website. Participants had to simply complete the sentence, "Access to safe and legal abortion is important because..." The two best entries are featured below. Please visit the Blog page on the CAC Connect website – [www.cacconnect.in](http://www.cacconnect.in) - to view all the creative and thought-provoking entries.

### Winning Entries

"Access to safe and legal abortion is important because it makes a woman physically, mentally, emotionally and financially safer by exercising her own choice." - Dr V.S. Gautam, Uttarakhand

"Access to safe and legal abortion is important because no woman should be deprived of her reproductive rights" – Dr Mane Shivraj Uttam, Maharashtra

**Your prize will reach you soon!**

## CAC Connect Contest N-04

Q. In India, the use of Mifepristone was approved by the Drug Controller General of India in April 2002 and is available in the market as Mifegest, Mifepirin, MTPill, Mifyron etc. It is also commonly called RU-486. What does 'RU' stand for?

**3** lucky correct entries win an exclusive

**prize!**

Send in your entries:

SMS: +91 9013380510

E-mail: [helpdesk@cacconnect.in](mailto:helpdesk@cacconnect.in)

(Please mention your full name and state)

Contest closes 31<sup>st</sup> December, 2013.

### Winners of N-03:



Dr. Balwande Shrikant

Maharashtra



Dr. Pradeep Kumar Agrawal  
Bihar



Dr. Rashmi Lakra  
Jharkhand

Q. The parts of an MVA equipment that enter the uterus should not touch objects or surfaces that are not sterile, including vaginal walls, before being inserted.

This is known as ..... technique.

Correct answer: No touch technique

## Providers Speak

### My First Time Performing an MTP

CAC Connect introduces theme-based Provider Speak stories in this issue. We thank you for your overwhelming response and we will continue to feature more submissions in the coming issues.



Dr. Rajesh Rajawat  
CHC Kelwara  
Rajasthan

I was in fact not happy when I found myself nominated for the training of MVA procedure under CAC program. But once the training started I found the course very helpful and interesting. Our course facilitator, Dr. Beena, was a wonderful teacher and explained things very well. After successfully completing the training I was relaxed as we already have a gynecologist in our institute. I was under the impression that I would hardly get an opportunity to perform MVA. But I was wrong. I encountered a patient who had conceived due to contraceptive failure. She was between 8 to 10 weeks pregnant and very worried. I assured her that I could help her. I was ready to perform the procedure with the help of my nursing staff who had also taken the same training with me. After initial clinical assessment and counseling, we began the procedure. I had initial difficulty with priming and dilatation of cervix, but with the help of my senior colleagues I was able to continue smoothly with the procedure. I took a big sigh of relief after completing the process. I'm very thankful to my colleagues Dr. Mathresh and Dr. Anju, for providing me with useful tips. I'm also thankful to Yamuna Shankar who stood along with me and provided mental support to me at the moment. Over all of the above I'm thankful to Dr. Beena without whose efforts I couldn't even think of performing MVA. And above all, I'm thankful to God who provided his blessings to me and gave me courage to perform MVA successfully. Since then, I'm providing MTP services on regular basis and my patients are fully satisfied. Thanks to the Ipas team.

It was a Sunday morning, I was on my emergency duty. A couple was introduced to me by a very active Sahiyya at the CHC. Both husband and wife were police constables. They had been married for six months and she was eight weeks into her first pregnancy. They were seeking medical termination of pregnancy. I explained to them the pros and cons of evacuation of a first pregnancy. They were quite certain they wanted to do it and told me that if I couldn't they would look for other options. Afraid that they would go to wrong hands, I opted for MVA. I took their consent on the requisite form as per the legal requirements. They signed happily and confidently but I was nervous for several reasons: it was my first procedure after training, it was the woman's first pregnancy, I was worried about introducing infection from outside. Praying to God for courage and with the utmost care and precaution of aseptic and antiseptic measures, I completed the procedure successfully. I sent them home with OCP and advised them to visit after one week or in case of any emergency. Seven months after the procedure, the Sahiyya told me the patient was pregnant again. Since I had been so worried about infection, anyone who has experienced similar feelings will understand my relief at the news. I was the most relieved, satisfied and confident person on that very special day. Thanks to my much efficient team of trainers comprising of Dr. Manju Prasad, Dr. Kiran Chandel and Mr. Amit Kumar who made me bold and confident enough to stand straight in such a situation.



Dr. Aclesh Topno  
CHC Bharno  
Jharkhand



**Dr. Prema Kumari**  
SDH Dumraon  
Bihar

Emergency duty के दौरान एक आशा कार्यकर्ता के साथ बगल के गाँव की एक महिला आई जो बहुत ही गंभीर स्थिति में दिख रही थी— जीर्ण—शीर्ण, कमजोर एवं पीड़ा से व्याकुल। महिला के बारे में आशा कार्यकर्ता ने बताया कि इसे 15—20 दिनों से रक्तस्राव हो रहा है साथ ही बुखार से भी ग्रस्त है। स्थिति पूरी तरह समझने के बाद मैंने महिला को अपनी बात बताने को कहा। उसने कहा कि वह छठी बार गर्भवती हुई थी और शारीरिक रूप से इस गर्भ को रखने की स्थिति में नहीं थी। साथ ही उनकी आर्थिक स्थिति भी कमजोर थी, उसका पति शहर में मजदूरी का काम करके किसी तरह गृहस्थी चलाता था। यह सोचते हुए महिला ने चुपके से किसी झोला—छाप चिकित्सक के यहाँ जा कर गर्भपात करा लिया था, परन्तु अब उसकी स्थिति खराब थी। मैंने तुरंत OT की sister की मदद से normal saline चढ़ाना शुरू किया और साथ में 5ml hemfer injection और antibiotics दिया। इस दौरान Hb 3.4 gm/dl था। हालत स्थिर होने के पश्चात् uterine evacuation किया। दो दिन तक antibiotics चलाते रहे और जरूरी antibiotics देकर 15 दिन बाद पुनः बुलाया। आवश्यक गर्भनिरोधक उपलब्ध कराया गया। 15 दिन बाद जब उसका पति आया तो महिला उसे लेकर आई। उनके चहरे पर कृतज्ञता का भाव था। मैं इसके लिए Ipas परिवार की आभारी हूँ, जिनके सतत प्रयास एवं सहयोग तथा master trainers द्वारा सिखाई गई MVA तकनीक ने CAC training से लौटने के तुरंत बाद इस case को करने हेतु प्रेरित किया।

I have been working at Khadakwasla PHC since Jan 2011. Under the guidance of Dr. Oza of FPAI, I learned new techniques such as MMA and MVA. I grew confident in my skills with the MVA and successfully performed five cases independently under the supervision of the master trainer during the training period. I am very thankful to Ipas and the Government of Maharashtra for giving me the opportunity to undergo this training. After joining the PHC, although I was fully confident about performing MTPs, I faced the following difficulties at my center: lack of knowledge and motivation of subordinates for providing MTP services; unawareness among the people about MTP services available at PHC; inadequate infrastructure; difficulties in processing of instruments and biomedical waste among staff; need of basic drugs for MTP; and record keeping. I made plans to overcome these challenges. I first oriented my staff and ASHA workers on safe methods of abortion. To increase awareness among people, we displayed posters in the PHC explaining that it is a safe and recognized center for MTP. In addition, I personally took interest in counseling patients on MTP coming to OPD. We purchased the necessary materials and medicine and explained the correct processing of instruments and importance of biomedical waste management. We also took help from Ipas regarding the proper reporting system and record keeping. With all the efforts made by us, I approached my first patient during my routine OPD. I counseled the patient about available MTP services at PHC. I also made her confident about the safety and hygiene at our center. I could see she was happy and relaxed as she realized that safe services were available at no cost. I explained to her about the MMA and MVA and gave her the choice. After obtaining consent, she was admitted for the MVA procedure. Taking all the necessary precautions, I successfully completed my first MTP case with the help of my assistant. It was a great moment for me as I performed the case independently. Since the first case in December 2011, till date I have successfully performed more than 100 cases at my center. Once again thanks to Ipas and team for their help.



**Dr. Jyoti Mahesh Koli**  
PHC Khadakwasla  
Pune

**To have your story featured here write to us at [helpdesk@cacconnect.in](mailto:helpdesk@cacconnect.in) or contact your Ipas representative**

## Did You Know?

### Post Abortion Contraception in Special Conditions

Most contraceptive methods can be used safely after an uncomplicated first trimester abortion care procedure. However, for abortion care under special conditions, either pre-existing or encountered during the procedures, the contraceptive method has to be chosen with care. Below are few such conditions and the preferred method of contraception in those situations. The table also lists the contraceptive methods to be avoided in such conditions.

Woman's Special Condition	Preferred Contraceptive Method for Use	Contraceptive Method to be avoided
Infection (confirmed or presumptive diagnosis)	Provide a short-term method: <ul style="list-style-type: none"> <li>• Condoms</li> <li>• Oral contraceptive pills</li> <li>• Injectables</li> </ul>	Delay female sterilization or IUCD insertion until infection is either ruled out or fully resolved.
Trauma to genital tract; uterine perforation; serious vaginal or cervical trauma	Provide a short-term method: <ul style="list-style-type: none"> <li>• Condoms</li> <li>• Oral contraceptive pills</li> <li>• Injectables</li> </ul>	Delay female sterilization until trauma is healed. Delay IUCD insertion until uterine perforation or other serious trauma has healed.
Hemorrhage and severe anemia	Provide a short-term method: <ul style="list-style-type: none"> <li>• Condoms</li> <li>• Oral contraceptive pills</li> <li>• Injectables</li> </ul>	Delay female sterilization and IUCD until the condition is resolved because of the risk of further blood loss.
Second-trimester abortion	<ul style="list-style-type: none"> <li>• Oral contraceptive pills</li> <li>• Injectables</li> <li>• Condoms</li> <li>• Female sterilization (only minilap)</li> </ul>	Delay use of diaphragms or cervical caps for 6 weeks.
HIV positive cases	Condoms (male or female) with or without spermicide should be used during each act of intercourse.	Use of any other contraceptive method without additionally using barrier methods should be avoided
Repeated abortions	Try to ascertain the reasons for repeated unwanted pregnancy: failure of a method / wrong use of a method / short supply. Help her choose the method appropriately after analysis.	
Adolescents	Provide a short-term method: <ul style="list-style-type: none"> <li>• Condoms</li> <li>• Oral contraceptive pills</li> <li>• Injectables</li> </ul>	

#### ◦ Watch Out For ◦

AGOICON 2013: XXII Annual Conference of  
Association of Gynaecologic Oncologists of India  
Theme: In Pursuit of Excellence in Management  
Date: November 8-10, 2013  
Location: JIPMER, Pondicherry

#### ◦ हंसगुल्ले ◦

मोहन: सोहन मैंने परीक्षा की सारी तैयारी कर ली है।  
सोहन: बहुत बढ़िया, इस बार तुम जरूर अच्छे नंबर से  
पास होगे।  
मोहन: हाँ यार, pen, pencil, sharpner सब तैयार है, बस  
पढ़ाई करना बाकी है।

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.

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