



CAC

CONNECT

newsletter

Newsletter Contest N-23

Identify this veteran
Bollywood actor



Born on 26 February 1922 in Valsad, Gujarat, India. He was a popular Indian film actor and director who worked in Hindi films for four decades, mostly as a character actor. He also anchored the radio show Cadbury's Phulwari, a singing contest.

Send in your answers by 10 September 2018.
Three lucky winners will win exciting prizes.

Send in your answer by: WhatsApp/SMS:
0.9013380510 or E-mail: helpdesk@cacconnect.in
(Please mention your full name and state)

WINNERS OF CONTEST N-22



Dr. Lopamudra
Bishi
Odisha



Dr. Arushi
Chaturvedi
Uttar Pradesh



Dr. Nisha Gupta
Chhattisgarh

Solution to Contest N-22:
Carolina María Marín Martín

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

DID YOU KNOW?

REFERENCE MANUAL FOR IUCD SERVICES, MARCH 2018

Key Updates and New Inclusions

Ninety percent of the maternal mortality related to unsafe abortions can be averted by the use of contraception in the postabortion period. WHO recommends maintaining 'Healthy Spacing and Timing of Pregnancy (HSTP)' of at least 6 months after abortion for better maternal and foetal outcomes. Hence, importance is laid on mainstreaming of postabortion contraception in the manual. However, it comprehensively includes information on interval IUCD, PPIUCD and PAIUCD.

Important information added/updated in the manual

- **Timing of insertion** of IUCD has been divided into **Interval period** and **Post pregnancy period** (includes postpartum and postabortion period).
- Postabortion IUCD (PAIUCD) acts as 'Long Acting Reversible Contraception' after abortion. It can be inserted immediately or within 12 days of 1st and 2nd trimester surgical abortion or after MMA around Day 15/follow-up visit.
- Follow-up timing is made uniform for Interval/PPIUCD/PAIUCD. The 1st follow-up visit is mandatory, and should be done at 6 weeks or after next menstrual periods, whichever is earlier.
- Documentation is done in 'Insertion Register for IUCD Services', which has a new column on PAIUCD and follow-up cases are recorded in 'Register for Follow-up Services'.
- **Site and provider eligibility for PAIUCD insertion**
 - PAIUCD can be inserted at PHC and above level facilities.
 - PAIUCD after 1st trimester abortions can be inserted by Doctors (MBBS/above) and SN/LHV/ANM.

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CONTACT US

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For more information about IDF visit our website <https://www.ipasdevelopmentfoundation.org>

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- PAIUCD after 2nd trimester abortions or MMA can be inserted by doctors (MBBS/above) only.

- **Medical Eligibility Criteria (MEC)**

Key highlights on MEC for postabortion IUCD and steps of client assessment for PAIUCD are:

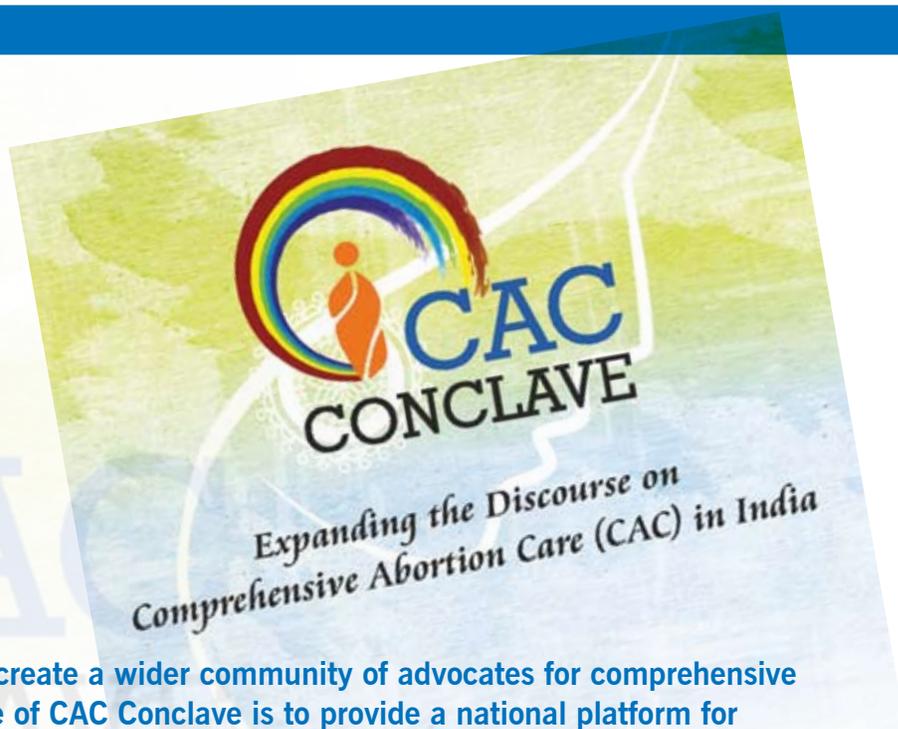
- Client assessment is done before procedure to assess for routine IUCD eligibility and contraindications and after the procedure to rule out complications.
- Age above 18 years is category 1 and age below 18 years is category 2.
- Previous pelvic surgery is category 2.

Important information on PAIUCD insertion after other types of abortions (other than induced abortions)

If the woman comes with spontaneous (complete/incomplete) abortion or incomplete abortion following consumption of medicines for abortion requiring a surgical evacuation, IUCD can be inserted concurrently with the procedure, after completing the procedure and ensuring complete evacuation and that there is no evidence of infection/injury.

WHAT'S NEW?

CAC Conclave 2018



CAC Conclave is IDF's endeavor to create a wider community of advocates for comprehensive abortion care in India. The objective of CAC Conclave is to provide a national platform for diverse voices for sharing their experiences and building a cohesive network of concerned advocates. Through CAC Conclave, we engage with an expanded group of academicians, NGOs, researchers, lawyers, service providers, youth etc., and expand the discourse on the subject.

IDF will organize the third CAC Conclave – Expanding the Discourse on Comprehensive Abortion Care (CAC) in India on 3–4 July 2018 in New Delhi. The two-day Conclave is part of a series of events held in 2016 and 2017. The details of the event are in the process of planning and will be updated to the members.

Follow the below link to keep an eye on the CAC Conclave 2018 updates:

<https://www.ipasdevelopmentfoundation.org/cac-conclave.html>

DO YOU KNOW!

Preferred Technologies for 1st Trimester Abortions in Adolescents

WHO estimates that 3 million girls aged 15 to 19 undergo unsafe abortions annually (WHO, 2014).

Adolescents are at increased risk of complications of unsafe abortion due to delays in seeking and receiving care, seeking care from unskilled providers and not accessing services when complications arise (Olukoya, Kaya, Ferguson, & AbouZahr, 2001). Decreasing barriers to abortion services will particularly benefit adolescents.

Vacuum aspiration

A 2014 systematic review (Renner, de Guzman, & Brahmi, 2014) documenting abortion care for adolescent and young women concluded that abortion with vacuum aspiration is safe and effective. Rates of incomplete and failed abortion

were less than 1%. To reduce this risk of complications, cervical preparation may be considered for young women prior to vacuum aspiration (Allen & Goldberg, 2016; WHO, 2014b).

Medical methods of abortion

Clinical trials and cohort studies have shown young women have similar (Haimov-Kochman et al., 2007; Heikinheimo, Leminen, & Suhonen, 2007) or increased (Niinimäki et al., 2011; Shannon et al., 2006) success rates when using mifepristone and misoprostol for medical abortion compared to older women.

Subsequent perinatal outcomes

An American study (van Veen, Haeri, & Baker, 2015) and a Hong Kong study (Lao & Ho, 1998) found no difference in adverse perinatal outcomes in pregnancies in adolescent and young women who have had a previous abortion. However, a German study (Reime, Schucking, & Wenzlaff, 2008) found an increased risk of very low birthweight infants among adolescents who had a previous abortion.

Recommendation

- Vacuum aspiration and medical methods of abortion are safe and effective for adolescents.
- Cervical preparation may be considered for adolescents prior to vacuum aspiration.

PROVIDERS SPEAK

CAC training inculcated counselling skills and usage of MVA

My first posting was at Junagarh, which was the capital of the former state of Kalahandi. CHC Junagarh caters majorly to the tribal population. The poor acceptance of the contraceptive methods in this area is a big concern. Less acceptance for contraception leads to repeated pregnancies. I got the opportunity for CAC training, which I accepted most eagerly. After training, I was glad to see the MVA KIT that was provided by Ipas Development Foundation during the training.

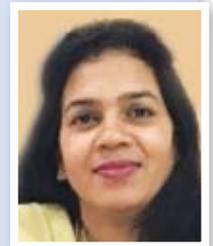
The CAC training taught me to use the safest abortion method that is 'MVA' and also helped me improve my 'counselling skills' to interact with my clients and break their inhibitions for spacing methods. I feel a lot more professionally satisfied when I see clients (tribal women) returning satisfied from my facility after complete care. This wouldn't have been possible without CAC training.



Dr. Tapan Kumar Tripathy
CHC Junagarh, Odisha

Sharing my experience of being a CAC service provider

Although I am a child specialist, I work as a lady doctor. Being a lady doctor at a block level facility, I have to do ANC, delivery, PNC along with paediatrician work. One day a colleague said that he is not interested in doing CAC training. I thought why shouldn't I take this opportunity as during OPD many cases come for safe abortion services but due to unavailability of skills and instruments, I used to refer them to higher level facilities. For a woman it becomes difficult to travel 80 km for availing safe abortion services, especially in rural settings. I applied for CAC training at the District Hospital Durg CAC Training Centre. I successfully completed the training and performed my first abortion case using MVA at my facility. I also counselled the woman on postabortion contraception, she agreed and accepted PAIUCD. Till date I have performed more than 300 cases by MVA. I thank my trainers for giving me this skill to serve needy women.



Dr. Snehlata Humane
Child Specialist, CHC Rajim, Chhattisgarh

SPOT / SIX DIFFERENCES



Answer: Whiskers, fang, tail feather, window, hole in the fence and bone

MEDICAL / HUMOR

One afternoon, a man went to his doctor and told him that he hasn't been feeling well lately. The doctor examined the man, left the room, and came back with three different bottles of pills. The doctor said, "Take the green pill with a big glass of water when you wake up. Take the blue pill with a big glass of water after you eat lunch. Then just before going to bed, take the red pill with another big glass of water." Startled to be put on so much medicine, the man stammered, "Doc, exactly what is my problem?" The doctor replied, "You're not drinking enough water."



A college physics professor was explaining a particularly complicated concept to his class when a pre-med student interrupted him. "Why do we have to learn this stuff?" one young man blurted out. "To save lives," the professor responded before continuing the lecture. A few minutes later the student spoke up again. "So how does physics save lives?" The professor stared at the student for a long time without saying a word. Finally the professor continued. "Physics saves lives," he said, "because it keeps the idiots out of medical school."



WATCH OUT / FOR



Days

- 11 July:** World Population Day
- 28 July:** World Hepatitis Day
- 12 August:** International Youth Day
- 19 August:** World Humanitarian Day
- 8 September:** International Literacy Day
- 27 September:** World Tourism Day

Events

FOGSI Conference on Art & Craft of Vaginal Delivery

Date: 20–22 July 2018
Venue: Udaipur, Rajasthan

National Conference on Leadership Summit and Capacity Building

Date: 17–19 August 2018
Venue: Manesar, Haryana

WE WANT TO HEAR FROM YOU

Questions? Comments? Suggestions? Share with Us!

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