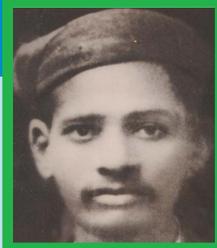


CONNECT

newsletter

Newsletter Contest N-26

Identify this Indian politician



An Indian politician (31st October, 1875 – 15th December, 1950) who served as the first Deputy Prime Minister of India. He was an Indian barrister and statesman, a senior leader of the Indian National Congress and founding father of the Republic of India. He played a leading role in the country's struggle for independence and guided its integration into a united, independent nation. He acted as Home Minister during the political integration of India and the Indo-Pakistani War of 1947.

Send in your answers by 4th June, 2019. Three lucky winners will win exciting prizes.

Send in your answer by:
WhatsApp/SMS: +91.9013380510

(Please mention your full name and state)

DID YOU KNOW!

Medical Methods of Abortion: Documentation and Acceptance of Long Term Contraceptive Methods

Medical Methods of Abortion (MMA) involves use of two drugs (mifepristone and misoprostol) for completing the termination of pregnancy. Increasingly women and providers are opting for misoprostol administration at home and hence the requirement of a second visit is decreasing and the whole process becomes a two-visit procedure rather than three mandatory visit procedures.

There are two components of the MMA procedure, which need special attention:

1. Documentation for the Cases Done with MMA

The documentation formats, as given by The MTP Regulations includes Consent Form (Form-C), RMP Opinion Form (Form-I) and Admission Register (Form-III) have to be filled in for recording each of the induced abortion cases whether done by surgical or medical methods. Recording of cases performed with surgical methods can precisely be filled in the respective columns of the admission register. However, recording of cases performed by MMA are suggested to be completed as mentioned below:

- I. **Column 10 (Date of Termination of Pregnancy):** Date of mifepristone administration/Day 1 of MMA should be entered here since this is the initiation of the MMA process.
- II. **Column 11 (Date of Discharge of Patient):** Follow-up visit or the visit around Day 15 meant to ensure completion of the MMA process is to be entered in this column.
- III. **Column 12 (Results and Remarks):** Any additional information about the whole process including completion of procedure using vacuum aspiration can be entered here.
- IV. **Column 16 (Post Abortion Contraception):** The contraceptive method accepted by the woman should be entered here.

Continued on page 2

WINNERS OF CONTEST N-25



**Dr. Amit
Ramakant
Banshelkikar**
Maharashtra



Dr. Kiran Singh
Madhya Pradesh



**Dr. Punit
Ram Korram**
Chhattisgarh

Solution to Contest N-25: Chungneijang Mary Kom Hmangte

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

CONTACT US

Admission Register

Name of Facility _____ Month _____ Year _____

S. No.	Date of admission	Name of the patient	Wife /daughter of	Age (in years)	Religion	Address	Duration of pregnancy	Reasons for which pregnancy is terminated	Date of termination of pregnancy	Date of discharge of patient	Result & remarks	Name of Registered Medical Practitioner(s) by whom the opinion is formed	Name of Registered Medical Practitioner(s) by whom pregnancy is terminated	Data for GoI Reporting Format 2012	
														Method of MTP (MVA/ EVA/ MMA/ D&C/ Others)	Post Abortion Contraception TL / IUCD (380A/375) / Inj / COC Pills / Cent / CC / No
1	2	3	4	5	6	7	8	9*	10	11	12	13	14	15	16

* Note : In Column 9 write :- (i) in order to save the life of the pregnant woman, (ii) in order to prevent grave injury to the physical or mental health of the pregnant woman, (iii) in view of the substantial risk that if the child was born it would suffer from such physical or mental abnormalities as to be seriously handicapped, (iv) as the pregnancy is alleged by pregnant woman to have been caused by rape, (v) as the pregnancy has occurred as a result of failure of any contraceptive device or methods used by married woman or her husband for the purpose of limiting the number of children.

2. Significance of a Follow-up Visit (around Day 15)

Providers should emphasize on the importance of the follow-up visit to the woman, since this is essential to ensure the complete expulsion of the products of conception (POCs) and rule out any complications or continuation of pregnancy. This visit is also important since the woman can get IUCD inserted if that is her method of choice, after

the provider rules out any contraindications, especially infection. If other methods of contraception are chosen by the woman, they can be started as given below:

- Combined oral contraceptive pills can be started on Day 3 as well as Day 15 of the MMA process.
- Injectables (Antara program) and Centchroman (Chhaya) can be started on Day 3 of the MMA process.

WHAT'S NEW?

The Ministry of Health & Family Welfare, Government of India, envisioned 'Model CAC Training and Service Delivery Centers' in selected states, for demonstrating standardized quality norms for CAC trainings and service delivery. These facilities at identified District Hospitals and Medical Colleges will demonstrate the ideal set-up for CAC service delivery and training. Thirteen centers across nine states have been strengthened so far under this initiative. Ipas Development Foundation (IDF) is assisting GoI in this initiative.

A total of 48 participants from the 13 established Model CAC Centers, MoHFW, FOGSI and IDF attended the meeting to discuss the progress made so far in the intervention, shared lessons learnt and to accordingly plan the way forward.

Key Highlights of the Meeting

1. All the Model CAC Centers shared their best practices and lessons learnt, for



further improvement of the centers under the initiative.

2. A booklet, 'Model Comprehensive Abortion Care Center: Journey So Far', was launched during this workshop. The booklet includes status update and best practices adopted by the model centers for establishing quality norms. This will serve as a guidance for establishing more model CAC training and service delivery centers.

Booklet: 'Model Comprehensive Abortion Care Center: Journey So Far'

This book comprises the genesis of model CAC centers along with the key components of quality desired at these centers of excellence. There is pictorial depiction of achievements of the centers and areas where quality has been consistently maintained. It shows key quantitative indicators of each center.

Prophylactic Antibiotics for Medical Abortion

Recommendation

- *Routine use of antibiotics is not recommended for women undergoing medical abortion.*

Administer treatment doses of antibiotics to those with signs or symptoms of sexually transmitted infection; partners of individuals with sexually transmitted infections also require treatment. Treatment should not delay medical abortion.

Risk of Infection

The overall risk of infection found in prospective studies of medical abortion using mifepristone and a prostaglandin before 13 weeks gestation is approximately 0.01-0.5% (Achilles & Reeves, 2011; Chen & Creinin, 2015; Upadhyay et al, 2015). Serious infections requiring hospitalization are very uncommon, with rates (in large retrospective studies from the United States) ranging from 0.03% to 0.09% (Fjerstad, Trussel, Sivin, Lichtenberg, & Cullins, 2009; Henderson, Hwang, Harper, & Stewart, 2005).

Infectious Mortality

Nine cases of fatal Clostridium sepsis occurred in North America following mifepristone and misoprostol medical abortion before 13 weeks (Cohen et al., 2007; Fischer et al., 2005; Meites, Zane, & Gould, 2010; Sinave, Le Templier, Blouin, Leveille, & Deland, 2002). One death from Group A streptococcus has been reported in Australia and one death from Clostridium sordelli has been reported in Portugal (Reis et al., 2011) in women who used mifepristone and misoprostol. The overall mortality rate from infection related to medical abortion remains very low at 0.58 per 100,000 medical abortions (Meites et al., 2010).

Prophylactic Antibiotics

There have been no randomized controlled trials examining the effect of antibiotic prophylaxis on medical abortion outcomes (Achilles & Reeves, 2011; Low, Mueller, Van Vliet, & Kapp, 2012). Given the large number of women who would need to take antibiotics to prevent a single infection coupled with the expense and side effects of antibiotics, the American College of Obstetricians and Gynecologists (2014), the Society of Family Planning (Achilles & Reeves, 2011), the Royal College of Obstetricians and Gynecologists (2015), and the World Health Organization (WHO, 2014) do not recommend routine antibiotic use prior to medical abortion.

Therapeutic Antibiotics

Women at high risk should be screened for sexually transmitted infections. Women who have signs and symptoms of sexually transmitted infection should be provided abortion services without delay and receive appropriate antibiotic treatment, according to evidence-based regimens (WHO, 2014; WHO, 2005). Partners of women with sexually transmitted infections also require treatment (WHO, 2016).

PROVIDERS SPEAK

MVA: Effective and Excellent Coverage in Rural Areas for Safe Pregnancy Termination

Manual Vacuum Aspiration is a safe and effective method for surgical management of miscarriage/induced abortion. It can be performed in the out-patient setting or at minor OT. It's impossible to provide specialists (gynecologists) everywhere in the country, therefore a MBBS doctor with additional training and resources can provide safe MTP services in rural areas. I am a young MBBS doctor and I have been using the MVA kit for MTP procedures as well as missed and incomplete abortion cases since last two years.

From my personal experience I am confident to say that Comprehensive Abortion Care can change the scenario of unsafe abortions and bring down related complications.

Dr. Amit Jain
Medical Officer, CHC Damri,
Dungarpur, Rajasthan



CAC Training Made a Difference

I am posted at CHC Gyaraspur, district Vidisha. This facility caters to the health needs of 206 adjoining villages. As no lady doctor is posted on my CHC, the women have to travel around 45 km to get safe abortion or CAC services, which is very tough for them and they end up going to various quacks for abortion.

One day, during a regular visit, Mr. Sarvesh from Ipas Development Foundation told me about CAC training, which I accepted and got the training at J.P. Hospital, Bhopal. The training was very significant and knowledgeable for me. All the trainers were very cooperative and motivating, they boosted my confidence so much, that after returning from training the next day only I performed one case by MVA. I am thankful to Ipas Development Foundation and all the Master Trainers of J.P. Hospital, Bhopal, that I am serving the poor and needy people with all my efforts.

Dr. Syed Kalbe Abbas Zaidi
Medical Officer, CHC Gyaraspur,
Vidisha, Madhya Pradesh



SOLVE THE SUDOKU

3		6	5		8	4		
5	2							
	8	7					3	1
		3		1			8	
9			8	6	3			5
	5			9		6		
1	3					2	5	
							7	4
		5	2		6	3		



Sudoku is a logic-based, combinatorial number-placement puzzle. The objective is to fill a 9×9 grid with digits so that each column, each row, and each of the nine 3×3 subgrids that compose the grid contain all of the digits from 1 to 9.

WATCH OUT FOR



Days

- 2nd April, 2019 World Autism Awareness Day
- 25th April, 2019 World Malaria Day
- 31st May, 2019 World No Tobacco Day
- 5th June, 2019 World Environment Day
- 12th June, 2019 World Day Against Child Labor
- 14th June, 2019 World Blood Donor Day

Events

Survival Skills For Today's Gynecologist 2019

Date: 12th – 14th April, 2019
Venue: New York City, United States

FOGSI – National Congress on Technology, Advances and Infections in OBGYN

Date: 21st – 23rd June, 2019
Venue: HICC, Hyderabad

LAUGHTER CLUB

A man tells his doctor,
“Doc, help me. I’m
addicted to Twitter!”



The doctor replies,
“Sorry, I don’t
follow you...”

Employer: How long did you work during your last job?

Candidate: 30 years

Employer: What’s your age?

Candidate: 20 years

Employer: You are 20 and have 30 years experience. How is that possible?

Candidate: Overtime



**What’s the
difference between
a cat and a comma?**



**A cat has claws
at the end of paws;
A comma is a pause
at the end of a clause.**

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.