



CAC

CONNECT

newsletter

Happy New Year 2019 and Merry Christmas 2018

On behalf of Ipas Development Foundation, we wish all our CAC Connect members a very Happy and Prosperous New Year and Merry Christmas. May the year 2019 be full of good health and happiness for all our providers.



Newsletter Contest N-25

Identify this famous sports personality of our country



Born on 1st March, 1983, she is an Olympic winner from Manipur. She is the only woman to become a champion for a record six times in her sports category. She became the first Indian woman in her sports category to get a Gold Medal in the Asian Games in 2014 in Incheon, South Korea. She also won a Gold Medal at the 2018 Commonwealth Games.

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

Send in your answer by: WhatsApp/SMS: 0.9013380510 (Please mention your full name and state)

WINNERS OF CONTEST N-24



Dr. Khushboo Kumari
Bihar



Dr. Meera Kumari Arun
Jharkhand



Dr. Debsankar Hansda
West Bengal

Solution to Contest N-24: Harry Kane

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

TECHNICAL UPDATE

Manual Compared with Electric Vacuum Aspiration for Treatment of Molar Pregnancy

OBJECTIVE

To evaluate uterine evacuation of patients with molar pregnancy, comparing manual with electric vacuum aspiration.

METHODS

This is a retrospective cohort study of patients with molar pregnancy followed at the Rio de Janeiro Trophoblastic Disease Center from January 2007 to December 2016. The individual primary study outcomes were incomplete uterine evacuation, uterine perforation, development of uterine synechia, and development of postmolar gestational trophoblastic neoplasia.

RESULTS

Among 1,727 patients with molar pregnancy, 1,206 underwent electric vacuum aspiration and 521 underwent manual vacuum aspiration. After human chorionic gonadotropin normalization, patients with benign molar pregnancy were followed for 6 months and patients treated for gestational trophoblastic neoplasia were followed for 12 months. Baseline risk factors for gestational trophoblastic neoplasia and demographic features were similar between the treatment groups. Uterine synechia developed less frequently after manual vacuum aspiration than after electric vacuum

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aspiration, despite no differences in the occurrence of incomplete uterine evacuation, development of postmolar gestational trophoblastic neoplasia.

CONCLUSION

Manual vacuum aspiration appears to be similar to electric vacuum aspiration for treatment of molar pregnancy and may be associated with less development of uterine synechia.

Padrón, Lilian; Rezende Filho, Jorge; Amim Junior, Joffre; Sun, Sue Yazaki; Charry, Rafael Cortés; Maestá, Izildinha; Elias, Kevin M.; Horowitz, Neil; Braga, Antonio; Berkowitz, Ross S.
Obstetrics and Gynecology, in press (8th March, 2018)

WHAT'S NEW?

National Seminar on 'Good & Replicable Practices & Innovations in Public Healthcare System in India'

Every year the Government of India recognizes best practices from different states, which are displayed and shared during the national summit. The fifth National Summit on 'Good & Replicable Practices & Innovations in Public Healthcare System in India' was held on 30th October – 1st November, 2018, in Kaziranga, Assam.



The state officials, including Principal Secretaries, Mission Directors, Directors and representatives from development partner agencies attended the summit and shared their state's best practices.

On behalf of Ipas Development Foundation (IDF), we submitted good practices from the state of MP for the summit. Three innovations and good practices were selected for display and shared in the summit:

PPIUCD-On-site Training

To strengthen contraceptive services at public health facilities through On-site training

MMA Initiative

To increase accessibility and availability of MMA in hard-to-reach public health facilities

FPLMIS Initiative

To implement FPLMIS

Raj Kamal from the IDF MP team attended this national summit and shared the above good practices at the forum.

PROVIDERS SPEAK

Journey from MTP to Comprehensive Abortion Care



I have been teaching in a medical college for the last 12 years. In the pre-CAC era (before 2015), abortion scenario was different like:

- Selection of cases like ‘No MTP unless combined with either IUCD or sterilization’
- Techniques used for MTP were D&C, MR syringe, Electric suction
- Documentation – one common parturition(!) register for all entries in septic labor ward
- Non-availability or non-functioning of suction apparatus and
- Provider’s attitude towards MTP. Doctors were proud to say ‘I don’t do abortion’

We were surprised when posted for four days’ training in abortion care, wondering about this long duration of training. After exhaustive training by Ipas Development Foundation (IDF), drastic changes were obvious:

- Awareness about reproductive rights
- Updated knowledge and skills about abortion procedures
- Availability of standard documentation formats and equipment for 365 days a year!

Manual Vacuum Aspiration (MVA), a breakthrough technique providing safe, simple, painless abortion care to women and a relief for providers.

The best part is, our center was awarded as best training center.

Meeting new people, exchange of knowledge, sharing experiences are all part of this pleasant journey. Sincere thanks to my trainers and IDF.

Dr. Radhika

Assistant Professor, Department of OBG, Vanivilas Hospital, Bangalore Medical College

Quotes from West Bengal CAC Providers

I have been using the MVA kit for MTP procedures as well as missed and incomplete abortion cases since a long time. It is safer than the D&C method. The MVA kit is easier to use once one gets used to it. Moreover, using MVA is safer as there are less chances of perforation. It is easier to handle for all doctors as it is operated in a very simple way and it also takes very nominal time to complete the procedure successfully. The MVA kit can also be re-used for several times after appropriate processing and sterilization. I would recommend it to all my gynecologist colleagues.

Dr. Moley Kr Dasgupta
Gynecologist, SDH,
Salt Lake



It’s a privilege to be trained in comprehensive abortion care. MVA is a very safe procedure. In a country like ours this procedure can be done effectively in a minor OT set-up in rural hospitals, bringing safe abortion care to the reach of poor population. From my personal experiences I believe comprehensive abortion care can change the scenario of unsafe abortion procedures and bring down population growth successfully.

Dr. Sumantra Sinha
BPHC, Satpalsa, Birbhum



