

CAC Connect wishes you and your loved ones a happy and prosperous 2017!

DID YOU KNOW?

FIRST-TRIMESTER VACUUM ASPIRATION:

Postabortion Contraception

- Immediate initiation of hormonal and non-hormonal contraception and sterilization following first-trimester abortion through vacuum aspiration is encouraged and considered safe.
- Intrauterine contraceptive device (IUCD) placement or female sterilization can be performed immediately following a successful, uncomplicated abortion.
- Long-acting contraceptive methods have higher continuation rates and lower repeat pregnancy rates compared to short-acting methods.

Fertility return

A woman may ovulate within 10 days of an abortion and can become pregnant if she resumes sexual intercourse without using a modern contraceptive method.

Safety and acceptability of postabortion contraception

The World Health Organization's (WHO) 2015 *Medical Eligibility Criteria for Contraceptive Use* classifies all contraceptive methods as category one, or safe for immediate use, following first-trimester uncomplicated abortion through vacuum aspiration. Sterilization is classified as acceptable after an uncomplicated abortion. Male sterilization may be performed at any time. Fertility awareness-based methods may be initiated once a woman has had at least one postabortion menses. In comparison to short-acting methods such as oral contraceptive pills, long-acting methods of birth control such as implants and IUCDs have higher continuation rates and lower repeat pregnancy and abortion rates than other methods.

Evidence related to specific contraceptive methods

Intrauterine contraceptive devices (IUCDs): A 2010 Cochrane review of eleven randomized trials with 7,405 women concluded that IUCD insertion immediately after abortion is safe and practical. This review found no differences in serious adverse events, such as infection or perforation, between immediate and delayed placement. Expulsion rates were slightly higher with immediate insertion but so were long-term continuation rates. In a recent randomized controlled trial that assigned 575 women to either immediate or delayed insertion, those with delayed insertion were less likely to obtain the device and more likely to have a repeat pregnancy. Requiring a follow-up visit for IUCD insertion is a significant barrier to obtaining the IUCD.

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NEWSLETTER CONTEST N-17



What is this?

This image is considered to be the authentic symbol of Medicine. It is a single serpent entwined rod wielded by the Greek God of Healing and Medicine. Premier health organizations and regulatory bodies such as the World Health Organization and the Medical Council of India use this symbol as part of their logo. Do you know the name?

Send in your answer
(Rod of A_____ S) by:

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

WINNERS OF CONTEST N-16



**Dr. Nihar
Ranjan Pradhan**
Odisha



**Dr. Sharda
Mahaur**
Uttar Pradesh



**Dr. Chhavi
Jangde**
Chhattisgarh

Answer to Contest N-16: Ivan Pavlov

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

CONTACT US

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PROVIDERS SPEAK

Perspectives from Bihar

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 Rajasthan to write in about their experiences with CAC service provision. Entries can be emailed to us at helpdesk@cacconnect.in or given to your IDF representative.

I am posted as a medical officer at PHC Ekangarsarai, Nalanda. As this was my first posting, initially I did not have much idea about CAC services. I attended the training in March 2016 and got a new perspective towards abortion services. My initial experience was that women do not want to come to a male doctor for abortion services. With the support of IDF staff, I sensitized nursing and other facility staff on CAC. Now I am regularly doing CAC cases at PHC. I am happy that I am able to provide CAC service to women in periphery and that they no longer need to go to untrained doctors or quacks. MVA is a handy technique that makes the procedure much easier in comparison to other methods. I am thankful to the IDF team for their efforts and continued support.

Dr. Deependra Manish
PHC Ekangarsarai, Bihar



I am working as a medical officer at PHC Uchkagaon, Gopalganj. I got my 12 days CAC training at DH Gopalganj. IDF staff and master trainers were very co-operative. I got to learn about various techniques of CAC. But after joining my facility, I could not perform cases as women were not coming for CAC services. With the help of the IDF staff, I oriented ASHA and ANMs at the facility to bring women to avail CAC service at PHC. Earlier I was doing MMA cases and then with the help of another trained doctor I also initiated cases by MVA. Before my training, women of this area were going to untrained doctors but now they can avail this service at the nearest facility. IDF is doing a great job and I am very thankful to them for giving me this opportunity to serve women.

Dr. Khawar Imam
PHC Uchkagaon, Bihar



MAKE YOUR VOICE HEARD

Did you know that the CAC Connect network has 4,000 members? We want to feature YOUR interesting experiences and stories through the network! Write to us and share your thoughts with thousands of your fellow CAC Connect members. “CAC Services for Young Women” is the theme of the next issue, and we invite you to speak out and exchange your ideas about this important issue.

WHAT'S NEW?

Postabortion Family Planning Technical Update

The Ministry of Health and Family Welfare (MoHFW) has released a technical update on postabortion family planning (PAFP) to streamline the efforts in providing family planning services at the field level. The update details the various family planning methods available to women post abortion, and acts as a technical tool for service providers to enable them to offer quality PAFP services. Among other important aspects of postabortion family planning, the update stresses on the importance of counseling. Counseling is a critical component in providing quality postabortion family planning services and involves communication between a service provider/counselor and a client. It helps the client to understand the essential concepts of family planning, to have options for contraceptive methods and to choose a method based on her needs and preference. The following are key messages to be shared with a woman during counseling:

- A woman should wait at least 6 months after an abortion before trying to conceive again as it reduces

the chances of low birth weight, premature birth and maternal anemia.

- Fertility returns quickly—within 10 to 11 days after first-trimester abortion or miscarriage, and within four weeks after a second-trimester abortion or miscarriage.
- She can choose from available family planning methods that can be started at once.
- If a woman decides not to use contraceptives at this time, providers can offer information on all available methods and from where to obtain them. Also, providers can offer condoms, oral contraceptives or emergency contraceptive pills for women to take home and use later.
- To avoid infection, she should not have intercourse until bleeding stops. If being treated for infection or vaginal/cervical injury, she should wait until she is fully healed.

The complete technical update can be downloaded from the National Health Mission website: http://nrhm.gov.in/images/pdf/programmes/family-planning/guidelines/Post_Abortion_Family_Planning.pdf

Combined oral contraceptives (COCs): A recent review of seven studies including 1,739 women demonstrated no serious adverse events using COCs immediately after abortion. Additionally, women who used COCs immediately demonstrate similar bleeding patterns to women using no contraception, and less bleeding than copper IUD users.

Progestin-only injection: A study of 132 women using depot medroxyprogesterone acetate immediately after abortion reported no serious adverse events but low method continuation rates (22%) at one year and high repeat pregnancy rates.

Progestin-only subdermal implants: Cohorts of women using the etonogestrel contraceptive implant immediately after abortion show high continuation rates, similar to those of women with interval placement.

Young women

The IUCD for women under the age of 20 is classified by WHO as category two, in which the benefits generally outweigh the risks. While risk is slightly increased due to higher rates of sexually transmitted infections and expulsion in this patient population, IUCDs are still a safe, effective and recommended method for women under the age of 20. Depot medroxyprogesterone acetate injection is also classified by WHO as a category two for women under 18 years of age, due to theoretical concerns about bone mineral density. Sterilization may be performed, but a young woman will need special precautions due to the increased risk of regret.

Source: *Clinical Updates in Reproductive Health, Ipas. 2016. This can be downloaded from the Publications section on www.cacconnect.in*

If you want to share a case of postabortion contraception, please give us a missed call or send us a message at +91 90133 80510, or write to us at helpdesk@cacconnect.in

Refresher Time!

IUCDs can be inserted after abortion, using vacuum aspiration or after confirmation of completed medical methods of abortion, provided the risk or presence of infection is ruled out. For postabortion IUCD insertion, two points have to be kept in mind:











- In case vacuum aspiration was the chosen method for medical termination of pregnancy instead of uterine

sound, the last used cannula should be used to measure the utero-cervical length.

- The 'no-touch' technique must be used for IUCD loading.

The steps for loading are shown below. Do remember to share this information with your support staff to ensure high-quality postabortion contraception services!

Cu IUCD 380A loading

	Expiry date चेक करें। पैकेट के अंदर IUCD, Plunger Rod व Inserter Tube Rod ठीक से रखें। IUCD की खड़ी भुजा पूरी Insertion Tube में रखें।		अंगूठे व तर्जनी अंगुली T की भुजाओं के ऊपर रख IUCD को स्थिर करते हुए T की भुजाओं को नीचे की तरफ मोड़ें। पैकेट के खुले छोर पर दूसरे हाथ से Insertion Tube को पकड़कर उसे हलके से T की ओर धकेलें।
	पैकेट को तब तक खोलें जब तक नीला लेंथ गॉज की आधी दूरी तक पैकेट न खुल जाए।		जब T की भुजाएँ मुड़ जाएँ तथा वे Insertion Tube को छूने लगे, भुजाओं के बीच से नीला लेंथ गॉज व T की मुड़ी भुजाओं को समसतह रख, नीले गॉज को सही मापकर सेट करें।
	पैकेट का खुला हिस्सा ऊपर रखते हुए सफ़ेद Plunger Rod को Insertion Tube में डालें।		
	Measuring Scale व Insertion Tube को पकड़ कर पैकेट से थोड़ा बाहर निकालें।		
	Measuring Scale को वापस बंद सिरे के अंत तक ले जाएँ। अब IUCD को Insertion Tube में डालने के लिए स्थान बन जाएगा।		Plastic Cover को पिछले हिस्से (खुले हिस्से) से एक बार ही में पूरा फाड़कर Loaded IUCD को पैकेट से बाहर निकालें। अब IUCD लगाने के लिए तैयार है।

ध्यान रहे – गर्भाशय में डालने से पहले 5 मिनट से अधिक समय के लिए IUCD की T भुजाओं को Insertion Tube में न मोड़ें।

SOLVE THE SUDOKU!

Level: Easy

A sudoku puzzle is solved when all the grid cells have been filled with numbers from 1 to 9 according to the following three rules:

- Each row must contain all numbers from 1 to 9.
- Each column must contain all numbers from 1 to 9.
- Each box must contain all numbers from 1 to 9.

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

A panel of doctors was asked for their opinions concerning a proposal to build a new wing to their hospital. This was what they said:

- The Allergists voted to scratch it.
- The Dermatologists preferred no rash moves.
- The Psychiatrists thought it was madness.
- The Radiologists could see right through it.
- The Gastro-enterologists had a gut feeling about it.
- The Neurologists thought the administration had a lot of nerve.
- The Obstetricians stated they were laboring under a misconception.
- The Ophthalmologists considered the idea short-sighted.
- The Pathologists yelled, "Over my dead body."
- The Paediatricians said, "Grow up!"
- The Plastic Surgeons said, "This puts a whole new face on the matter."
- The Podiatrists thought it was a step forward.
- The Urologists felt the scheme wouldn't hold water.
- The Surgeons decided to wash their hands of the whole thing.
- The Anaesthesiologists thought the whole idea was a gas.
- The Cardiologists didn't have the heart to say no.



WATCH OUT FOR

Days	Events
24 January: National Girl Child Day	60th All India Congress of Obstetrics & Gynaecology
6 February: International Day of Zero Tolerance to Female Genital Mutilation	DATE: 25-29 January, 2017 VENUE: Gujarat University Convention & Exhibition Centre, Ahmedabad, Gujarat
8 March: International Women's Day	India Medical Devices 2017
11 March: National Safe Motherhood Day	DATE: 11-13 February, 2017 VENUE: Bangalore International Convention and Exhibition Centre, Bengaluru, Karnataka
24 March: World Tuberculosis Day	



INTERNATIONAL WOMEN'S DAY SELFIE CONTEST!

This International Women's Day, 8 March, let's celebrate the women who make our lives better! **Take a selfie with a woman who has made a difference in your life and tell us why.**

Send in your photos and a few lines via WhatsApp at +91 90133 80510.

The three best entries will win prizes!

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.