CAC CONNECT NEWSLETTER

Volume 4 Issue 4 October-December 2016

DID YOU **KNOW?**

Uterine Evacuation: Replace Sharp Curettage with Aspiration or Medications

Vacuum aspiration or medical methods of abortion should replace sharp curettage (also known as dilatation and curettage or D&C) for the treatment of induced, incomplete, or missed abortion performed in the first or second trimester of pregnancy.

The World Health Organization (WHO) and the International Federation of Gynecology and Obstetrics (FIGO) state that vacuum aspiration or misoprostol-based medication abortion regimens should replace sharp curettage (FIGO, 2011; WHO, 2012). In places where no uterine evacuation services exist, vacuum aspiration and medical methods of abortion should be introduced.

A recent Cochrane review comparing vacuum aspiration and sharp curettage shows that vacuum aspiration is as effective as sharp curettage in ending a pregnancy and reduces procedure time and procedure-related blood loss and pain (Tuncalp, Gulmezoglu, & Souza, 2010). In a retrospective case series of 80,437 women, vacuum aspiration was associated with less than half the rate of major and minor complications compared to sharp curettage (Grimes, Schulz, Cates Jr., & Tyler, 1976). Multiple studies on induced and postabortion care have shown that because vacuum aspiration can be performed in an outpatient setting by physicians or midlevel providers without general anesthesia, the costs to both the health system and women are significantly less (Benson, Okoh, KrennHrubec, Lazzarino, & Johnston, 2012; Choobun, Khanuengkitkong, & Pinjaroen, 2012; Farooq, Javed, Mumtaz, & Naveed, 2011; Johnston, Akhter, & Oliveras, 2012). In addition, women needing postabortion care for moderate or severe complications can be treated with vacuum aspiration in place of D&C (Benson et al., 2012; Johnston et al., 2012).

Although no trials exist comparing D&C to medical management of induced, incomplete, or missed abortion, the safety and tolerability of

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As a CAC service provider, which method do you prefer and why? Tell us via WhatsApp at +91 9013380510 or email us at helpdesk@cacconnect.in

NEWSLETTER **CONTEST N-16**

Who is this historically famous physician? Can you identify the person in the picture?

Clues: He was a Russian physiologist famous for his experiments on the digestive system of dogs which led him to discover conditional reflexes that originate in the cerebral cortex of the brain. His research on the physiology of digestion led to the development of the experimental model of learning, popularly known as Classical Conditioning. His studies primarily revolved around the influence of stimuli on inducing salivation in dogs even before food was provided to them. His scientific work earned him the Nobel Prize in Physiology or Medicine in 1904.

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

WINNERS OF **CONTEST N-15**

Dr. Dharmendra Singh Dangi
Madhya Pradesh

Dr. Noor Fathima
Bihar

Dr. Lokesh Shrivastava
Rajasthan

We are pleased to announce the launch of new CAC Connect newsletter and website contest prizes!!

For the newsletter, three participants in each contest will now receive a portable mobile power-bank – Now you can stay CAC Connect-ed all the time!

For the website, one winner each month will receive a 32 GB flash drive to share files from your OTG-enabled Android smartphone or tablet onto your PC or Mac computer!

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 Jharkhand 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 at PHC Sugauli, East Champaran, as medical officer. I was trained in CAC in March 2016. When I was called for the first time for CAC training I was very interested in taking it up. During the training I came to know about new and safe abortion technologies like MVA and MMA. I was satisfied to learn how to perform MTP using these methods because they are safe and convenient for doctors like us who are posted at PHCs. After the training, I started performing CAC services at my PHC. The first hurdle was that women do not prefer to come for services like abortion to a male doctor and don't feel comfortable discussing such confidential issues in front of everyone. After sensing this issue, I shared it with the IDF representative and raised this issue with them. They took it very seriously and immediately organized an orientation of health intermediaries and site staff so that they can inform women and the community about the importance of getting services from a trained provider and the maintenance of privacy and confidentiality at the facilities. They also followed it up with Administration and asked for a separate counseling room wherein women could openly share their problems with the counselors. The Medical Officer in Charge designated a separate room for CAC counseling and it is helping me maintain the confidentiality of women as well as helping in providing safe abortion services.

Now, I provide CAC using safe technology with full confidence. I would like to thank the IDF staff for their immense support in addressing the hesitation of women in approaching male providers for CAC.

Dr. Shree Ram Prasad

I was trained on CAC at Sadar Hospital, Katihar, in August 2013 and have performed many safe abortion cases since then. The Sadar Hospital is well-equipped, well-maintained and has a very good, functional operation theater.

Recently I have been posted at PHC Barhara Kothi, one of the PHCs located in Purnia district. PHC Barhara Kothi is running in a limited space and there is also lack of necessary infrastructure. There is lack of awareness regarding safe termination of pregnancy, and prevalence of injudicious use of MMA drugs or other abortifacients among people residing in these areas. I came to know of many women suffering from bleeding P/V due to retained POC following intake of mifepristone. They either are trapped by quacks or they have to go to the District Hospital for further management. Thanks to the IDF team for organizing awareness programs and helping to create a positive environment for safe abortion care by working with ANM, ASHA, and other health personnel at my PHC. I performed one case of incomplete abortion after the orientation of field staff. Now, women in need are consulting me for CAC services and they feel free to have discussions regarding postabortion contraceptive methods.

Dr. Meera Kumari

ANNOUNCING THE MULTIMEDIA CONTEST WINNER!

Congratulations to Dr. Sangeeta Palsania from Madhya Pradesh for winning the contest and a big thanks to everyone who participated!

CALL FOR MESSAGES ON ABORTION!

We invite all CAC Connect members to submit one-line messages on abortion to be featured in the CAC Connect New Year planner that will be sent along with the January issue of the Newsletter.

Two examples are given below:

- Every woman has the right to choose when and if she wants to become a mother.
- Legal, accessible, and safe abortion saves women's lives.

Please send these to us by 10 November by WhatsApp or email! You can even hand them over to your Ipas Development Foundation (IDF) representative!

WHAT'S **NEW**

CAC CONCLAVE 2016

CAC Connect at the CAC Conclave, 2016!

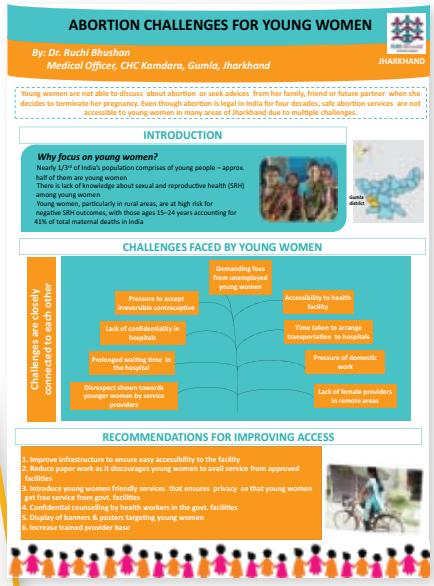
The first CAC Conclave was held in New Delhi from 27-28 June, 2016, to provide a national platform for a new generation of voices and create a wider community of advocates for CAC in India. Several CAC Connect members showcased their work, experiences, and challenges through posters at the Conclave; some of these have been reproduced here.

Dr. Archana Mishra
Madhya Pradesh

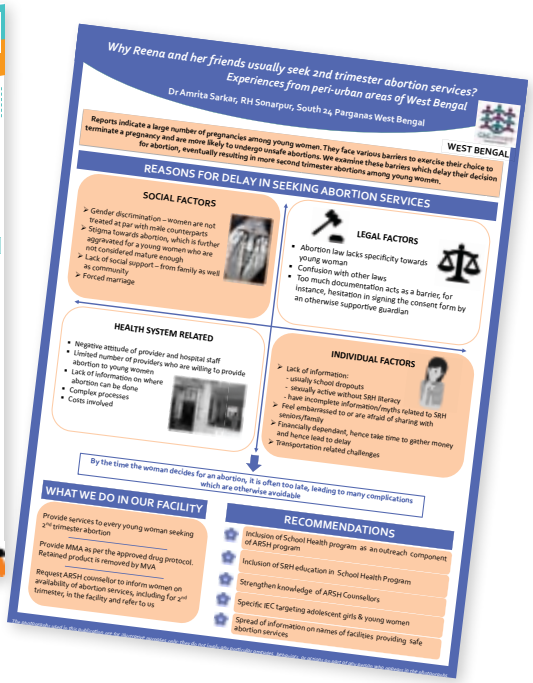
Dr. Sarita Khandelwal
Madhya Pradesh

Dr. Susmita Majumdar
West Bengal

Dr. Anupama Dhananjai
Chhattisgarh

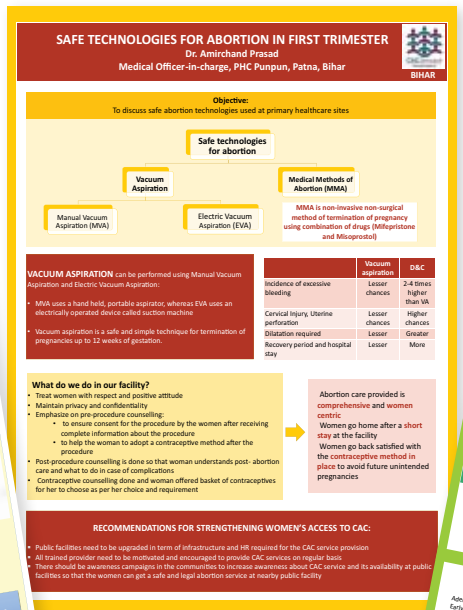


Dr. Ruchi Bhushan
Jharkhand



Dr. Amrita Sarkar
West Bengal

Dr. Runa Bal
West Bengal



Dr. Amirchand Prasad
Bihar

Dr. Bharatkumar Mahale
Maharashtra

More information about the event, photographs, and video compilations from the event can be found on www.ipasdevelopmentfoundation.org.

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medical regimens for uterine evacuation are well documented and appear as effective as vacuum aspiration in the management of incomplete abortion (Kulier et al., 2011; Neilson, Gyte, Hickey, Vazquez, & Dou, 2013).

The use of sharp curettage to manage incomplete or missed abortion may be associated with Asherman's syndrome (intrauterine adhesions), a condition that causes infertility.

A recent retrospective review of one tertiary care center's patient outcomes reported on 884 women who underwent sharp curettage, vacuum aspiration or misoprostol for early pregnancy failure (Gilman Barber, Rhone, & Fluker, 2014). In follow-up, six women who had been managed with sharp curettage were found to have Asherman's syndrome, while no cases were found in women managed by vacuum aspiration or misoprostol.

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

Are You Keeping Up with Social Media?

Many doctors already use social media to stay connected with friends and family but social media can help you connect with other medical professionals and the public, and help you keep up-to-date on any advances in the medical field. Apart from Facebook and WhatsApp, which are very common among Indian users, there are many more platforms that you can explore!

- Twitter (twitter.com) is an extremely useful tool to keep up-to-date on news. You can use Twitter to follow other doctors and the media. Unlike Facebook, Twitter limits you to 140 characters per post. But this gives you a really quick and easy way to connect with other like-minded professionals – especially since you can do everything on your phone with the Twitter app.
- LinkedIn (linkedin.com) is an amazing networking tool for doctors and a great place to keep your resume updated. You can also use LinkedIn to connect with other physicians and medical professionals. LinkedIn is a great relationship builder, as the key to a thriving practice is building lasting relationships with other doctors in and around your community.
- Blogging – Blogs, or Web logs – are online journals that are updated frequently, sometimes even daily. An update (also called an entry or a post) is usually quite short, perhaps just a few sentences, and readers can often respond to an entry online. People who write blogs are commonly called bloggers. Wordpress (wordpress.com), Tumblr (tumblr.com) and the CAC Connect Blog page (www.cacconnect.in) are all spaces that allow you to share your experiences and interact with interested readers.

There are even some social media doctors-only social media platforms!

- Sermo (www.sermo.com) is the biggest, most successful social network for doctors. It's geared toward connecting doctors who don't know each other so you can collaborate. They call it a "virtual doctors' lounge." The goal is medical crowd-sourcing, like a Quora for doctors. You can ask real-life medical questions and get real-life answers from hundreds of your peers. One way that Sermo is better than Quora is that it's physician-only, and you can ask questions anonymously. Please note that Indian practitioners will have to email the site administrators at info@sermo.com to register.
- Figure 1 (figure1.com) is another such option, its target demographic is healthcare professionals and medical students. Need feedback from other doctors on what you're seeing? With Figure1, you can share images of patient ailments to get other physicians' opinions, and access others' images to educate yourself on rare illnesses.

And, of course, CAC Connect is your very own, exclusive social media platform designed to enrich your experience as a CAC provider!

As social media users it is always important to keep the following points in mind:

- DO NOT post anything that would damage your professional reputation. You are in the public eye and all posts, pictures and even who you associate with online will reflect on your professional image.
- WATCH out for social media and internet trolls and spammers. Trolls are people or groups who either intentionally or pointlessly insult someone with no or some purpose. The best way to deal with trolls is to simply ignore them.

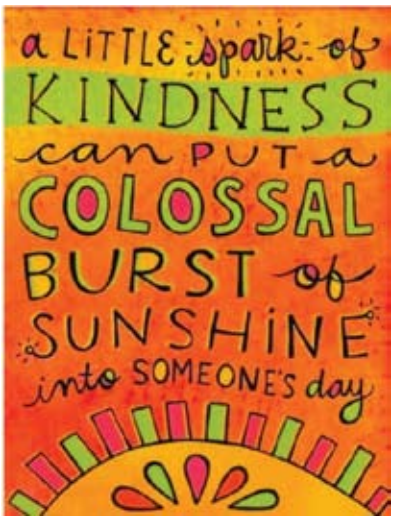
References: http://evisit.com/social-media-basics-by-a-doctor-for-a-doctor/
http://blog.capterra.com/9-doctor-social-networking-sites-every-physician-should-know-about/

SPOT THE DIFFERENCE **SD4**

Find ten differences between these two pictures!

Difficulty Level: **Medium**

KINDNESS **CHALLENGE!**



November 13 is celebrated as World Kindness Day to highlight good deeds in the community, focusing on the positive power of kindness.

This year, CAC Connect challenges you to do one act of kindness and tell us about it! Send us a WhatsApp message on +91 9013380510: write to us or send us a picture of an act of kindness you do or observe! We will feature these in the next issue of the CAC Connect Newsletter!

#KindnessMakesTheWorldGoAround

WAY TO **GOOD HEALTH!**

WATCH OUT FOR

Multidisciplinary Healthcare Conference, AIIMS-2016
VENUE: New Delhi
DATE: 6 November, 2016

FOGSI Conference on Management of Labour
VENUE: Mumbai
DATE: 18-20 November, 2016

Yuva FOGSI
VENUE: Bardhaman
DATE:16-18 December, 2016

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.

CONTACT **US**

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