

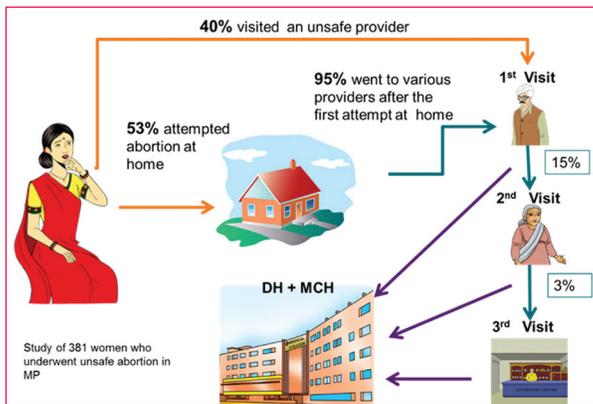
# CONNECT

## NEWSLETTER

### DID YOU KNOW?

## Pathways of Unsafe Abortion

Maternal mortality and morbidity due to unsafe abortion can be prevented if women have access to safe abortion services. However, studies in Madhya Pradesh show that only 15% of women know that abortion is legal and only 9% correctly know the gestational age at which pregnancies can be legally terminated. In addition, women in rural areas are usually unable to access safe MTP services at a primary health center (PHC) – the first contact point between women and a qualified medical doctor. This leads women to approach untrained providers, traditional practitioners, and even chemist shops. An Ipas India study documents the first research initiative in India to interview 381 women with postabortion complications, providing insights about the pathways of unsafe abortion.



This figure illustrates the pathways of seeking induced abortion care as described by 381 women treated for postabortion complications at 10 sites in Madhya Pradesh in 2007. More than half of the women first attempted to terminate their

pregnancies at home. Over 90% sought care from a sub-optimal provider before ultimately seeking care at the district hospital or medical college. Tablets/*goli* and dilatation and curettage were the most frequent methods cited by women who ultimately presented with postabortion complications. No information, and wrong information coupled with social stigma, led to delay in care-seeking for abortion complications. Despite some limitations, this study suggests that supporting access to safe MTP services and improving community awareness on legal aspects, safe methods, and approved providers are all necessary to reduce morbidity associated with unsafe abortion.

**As a CAC service provider, what do you think are the barriers women face in accessing safe services? Tell us via WhatsApp at +91 9013380510 or email us at [helpdesk@cacconnect.in](mailto:helpdesk@cacconnect.in)**

Source: Banerjee et al. International Journal of Gynecology and Obstetrics 118. Supplement 2 (2012) S113-S120. Please visit [www.ipasdevelopmentfoundation.org](http://www.ipasdevelopmentfoundation.org) to access the entire article.

## NEWSLETTER CONTEST N-14

### Pick the odd one out!

As part of the medical abortion (MMA) protocol, misoprostol is administered on Day 3 of the MMA schedule. Misoprostol can be administered through four routes of administration with varying onset, peak, and total duration of action. Of the following routes of administration, which is the one that is NOT used for misoprostol?

- A: Oral
- B: Sublingual
- C: Intramuscular
- D: Buccal

### 3

lucky correct entries win a wristwatch each!

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

## WINNERS OF CONTEST N-13



**Dr. Naresh Yadav**  
Rajasthan



**Dr. Renu Jha**  
Bihar



**Dr. Renuka Prasanno**  
Chhattisgarh

**Answer to Contest N-13**  
Dr. Bidhan Chandra Roy

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

## Perspectives from Chhattisgarh

In each of the CAC Connect newsletter issues we will be featuring stories and experiences of members from one particular state. For our next newsletter, we invite all our members from Madhya Pradesh to write in about their experiences with CAC service provision. Entries can be emailed to us at [helpdesk@cacconnect.in](mailto:helpdesk@cacconnect.in) or given to your Ipas India representative.



I work in DH Ambikapur, a tribal area of Chhattisgarh. When I got the call to attend the CAC training I was not interested because I was already providing emergency services to needy women. With a lot of hesitation I became a part of the training. But after the training I realized that there are so many different aspects of abortion care. Now I can serve women's needs with much more knowledge and try and save many more lives. Also, by helping women choose postabortion contraceptives, we can reduce morbidity and maternal mortality due to unsafe abortion. When I help a woman and she goes home with good health, it is the best feeling!



**Dr. Roselin Rashmi Ekka**

I work in CHC Simga, Balodabazar, Chhattisgarh. I was trained in CAC in 2014. Previously I was not performing MTP. During the CAC training I had the opportunity for hands-on practice and observed that the manual vacuum aspiration (MVA) method really worked, and later I started performing MTPs using MVA. It is a very safe, less time-consuming method. Moreover, the MVA instrument is also easy to handle and products of conception can be checked. The training also brought to light issues related to safe abortion that were new to me. Before the training I never thought about the abortion scenario and maternal mortality and morbidity due to unsafe abortion. This training has improved our reporting knowledge and we now provide CAC services using the safer methods of MMA and MVA. I am really thankful to the Ipas India team for the CAC training.



**Dr. Sashi Kumar Jaiswal**

I work in DH Bemetara. I had completed my CAC training in December 2015 at the DH Durg. Before this training, I was unable to perform MTP and incomplete abortion cases for women in need. I had to refer these patients to other eligible providers. Sometimes women end up going to quacks for abortions and services and suffer from UTIs and many gynecological problems such as heavy bleeding or incomplete abortion. Then I heard about the CAC training from other trained providers and requested my CS and Ipas India representative that I be selected for the training. During the training, I got sufficient hands-on practice on MVA, and learned about the documentation process, MTP Act, and MMA. Now, after training, I feel confident about providing safe services at my facility. The MMA and MVA methods are safe and convenient; with MVA the patient can be discharged on the same day itself. Now I feel that I am helping women in need. I am thankful that I have the confidence to be a CAC service provider.

**Dr. Anamika Minj**

I was trained in CAC last year. I am posted at CHC Batauli for the last three years. Previously I was aware of MTP by conventional methods; when I was trained on the MVA method I was skeptical and thought that abortion might be incomplete if done by MVA. Then, during training, we had the opportunity for hands-on practice and I observed that it really worked. Later on I started performing MTP by MVA and realized that it is a boon for doctors. The most important feature is that perforation can be detected. This is important for any provider but mainly MBBS providers working in the periphery. I always think that it would have been better if I got this training earlier in my life. I was selected as the best performer in MTP a few months ago by the Director of Health, Chhattisgarh. I want to thank our CMHO for providing the training and Ipas India for the constant support.



**Dr. Akhilesh Bharat**

# Desk Exercises

**Are you sitting at your desk for long hours at a stretch? Try some of these simple exercises to keep yourself limber.**

- Lift both your feet off the floor and rotate them in circles – five times clockwise and then five times anti-clockwise.
- Keep your heels on the floor and point your toes up as far as you can. Then keep your toes on the floor and raise your heels. Repeat five times.
- Lean forwards slightly, clasp both hands around your knee and lift it to your chest. Hold for 15 seconds, then do the other leg. Repeat twice.
- Take a deep breath and tighten the abdominal muscles, bringing them in towards the spine as you exhale. Hold for 5-10 seconds and release. Repeat 12-15 times.
- Raise both the shoulders up toward the ears, hold for 5 seconds, and then relax. Repeat 15 times.
- Keep your arms still and roll your shoulders forwards five times. Then backwards, five times.
- Lower your right ear to your right shoulder, then roll your head around to your other shoulder. Hold each position for five seconds and repeat 10 times.
- Try to get up and walk around a little whenever possible. Take the stairs instead of the elevator, and remember to maintain good posture while sitting.



## WHAT'S NEW?

### E-Module on Medical Methods of Abortion Launched at National Consultation on Comprehensive Abortion Care for Women

**A**n e-module on medical methods of abortion (MMA) has been developed by the Ministry of Health and Family Welfare (MoHFW), Government of India, with technical assistance from Ipas India. This is a digital learning program developed to serve as an MMA-specific refresher course that CAC-trained providers can take online at their convenience to improve their skills and knowledge.

The e-module reorients eligible providers on:

- Advantages; limitations; indications and contraindications; side effects; and complications for MMA with the details of MMA protocol and follow-up.
- Eligibility criteria for the provider and the place for providing MMA services.

The module was launched by Mr. C.K. Mishra, Additional Secretary and Mission Director (NHM), at the National Consultation on Comprehensive Abortion Care for Women convened by MoHFW and Ipas



India on 15 and 16 February 2016, at Vigyan Bhawan, New Delhi. Over 180 national and state government representatives, technical officers, and civil society partners came together to deliberate on a roadmap for increasing access to comprehensive abortion care in the country.

Visit <http://nrhm.gov.in/nrhm-components/rmnch-a/maternal-health/guidelines.html> to access the module on the National Health Mission website.

## SPOT THE DIFFERENCE SD2

### Find 15 differences between these two pictures!

Difficulty Level: **Hard**



## MULTIMEDIA CONTEST 2016!

### STEP TWO: PHOTOGRAPHY



#### WHAT?

The multimedia contest is a multiple-step game in which participants with the correct answer at each step are automatically eligible to move to the next phase. Participation at all steps is mandatory to be the final winner!

#### HOW?

- Take a picture of your facility/site and send it to us via email (helpdesk@cacconnect.in), WhatsApp (+91 9013380510) or upload it on the CAC Connect website as a blog post (www.cacconnect.in).
- Tell us why you are proud of your facility in two or three sentences.

#### WHEN?

Step Two of the contest is open until 15 June 2016. If you have not already participated in Step One, no problem! Just expand 'MTP' and send us the answer on +91 9013380510!

## 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.

## WAY TO GOOD HEALTH!



## WATCH OUT FOR

### India Med Expo 2016

**VENUE:** Dr. Prabhakar Kore Convention Center, Bangalore

**DATE:** 8-10 April 2016

### INSUOG 2016

**VENUE:** Hyderabad

**DATE:** 6-8 May 2016

### 12th AAGL International Congress on Minimally Invasive Gynecology

**VENUE:** Renaissance Convention Center, Mumbai

**DATE:** 2-5 June 2016

## CONTACT US

CAC Connect Secretariat,  
P.O. Box 8862, Vasant Vihar,  
New Delhi – 110 057  
E-mail: helpdesk@cacconnect.in  
Phone: +91 9013380510