

DID YOU KNOW?

Comprehensive Abortion Care: The Importance of Counseling

Women of all ages, ethnicities and religions terminate pregnancies. Some have no formal education; others have advanced university degrees. Some are married and have children; for others it is their first experience with pregnancy. Woman-centered comprehensive abortion care (CAC) is a holistic model of care that includes a range of medical services, tailored to each woman's circumstances and health needs (Ipas, 2013c). It recognizes the woman's right to privacy and confidentiality, informed consent and autonomy in decisionmaking (Ipas, 2013c). Essential elements of CAC include counseling, induced abortion, treatment of incomplete or unsafe abortion, contraceptive services, and provision of or referrals to other reproductive health-care services.

What are key components of counseling?

Counseling is an essential element of abortion care. A provider's knowledge, attitudes, verbal

and non-verbal communication skills, and professionalism contribute to the quality of counseling. Components of counseling include:

Emotional support and empathetic listening:

The provider should build rapport by showing compassion and respect. She or he should encourage the woman to speak freely and listen with the intention to understand – intellectually and emotionally – the woman's circumstances, needs and preferences. The provider should validate the woman's feelings and concerns. If the woman still is in a place where she needs emotional support, or if she feels judged, she is not receptive to processing information (Lauwers & Swisher, 2011).

Privacy and confidentiality:

The provider should explain and enforce privacy policies, and reassure the

woman that information exchanged is confidential. Systems that protect privacy and confidentiality should be in place. A third party should only be present if the woman expresses clearly her desire to be accompanied (Turner et al., 2011).

Information and facilitated discussion:

Comprehensive information, presented in an easy-to-understand way without judgment or bias, helps the woman to problem-solve and make an informed decision. There may be clinical eligibility indications to consider and the provider should give medical recommendations and advice.

Respect for decision:

The woman has the right to make a free, informed decision. The provider should ensure that the woman is not being coerced by anyone. The provider should respect the woman's decision even if she or he disagrees with it (Turner et al., 2011).

Referrals:

If the woman requests services that the provider refuses to offer, the provider must give a timely referral to another practitioner who provides those services and who is accessible to the woman (FIGO, 2006).

NEWSLETTER CONTEST N-12

For this newsletter contest, you will have to answer four questions to find the final solution!

Step 1: Solve the four questions below, in the order that they have been listed.

Step 2: Combine the first letter of each answer to come up with your final solution.

__ F __ CT __ N is the invasion of an organism's body tissues by disease-causing agents, their multiplication, and the reaction of host tissues to these organisms and the toxins they produce.

__ E __ U __ is a female reproductive organ located between the bladder and the rectum.

__ N __ __ C __ P __ __ O __ includes methods or devices used to prevent pregnancy.

__ Y three of the MMA schedule is when misoprostol is administered to the woman.

Final Solution Clue: This is a type of long-acting reversible contraception.

3 lucky correct entries win a wristwatch each!

Send in your four-letter final answer by: Whats App/SMS: +91 9013380510 (or)

E-mail: helpdesk@cacconnect.in (Please mention your full name and state)

WINNERS OF CONTEST N-11



Dr. Kolekar Rahul
Maharashtra



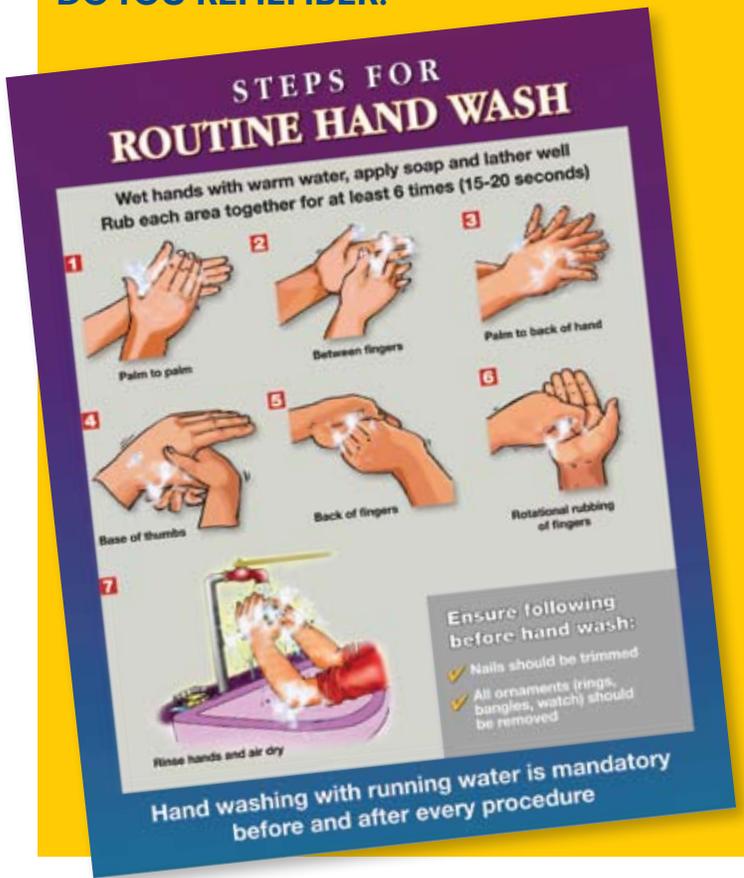
Dr. Anant Kumar
Bihar



Dr. Lalmohan Nayak
Odisha

Answer to Contest N-11: C-A-D-B

DO YOU REMEMBER?



SEPTEMBER 28

Day of Action for Access to Safe and Legal Abortion

This day has its origin in Latin America and the Caribbean where women's groups have been mobilizing around September 28 for the last two decades to demand their governments to decriminalize abortion, to provide access to safe and affordable abortion services and to end stigma and discrimination towards women who choose to have an abortion. The date – September 28 – was chosen in commemoration of the abolition of slavery in Brazil which is now remembered as the day of the “free womb” demanding for safe and legal abortion for all women. In 2011 Women's Global Network for Reproductive Rights (WGNRR) took September 28 to the global level in solidarity with the women's movement in Latin America and in recognition of the fact that access to safe and legal abortion continues being denied for too many women in too many countries.

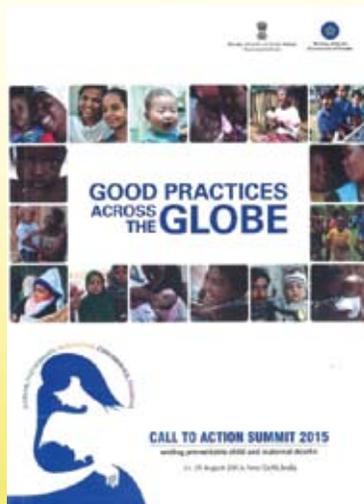
This year, CAC Connect hosted a video competition where our members answered three questions in 30 seconds about their role as CAC providers. Their responses will be compiled and posted on the CAC Connect website, visit www.cacconnect.in for more information and updates!



Yukti Yojana Featured in Compendium of Good Practices Across the Globe

At the recent Call to Action Summit 2015, held in New Delhi on August 27-28, a global meet aimed at ending preventable child and maternal deaths, Prime Minister Narendra Modi released a compendium of Good Practices Across the Globe, which featured Yukti Yojana, a unique public-private partnership to address unsafe abortion in Bihar.

An estimated 420,000 induced abortions take place in Bihar every year. Only around 800 public sector facilities in Bihar are eligible to offer abortion services. Most women cannot access services in the private sector because they cannot afford



them. Yukti Yojana aims to complement existing public sector services with high-quality abortion care free of cost through the private sector. Ipas India has worked with the Government of Bihar under this unique public-private partnership where women receive free abortion care from accredited private clinics that are then reimbursed by the District Health Society. To ensure community-level support, Yukti Yojana also provides transport subsidy to the community-health intermediary accompanying a woman to the accredited private clinic or government health facility.

PROVIDERS SPEAK

Perspectives from Karnataka

In each of the CAC Connect issues we will be featuring stories and experiences of members from one particular state. For our next issue, we invite all our members from **West Bengal** to write in about their experiences with CAC service provision. Entries can be emailed to us at helpdesk@cacconnect.in or given to your Ipas India representative.



Dr. Chandramathi
Specialist, Women &
Children Hospital, KGF,
Kolar District

I am working in the Women & Children Hospital, KGF, Kolar District in Karnataka. I underwent CAC Training in May 2015. Before training I was hesitant to do MTP. After undergoing the training, I learnt about the safer methods of terminating pregnancy using MVA and MMA. I am happy that now I am able to perform MTP without any complications. I have been able to effectively perform uterine evacuation with MVA for women presenting with bleeding, either due to self-medication or other reasons. I feel CAC training has helped us a lot in updating the knowledge about safe abortion procedures and also in reducing the maternal mortality and morbidity.

I am thankful for the opportunity to gain knowledge on clinical aspects specific to abortion and on the importance of key documentation that needs to be maintained for conducting abortion as per the MTP Act. In terms of level of awareness on the MTP services at a government facility, it is important that availability of CAC services should be made known to public through Anganwadis, ANMs or ASHAs at PHC and CHC level, so that the women in need can opt for safe abortion procedures at government approved facilities.

Though pregnancy is an eagerly anticipated event for many women, it could also be a cause for distress when it happens by chance and not by choice. Any woman faced with an unwanted pregnancy could be at the risk of choosing unsafe or unreliable methods. Enquires into maternal deaths have attributed eight percent to unsafe abortions; the figures are disheartening for the fact that unsafe abortion-related mortality and morbidity are preventable problems. Therefore, it is essential to support women; help them with safe methods; and create awareness about safe pregnancies. Women & Children Hospital, Davangere, Karnataka, where I work, is one of the CAC training centers strengthened by Ipas India. So far, we have around 20 gynecologists and 20 nursing staff as part of CAC training. We have also been able to orient close to 50 PG students from the medical college and are confident of training 70-80 doctors and nursing staff annually from different district hospitals. Most doctors, even those with years of experience, are unaware of safer methods of abortion and some limit their practice due to fear of legal issues. We have trained and learnt in the process. In developing countries like India, there is a growing need to expand services related to safe abortion.



Dr. Madhu S.P.
Women and Children
Hospital, Davangere



Dr. Renukadevi
ESIC Medical College,
District Hospital,
Kalaburagi

At the District Hospital Gulbarga, a team of doctors and staff nurses underwent the CAC Training of Trainers (TOT) program for four days provided by Ipas India in collaboration with the Department of Health & Family Welfare Services, Karnataka. The doctors who participated in the training were gynecologists who have already been providing MTP services for many years. At the beginning, we wondered what there would be to learn at the TOT, but it has improved our knowledge and confidence in many aspects of providing MTP services such as:

- Pain management
- Post abortion care
- Documentation
- Reporting
- Legal aspects

At the District Hospital Gulbarga, many doctors were doing MTPs with D&C but we are now all using MMA or MVA. I thank the Ipas India team on behalf of my team for providing the CAC TOT.

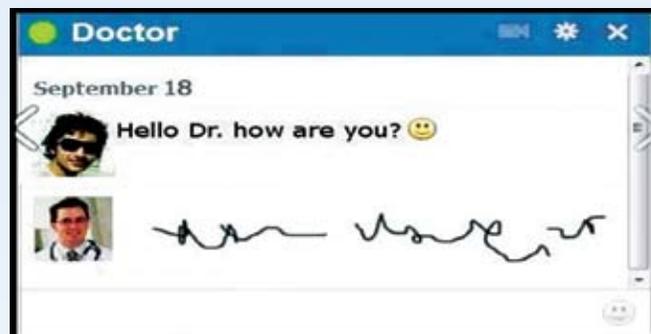
Word Search: **WS4**

Difficulty Level: High

Can you find the names of 15 most widely spoken languages in India? Make sure you search right to left, up, down and diagonally!

A	L	D	A	E	I	A	N	Y	E	J	M	U	N	A	Assamese
M	K	L	A	L	Y	S	T	J	E	N	A	G	M	T	Bengali
K	A	S	H	M	I	R	I	E	S	I	R	D	G	N	Gujarati
U	N	I	M	A	O	D	I	A	L	M	U	U	U	M	Hindi
E	N	M	T	I	S	T	A	A	A	E	I	R	I	H	Kannada
A	A	E	A	H	A	S	T	T	J	T	G	D	S	A	Kashmiri
H	D	I	L	R	I	N	A	U	A	T	N	U	H	I	Maithili
M	A	L	A	Y	A	L	A	M	B	A	I	A	L		Malayalam
P	A	J	O	S	T	T	I	E	E	D	I	I	U		Marathi
T	U	N	K	A	H	A	H	A	N	S	A	A	B	G	Odia
G	I	N	D	S	T	N	M	I	G	I	E	O	R	I	Punjabi
I	L	N	J	B	A	A	H	I	A	A	M	I	P	U	Santali
L	I	A	N	A	A	D	T	A	L	L	A	M	T	T	Tamil
L	D	G	H	R	B	E	H	A	I	A	N	A	I	A	Telegu
A	I	O	I	E	I	A	A	I	S	I	E	I	J		Urdu

The solution to this puzzle can be downloaded from the CAC Connect Website on the Publications Page under Resource Material > Technical Updates/Publications (http://www.cacconnect.in/publications_list.php)



THE 7 TYPES OF PHYSICIAN HANDWRITING

5 YEAR OLD HANDWRITING:
Patient seen and examined

IMMACULATE, ILLEGIBLE SCRIPT:
Handwritten illegible text

SANSKRIT:
ॐ नमो भगवते वासुदेवाय

EVERY 4TH WORD LEGIBLE:
Prescription for Mr. STAT!

EVERY WORD MUST TOUCH LINE MARGINS:
Handwritten text touching margins

TEENY TINY:
Extremely small handwritten text

HAD 30 SECONDS TO WRITE NOTE:
Very fast, scribbled handwritten text

WATCH OUT FOR

Event: Yuva FOGSI East Zone – Setting new standards

Venue: Puri – Balasore

Date: November 6-8, 2015

Event: ISHWMCON 2015 – International Conference on Hospital Waste Management and Infection

Venue: AIIMS, New Delhi

Date: November 14-15, 2015

Event: Annual Conference of the Association of Gynecological Oncologists of India AGOICON 2015

Venue: Hyderabad

Date: November 27-29, 2015



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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