CAC Connect
Empowering Caregivers

CAC Connect newsletter

Volume 1, Issue 2 April - June 2013

Did You Know?

Lesser known facts about MVA

In India, Manual Vacuum Aspiration (MVA) has been known for the last few years, for elective termination of pregnancy (induced abortion) in the first trimester. However, there are some lesser known facts about the use of MVA technology, which are enumerated below.

1. Completion of incomplete abortions: where evacuation of uterine contents is done as indicated by the amount of bleeding during the abortion process. An incomplete abortion could happen when:
   - products of conception are not evacuated fully during a pregnancy termination done by surgical methods;
   - products of conception are not fully expelled following pregnancy termination using medical methods/ drugs; and
   - there is moderate to severe bleeding during the process of spontaneous abortion.

   There are few differences in the steps used for the MVA procedure in the above cases:

   a. there may be no need for cervical dilatation or priming before the procedure since the cervical os would be open in most of the cases;

   b. there could be a need for intravenous fluids and uterotonic drugs before the procedure to stabilize the condition of the woman; and

   c. the woman, in the above situations, may wish for a pregnancy soon after the procedure and hence may not want to accept any method of contraception.
2. Aspiration of post abortal haematometra, where the uterus becomes atonic after the surgical termination of pregnancy with collection of blood in the uterine cavity.
3. Termination of pregnancy with non-viable foetus as in `missed abortion' in the first trimester.
4. Termination of molar pregnancy for uterine size up to 12 weeks.
5. Biopsy of endometrial tissue, using small size cannula. Few of the indications of endometrial biopsy are infertility, irregular menstrual cycles etc.

Doctor's Time Out Season II

The first in a series of events, *Doctor's Time Out* at Jaipur was a fun-filled gala event with the active participation of CAC Connect members and their families from Rajasthan. Awards for outstanding CAC service delivery were given to Dr. Rekha Rastogi, Dr. Pammi Kochar and Dr. Satveer Singh.

CAC Connect at IPHACON!

Winners of an SMS-based contest attended the Indian Public Health Association Conference hosted in Science City, Kolkata during February 1-3, 2013 courtesy CAC Connect.

(Left to Right) Dr. Bharat Dagadu Khandagale, Dr. Gangurde Vikas Ranganath and Dr. Kolekar Rahul Abasaheb (Maharashtra), Dr. Anita Jain (Rajasthan), Dr. Veena Vinayak Jaiswal (Jharkhand), Dr. Kundan Kumar (Uttarakhand) and Dr. Amrendra Kumar Sinha (Jharkhand)

CAC Connect Contest N-02

Q. What dose of Misoprostol is needed for termination of pregnancies up to 63 days (9 weeks)?

3 lucky correct entries win an exclusive ***prize!***

Send in your entries:

SMS: +91 9013380510, E-mail: helpdesk@cacconnect.in

(Please mention your full name and state)

Contest closes June 30, 2013. **Hurry!!!**

Winners of first issue's contest: 1. Dr. Alkesh Soni (MP) 2. Dr. Kaushlesh Kumar (Bihar) 3. Dr. Sunil Sarraf (Rajasthan)

Q. For how many minutes should the MVA aspirator be 'roll-boiled' to achieve HLD? Correct answer: 20 minutes

Provider Speak

Dr. Kaushal Kishor Meena
PHC Parsoli
District Chittorgarh, Rajasthan

CAC की ट्रेनिंग पूरी करने पर मेरे आत्म विश्वास में काफी बढ़ोतरी हुई। मुझे खुशी थी कि मैंने एक नया कौशल पाया, जिससे सरलता से मैं कई ज़रुरतमंद महिलाओं की मदद कर सकता था। साथ ही MTP से जुड़ी कई कल्पित कथाएं भी दूर हो गईं। वैसे तो मैंने कई MTP किए, परन्तु एक अवसर पर मुझे अपने CAC प्रशिक्षित होने पर अत्यधिक गर्व हुआ। यह रात के करीब 11.30 बजे की बात थी जब एक घबराया हुआ आदमी मेरे पास आकर रोने लग गया। शांत होने पर उसने बताया कि उसकी पत्नी की तबीयत बहुत खराब थी और वह अस्पताल के बाहर बेहोश पड़ी थी। समय की परवाह न करते हुए मै तुरन्त उसके साथ चल दिया और उस महिला को अस्पताल में दाखिल करा दिया। यह एक incomplete abortion का case था जिसकी वजह से उसे भारी मात्रा में रक्त बहाव हो रहा था। यह देख मुझे थोड़ा संकोच तो हुआ परन्तु समय गवाने की कोई गुंजाइश नहीं थी। मैंने फौरन उसके ऑपरेशन की तैयारी कर, MVA द्वारा एबॉर्शन प्रक्रिया को पूरा किया। उस गरीब दंपति का आत्मीयता से भरा धन्यवाद मुझे आज भी CAC से जुड़ने का गर्व महसूस कराता है।

Dr. Jadhav Amol Narayan
PHC Dudhana Kalegaon
District Jalan, Maharashtra

Soon after completion of CAC training, there was a visit by Ipas staff to my PHC to support and strengthen the CAC service provision. Though initially reluctant, with this motivation along with correct technical guidance, I started providing abortion services to women with safe technologies as per the MTP Act. Unfortunately, within a few months, there was a complaint to my District Collector with a major allegation that I perform sex selective abortions in my PHC. This came as a big shock to me. I went through a very painful phase of investigation where the police officials raided my facility and rashly interrogated me. I was disheartened! Later all charges against me were lifted and I was cleared by the higher authorities. I have taken this incident positively and have learnt a lot of lessons for the future, especially about the importance of all documents and technical information. I specially want to appreciate the support mechanism developed through CAC Connect. I feel this is a great initiative — in addition to updating us with the latest happenings and technical information, it provides doctors like me a chance to express myself.
I will definitely restart providing services once again to prove myself….

Dr. Punkesh Kumar Pandey
PHC Jaiharikhal
District Pauri, Uttarakhand

A patient came in emergency with c/o bleeding p/v, tachycardia, fever and hypotension. On taking detailed history, she admitted having taken MTP pills twice last month bought directly from the chemist, and had a previous h/o of LSCS done twice. O/e p/v showed eight weeks pregnancy. Her blood and urine examination was done. I decided to perform MVA on emergency basis. The procedure was difficult as the necrotized products of conception had adhered to the wall of uterus, but gentle aspiration helped achieve complete evacuation. She was admitted for a day, and managed with antibiotics, analgesics and I.V. fluids which helped in her recovery. It was a difficult case to do, but training in MVA has given me confidence to manage complicated, incomplete abortions.

Dr. Noor Fathima
Sadar Hospital Nalanda
District Nalanda, Bihar

It was a routine Thursday for me at the district hospital, when I had performed tubal ligation operations after morning OPD hours. I admitted few patients after their examination and investigation. One lady among them had complained of mild bleeding P/V since past two weeks after she had taken some abortive medicine by herself when she had two months amenorrhea. On examining her, I found her uterus was firm and of six- to eight-week size, cervical os was slightly open with some bleeding. Her USG reported a small retain POC & her urine pregnancy test was positive. Other investigations were also satisfactory. She also wanted a tubectomy, as her family was completed. After performing other tubectomies, this lady was given G/A. I expected a routine check curettage to remove the POC. But as soon as I inserted the cannula and started evacuating, there was a gush of blood and syringe filled with blood within seconds. This continued to happen again and again, the blood kept flowing from the cannula! I quickly removed the cannula and gave bimanual uterine massage. I asked the nurse to inject 10 unit syntocinon IV and ran RL infusion fast. Within the next few seconds bleeding stopped, aspiration was complete, POC was removed using the MVA syringe and I went ahead with the tubal ligation. Post operation she was closely monitored. She had the usual minimal vaginal bleeding and her recovery was smooth. She was also advised iron tablet supplement to recover blood loss. Such complications are rare, but quick decisions and active team work is necessary for prompt management. I am proud of my team of anaesthetist and staff nurse who boost my confidence while facing such adverse events.

Dr. Narendra Sharma
Civil Hospital Seondha
District Datia
Madhya Pradesh

I was nominated and trained during December 2012. My nomination took a long time after repeated requests to district officials as they argued training would be a waste since no woman would seek MTP services from a male provider. Seondha has a government civil hospital, with about 150 delivery cases in a month and no female service provider. Members of the community had to travel to the district hospital for MTP related services. When I rejoined post training, community members were unaware about MTP related services. Field staff was oriented and I did two cases by MMA soon thereafter. I performed my first surgical procedure in February, when a woman aged 45 and about 10 weeks overdue came to my facility. She had grown up children and was hesitant talking to a male provider about getting an abortion. I counseled her, was able to win her confidence and assured her of safe and confidential services. Soon after operating her, I called my Ipas representative and said, "I have fulfilled my commitment given before training. Hopefully civil hospital will now have more clients coming for CAC services."

Watch Out For

National Conference on "State of the Art Antenatal Care – Basics in Fetal Medicine"
Date: April 28, 2013
Venue: Jawaharlal Nehru Auditorium, AIIMS, New Delhi

Workshop on Fetal Medicine
Date: April 29 – May 02, 2013
Venue: Department of Obstetrics & Gynaecology, AIIMS, New Delhi

Certificate Course on Contraception in Clinical Practice
Date: June 2013 – September 2013 (4 Module Course)
Venue: Public Health Foundation of India, Vasant Kunj, New Delhi

हंसगुल्ले

नेट बैंकिग के लिए संता ने पासवर्ड बनाया:

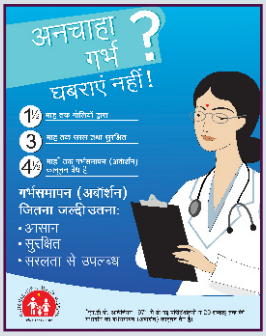
राम–सीता–लक्ष्मण–हनुमान–जामवंत–दिल्ली–स्पाइडरमैन

बंता: यार इतना लंबा पासवर्ड क्यों बनाया?

संता: यार बैंक वाले कहते हैं, पासवर्ड में 5 कैरेक्टर, 1 कैपिटल और 1 स्पेशल कैरेक्टर होना चाहिए।

What's New?

Communication campaign by Government of India on safe abortions



In India, one woman dies every 10 minutes due to pregnancy-related problems. Many of these deaths are the result of unsafe abortions. Concerned with this situation, the Government of India (GoI) launched a nationwide campaign to reach women with information about the availability of safe, legal abortion services.

Leaflets, posters, flipbooks and other material highlighting facts about India's abortion law and where women can obtain safe, legal abortion care are being printed and distributed across India by state governments. Directed towards increasing community awareness and emphasizing legality of abortion services in government facilities, the material has been designed keeping in view the varied use by ASHAs/ANMs, for display in the government facility and for distribution in the community.

Work on this started last year, with the GoI convening an expert group including representatives from the Ministry of Health and Family Welfare (MoHFW), state governments, and private practitioners to review some existing materials. The Central Government is now in the process of getting the new materials printed and ready for distribution by state governments.

Knowledge Bytes

प्राथमिक स्वास्थ्य प्रणाली में चिकित्सीय गर्भ समापन को शामिल किया जानाः दूसरे स्वास्थ्य कार्यक्रमों और वस्तुओं से तुलना

–शरद डी. आयंगर

पिछले वर्षों में मृत्युदर, बीमारी और जनसंख्या बढ़त में कमी लाने के लिए, और ज़रुरी स्वास्थ्य सेवाओं का उपयोग बढ़ाने के लिए प्रजनन, नवजात शिशु और बाल स्वास्थ्य, संक्रामक बीमारियों, आघात और आपातकालीन देखभाल के साथ, कई जन स्वास्थ्य कार्यक्रमों और वस्तुओं के लिए गैर चिकित्साकरण रणनीति को अपनाया गया है। इन अनुभवों से चिकित्सीय गर्भ समापन के गैर चिकत्साकरण और इनको आसान बनाने की दिशा में बहुमूल्य सीख मिलती है। जिस प्रकार कंबाइंड ओरल पिल और आपातकालीन गर्भनिरोधक गोली, जो कड़े विरोध के बावजूद अब डॉक्टरी नुस्खे के बिना दी जाने वाली दवा बन चुकी है, उसी तरह गर्भ समापन की गोली, महिलाओं और उनके स्वास्थ्य सेवा प्रदाताओं के बीच के रिश्ते को मौलिक रुप से बदल देती है। प्राथमिक स्वास्थ्य सेवाओं को आसान और सुलभ बनाने के उपायों में शामिल हैं– आसान तकनीक और सेवा मानदंडों को अपनाया जाना, कम योग्यता प्राप्त सेवाप्रदाताओं को पंजीकृत कर उन्हें प्रशिक्षित कराना, अस्पताल में इलाज की ज़रुरत को कम या खत्म कर देना, ज़रुरत पड़ने पर अस्पतालों में मज़बूत रेफरल लिंक की स्थापना, मरीज़ों के नियंत्रण और स्वयं–दवा लेने को बढ़ावा देना और इलाज के लिए धन की व्यवस्था करने को आसान बनाना। इन उपायों को लागू करने से, प्राथमिक स्वास्थ्य सेवाओं में चिकित्सीय गर्भ समापन सेवाएं आसानी से उपलब्ध कराई जा सकती हैं। हालांकि ऐसा करने के लिए कानून और नीतियों को बदलना होगा और यह सुनिश्चित करना होगा कि उनमें केवल ऑपरेशन द्वारा गर्भ समापन किए जाने को ही महत्व न दिया जाए, दवाएं सस्ती कीमत पर और विश्वसनीयता के साथ उपलब्ध हों, और महिलाओं को ऐसी जानकारियां होनी चाहिए, जो गर्भ समापन को कलंक रहित बनाती हैं, उनके विकल्पों को बढ़ाती हैं और जिनका उद्देश्य, उनके और उनके चिकित्सक सेवा प्रदाताओं के बीच शक्ति संतुलन को बनाए रखना है।

Source of abstract: Reproductive Health Matters, Hindi Edition, Issue 6: Garbh Samapan aur Adhikar. CREA, New Delhi, 2012

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.

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