

From the President's Desk



Elizabeth S. Maguire
President and CEO
Ipas

Dear CAC Providers:

Warm greetings from North Carolina.

I am glad to contribute to the first CAC Connect newsletter. Let me begin by expressing my heartfelt happiness at the launch of this exclusive network for CAC providers across India.

As you know, although abortion has been legal in India for a long time, the magnitude of unsafe abortions continues to be very high. We at Ipas feel extremely proud to work with professionals like you who make it possible for women to access safe, legal abortion services.

I know the difficult contexts you work in to bring much needed care to communities that often lack access to basic health services. Given challenges such as rural populations and hard-to-reach geographies, your contributions to improving women's reproductive health are especially notable. Many of you are offering safe abortion services in areas where you are the only one doing so.

When Ipas started working 40 years ago to reduce the incidence and impact of unsafe abortion, we often found ourselves alone in advancing this cause. As years went by, we built strong networks with partners like you who also care about helping women obtain safe abortion care. Our experience has confirmed the important role a network of like-minded professionals plays in supporting and motivating each other in demanding situations.

CAC Connect is designed to be a community of support of like-minded providers of abortion care. I hope CAC Connect will help you in your work -- keeping you connected to each other, updating you with the latest information and enriching you as a provider to make high-quality CAC services even more accessible for the women of India.

India is a special program country for me, as I am so impressed with the commitment and professionalism of the clinical providers I have met. I wish you all and your network huge success for the future.

With best wishes and warm regards,

Elizabeth Maguire

Let's Connect

Greetings from the CAC Connect Secretariat!

Taking forward our efforts to connect with you and facilitate networking amongst you all, we are pleased to introduce the quarterly CAC Connect newsletter that will bring to you the latest developments in comprehensive abortion care (CAC) and other related services. The various columns in the newsletter will also be a platform for you to participate in the network and connect with colleagues in other parts of the country.

Turn the pages and discover the potential to network, learn and share!

CAC Connect Contest

Q. For how many minutes should the MVA Aspirator be 'roll-boiled' to achieve HLD?

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

Mail your entries to:
CAC Connect Secretariat
P.O. Box 8862, Vasant Vihar
New Delhi – 110 057
Or E-mail: helpdesk@cacconnect.in
Or SMS: +91 9013380510

Contest closes 28th February 2013

CAC Connect Launch



CAC Connect was launched during the National CAC Resource Persons Meet held in Goa during May 21-24, 2012. The meet was organized for CAC master trainers and clinical mentors from six states- Bihar, Jharkhand, Madhya Pradesh, Maharashtra, Uttarakhand and Rajasthan- and saw the instant enrolment of 119 members into the network. The event aimed at experience-sharing of training



activities and discussion on strategies to make the CAC program more effective. It also had sessions by Dr. Nozer Sheriar, Secretary General, FOGSI and Member, Board of Directors Ipas on 'Abortion: A Human Rights Issue' and Dr. Atul Ganatra, Chairperson, MTP Committee, FOGSI on 'Recent Advancements in Medical Abortion' which were highly appreciated.

Doctor's Time Out!



The launch of CAC Connect in Goa was followed by 11 state-level meets across the six states, where CAC trained doctors came out in full enthusiasm to support the CAC Connect network. Providers and their families were seen bringing out

their creative best at the talent show, games and rapid-fire quiz. Awards were given out for excellence in CAC service delivery. These events resulted in the enrolment of around 300 CAC trained providers into the network.

What's New?

New WHO guidelines on safe abortion

The much awaited second edition of WHO's publication *Safe abortion: technical and policy guidance for health systems* released earlier this year. The new edition covers a vast variety of topics ranging from service delivery as it applies to the availability

and use of new methods, application of human rights for policy-making and legislation related to abortion, among others. We bring to you the significant updates in the technology of medical abortion in the new guidelines over the 2003 edition:

Topic	WHO guidelines	
	First Edition	Second Edition
Route of administration of misoprostol in the mifepristone – misoprostol regime for upto 9 weeks	Only vaginal	Choice between vaginal, sublingual and buccal routes for the same.
MA regimen for 9 – 12 weeks of pregnancy	Under research	Definitive protocol: 200 mg mifepristone orally → 800 mcg misoprostol vaginally (36-48 hours later) → 400 mcg misoprostol vaginally or sublingually every 3 hours for a maximum of 5 doses.
Misoprostol for incomplete abortion	Not mentioned	Single dose of 600 mcg misoprostol orally or single dose of 400 mcg misoprostol sublingually

To read the complete guidelines, visit www.cacconnect.in

Ask a Question

Q: How can I ensure that my documentation of MTP cases is in complete conformance with the law?

Ans: The following need to be maintained:

(1) Form I (RMP Opinion Form): According to Section 3(2) of the MTP Act, an RMP is required to give his opinion for every MTP– one medical practitioner in case the length of the pregnancy is less than 12 weeks; two RMPs if the length of the pregnancy is between 12-20 weeks.

(2) Form C (Consent Form): As per Section 3(4) of the MTP Act, all MTPs require written consent of the woman (only) if she is above 18 years of age; or of her guardian in case of a woman who is below 18 years of age, or a mentally-ill person (irrespective of age).

(3) Form III (Admission Register): As per MTP Regulation 5, any facility or place conducting MTPs should maintain a record of the details of the admissions of women for MTP. This register is to be kept for a period of five years from the end of the calendar date it relates to.

(4) Form II: It is required that as per MTP Regulation 4(5), every head of the facility or place where MTPs are conducted sends to the Chief Medical Officer/ Civil Surgeon/ Chief Medical Health Officer, a monthly statement of MTP cases.

All hospitals established or maintained by the government are entitled to provide MTP services. However, if you are conducting an MTP at a private facility/ place, ensure that it is approved by the relevant District Level Committee and has the certificate of approval (Form B).

Indications for legal MTPs

- Pregnancy involves a risk to the life of the pregnant woman
- Pregnancy involves a risk of grave injury to the woman's physical or mental health (taking into account the woman's actual or reasonably foreseeable environment)
- Substantial risk of physical or mental abnormalities as to seriously handicap the children if born
- Pregnancy is alleged to have been caused by rape
- Pregnancy occurs as a result of failure of any device/method used (contraceptive failure) by any married woman or her husband for the purpose of limiting the number of children

Provider Speak



Dr. Manish Kumar
PHC Pratappur
District Chatra
Jharkhand

It was evening time when a pale-looking, shabbily dressed young woman came to my PHC. She was in extreme pain and presented with a history of continuous bleeding per vaginum for the past five days. On detailed history taking, she reported having taken some abortion inducing herb given to her by the local dai. I suspected a case of incomplete abortion. It had been over a month since I completed my CAC training and had performed a couple of abortions, but this one was complex. Apprehensive about the case, I called my trainer Dr. Anjali Srivastava and detailed it to her. She patiently listened to all I said and calmed me down. Guiding me diligently, she assisted me in successfully completing the procedure using MVA technique. Even as I recollect this, I feel a great sense of satisfaction of saving a woman's life. No words can ever express my deep regard and gratitude for my trainer!

It was the first training I attended after being posted to PHC Eadvan, and notably the best one. Having undergone the extensive 18-day training on comprehensive abortion care, I was enthusiastic to serve the women in my area. But being a fresh MBBS graduate and a male doctor offering abortion services in a new area, meant that things would not be easy. Women in my area did not have confidence in me, and despite my willingness, I was not able to provide any CAC services! Around that time, there was a visit by an Ipas coordinator who oriented my PHC staff. The PHC staff in turn spread the word on availability of CAC services at the facility in the community. Soon after, there was a visit by Dr. Sachin Chinde, a clinical mentor, and the discussion I had with him gave me a tremendous boost for performing MTPs independently. Also, being a well-known senior gynaecologist, Dr. Chinde's visit was viewed as 'bade doctor saheb's' visit, which helped improving my credibility to the women in the area. Now women confidently approach me and I regularly offer CAC services.



Dr. Akash Jitendra Shah
PHC Eadvan
District Thane
Maharashtra

CAC Connect Goes Online!

CAC Connect Secretariat is pleased to announce the launch of its new website www.cacconnect.in – a web portal devoted exclusively to CAC professionals from across the country. The website has been designed with a user-friendly interface, allowing easy navigability and ensuring greater functionality for its members.

Devoted to comprehensive abortion care, the website offers to you:

- Individualized profile page for each member
- Resources including guidelines, manuals, research papers, training curricula and thematic publications
- Personalized blog space where you can share stories of success, lives saved, difficult cases, and other valuable experiences and insights
- Members directory with contacts of Ipas trained CAC providers from across the states
- A forum where you can post questions and seek guidance from experts in the field.

Sign-up to www.cacconnect.in today to discover a whole new world of CAC-related knowledge and resources.

Conference Alert

IPHACON 2013

Date: February 1-3, 2013

Location: Science City, Kolkata

9th South Asia Federation of Obstetrics and Gynaecology Conference (SAFOG)

Date: February 28 – March 03, 2013

Location: Agra, Uttar Pradesh

IWAC 2013

Date: January 22- 25, 2013

Location: Bangkok, Thailand

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:

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