Integrating Family Planning And Abortion Services

A Neglected Approach in Reducing Maternal Mortality and Morbidity

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Overview

• The cycle of unsafe abortion
• Linking family planning and abortion services: the “PAC” model and its limitations
• Moving from PAC to CAC: A health systems approach
• The missing piece in family planning services: counseling/referral for safe, legal abortion
• The way forward: Research, programs, and policies
The cycle of unsafe abortion

1. Non use of contraception or method failure
2. Unwanted pregnancy
3. Lack of information/counseling on safe options
4. Unsafe abortion
5. Lack of counseling/services for contraception

The cycle continues in the reverse direction.

<table>
<thead>
<tr>
<th></th>
<th>Induced abortion (n=6,979)</th>
<th>PAC (n=1,932)</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of previous abortion</td>
<td>916</td>
<td>682</td>
</tr>
<tr>
<td></td>
<td>27</td>
<td>35</td>
</tr>
<tr>
<td>Using contraception when she became pregnant</td>
<td>1,727</td>
<td>465</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>24</td>
</tr>
</tbody>
</table>

Source: Prospective patient data, Ethiopia 2008
Characteristics of abortion clients
Malawi-National Magnitude Study, 2009

Reproductive history as reported by women seeking PAC

- Woman reported using contraception at time of pregnancy (n=470): 22.7%
- Reported a previous miscarriage (n=418): 20.7%
- Reported a previous abortion (n=59): 3.1%
- Reported trying to end this pregnancy (n=171): 8.4%
- Gestational age < 12 weeks (n=1391): 67.7%
Linking family planning and abortion services: the “PAC” model and its limitations

• Fragmented services
• Insufficient attention to scale up and sustainability
• Little adaptation to changes in abortion policies and technologies
• Need to accelerate movement toward comprehensive abortion care (CAC) model
Moving from PAC to CAC: a health systems approach

- Training – clinical, values clarification, counseling, facilitative supervision
- Improved organization of services and use of data
- Systems for commodity supply
- Community mobilization
- Planning for scale-up and sustainability
Incorporating new technologies: misoprostol
Results: Women served and percentage receiving postabortion contraception in Ipas assisted facilities 2008-2011

No. of women Served (UE Procedures)

<table>
<thead>
<tr>
<th>Region</th>
<th>FY08</th>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>45%</td>
<td>55%</td>
<td>50%</td>
<td>63%</td>
</tr>
<tr>
<td>Asia</td>
<td>67%</td>
<td>77%</td>
<td>69%</td>
<td>70%</td>
</tr>
<tr>
<td>LAC</td>
<td>67%</td>
<td>32%</td>
<td>72%</td>
<td>69%</td>
</tr>
</tbody>
</table>

FY08, 11 countries, 1460 sites
FY09, 12 countries, 1522 sites
FY10, 16 countries, 1507 sites
FY11, 11 countries, 1779 sites
## Results: Selected Ipas countries, 2011

<table>
<thead>
<tr>
<th>Country</th>
<th>Area served</th>
<th>Number of sites reporting UE</th>
<th>Number served (3 mos.)</th>
<th>Number receiving contraception</th>
<th>Percentage receiving contraception</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>5 regions</td>
<td>309</td>
<td>12,074</td>
<td>8,696</td>
<td>72</td>
</tr>
<tr>
<td>India</td>
<td>6 states</td>
<td>440</td>
<td>14,679</td>
<td>10,537</td>
<td>72</td>
</tr>
<tr>
<td>Mexico</td>
<td>5 states</td>
<td>16</td>
<td>7,168</td>
<td>4,721</td>
<td>66</td>
</tr>
</tbody>
</table>
“Sometimes we get somewhere to do outreach for [USAID-funded project], and we find that a woman is pregnant. Maybe wanted or unwanted, but we can’t counsel her on any of that. We can only say that the nurse that’s in that facility can counsel you where to go and what’s the way forward. We ourselves can’t do any of that, because we have USAID funding.”

---- Respondent in a recent Ipas country-level assessment of the impact of USAID restrictions, 2011
The way forward: research, programs, policies

- Commit to a continuum of care and a true woman-centered approach
- Support more formative and operations research on FP program response to women with unwanted pregnancies
- Improve FP guidelines and training
- Break down the walls!!!
- Review policies and funding mechanisms to incorporate safe abortion
Keeping our promise: integrated, woman-centered care