Challenges of Second Trimester Abortions in the Accra Metropolis, Ghana.

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• The contribution of second trimester abortion to maternal morbidity and mortality is significant and well known

• Highest figures come from the developing world where there are somewhat restrictive laws
• The problem however is not the law per se, since for the woman with an unwanted pregnancy, the desire to terminate the pregnancy takes precedence over the desire to obey laws prohibiting abortion.

• Unwanted pregnancy could be likened to obstetric fistula where affected women would seek care wherever they hope to get it.

• Lack of skilled providers and facilities coupled with stigma for both seekers and providers is the problem.
• The induced abortion rate in Ghana is 0.4 per woman
• Second trimester abortions do occur whether safe or unsafe
• There is little data on the extent of the problem.
• Lots of studies have looked at reasons, barriers challenges in seeking second trimester abortions from the client perspective but little has been done in this regard from the provider perspective, hence this study.
Objectives

• To determine the prevalence of safe second trimester abortions in the Accra metropolis of Ghana

• To determine the challenges faced by providers of safe second trimester abortions in the Accra metropolis of Ghana
Methods

• Cross-sectional study using structured interviews (open and closed ended questions).

• Study pop:
  – All safe abortion providers.
  – List of all public institutions and providers was available and used.
  – Private institutions and providers were enrolled by Snow-balling technique.
Data collection and Analysis

• Variables collected included;
  – sociodemographic data of providers,
  – the number and type of procedures performed over the previous six months.
  – Information on provider and client challenges/difficulties in second trimester abortion provision

• Data was analyzed using SPSS 16 and the Chi-square statistic was used and statistical significance set at $p< 0.05$. 
Results

• A total of 67 providers were interviewed
  - 31 midwives,
  - 20 medical officers,
  - 8 residents (OB/GYN)
  - 8 OB/GYNS
• Prevalence of second trimester abortion was 15.3%
• Second trimester abortion providers were 31.3% and they were all doctors
• 58.3% of doctors in this study provided second trimester abortions
• 47.6% of second trimester providers had formal training
Methods used in second trimester abortions

- Misoprostol and MVA – 100% providers
- Mifepristone plus misoprostol - 14.2% providers
- Misoprostol plus oxytocin - 33.3% providers
- Misoprostol plus D&E - 23.8% providers
• There were no significant association
  – between formal training in second trimester abortion provision and maximum gestational age ever terminated (p=0.340)
  – between formal training in second trimester abortion provision and rate and type of complications (p=0.581)
Provider challenges

• Lack of appropriate instruments/equipments
• Lack of surgical skills for D&E
• Burden of admitting clients as often is the case with medication abortion
• Difficulty in disposal of products of conception especially with higher gestations
• Difficulty in referring complications due to unfriendly attitudes of colleagues at referral centres, consequently complications are referred anonymously and without details

• Lack of skills in counselling clients seeking second trimester abortions
Perceived solutions

- Surgical skills training in D & E
- Training in counselling
- Provision of appropriate and affordable instruments and equipment (e.g. ultrasound machines) to both public and private sector providers by government/donors
- Public-private sector collaboration to establish good referral systems for cases and complication management
• Advocacy to policy makers to appreciate role of providers in preventing abortion related maternal morbidity and mortality from unsafe abortion

• Education of the public on the role of providers in preventing abortion related maternal morbidity and mortality from unsafe abortion
Knowledge contribution

• There is a high prevalence of second trimester abortion

• Providers are ill-equipped in terms of skills, instruments / equipment thus limiting method options for both clients and providers
Thank you