

Improving Access to Safe Abortion Care After the First Trimester

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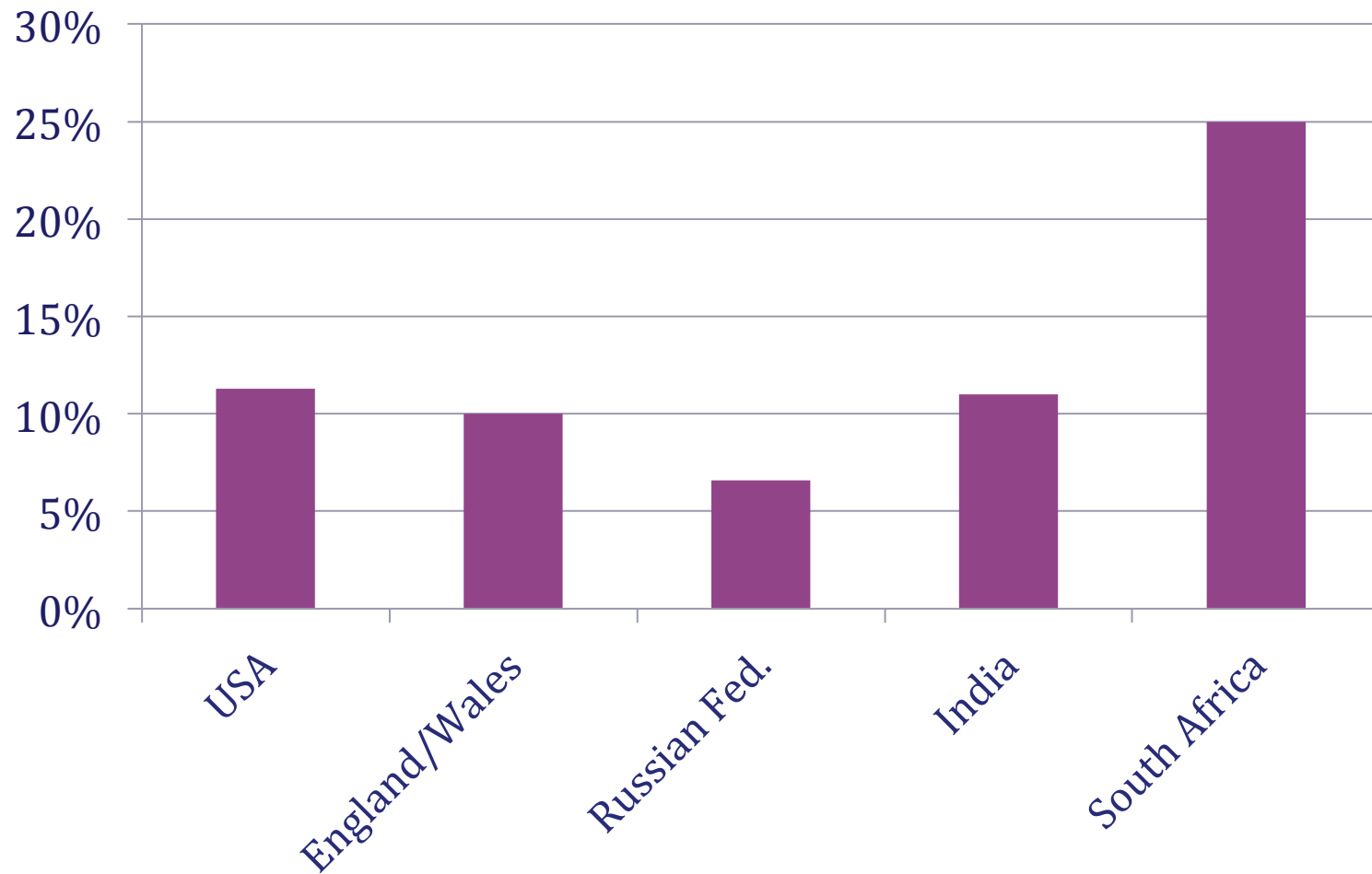
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Objectives

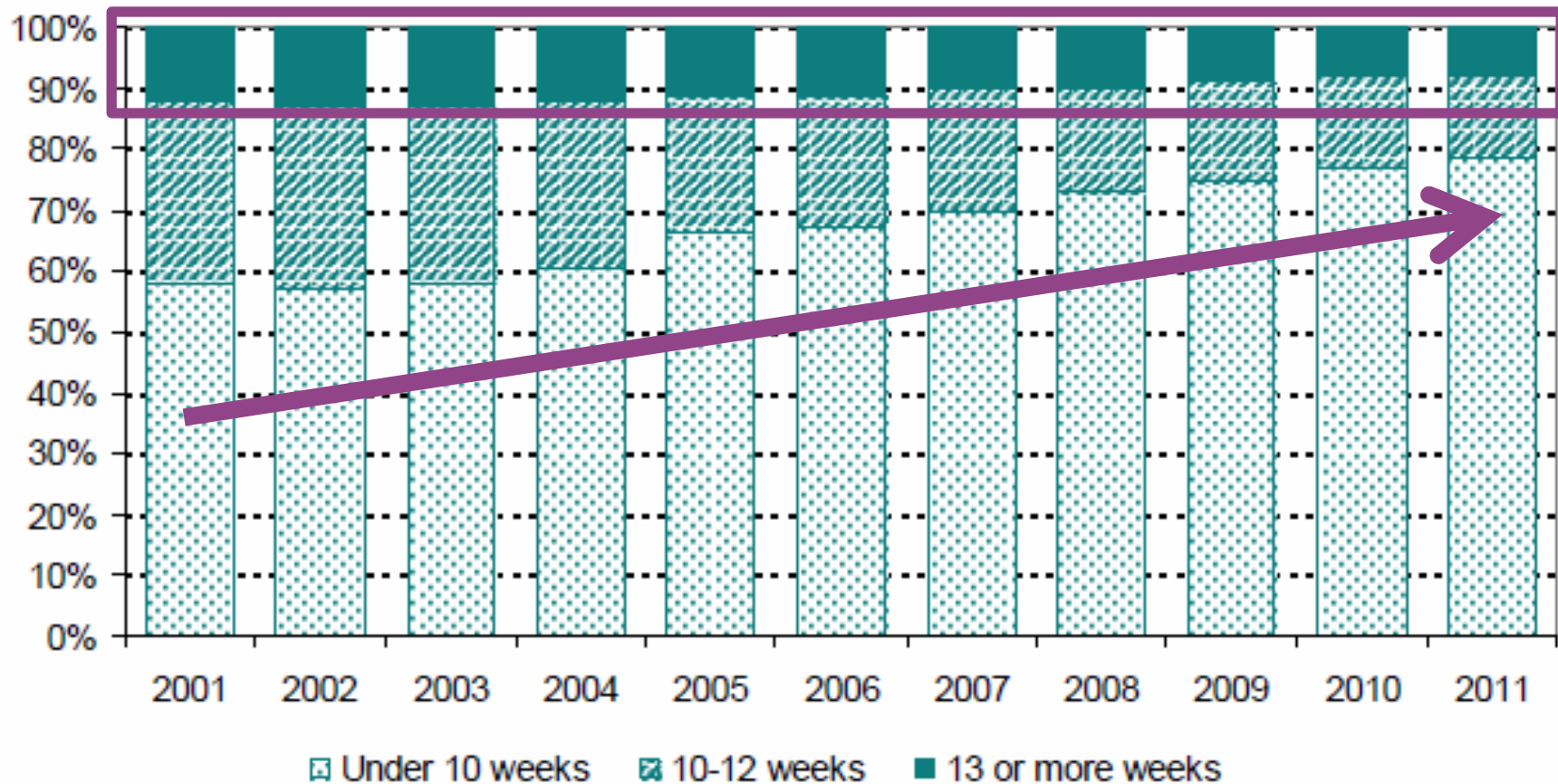
- Review data on:
 - Proportion of abortions that are performed after the 1st trimester
 - Contribution to maternal mortality
- Explore reasons for seeking later abortion
- Review methods of later abortion
- Explore barriers to access to later services

Proportion of All Abortions Performed After the 1st Trimester



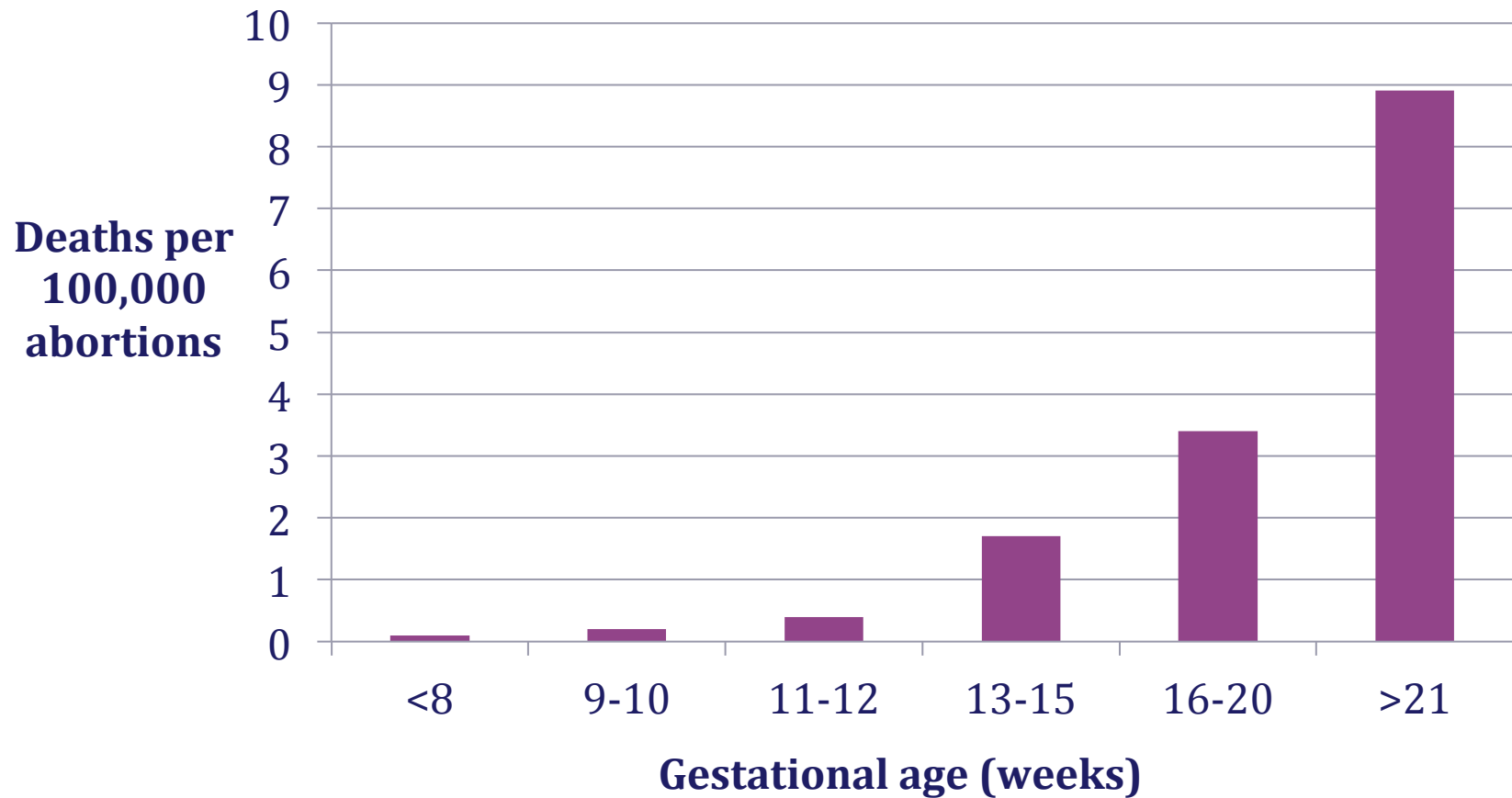
Abortions by Gestational Age

England and Wales, 2001-2011



Abortion-related Mortality

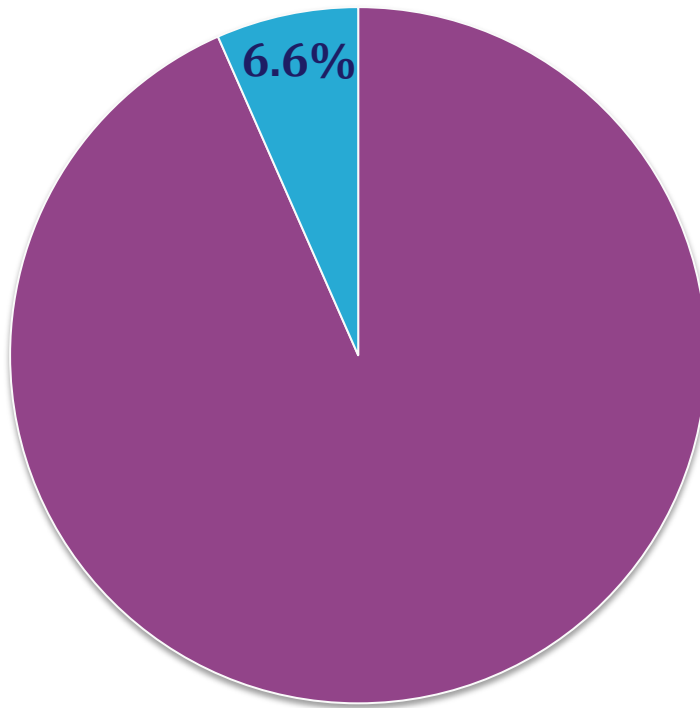
United States, 1988-1997



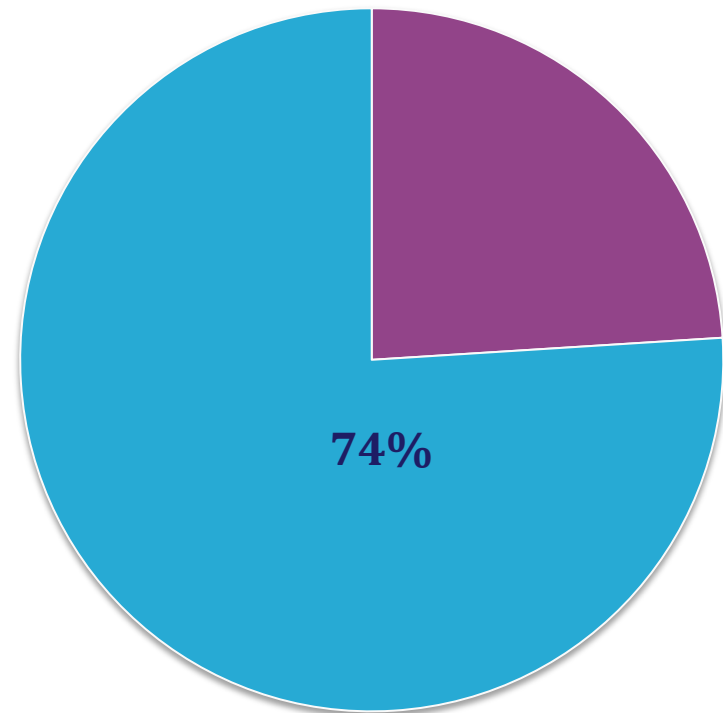
Mortality by Gestational Age

Russian Federation, 1999

All Abortions



Abortion Deaths

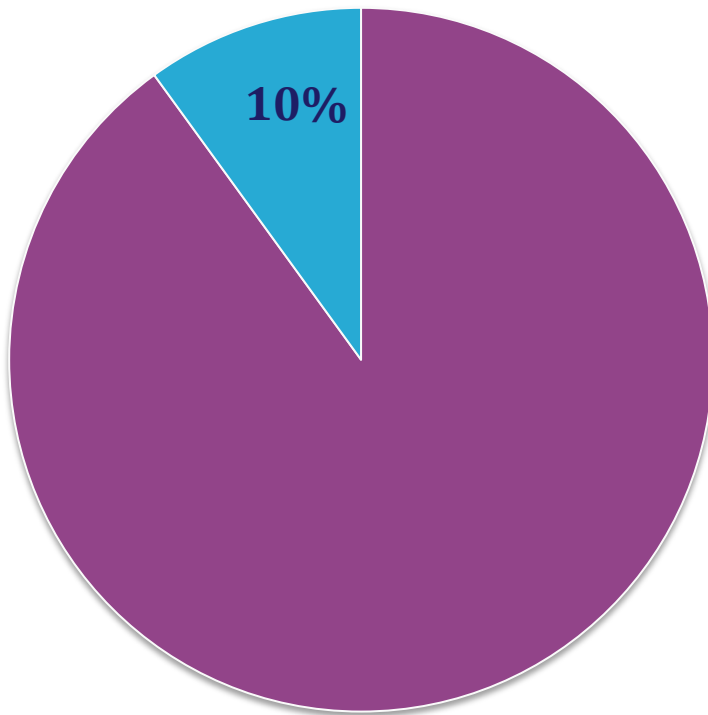


■ 1st trimester ■ 2nd trimester

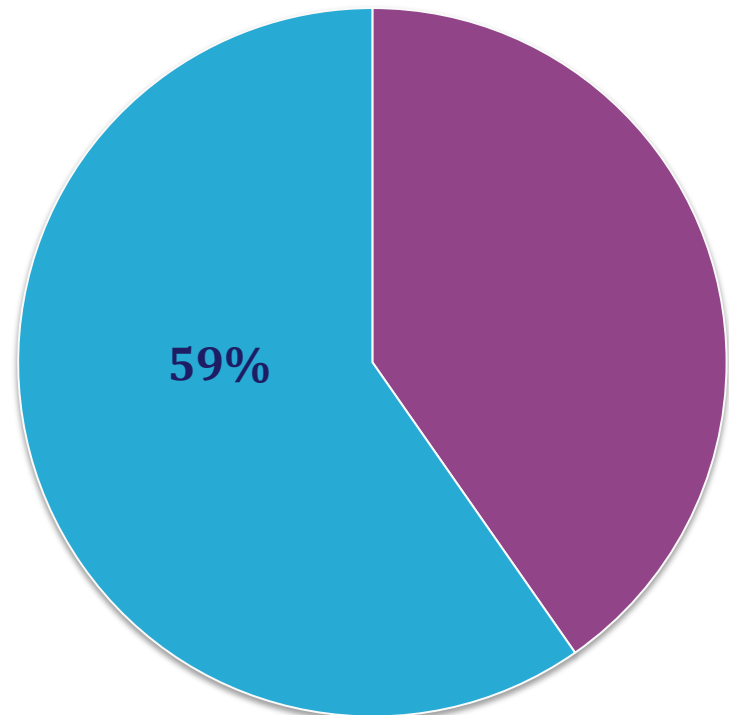
Mortality by Gestational Age

Benin City, Nigeria, 1973-84

All Abortions



Abortion Deaths

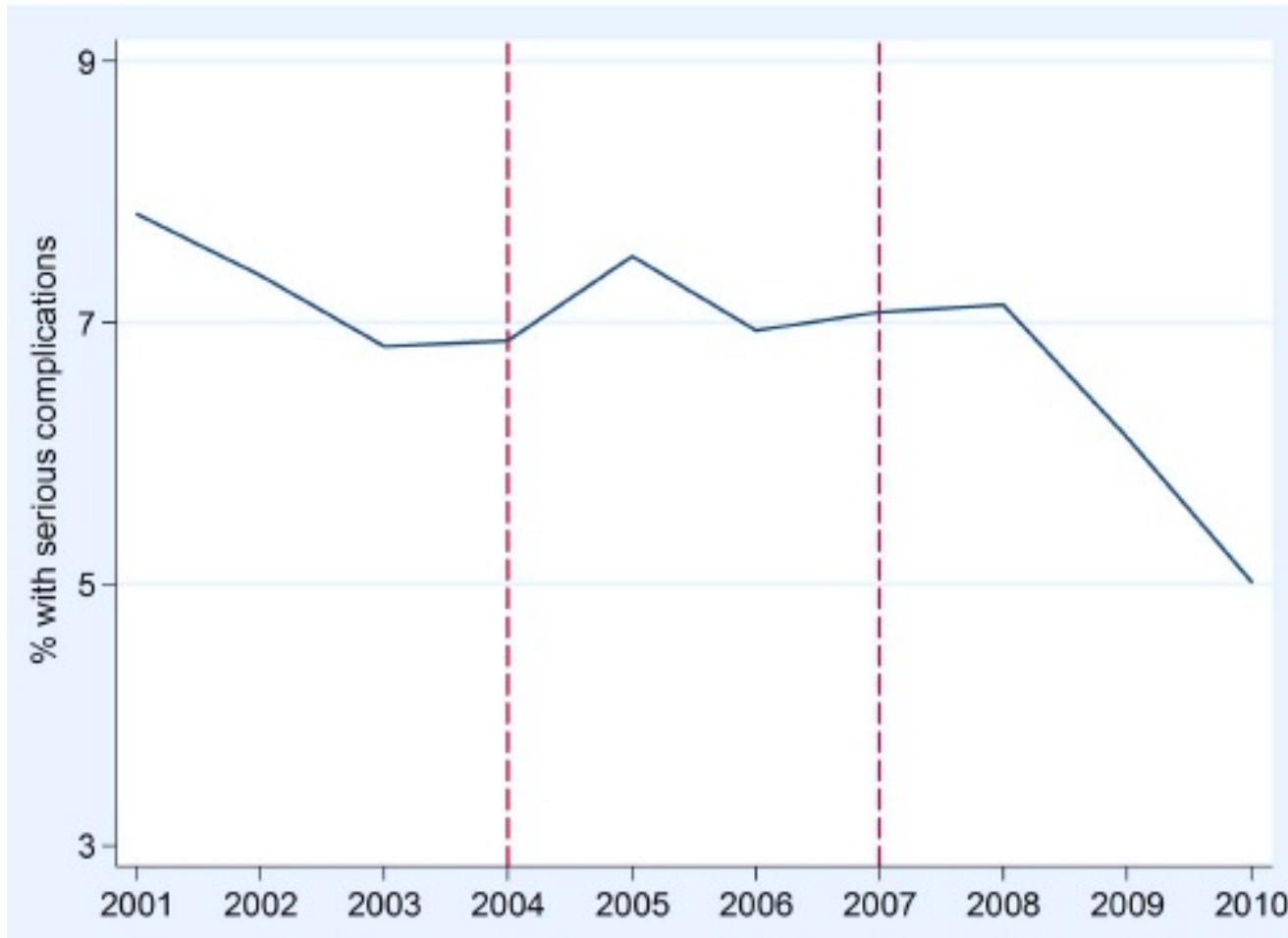


■ 1st trimester ■ 2nd trimester

Unsafe Abortion After the 1st Trimester in Mexico

- Review of maternal deaths in Morelos and State of Mexico, 2001
 - Identified 4 abortion-related deaths
 - In all 4 cases, abortion occurred after 1st trimester
- Review of 12 deaths related to unsafe abortion in Mexico City, 2005-2007
 - Of 9 with known gestational age, 5 were after the 1st trimester

Proportion of Abortion Cases with Serious Complications at 4 Hospitals in Nepal



Reasons for Delay in South Africa

- Qualitative study: 27 in-depth interviews with women seeking abortion at 13-20 weeks in Cape Town
- Commonly cited reasons
 - Failure to recognize pregnancy (especially with irregular periods)
 - Ambivalence, uncertainty
 - Lack of awareness of law, facilities
 - Judgmental attitudes of providers, inappropriate referrals

Reasons for Delay in India

- Women in vulnerable situations conceal pregnancy due to stigma
- Change in circumstances
- Late recognition of pregnancy
- Fetal anomalies
- HIV diagnosis during pregnancy

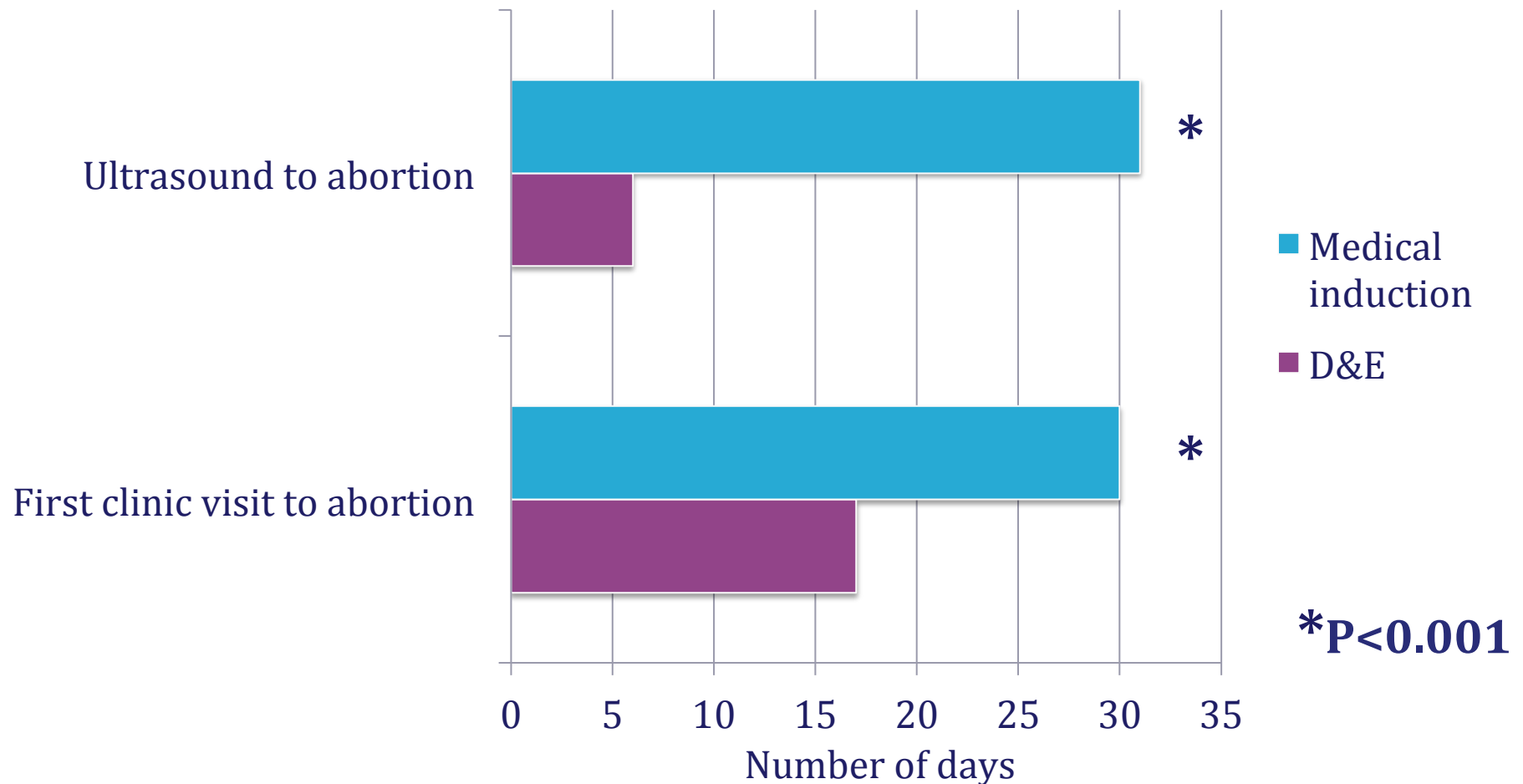
Abortion After the 1st Trimester in Legally Restricted Settings

- Abortion frequently legal for indications that may not be identified/approved until after 1st trimester
 - Fetal anomalies
 - Conditions that threaten woman's health
 - Process of reporting rape may be prolonged, forcing delay past 1st trimester

Methods of Later Abortion

- Instillation methods: generally obsolete
 - Extra-amniotic ethacridine lactate in India
- Surgical methods: Dilation and evacuation (D&E)
- Medical methods:
 - Misoprostol alone
 - Standard method in South Africa
 - Mifepristone and misoprostol
 - Significantly shorter median induction-to-delivery time (5-7 hours vs. 11-15 hours)

Delays to Accessing Care in South Africa



Comparing D&E to Medical Induction

D&E	Medical Induction
Outpatient	Inpatient (requires more hospital beds)
More physician training	More dependent on nursing care
Need case volume to maintain skills	Less dependent on volume
May be more emotionally difficult for provider	May be more emotionally difficult for woman
Need back-up for rare complications	Need back-up for approximately 10-20% requiring D&C

Why are safe later abortion services often not available in many settings?

- Real or perceived legal barriers
- Lack of trained providers
- Lack of familiarity with evidence-based techniques
- Concentration of services in urban centers
- Stigma—even more intense for later abortion

Conclusions

- Procedures done after the 1st trimester account for a larger proportion of abortion-related mortality
- Later abortion is a necessary component of safe abortion services
- Both D&E and medical induction can be safely provided in low-resource settings
 - D&E requires training of skilled providers
 - Mifepristone regimen improves capacity of medical induction abortion services