

REDUCING MATERNAL MORBIDITY AND MORTALITY
FROM UNSAFE ABORTION IN UGANDA

**STANDARDS
AND
GUIDELINES**

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Overview

- ❑ Background: why we needed the S&Gs (*Magnitude of the problem of unsafe abortion*)
- ❑ Introduction to the S&Gs
- ❑ Stakeholders involved in developing the S&Gs
- ❑ Target audience
- ❑ Overview of the different parts of the S&Gs.
- ❑ What we hope to gain.
- ❑ Arising questions from the dissemination of the S&Gs.
- ❑ Conclusion.

Background: *Magnitude of the problem.*

- ❑ Persistently high MMR: **438/100,000**
- ❑ Maternal deaths from unsafe abortion
 - **Uganda: 26%**
 - E.A -18%
 - World – 13%
 - EU/US – 4%
- ❑ 5/1000 women of reproductive age treated for abortion complications

Root causes of unsafe abortions:

- ❑ Unmet need for family planning & Contraceptive failure
- ❑ Lack of information about contraception
- ❑ Restricted access to safe abortion services.
- ❑ Restrictive legal environment.

Introduction to the S&Gs

- ❑ **Expand on existing national and international policies, standards, and guidelines** (Maputo Plan of Action, the Cairo International Conference on Population and Development).
- ❑ Are to be used in conjunction with existing guidelines (e.g. the Sexual and Reproductive Health Policy and standards) WHO Technical Guidance on Safe Abortion (2012)
- ❑ Prevention, management of unintended/unwanted pregnancies, provision of adoption services, and Post-abortion care
- ❑ These S&Gs will reduce morbidity and mortality due to unsafe abortion, increase equitable access to safe abortion related health services, consistent with Uganda's current laws and policies

Stakeholders involved in developing the S&G

- ❑ Ministry of Health (*MOH*)
- ❑ Ministry of Justice & Constitutional Affairs (*MoJCA*)
- ❑ Association Of Obstetricians and Gynecologists of Uganda, Uganda
Private Midwives Association, Mulago National Referral Hospital
- ❑ The Coalition to Stop Maternal Mortality due to Unsafe Abortion
(*CSMMUA*)
- ❑ RH Stakeholders(*CEHURD, RHU, PACE, etc*)
- ❑ Makerere University; Schools of Law; and Medical Psychology

- ❑ **Review panel:** World Health Organization; World Bank; IPAS;
Management Sciences for Health; International Planned Parenthood
Federation; FHI 360

Target audience?

- Health workers, including; doctors, midwives, clinical officers, nurses, and other service providers;
- Health educators; policymakers
- VHTs
- Leaders of schools, higher educational institutions, hospitals, and clinics;
- The media;
- Patients; community members

Overview of different parts of S&G.

- The **Standards** detail and guide the minimum requirements that should be met by all facilities, health care workers, and other stakeholders providing SRH education and services.
- The **Standards** will be used to ascertain the level of deviation from professional practice in the provision of care and it is the responsibility of facilities, health care workers, and all stakeholders to meet these standards.
- The **Guidelines** assist stakeholders in decision-making by describing a range of generally acceptable approaches to achieving the standards in line with Uganda's laws. They will help meet the needs of clients and improve the health of the community and country at large.

PART I: Primary Prevention Of Unsafe Abortion

- **Prevention of Unintended pregnancy and unsafe abortions:** Includes integration of SRH services with other services, family planning and contraception, counseling and sensitization of the public and recognizes special needs of vulnerable groups (young people, SGBV survivors)
- **Outlines the Implementation Guides for :**
 - Responsibilities of various actors including communities, schools, government, religious leaders, health care providers etc
 - Reduction of abortion-related stigma
 - Family planning and prevention of unintended pregnancies.
 - Information and services for different age groups.

PART II: Management Of Unintended And Risky Pregnancies

- **Management of unintended or risky pregnancies** includes such services as ANC referral for women who opt to carry the pregnancy to term, psychosocial and economic support, accurate and unbiased information and uterine evacuation procedures as per WHO recommendations.
- **Outlines the Implementation Guides for :**
 - Psychosocial Support
 - Adoption, Guardianship, and Child Fostering Services
 - Pre-Procedure Care for Termination of Pregnancy
 - Safe Termination of Pregnancy
 - Uterine Evacuation Procedures as per WHO recommendations

PART III: Post-abortion Care (PAC)

- **Post Abortion care:** Includes treatment of incomplete abortions and counseling and post abortion contraception to prevent reoccurrence of an unintended pregnancy.
- **Outlines standards and guidelines for:**
 - Provision of PAC Services
 - Uterine Evacuation in Post-Abortion Care
 - Post-Abortion Contraception
 - Community and Key Stakeholder Sensitization and Mobilization to improve SRH Services and Reduce Abortion-Related Stigma

What we hope to gain

- ❑ Reduced number of unintended/unwanted pregnancies
- ❑ Enlightened health workers and policy makers
- ❑ Common interpretation of the legal environment among all relevant Ministries
- ❑ Clear guidance on provision of safe abortion services and on management of unsafe abortion in Uganda.
- ❑ **Reduced Maternal Morbidity and Mortality**
- ❑ Improvement in quality of services i.e.
 - ✓ Preventive services (i.e.. family planning counseling & services)
 - ✓ Community awareness and empowerment regarding availability of post abortion care services
 - ✓ Prompt and standard emergency treatment
 - ✓ Psychosocial support and counseling
 - ✓ Linkages to other RH services

Factors hindering operationalisation and implementation of the S&Gs.

- Limited access to the S&Gs especially by health providers across the country.
- They do not have the guiding force of the law. (Cannot be enforced in court of law)
- Limited skills and capacity of health providers to implement the recommendations from the S&Gs
- Challenges in collection of data on unsafe abortions.
- Negative values, stigma and attitudes are still a challenge.

Lessons learnt

- ❑ Need for inter-sectoral collaboration if unsafe abortion is to be addressed (MoH, MoJ, MoGLSD, MoE)
- ❑ Religious and cultural leaders need to play their role
- ❑ Increased research and documentation- to support evidence based advocacy
- ❑ Media role very critical in addressing unsafe abortion
- ❑ Need for a law to give the force of law to the S&GS

Conclusion

- Abortion is a gravely serious public health issue and a major contributor to MMR in Uganda.
- Quality Services require:
 - ✓ Preventive services (i.e. family planning counseling & services)
 - ✓ Community awareness and empowerment regarding Post Abortion Care
 - ✓ Prompt and standard emergency treatment.
 - ✓ Psychosocial support and counseling
 - ✓ Linkages to other RH services.