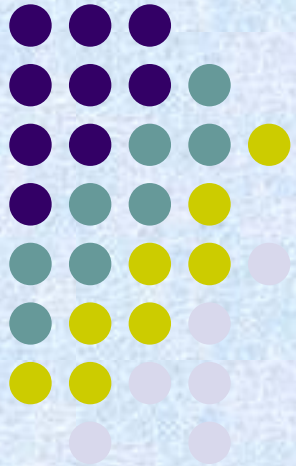
Serving Disadvantaged and Vulnerable Populations

Svitlana P. Posokhova
Professor of Obstetrics and Gynecology
at Odessa State Medical University
Director of a regional
perinatal center

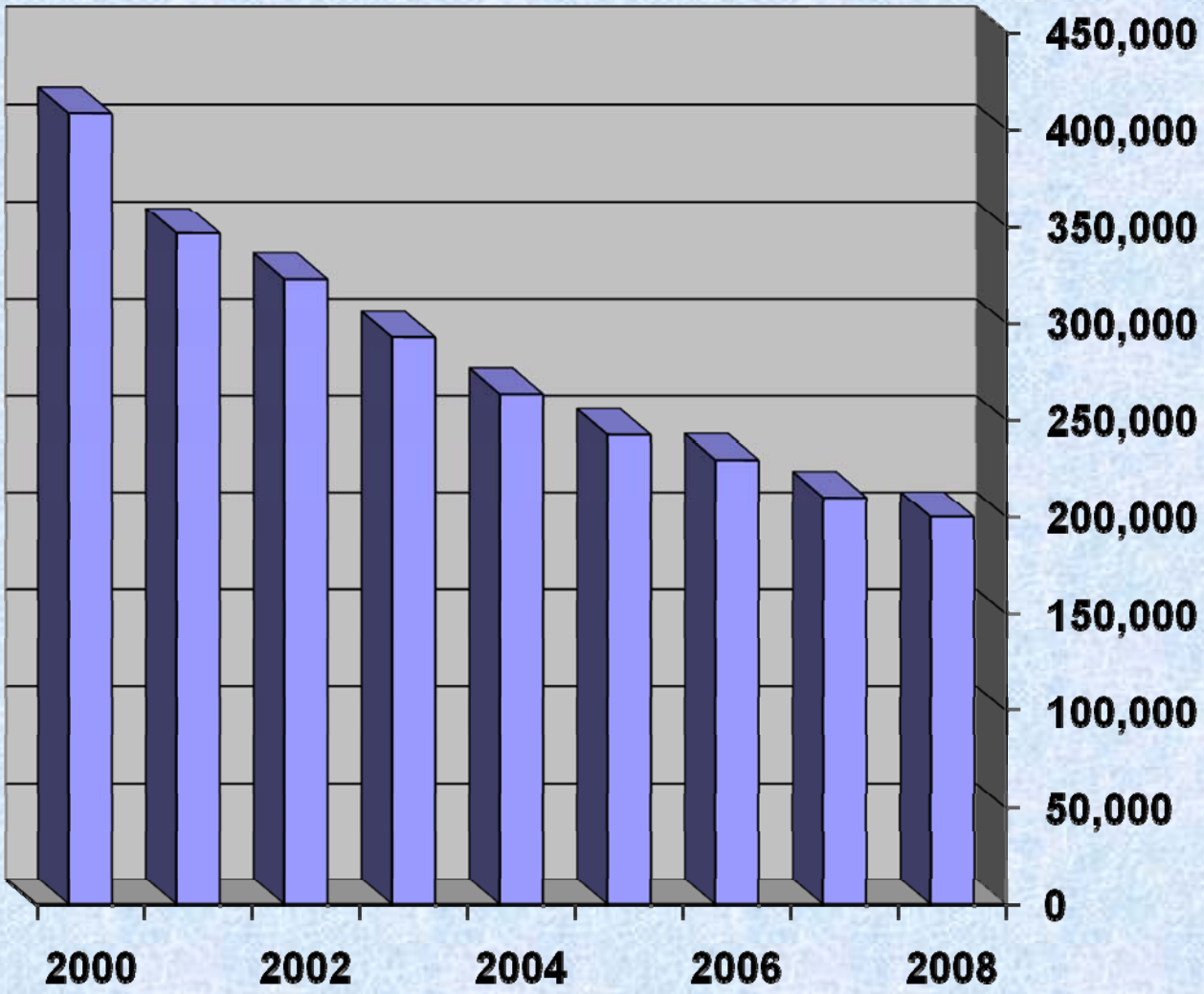


September 11th, 2009
Tbilisi, Georgia

Demographics

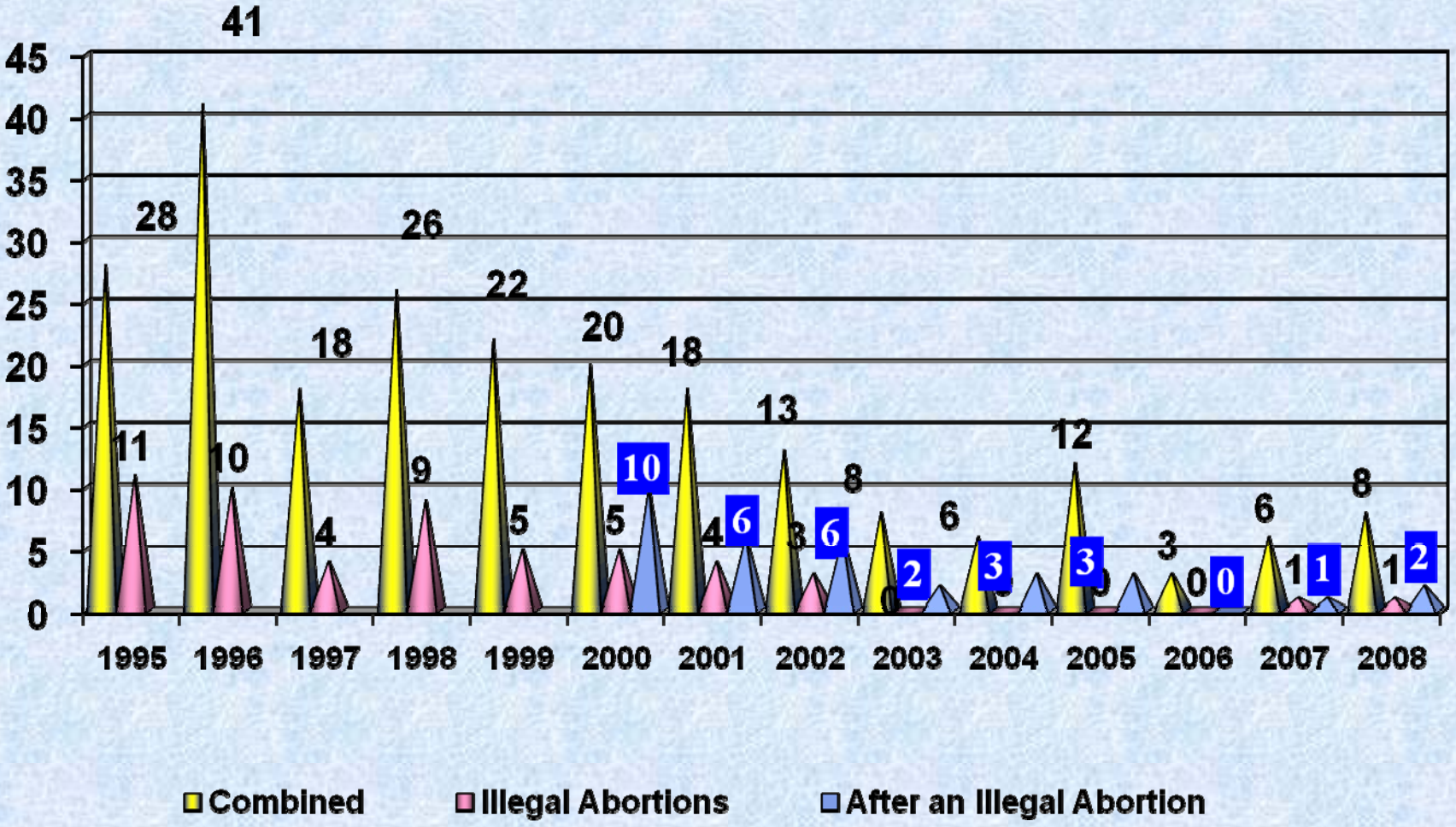
- Ukrainian population - 46.3 million
- Total mortality - 16.7 per 1,000 people
- 510,600 children were born in 2008
- 754.5 thousand people died
- Population of the Ukraine shrunk by 244 thousand people! (and a total of 5 million during its period of independence)

Total Number of Abortions in 2000-2008



МОЗ УКРАЇНИ

Abortion-Related Maternal Mortality
in 1995–2008 (total number)



GROUPS OF WOMEN Using Abortion

- Illiterate teenagers: girls under 14 years of age (the number of abortions was 84; for 15- to 17-year-olds it was 4,089)
- For teenagers, there are 5 abortions for every childbirth
- Poor socioeconomic conditions reflected in their family situation and the rest of their lives
- Women who use abortion as a family planning method
- Women who are not well informed about methods of contraception and contraceptive choices available to them (rural residents)

Special Considerations in Service Delivery for Rural Residents

- Basic precondition: quality counseling before the abortion procedure
- Existence of a regional medical facility (for emergency care)
- Regional doctors knowledgeable about MA, possible complications, and medical care procedures
- Living conditions, social status, family support

Implementation Steps for Introducing MA to Rural Areas

- Training medical providers—obstetrician-gynecologists, family practitioners, physician assistants, and obstetricians
- Dissemination of information on safe abortion among the population
- Interest in and understanding of medical abortion by medical providers
- Careful patient selection
- Women's ability to afford an abortion

Problems Associated with MA for Rural Women (Based on the Experience at a Center for Family Planning)

- Consultations took place at CFP
- For rural women, out of 88 MA, only 24 (27.2%) of women gave informed consent for the procedure on the day of their consultation
- Fear of taking the medications and going back home (complications, a negative reaction, etc.)
- As a precaution, approximately 30% of women took misoprostol at a medical facility (facility staffed by physician assistants; central regional hospital)
- For 82 women (93.2%) abortion took place at home

Problems Associated with MA for Rural Women (Based on CFP Experience)

- Only half of the women could determine whether the abortion was complete (absence of good sanitary/hygienic conditions)
- A quarter of the women evaluated their abortion status by blood loss, without observing the expulsion of the gestational sac
- Despite the consultation, about 30% requested an ultrasound after 1-2 days due to anxiety about the procedure
- No telephone service

Solving the Problems of Rural Women

- Improvement in consultation quality
- It is important to give examples of successful MA in their region or village, so as to counteract anxiety and misconceptions
- Supportive and understanding medical providers working in a rural area (family practitioners)
- Understanding and supportive family and relatives

Teenagers and Medical Abortion

- Experience: providing MA to 32 teenagers
- Distinctive feature of this population: learned about MA from their peers (high level of awareness, especially among 16- to 18-year-olds)
- Over half came to CFP without parents (alone, with a partner, or with a friend)
- Highly interested in MA conducted at home

Teenagers and Medical Abortion

- Required a detailed, quality consultation
- Chose the time for MA (no classes, on the weekend, the place for MA)
- Almost 95% of the teenagers made phone calls during MA and afterwards
- *MA was the subject of teenagers' keen interest; almost all observed the expelled gestational sac (about 10% did it with a partner)*
- Over half made the follow-up visit; the rest called and informed the medical staff about the result
- Aspiration procedure was conducted for only one of the participants (3.1%) on the 8th day of her participation (incomplete abortion, bleeding)

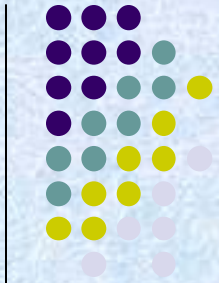
Contraception Use Following a Medical Abortion

- Out of 32 teenagers, 3 (9.3%) requested another MA six months later (no contraceptive use, unplanned sexual contacts, etc.)
- After MA, no more than 25% of the teenagers began using contraception
- Reasons for not using contraception: lack of family support (concealing sexual activity), high cost of contraceptives, misinformation about side effects (weight gain, hair growth, etc.)

Solving the Problem for Teenagers

- Informing teenagers and parents about the prevention of unplanned pregnancies
- Informing teenagers about the availability and safety of MA
- *Telephone helplines and clinics for teenagers*
- Problems with parents of girls under 14 (consent)
- No experience with MA for girls under 14 (no such patients treated)

HIV-Positive Women



- Two categories—not receiving antiretroviral therapy and those undergoing HAART
- There is positive experience of MA for this category of women in different parts of the world
- Distinctive feature of this population: most conceal their HIV-positive status when visiting a clinic, especially a private one (fear of discrimination)
- HIV-positive women who request MA are socially well adapted
- No statistics on MA among those who are HIV-positive

HIV-Positive Women and Medical Abortion

- Distinctive feature of this population: most are socially disadvantaged (inability to purchase the pills for MA)
- HIV-positive women undergoing HAART have the associated pathologies (hepatitis, tuberculosis, disorders of lipid metabolism, etc.)
- Low body weight, especially as the disease progresses
- Greater likelihood that the medications will cause side effects

HIV-Positive Women and Medical Abortion

- Experience of MA with HIV-positive women not undergoing HAART—18 women
- Distinctive features: high frequency of mifepristone side effects—vomiting (50%), nausea (30%), diarrhea (10%), fever (10%)
- All women experienced a complete abortion at home (100% efficacy)
- No experience with both MA and HAART

Women's Awareness and Perceptions

- 190 women admitted for a surgical abortion as ob-gyn inpatients (first abortion) were interviewed
- 110 (57.8%) did not know about medical abortion and were not offered this option at the initial ob-gyn examination
- 52 (27.4%) knew about it but thought it was too costly
- 28 (14.7%) concealed the pregnancy from their friends and relatives (did not visit a clinic for an outpatient examination)

Problems and Obstacles

- Doctors insufficiently trained in medical abortion
- Doctors in hospital ob-gyn departments not very interested in medical abortion
- Increased frequency of inpatient curettage procedures during and after the abortion
- Medication costs (different costs in different clinics)

Conclusions

- Medical abortion is a safe abortion method that allows women to maintain their reproductive health
- The need to educate doctors (obstetrician-gynecologists, family practitioners, pediatricians) to increase the availability and use of MA
- Making women better informed
- The need for legislation on this issue to satisfy the needs of women

УКРАЇНА