

Assessment of Post-abortion Care Services in Punjab Pakistan

AESHA SADAF RIZWAN¹, SHAZIA JANG SHER², UMBER ASAD³, SHAZIA ANWAR⁴, IRUM BATOOL HASHMI⁵, SHARIQ ALI KHAN⁶

¹Assistant Professor, Gynaecology and Obstetrics, Shahida Islam Medical College, Lodhran

²Assistant Professor Obstetrics and Gynaecology, Bakhtawar Amin Trust Teaching Hospital, Multan

³Senior Registrar Gynae Unit 2 Sir Ganga Ram Hospital Lahore

⁴Assistant Professor, Obstetrics & Gynaecology, Aziz Fatimah Medical & Dental College, Faisalabad

⁵Assistant Professor Obstetrics and Gynecology Gomal Medical College, DI Khan

⁶BDS, M. Phil Public Health, Chairman Sherwani Foundation, Lahore

Corresponding Author: Aesha Sadaf Rizwan, Assistant Professor, Gynaecology and Obstetrics, Shahida Islam Medical College, Lodhran, Email, sadaf.rizwan@yahoo.com, Cell# +92 324 4956299

ABSTRACT

Background: Globally, Post abortion and pregnancy complications such as sepsis, hemorrhage and hypertensive diseases are the prominent bases of maternal mortality. Post-abortion family planning and effective treatment for unintended pregnancies could provide high quality post-abortion care. Limited data available in Punjab, Pakistan regarding post-abortion care services in health system.

Aim: The purpose of the current study was to evaluate the post-abortion care services in health care system of Punjab, Pakistan.

Materials and Methods: This cross-sectional study was carried out on 226 post-abortion patients of multi health care centers of Punjab, Pakistan from November 2020 to April 2021. Individual's history, age, demographic characteristics, reproductive history, post-abortion attitude were surveyed using pre-designed and structured questionnaire. Also, post-abortion care such as pain management, treatment cost, waiting time, service confidentiality, contraceptive device cost, and patient's interaction as well as family planning were assessed. Stata software was used for data analysis.

Results: Of all the post-abortion cases, 207 (91.6%) were found satisfactory regarding post-abortion care. Effective pain management during treatment, treatment cost affordability, proper waiting time (< 0.5 hours), patient's effective interaction, service's confidentiality, and premises cleanliness were statistically significant when correlated with satisfied women (p-value<0.001). **Conclusion:** Our study found higher prevalence (91.6%) of post-abortion care satisfied women. However, effective treatment and regular follow-up should be assured for management of post-abortion complications such as services confidentiality, pain management, patient's interaction and client's optimal satisfaction with services.

Keywords: Assessment, Post-abortion care, Health facilities

INTRODUCTION

Abortion is still one of the leading causes of maternal death in the world [1]. Globally, Post abortion and pregnancy complications such as sepsis, hemorrhage and hypertensive diseases are the prominent bases of maternal mortality. Post-abortion family planning and effective treatment for unintended pregnancies could provide high quality post-abortion care. Limited data available in Pakistan regarding post-abortion care services in health system. Abortion rates remain high especially in developing countries approximately all perilous abortions befall (97 unsafe abortions out of 1,000 women) [2]. Unintended pregnancies and abortion complications have been effectively treated by the emerging innovation of post-abortion care [3]. Abortion demand and the cycle of repeated unintended pregnancies complications could be treated effectively with high-quality post-abortion care including contraceptive treatment and family planning [4]. Premature maternal mortality caused by various factors like the absence of post-abortion care of high quality revealed by studies [5, 6]. However, the major challenge is post-abortion care complete provision. Family planning services, reproductive health services, post-abortion counseling and treatment, and prevention of community service providers are the packages of PAC [7]. The mortality rate can be significantly reduced by effective post-abortion care.

The safe abortion practice is limited due to pregnant women threats to life on emergencies based caused by foetal malformations [8] whereas the higher prevalence of maternal mortality (550 deaths per 10000 live birth) were reported due to lack of family planning technique (11%) among women population [9]. Abortions complications causing maternal deaths were not reported by mortality studies but 56% of maternal deaths caused by hemorrhage and 5% by sepsis resulted from unsafe abortions [10]. Spontaneous, unsafe, and incomplete abortion complications effective management through post-abortion care not only reduce maternal mortality but improve reproductive health and the sexual life of women. The concept of family planning and post-abortion care was introduced to improve unsafe abortions outcome and unwanted pregnancies. Manual vacuum aspiration (MVA) or misoprostol was the key factor in obstetric and neonatal care to improve health care through post-abortion care [11]. Despite the post-abortion care importance in mortality rate reduction and complication prevention, no proper study has been carried out on post-abortion care due to the lack of incidence of abortion data availability. The present study aimed to evaluate the post-abortion services in Punjab, Pakistan.

METHODS

This cross-sectional study was carried out on 226 post-abortion patients of multi health care centers of Punjab, Pakistan from November 2020 to April 2021. Individual's history, age, demographic characteristics, reproductive history, post-abortion attitude were surveyed using pre-designed and structured questionnaire. Also, post-abortion care such as pain management, treatment cost, waiting time, service confidentiality, contraceptive device cost, and patient's interaction as well as family planning were assessed. Post-abortion care services were assessed based on five essential elements with an updated model (community prevention, family planning, contraceptive services, post-abortion care counseling, and reproductive health services) using direct observations. Based on care environment, patient's satisfaction with services was also noted. Post-abortion care providers and women admitted for abortion services were enrolled in this study. The informed written consent and ethical approval were taken from each participant and hospital ethical committee respectively. Consecutive sampling technique was used for women admitted to health facilities for post-abortion care. Five essential elements such as family planning method and counseling, post-abortion counseling, educational talks to patients, realizing them unsafe abortion risks and complications, and duration in repeated pregnancies were provided by the post-abortion care providers.

Observational checklists and questionnaires were utilized as a tool for data collection. A structured, predesigned proforma was used for reproductive history, attitude toward abortion and care, socio-demographic characteristics, and family planning. Age, gender, post-abortion training, and availability of post-abortion were recorded. In post-abortion care management, incomplete abortion symptoms, and signs presented in any the patient was declared abortion regardless of type and cause. It might involve physical examination, history taking, treatment, counseling, communication, and contraceptive provisional method. Descriptive statistics were carried out for categorical and continuous variables.

RESULTS

Of all the post-abortion cases, 207 (91.6%) were found satisfactory regarding post-abortion care. Effective pain management during treatment, treatment cost affordability,

proper waiting time (< 0.5 hours), patient's effective interaction, service's confidentiality, and premises cleanliness were statistically significant when correlated with satisfied women (p-value<0.001). Of the total women, 226 with maternal health care and reproductive during the study period were enrolled. Out of 226 women, 207 (91.6%) were satisfied with services while 19(8.4%) found post-abortion facilities unsatisfied as shown in Figure-1.

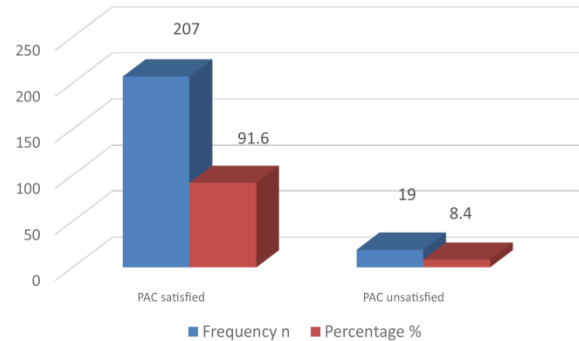


Figure-1 Patients status regarding PAC services satisfaction (n=226)

Our study findings such as age, socio-demographic parameters, attitude, practice, and knowledge toward post-abortions have been shown in Table-1. The respondent's ages varied from 16 years to 46 years. The prevalence of adolescent and young aged females was 139 (61.5%), students 57 (25.2%), and single 30 (13.3%). The numerous number 151 (66.8%) were university-level educated females. The frequency of previous pregnancies (one or two) was 152 (67.2%). About 66 (29%) had three to eight previous pregnancies. The causal age of pregnancy was either between two and twelve weeks with a prevalence of 211 (93.5%) while 15 (6.64%) were between thirteen weeks and twenty weeks. Abortion history 49 (21.7%) reported among the total population. After the induced and unsafe abortion, most women 189 (83.6%) pursued post-abortion care. Wedlock pregnancy 127 (56.2%), poverty 27 (11.9%), and pregnancies short interval 35 (15.5%) were the leading respondents for induced abortion. About 72 (32%) women utilized the contraceptive methods as shown in Figure-2.

Table-1. Client's satisfaction about post-abortion care services.

Parameters	PAC satisfied, n=207	PAC unsatisfied, n=19	p-value
Post-abortion care			<0.001
Satisfied	201 (97.1%)	6 (2.9%)	
Not-satisfied	9 (47.4%)	10 (52.6%)	
Waiting time			<0.001
<30 minutes	143 (63.3%)	23 (10.2%)	
>30 minutes	49 (81.7%)	11 (18.3%)	
Contraceptive method adoption			<0.001
Yes	157 (90.2%)	17 (9.8%)	
No	47 (89.7%)	5 (10.3%)	
Confidentiality of services			<0.001
Yes	165 (85.9%)	27 (14.1%)	
No	12 (35.3%)	22 (64.7%)	
Patient-provider interaction			<0.001
Satisfied	188 (93.1%)	14 (6.9%)	
Unsatisfied	8 (33.3%)	16 (67.7%)	

In our study, about 207 (91.6%) were satisfied with post-abortion care services in health facilities. Numerous women with waiting time <30 minutes were found satisfied with short waiting time as compared to long time > 30 minutes. Pain management was declared satisfactory with post-abortion care compared to no-abortion care services. The confidentiality of post-abortion care among women were found with higher proportion. The prevalence of contraceptive techniques adopted by women were higher and satisfactory compared to non-contraceptive techniques. The p-value for all the statistical analysis was considered as <0.001.

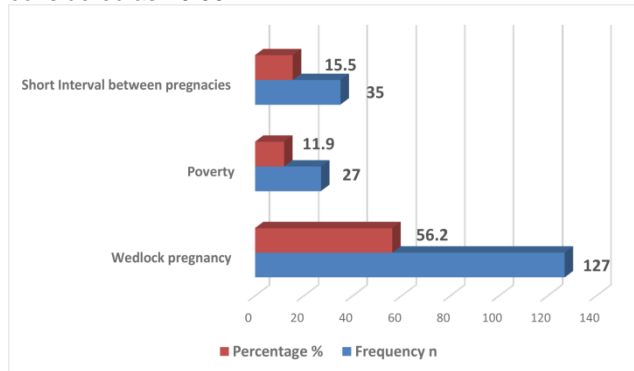


Figure-2 the prevalence of leading respondents for induced abortion

DISCUSSION

The mortality and morbidity caused by abortion complications can be reduced with high quality post-abortion care by ensuring skilled health workers, resources availability, and knowledge. This study reported few workers availability in health care services for abortion but there was lack of skills and knowledge for delivering effective post-abortion care. Another study conducted found similar results, though equipment and medical facilities for delivering post-abortion care were available but they fell short in following the current PAC guidelines [12]. This study focused on direct observations recorded during post-abortion care services with aims to meet the women's satisfaction. A higher prevalence of satisfied women was reported during post-abortion care in our study.

The unsafe abortion details such as consequences and risks were explained to the patient's attendant through educational talks in health facilities' waiting rooms. Post-abortion services and gaps in consecutive pregnancies were enlightened as well. As post-abortion care is a promising component for unsafe abortion prevention and management, it should be extended to the community in order to strengthen it. Another study reported that discussion on unsafe abortion and giving gap between consecutive pregnancies increased the community acceptance for family planning [13].

Qualitative post-abortion care consists of women's understanding of unsafe abortion complications [14]. Manual vacuum aspiration (MVA) should be addressed to all the participants through routine counseling. In the majority of cases, the pain was effectively controlled during the MVA procedure. The prevalence of post-pain among

ten women during the MVA procedure was 1/10. The use of no medication before discharge was the three out of ten women pain complaints. Pain management after an abortion procedure can be strengthened with competencies of post-abortion care among health facilities. Post-abortion care and follow-up costs must be regulated by health officials as certain women complaints regarding the expensive procedure of PAC. About nine out of ten accepted the contraceptive method before discharge. Another study found similar results (94%) among women during post-abortion care early assessment facilities [15, 16]. The post-abortion care proportion reported increased contraceptive methods made the family planning acceptance among women [17]. Despite the long-acting contraceptives adoption among women, fewer obtained desired follow-up and results.

The post-abortion care was reported unconfident in delivered services in observation rooms used for post-operation recovery. This explains why some clients are dissatisfied with the service's confidentiality and the patient-provider interaction [18]. Post-abortion care services were provided a significant proportion on key aspects of PAC. Suitable equipment such as MVA and others were made sure to be available among health care services [19]. In general, number of women were pleased with the PAC services they received. Our findings are consistent with another study [20]. The patient's perspective is critical because satisfied patients are more likely to adhere to treatment and continue using health services, which is especially important in the case of PAC, which requires women to continue using services.

CONCLUSION

Our study found higher prevalence (91.6%) of post-abortion care satisfied women. However, effective treatment and regular follow-up should be assured for management of post-abortion complications such as services confidentiality, pain management, patient's interaction and client's optimal satisfaction with services. Additionally, pain management, client's optimal satisfaction and post-abortion care services were considered as different aspects for an effective abortion procedure.

REFERENCES

1. Baynes, C, Yegon, E, Lusiola, G, Kahando, R, Ngadaya, E and Kahwa, J (2019) Women's satisfaction with and perceptions of the quality of postabortion care at public-sector facilities in mainland Tanzania and in Zanzibar. *Global Health Science and Practice* 7, S299–S314.
2. Deitch, J, Amisi, JP, Martinez, S, Meyers, J, Muselemu, JB, Nzau, JJ et al. (2019) "They love their patients": client perceptions of quality of postabortion care in North and South Kivu, the Democratic Republic of the Congo. *Global Health Science and Practice* 7, S285–S298
3. Donnelly, KZ, Dehlendorf, C, Reed, R, Agusti, D and Thompson, R (2019) Adapting the interpersonal quality in family planning care scale to assess patient perspectives on abortion care *Journal of Patient-Reported Outcomes* 3(1), <http://doi.org/10.1186/s41687-018-0089-7>.
4. Ganatra B, Gerdtz C, Rossier C, Johnson JBR, Tuncalp Ö, Assifi A, Sedgh G, Singh S, Bankole A, Popinchalk A, Bearak J, Kang Z and Alkema L. Global, regional, and sub-regional classification of abortions by safety, 2010–14:

- estimates from a Bayesian hierarchical model. *The Lancet*. 2017; 390(0110):2372-2381.
5. Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels J, Gülmezoglu AM, Temmerman M and Alkema L. Global causes of maternal death: a WHO systematic analysis. *Lancet Glob Health*. 2014; 2(6):e323-33.
 6. WHO. Worldwide, an estimated 25 million unsafe abortions occur each year. 28 September 2018. Available at: <https://apps.who.int/iris/bitstream/handle/10665/329887/WHO-RHR-19.21-eng.pdf?ua=1>. Accessed on March 20, 2019.
 7. Guttmacher institute. Adding it up: Investing in Contraception and Maternal and Newborn Health, 2017. Retrieved from: <https://www.guttmacher.org/factsheet/adding-it-upcontraception-mnh-2017>. Accessed on January 14, 2019.
 8. Graham W, Woodd S, Byass P, Filippi V, Gon G, Virgo S, Chou D, Hounston S, Lozano R, Pattinson R and Singh S. Diversity and divergence: the dynamic burden of poor maternal health. *Lancet*. September 15, 2016. S0140-6736(16): 31533-1.
 9. Corbett MR, Turner KL. Essential elements of post abortion care: Origins, evolution and future directions. *Int Fam Plan Perspect*. 2003;29(3):106–11.
 10. Billings DL, Crane BB, Benson J, Solo J and Fetters T. Scaling-up a public health innovation: a comparative study of post-abortion care in Bolivia and Mexico. *Soc Sci Med*. 2007;64(11):2210-22.
 11. Tripney J, Kwan I and Bird K. Post-abortion family planning counseling and services for women in lowincome countries: a systematic review. *Contraception* 2013;87(1):17-25.
 12. Curtis C, Huber D and Moss-Knight T. Post-abortion family planning: Addressing the cycle of repeat unintended pregnancy and abortion. *Int Perspect Sex Reprod Health* 2010;36(1):44-48.
 13. Mugore S, Kassouta NTK, Sebikali B, Lundstrom L and Saad A. Improving the quality of postabortion care services in Togo increased uptake of contraception. *Glob Health Sci Pract*. 2016;4(3):495-505.
 14. Hassen F. Analysis of factors for unwanted pregnancy among women in reproductive age group attending health institutions in Jimma Town. 2000:136–138.
 15. Rawlins B, Brechin SJG and Giri K. An assessment of the quality of post abortion care services in Nepal: training and service delivery perspectives. USA, Baltimore, Maryland: JHPIEGO; 2001:75–77.
 16. Kestler E, Valencia L, Del Valle V and Silva A. Scaling up post-abortion care in Guatemala: Initial successes at national level. *Reprod Health Matters* 2006;14(27):138–147.
 17. Adinma JI, Ikeako L, Adinma ED, Ezeama C and Eke N. Post-abortion care counseling practiced by health professionals in southeastern Nigeria. *Int J Gynecol Obstet* 2010;111:53–56.
 18. PAC Consortium Community Task Force. Essential Elements of Post-abortion Care: An Expanded and Updated Model [Internet]. 2002 [cited 2020 Mar 21]. Available from: <https://pdfs.semanticscholar.org/e3a5/a543fe95c382649081f1ddbbb71b813dba0e.pdf>.
 19. Fikree FF, Mugore S and Forrester H. Strengthening Post-abortion Family Planning in Guinea, Sustained Technical Assistance (Washington, DC: Evidence to Action Project, January 2014). Available at : <https://www.e2aproject.org/wpcontent/uploads/strengthening-pac-fp-guinea.pdf>. Accessed on February 20, 2019.
 20. Fikree FF, Mugore S and Forrester H. Post-abortion Care: Assessment of Post-abortion Care Services in Four Francophone West Africa Countries (Washington, DC: Evidence to Action Project, April 2014). Available at: <https://www.e2aproject.org/wpcontent/uploads/pac-fp-assessment-report.pdf>. Accessed on February 20, 2019