

Decentralising Postabortion Care in Africa: A Call to Action

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ABSTRACT

Unsafe abortion claims the lives of tens of thousands of women in the world each year, disproportionately affecting women in Africa. Postabortion care, including emergency treatment of incomplete abortion, is a strategy that can reduce the morbidity and mortality related to unsafe abortion, but only if services are readily accessible to women. To meet the needs of women, mid-level health professionals such as midwives should be authorised and trained to provide postabortion care. The multifaceted approach used to decentralise postabortion care services in Ghana can be used as a model to improve access to postabortion care in countries throughout Africa. Countries should take immediate action to decentralise postabortion care, addressing issues of policy and standards, clinical protocols, advocacy, research, training, supervision, and community education. (*Afr J Reprod Health* 1999; 3[1]:109-114)

RÉSUMÉ

Décentraliser les Soins du Post-Abortum en Afrique : Appel à l'action. Chaque année, les avortements clandestins coûtent la vie à des dizaines de milliers de femmes à travers le monde, et affectent plus particulièrement les femmes en Afrique. Les soins du postabortum, tels que les traitements en urgence des avortements incomplets, est une stratégie susceptible de réduire la morbidité et mortalité liées aux avortements clandestins. Ceci cependant est vrai seulement si les femmes ont un accès garanti à de tels services. Afin de répondre aux besoins des femmes, les professionnels de la santé d'échelle moyenne, tels que les sage-femmes, devraient être autorisés et formés à performer des soins du postabortum. Une approche multidimensionnelle déjà utilisée au Ghana afin de décentraliser les services de soins postabortum, pourrait être utilisée comme modèle afin d'améliorer l'accès aux mêmes services dans les autres pays d'Afrique. Les pays concernés devraient prendre des mesures immédiates afin de décentraliser les soins postabortum, de résoudre les problèmes de politiques, de normes, de protocole en milieu clinique, de plaidoyer, de recherche, de formation, de supervision et d'éducation populaire au sein des communautés. (*Rev Afr Santé Reprod* 1999; 3[1]:109-113)

KEY WORDS: *Postabortion care, midwives, safe motherhood, reproductive health, Ghana, Africa*

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Need for Decentralised Postabortion Care

Unsafe abortion, one of the five leading causes of maternal death, claims the lives of tens of thousands of women in the world each year. Women in Africa are the most likely to die from unsafe abortion, due to lack of prompt, safe and effective management of complications. The dangers of unsafe abortion were discussed and publicly recognised as a major public health problem at the 1994 International Conference on Population and Development (ICPD). At that conference, the management of abortion complications and postabortion counselling were endorsed as necessary strategies to reduce the maternal mortality and morbidity caused by unsafe abortion. These strategies are emphasised in the concept of post-abortion care (PAC), which is a comprehensive approach that consists of providing safe and effective management of abortion complications, offering postabortion family planning counselling and services, and establishing links between postabortion treatment and other reproductive health services.¹ PAC has been recommended not only by governments of numerous countries, but also by organisations such as the World Health Organization (WHO).

In many African countries, human resources in health care, particularly physicians, are scarce. Those in practice tend to work in urban-based secondary and tertiary level hospitals, while the majority of the population live in rural or semi-urban communities. Thus, exclusive dependence on doctors for reproductive health care means that there is a vast unmet need for emergency obstetric treatment services. Trained midwives and other paramedical health professionals typically outnumber physicians and are more commonly located in rural or semi-urban communities where the majority of people live. Given the high rates of maternal death in rural areas and the lack of physicians available to offer emergency care, it has become necessary to delegate additional responsibilities to these mid-level health professionals who live closest to the

women in need.²

To meet the needs of the thousands of women experiencing complications of abortion, professional midwives can and should be authorised and trained to provide comprehensive post-abortion care. This strategy, though to date implemented by few countries, has received strong international endorsement. At the International Confederation of Midwives (ICM)/WHO/UNICEF pre-congress workshop in 1990 on midwifery education and action for safe motherhood, delegates advocated for countries to update midwifery education programmes to train midwives to treat incomplete abortion.³ Later, at the 1996 International Confederation of Midwives (ICM) triennial meeting, the ICM Council adopted a policy statement encouraging midwives to participate in providing postabortion care.⁴ The decentralisation of postabortion care services to primary and secondary levels also has been repeatedly highlighted by WHO as an important step in addressing the problem of unsafe abortion.⁵

Success in Ghana

In Ghana, a progressive, multifaceted approach has been used to reduce the negative consequences of unsafe abortion. This approach focuses on increasing access to PAC services by training appropriate providers in appropriate facilities, and in as many facilities as possible. Through the National Safe Motherhood Programme and through training programmes with the Ghana Registered Midwives Association (GRMA), providers at the primary and secondary levels are being trained in PAC, consistent with the national policy and standards for reproductive health. There is a clear recognition in Ghana that every health care provider can play a role in reducing the maternal morbidity and mortality from unsafe abortion.

The commitment and focused activity towards the decentralisation of PAC in Ghana is unique, and many other African countries are

learning from Ghanaian policy-makers and providers.⁶ Its success, thus far, is due to the effective linking of sectors and activities related to policy and standards, clinical protocols, advocacy, research, training and supervision, service delivery technical assistance, and community education. Numerous relevant institutions and individuals are participating in the decentralisation process.

Policy, Standards and Protocols

The Ministry of Health (MOH) in Ghana has developed national reproductive health service policies and standards, and clinical protocols for their national programmes.⁷ These documents address numerous aspects of the prevention and management of unsafe abortion and postabortion care. Specifically, the policies and standards documents include the strategies used to provide care, specific activities (including management of complications, community education, and family planning services), and the logistics support that shall be available to trained providers. Most importantly, in this document, the MOH delineates which health care providers, practising at different levels of the health care system, will provide which services. For example, it is clearly stated in this document that sub-district level midwives will be authorised to manage and treat incomplete abortion with manual vacuum aspiration. These policy documents have provided a solid basis for training and supervising midwives in PAC.

Advocacy

Groups such as the Ghana Medical Association (GMA) and GRMA were instrumental in focusing attention on the need to better address the problem of unsafe abortion. In a 1994 communiqué, the GMA stated that unsafe abortion "is presently the highest single contributor to our high maternal mortality rate"⁸ and physicians called for action to reduce its impact on the women of Ghana. The GRMA participated in an operations research project

which trained midwives in PAC, and has advocated for its expansion within Ghana and elsewhere. With the endorsement of such professional groups, the leadership of key individuals and the support of international agencies, training and equipping midwives to provide PAC has been successful and has been viewed by many as a success story.

Research

Hospital-based research demonstrated that 22% of hospital-based maternal deaths in Ghana are due to unsafe abortion.⁹ This study provided data documenting the problem and the impetus to address it. Operations research demonstrated that it is feasible, acceptable and safe for midwives to provide PAC services.¹⁰ The process of conducting the operations research project itself was an important step in advancing the decentralisation of PAC. Many policy-makers, health care providers, and women in the project districts learned about unsafe abortion and PAC through the research interviews, and the collaborative nature of the study allowed for comfortable discussion of the issue. Ongoing collection of data, such as service statistics, will allow policy-makers and advocates to continue to improve and expand the effort and, in the long term, document the process and impact of decentralisation.

Training, Service Delivery Changes and Supervision

As part of the operations research project mentioned above, 40 professional midwives from private maternity homes, community health centres, and district hospitals, and 4 doctors from district hospitals were trained in comprehensive PAC. The course covered clinical skills involved in the treatment of incomplete abortion with manual vacuum aspiration (MVA), stabilisation and referral, pain management, infection prevention, patient counselling and postabortion family planning services and follow-up.¹¹

All the participants in the project received regular monitoring and supervision visits. These visits, which were designed to be instructive and supportive, used a problem-solving approach to build on providers' skills and address their weaknesses. Such monitoring also provided an opportunity to ensure that the providers had the equipment they needed, that their services were organised in an efficient and safe manner, and that their record-keeping systems were thorough. Service statistics were collected from relevant logbooks at each visit.

After their training, the midwives in the project demonstrated strong clinical competency and enthusiasm for their new skills. Those working in public health centres and private maternity homes provided care to 216 women in the 24 months after their training, and they collaborated with each other and the doctors at the district hospitals to facilitate referrals when required. In the future, training in PAC will be extended to midwives throughout Ghana as part of the National Safe Motherhood Programme and other relevant opportunities.

Community Education

Ghana's National Safe Motherhood health education guidelines acknowledge that the community needs to hear messages on unsafe abortion, including the dangers and danger signs, and the importance and availability of prompt medical care.¹² Midwives trained in the operations research project have conducted numerous health talks on unsafe abortion and postabortion care, and district and hospital health education teams have provided information to health care providers, community members, and hospital clients. In this way, educational programmes — both formal and informal — are led by members of the same community, who are trusted individuals and who share common culture and language. Providers can also speak specifically about the services that are offered in their community so people are aware of local resources.

A Call to Action

Despite the overwhelming need and wide international support for decentralising postabortion care to non-physicians, and the resounding success in programmes like Ghana's, few countries have developed and implemented policies and programmes to accomplish similar objectives. African countries need to review their national reproductive health policies and their safe motherhood programmes in view of improving women's access to emergency post-abortion services. This needs to be done comprehensively — addressing issues of policy and standards; clinical protocols; advocacy; training; supervision and service delivery technical assistance; and community education.

Based on the Ghanaian experience, the following are suggested areas to be explored when designing a comprehensive strategy for decentralisation of PAC:

1. Policies must clearly address the issues of *who* will provide services, *what* will be provided, *where* services can be provided, *what* equipment will be available, and *how* training and supervision will be conducted.
2. Clinical protocols should outline the procedure to be used, including clinical skills, infection prevention measures, and counseling and family planning services.
3. Individuals and groups, including professional associations, must provide leadership in advocating for non-physician providers to be eligible and trained in PAC services.
4. Documentation of services and research into new areas to provide data to support expansion and improvement of programmes.
5. All health professionals should be trained in appropriate aspects of postabortion care. Pre-service health curricula and in-service training programmes should be revised to include training in the prevention, management and treatment of unsafe abortion.
6. Supervision of new providers should be regular and supportive, designed to help improve services and identify needs of the

providers and the programme.

7. Throughout this process, health care providers should educate each other and their communities about the risks and signs of unsafe abortion, and the need for and availability of trained providers and safe services.

Taken together, these components will build a dynamic strategy for addressing unsafe abortions in diverse countries.

Countries that are truly interested in women's health cannot continue to ignore the issue of unsafe abortion; they must take strong actions to avert the numerous deaths and immeasurable morbidity — both acute and chronic — that result from unsafe abortion. Only when each nation implements a strategy for addressing the problems that include the decentralisation of services to all levels of the health care system, will a commitment to women's health be fully realised.

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REFERENCES

1. Greenslade FC, McKay H, Wolf M, and McLaurin K. Post-abortion care: a women's health initiative to combat unsafe abortion. *Advances in Abortion Care*. 1994; 4(1). Carrboro, NC, USA: Ipas.
2. In this paper we refer mainly to the experience of training professional midwives in PAC, as they are the cadres most discussed at the policy level and they have been the focus of our efforts in Ghana. In other countries, community health officers, medical assistants, and other trained health professionals may be equally appropriate providers of PAC. A professional midwife is one who has extensive medical or nursing training and works in a hospital, health centre, or private maternity home. It does not refer to a traditional midwife or birth attendant who has learned from experience and from other traditional midwives.
3. ICM/WHO/UNICEF. Midwifery education: action for safe motherhood. Report of a collaborative pre-congress workshop, Kobe, Japan, 1990.
4. ICM Resolution 96/23/pp. Care of women post-abortion. Statement of the ICM Governing Council, Oslo, Norway, 1996.
5. World Health Organization. Mother-baby package: implementing safe motherhood in countries; Geneva: WHO/FHE/MSM/94.11,1994; World Health Organization. Care of mother and baby at the health centre: a practical guide; Geneva: WHO/FHE/MSM/94.2, 1994. World Health Organization. Clinical management of abortion complications: a practical guide; Geneva: WHO/FHE/MSM/94.1, 1994. World Health Organization. Complications of abortion: technical and managerial guidelines for prevention and treatment; Geneva: WHO, 1995.
6. Billings DL. Training midwives to improve post-abortion care: a study tour in Ghana. Durham, North Carolina, USA: Research Triangle Institute, 1998.
7. Ministry of Health. National reproductive health service policy and standards; Accra, Ghana: MOH, 1996. Ministry of Health. National reproductive health service protocols; Accra, Ghana: MOH, 1996.
8. Ghana Medical Association Communiqué. Resolved at the 36th Annual General Conference, Koforidua, Ghana, 1994.
9. Deganus-Amorin S. Unsafe abortion and the safe motherhood initiative in sub-Saharan Africa. Presented at the Medical Women's International Association Congress, Nairobi, Kenya, 1993.
10. The operations research project, titled "Training non-physician providers to Improve post-abortion care" was conducted by Ipas, the Ministry of Health, and the Ghana Registered Midwives Association, with support from the USAID-funded MotherCare project. See Billings DL, Baird TL, Ankrahv, Taylor JE, Ababio K. *Training Midwives to Improve Postabortion Care in Ghana: Major Findings and Recommendations from an Operations Research Project*. Chapel Hill, NC: Ipas, 1999.

11. For more information on this project, contact Ipas, 300 Market Street, Suite 200, Chapel Hill, North Carolina, 27516, U.S.A. e-mail: ipas@ipas.org or the Ghana Registered Midwives Association, P.O. Box 147 Accra, Ghana.
12. Ministry of Health. Guidelines for health education on safe motherhood; Accra, Ghana: MOH, 1994.