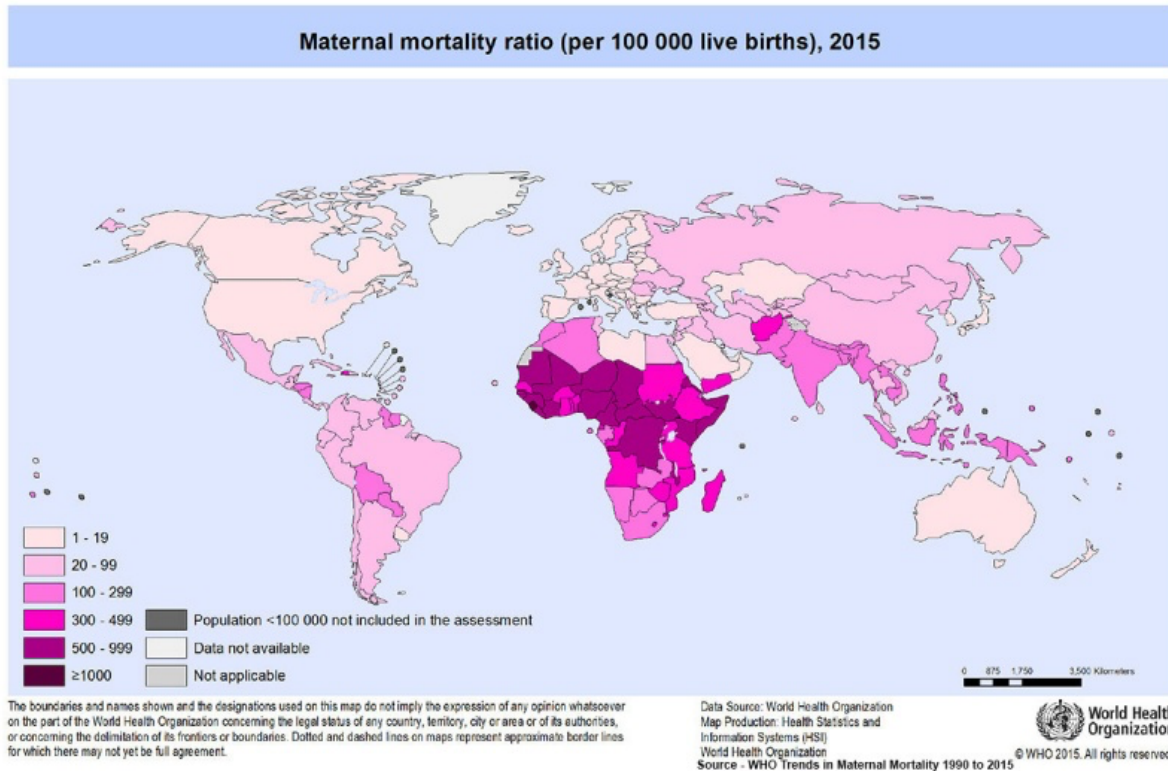


Use of Manual Vacuum Aspiration in the treatment of incomplete abortions and post abortion care in Malawi

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Maternal mortality in Malawi



- Maternal mortality ratio 439 per 100 000 live births
- About 6-30% is due to unsafe abortion

Abortion in Malawi



- Only legal to save a pregnant woman's life
- Estimated 140 000 induced abortions every year



Complications after abortion

- Complications that may occur after abortion include;
 - incomplete abortion
 - uterine perforation
 - haemorrhage
 - sepsis
 - infertility
 - death



→ More likely after an unsafe abortion

Management

- Evacuation of the uterus!
 - Medical (Misoprostol/Cytotec)
 - Surgical
 - Metal Curettage
 - Electrical or Manual Vacuum Aspiration (MVA)



Suction Devices

- ▶ Manual Vacuum Aspiration
 - ▶ MVA



- ▶ Electric vacuum
 - ▶ EVA



PHYSICIANS'
REPRODUCTIVE
HEALTH

Why MVA?

- Less risk of complications
 - Uterine perforation
 - Intrauterine adhesions
 - Asherman's syndrome
- Low cost
- Easy to use (can be performed by nurses and midwives)
- Less painful
- Portable
- No need for electricity, general anesthetics or theater
- Can be performed in outpatient clinics
- Appropriate for many different clinical settings
- High patient and provider satisfaction



Treatment of incomplete abortions in Malawi

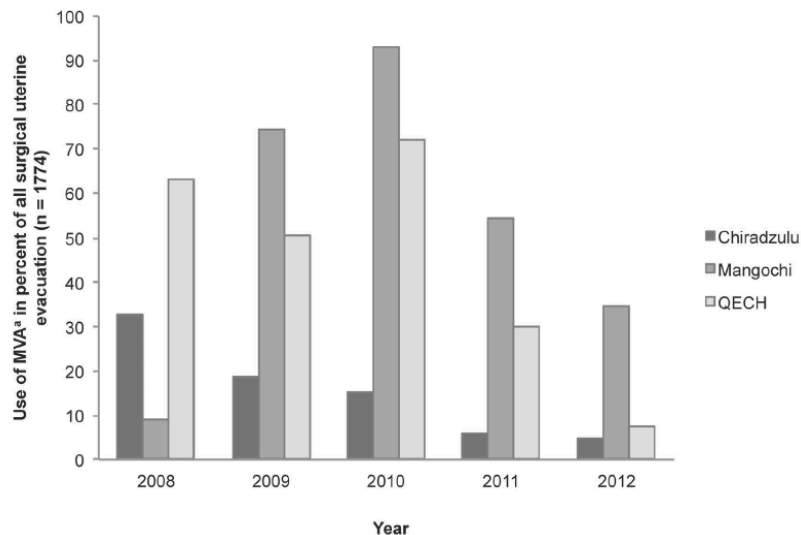
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PLOS ONE

Decrease in Use of Manual Vacuum Aspiration in Postabortion Care in Malawi: A Cross-Sectional Study from Three Public Hospitals, 2008–2012

Maria L. Odland^{1*}, Hanne Rasmussen², Geir W. Jacobsen², Ursula K. Kafulafula³, Piaroza Chamanga³, Jon Ø. Odland^{3,4,5}

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Qualitative Follow-Up Study

Health Policy and Planning, 32, 2017, 305–313
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Advance Access Publication Date: 10 September 2016
Original Article



**'It's a very complicated issue here':
understanding the limited and declining use of
manual vacuum aspiration for postabortion care
in Malawi: a qualitative study**

Sinead Cook,^{1,2,*} Bregje de Kok,^{3,4} and Maria Lisa Odland⁵

- **Reasons for not using MVA**
 - Lack of training
 - Shortage of equipment and human resources
 - Attitudes towards PAC* and prioritization of PAC*

*post abortion care

Objectives

Primary objective

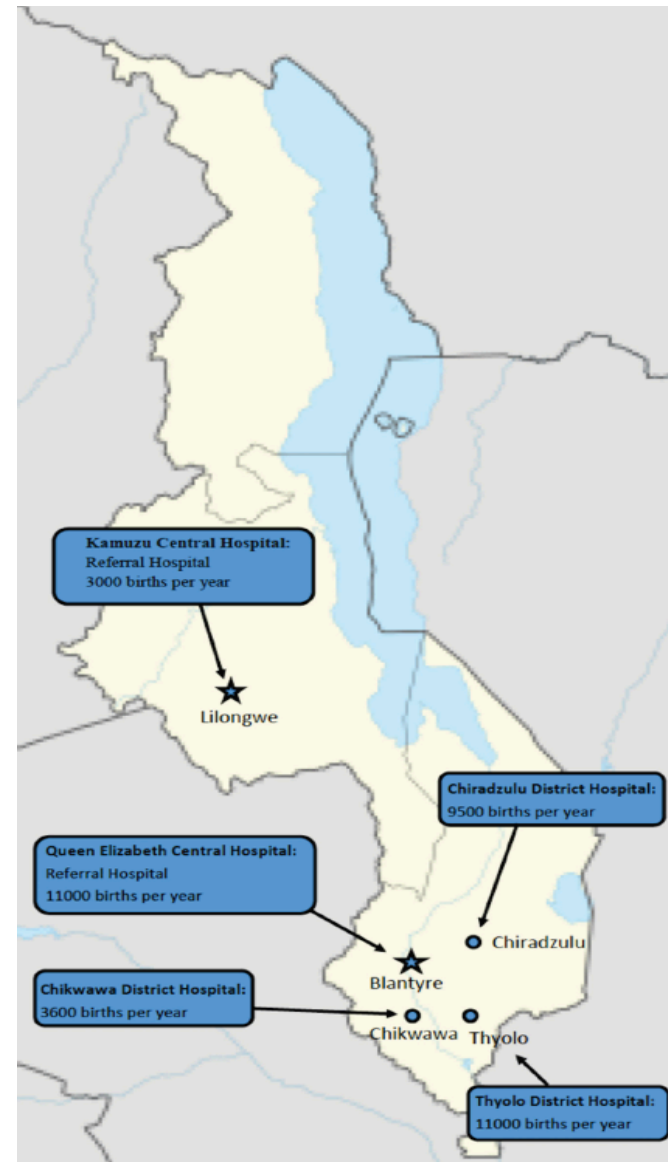
- To improve the post abortion care in southern Malawi by increasing the use of MVA in the treatment of incomplete abortions

Secondary objectives

- Assess the use of MVA
- Increase the use of MVA by 15% by training health personnel in MVA
- Evaluation of the training intervention by investigating the health personnel's perception of using MVA

Intervention study

- Intervention Hospitals
 - Queen Elizabeth Central Hospital
 - Chiradzulu District Hospital
 - Chikwawa District Hospital
- Control Hospitals
 - Kamuzu Central Hospital
 - Thyolo District Hospital



Training intervention

- All health personnel treating patients with incomplete abortions at the intervention hospitals were invited
 - Clinical Officers and Nurses District Hospitals
 - Medical Interns Central Hospital
- Participation voluntary
- 2 hours
- Local consultant in gynecology
- Theory and practice using pelvic models

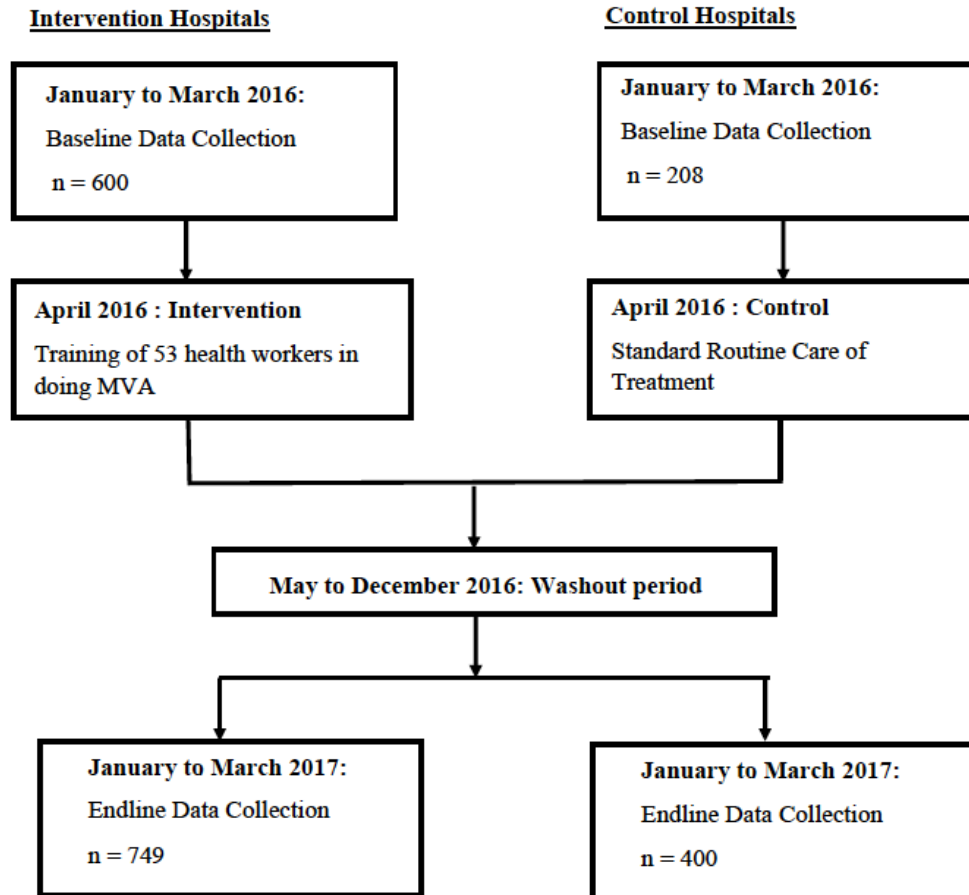


Methods

- Retrospectively reviewing hospital files and collecting
 - Demographic data
 - Obstetric data
 - Type of treatment



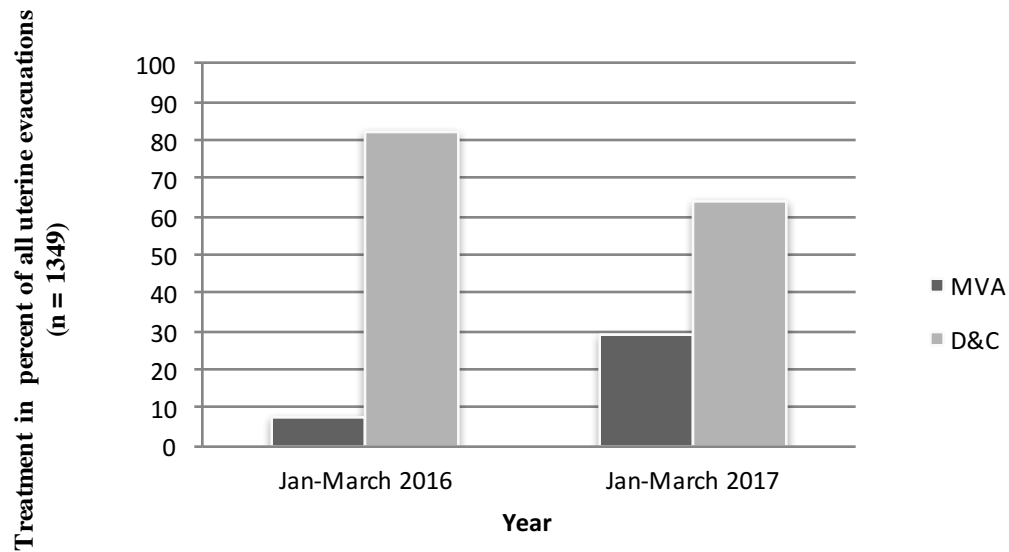
Data collection



Results Intervention Hospitals

21.3% increase in the use of MVA

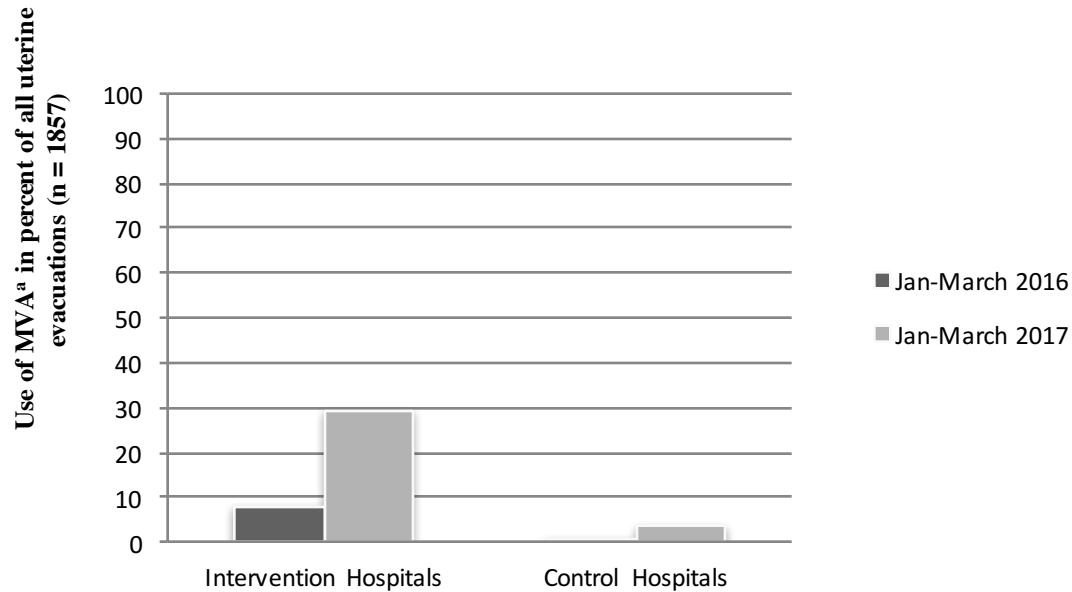
Fig 1. Surgical treatment of incomplete abortions before and after the intervention



Results Control Hospitals

Only 3% increase in the use of MVA during the same time period

Fig 2. Use of manual vacuum aspiration (MVA) at intervention hospitals and control hospitals before and after the intervention



Conclusion

- A simple training intervention is an efficient way of increasing a safer and cheaper method of treating incomplete abortions
- There are still obstacles to doing MVA such as lack of equipment and a support from management

**Thank
you!**

