

Women's Health Exchange

A Hesperian Foundation publication
for education and training

Issue No. 12, 2006



Saving lives when pregnancy ends early

Emma's story A loud pounding on her front door woke Emma in the middle of the night. As she dressed she heard a woman crying for help. Emma is a midwife in a village in Ghana. She has a small maternity home next to her house where women come to have their babies. The women in her community respect Emma and know they can trust her to help them when they are sick or have questions about their health.

When Emma opened the door she found Mercy moaning in pain, supported in the arms of her older sister. Blood had soaked Mercy's skirt and she seemed ready to collapse. They helped her to a bed and Emma quickly examined her. Emma saw right away that Mercy had had an unsafe abortion. Luckily she also knew what to do to help her.



Emma connected an intravenous (IV) bottle to a needle that she inserted into Mercy's arm. The liquid in the IV helped make up for lost blood and kept Mercy from going into shock. Then Emma calmly explained to Mercy and her sister that she would need to empty Mercy's womb using a simple method called manual vacuum aspiration (MVA).



An hour later, Mercy was sleeping, her pain gone and her bleeding stopped. Before she went home the next day, Emma and Mercy talked about some family planning methods that Mercy could use to prevent another pregnancy until she felt ready to have a baby. Mercy promised Emma she would think about it and talk more when she came back for a check-up in 2 weeks.

Emma is one of dozens of midwives in Ghana who have been trained to provide life-saving care for women during pregnancy and birth. The training included post-abortion care for women who need treatment after an unsafe or incomplete abortion or miscarriage.

Mercy was lucky. She lived near someone who had learned how to give post-abortion care, and she had the support of her sister to help her get that care. But 68,000 women die every year because they do not get lifesaving care when they need it, and millions more suffer serious illness.

What is post-abortion care?

Many women need physical care and emotional support when a pregnancy ends early. Emergencies can develop, like infection or very heavy bleeding, that put a woman's life at risk. These problems may happen when the womb has not emptied completely, or when something is put inside a woman's womb or vagina that injures her or causes an infection.

If a woman needs emergency care, skills like these can save her life:

- Knowing danger signs.
- Treating or preventing shock from injury or blood loss — for example, giving fluids through an IV or in the rectum.
- Treating or preventing infection.
- Manual vacuum aspiration (MVA), which uses a sterilized narrow tube with a large syringe to empty the womb (see page 6).

Midwives and other health workers are learning new skills to provide better care for the women and girls in their communities. They are also learning to talk about difficult

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topics, like unsafe abortion and sexually transmitted infections, with women and their partners, community groups, and each other. They have proven they can take care of many emergencies when they have proper equipment and training.



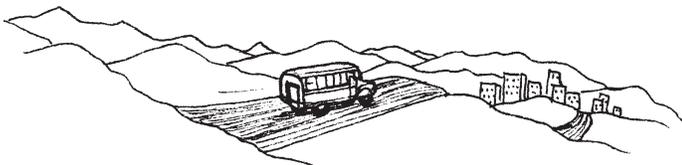
Why don't women get care after an abortion?

Any woman may need post-abortion care at some time in her life. She may have had a miscarriage, or chosen to end a pregnancy. She may be young and pregnant for the first time, or may be an older woman with many children. She may not even know for sure that she was pregnant. In any case, if she is poor, it may be very difficult for her to get the care she needs.

Here are some reasons why women often do not get care, and some ways that health workers can begin to make a difference:

Health centers are far away and cost too much money

Most health centers are equipped to treat a woman with bleeding or infection, but if these services cost more than women can pay, they may suffer rather than seek care. Often the poorest women live the farthest away from health centers and have trouble even getting there.



When midwives and community health workers are trained to provide post-abortion care, they can help women near their homes for less money.

Fear, silence, and blame

Women who have had an abortion, especially an unsafe one, are often very afraid to tell health workers, their families, or others in the community. They fear they will be blamed, insulted, and treated badly. Sometimes women think they would rather die than face that treatment, and that is exactly what happens.



Health workers may be afraid too. They may think that if they help a woman after an abortion, they will be blamed for causing the abortion or will be seen as supporting the

abortion. They may be afraid of losing the respect of their communities, of being harassed by the authorities or police, or even sent to prison.

However, caring for a woman who is sick or injured for any reason is never against the law or wrong. Everyone has the right to care and treatment when they are sick, whatever the cause.

Lack of knowledge and training

Many midwives and health workers would like to give post-abortion care but do not know how. They may have been taught that only a hospital can provide treatment for bleeding or infection. But now many community health workers are getting this training. Midwives are especially well-suited to learn to give post-abortion care because of their experience with bleeding, infection, and other complications during birth.

Health workers need more than technical skills

Health workers in every community should have an opportunity to learn how to do MVA. However, to make MVA an effective tool for saving women's lives, health workers also need to:

listen respectfully to women to understand how they feel, why they are sick or afraid, and what care they need.

help others understand the root causes of unsafe abortion in the community.

share knowledge with the community about women's health and why it is important for community health.

help organize the community to demand life-saving care for all women.



Health workers can work with the community to make sure all women get emergency care quickly when they need it.



When health workers start talking with their community about unsafe abortion as a serious health problem, they can begin to look for solutions that will save women's lives. See the Training Guide on pages 6 to 8 for more about how to discuss post-abortion care.

Training guide

How can health workers reduce deaths from unsafe abortion?

This issue of the *Women's Health Exchange* focuses on an important kind of care that can prevent death from unsafe abortion — post-abortion care. Post-abortion care is a new skill for many health workers, and it can be difficult to discuss because people have such strong feelings about abortion. The activities in this guide can help a group of health workers discuss and address reasons why health workers may have difficulty providing post-abortion care. These activities can also help a group understand why women have unsafe abortions, and explore how health workers can help prevent them from occurring in the first place.

It would take about 2 hours to do these activities with a group of 5 to 10 health workers.

I. Tell a story about a woman who had an unsafe abortion

Tell the group a story that describes why a woman may have an unsafe abortion, and what can happen if she does not get post-abortion care. You can change the names or certain details to make the story feel true to your own community. Here is an example:

Ani's story Ani was 15 when she met Anton, a man who worked on the fishing boats. He was sweet to her, and told her that when she finished school he would marry her. It wasn't long before they had sex. Ani liked being close to Anton, but the sex hurt her, and he seemed to want it often. She knew too that if she kept having sex with him she might get pregnant. She asked him to stop, to wait until they could get married, but he became rough with her, and would not



to the health center, they did not have any of the pills she knew could keep her from getting pregnant. They told her to use condoms, but she was too afraid to ask Anton to use them.

Months passed, and Ani realized that she had not had her monthly bleeding in a long time. She went back to the clinic, this time telling the nurse that she thought she was pregnant. But the nurse just shook her head and sent Ani back home, telling her to come back in one month for prenatal care.

Ani could not bear the thought of having a child. She knew that her parents would be angry with her and punish her for having sex. She was afraid Anton would beat her, and she was sure that she did not want to marry him. For days she worried and cried, and finally she went to the old woman down the road who she had heard could end a pregnancy.

The old woman gave her a little wine to drink and told Ani that she would feel pain but she should be brave. At first Ani only felt cold, but when the woman put the stick into her vagina, the pain shocked her and made her cry out. Ani had never felt so much pain in all her life. She

could feel blood flowing out of her vagina. When the woman finished, she told Ani to go home and sleep.

Ani could barely walk. The pains in her belly and vagina were sharp and would not stop. Blood leaked out of her vagina and through her clothing. She was afraid to go home and let her parents see her like this. Finally, she decided to go back to the clinic where the nurse might help her.

When Ani stumbled into the clinic, the nurse looked afraid. "What have you done to yourself?" she asked Ani. Ani tried to explain what had happened, and begged the nurse to help her. But the nurse did not know how to help. She told



Ani to go home, and if the bleeding did not stop by morning, to go to the hospital. Ani cried but found her way home. She was so weak that she could not tell her mother what had happened. Instead, she fell on the bed and seemed to fall asleep. But when her mother tried to wake her the next day, she found that Ani was dead.



take no for an answer. Ani was not sure anymore that she wanted to marry Anton but she decided she must do something to prevent a pregnancy. When she went

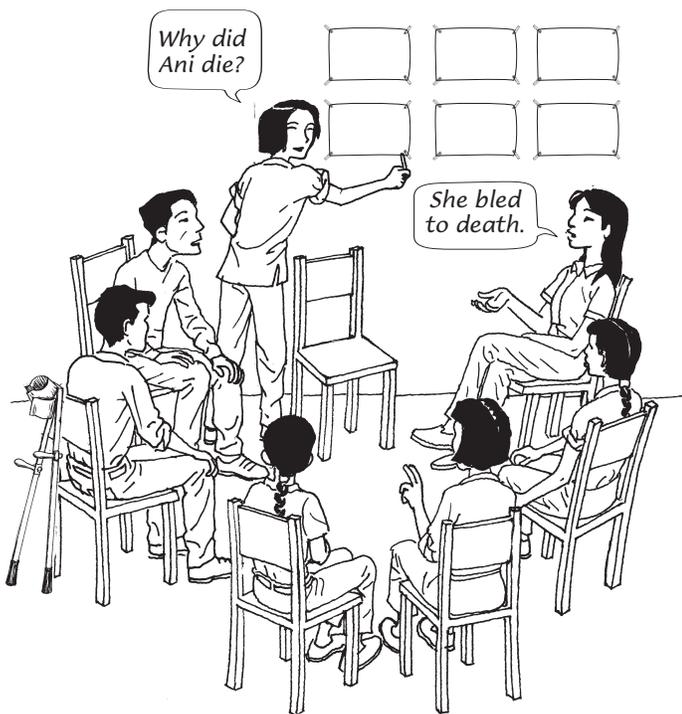
Training guide

2. Discuss why Ani died

Ask the group to think about all the causes of Ani's death. Write each cause on a card or small piece of paper.

The group may think of the immediate reasons why Ani died, but not other reasons. Use a **But Why?** activity to help the group think about deeper causes. When someone says Ani died because she bled to death, help the group think about why she bled to death. For example, ask them why she had an abortion in the first place. Be sure the group names many reasons why the nurse failed to help Ani after the abortion. You will be exploring these reasons more in the second part of the discussion.

This is what the **But Why?** activity might look like:



You can also ask questions to help the group consider why women get unsafe abortions:

Trainer: *Is there another reason Ani bled to death?*

Group: *The old woman injured her with a stick (But why?...)*

Group: *She did not want to be pregnant (But why?...)*

3. Identify the ways a health worker could have helped

Have the group look at the cards showing the causes of Ani's death. For example:

Ani could not get any birth control pills	Ani became pregnant
Anton forced her to have sex	Nurse did not know how to help Ani
Ani was afraid to ask Anton to use condoms	Ani bled to death
Nurse was afraid	The old woman injured Ani
Nurse did not help Ani when she was bleeding	Ani could not get a safe abortion

Looking at the causes, ask the group to notice the times in Ani's story when a health worker could have helped her. As you do this, select those cards and keep them up on the wall. For example, someone could have helped her say "no" to Anton and refuse unwanted sex. Someone could have given her birth control pills or another family planning method that Anton would not have to know about. Ani could have received a safe abortion from a trained health worker. And a trained health worker could have stopped the bleeding to save her life.

Training guide

4. Why do health workers hesitate to help?

If health workers could have helped Ani, why didn't they? Ask the group to discuss the reasons why they think health workers did not help Ani at the different times when they could have. Building on answers the group gave during the **But Why?** activity, help the group focus on why the nurse didn't help Ani when she was bleeding after the unsafe abortion.

It is especially difficult to admit that people's attitudes could play a role in denying lifesaving care, so you will probably have to press people to uncover those reasons.

Nurse did not help Ani when she was bleeding

Nurse did not know how to help Ani

Nurse was afraid

Nurse feared community's disapproval

5. Find solutions

Ask the group to think of possible solutions to each reason a health worker might not help a woman after an abortion. You can ask questions to help draw out more suggestions for solutions.

Nurse feared community's disapproval

Solutions:

1. The nurse could meet with people in the community to explain the difference between caring for someone after an abortion, and performing an abortion.

What could the nurse do if the people refused to come to a meeting?

What could the nurse do if the people still thought it was wrong?

The nurse could put up posters around the clinic to explain that this care saves lives. This might make the community more understanding.

The nurse could care for women secretly.

Help the group identify a number of possible solutions. Some ideas the group may think of include:

- arrange for local health workers to get trained to provide post-abortion care, either through a formal course, or by a health worker who has already been trained
- educate women and others about the danger signs of bleeding and infection from a miscarriage or unsafe abortion, and the possibility of lifesaving care
- emergency transportation so women can be taken to a person or clinic that provides post-abortion care
- improve access to family planning so women won't need unsafe abortions

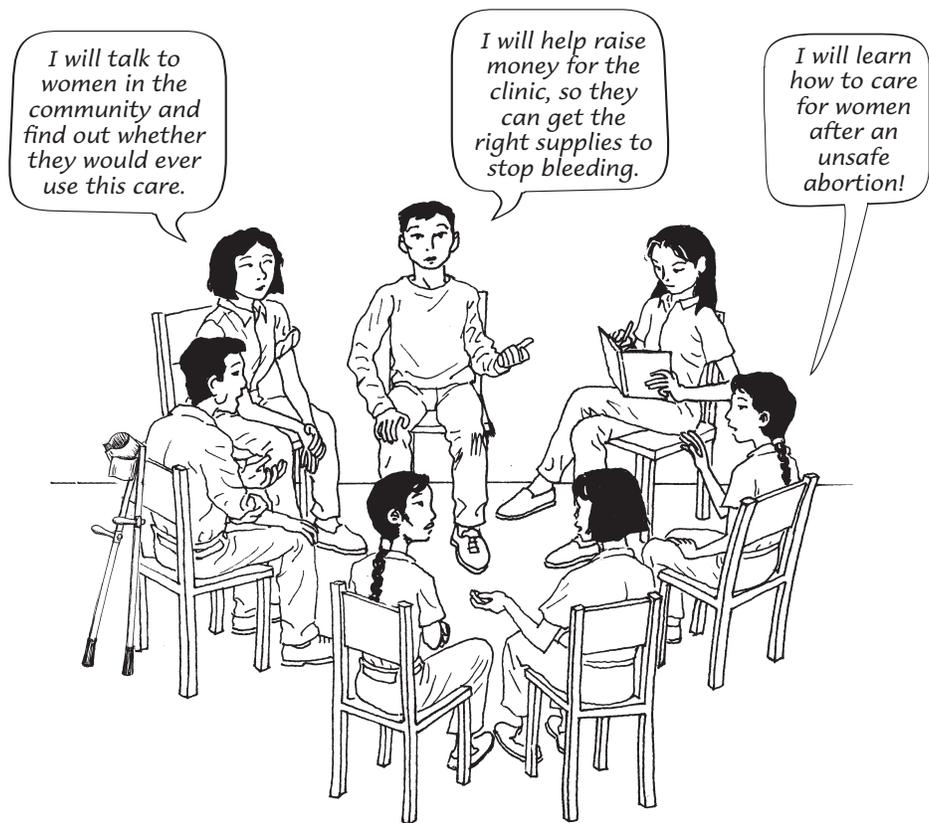
At the end, you will have many possible solutions for the group to consider.

Training guide

6. Make a commitment to help

Before the session ends, ask each person to say one solution from the list they will try in their own communities.

Thank everyone, and acknowledge how hard this subject is, especially for health workers. Be sure to leave some time at the end for the group to talk about how they feel, as the subject can be very emotional and cause discomfort or disagreements among the group.



Developments in Women's Health

Midwives and community health workers are learning to provide Manual Vacuum Aspiration (MVA)

In the story on the next page, Maria was able to help Catalina in her own home, because she always carries her **manual vacuum aspiration (MVA)** equipment with her when she visits women in villages far from town. Manual vacuum aspiration (MVA) is a fast and safe way to empty the womb using a large syringe and cannula.



MVA is safer, less expensive, and simpler than other methods used to empty the womb. While other methods are usually done only by doctors in hospitals, MVA can be done by midwives, nurses, or anyone who has been trained, who has the right tools, and who can sterilize those tools. As more nurses and midwives learn to do MVA, more women — especially poor women and women who live in villages — will have access to lifesaving care after an unsafe abortion.

This method of emptying the womb is called by different names in different places, such as: menstrual regulation, menstrual aspiration, menstrual extraction, and minisuction, as well as MVA.

For more information about MVA, see the Hesperian Foundation's new **Book for Midwives**. You can also find out if any of the organizations on page 8 are working in your country, providing training or equipment, or if they are helping the government or another organization improve reproductive health care.



Maria's Story

Maria Jiménez has been a midwife and health promoter in Chiapas, Mexico, for over 15 years. She works at a clinic in the town of San Cristobal de las Casas and travels to villages in the area where people speak her language, Kanjobal. Maria and most of the people she cares for are refugees who fled Guatemala in the 1980s when the military destroyed their homes and murdered thousands of indigenous people.

Maria has used MVA to help women after an incomplete miscarriage, or spontaneous abortion, which is when a pregnancy ends by itself.

Here is a story about Maria's work.



I help women have healthy pregnancies and give birth safely. I also help them space their pregnancies. I give contraceptive injections and insert IUDs. I do PAP tests to check for cancer of the cervix, and I provide manual vacuum aspiration for incomplete abortion. I prepare and sterilize all the instruments and materials that I use. There is great need. Living conditions in the communities are very difficult. The roads are bad, the health centers are very far away, and medicine is very scarce.

I also meet with men's groups and women's groups to give information about family planning and reproductive health. I visit women at home who have complications during pregnancy and other health problems. I like helping the women, and they trust me because I am also a refugee. This makes it easier for them to talk about sexually transmitted infections, pregnancy, and abortion.

Catalina's Miscarriage

After many hours on the road, Maria arrives at a village high in the mountains...



My wife got very sick last night. Please come. It isn't far.



Catalina, how do you feel?

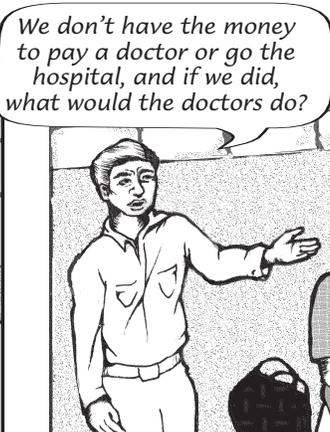
I have been bleeding for 3 days. It is much more painful than my monthly bleeding, and there is more blood.

After Maria examines Catalina, she explains...



... But the abortion is incomplete and your fever is a sign that you may have a serious infection.

Catalina, you have probably been pregnant for a few weeks but the pregnancy has ended by itself. It just happens sometimes. Doctors call it spontaneous abortion or miscarriage, and it usually isn't dangerous...



We don't have the money to pay a doctor or go the hospital, and if we did, what would the doctors do?

I can take care of Catalina here. I will clean the inside of her womb and leave it healthy.

I will give Catalina antibiotics for the infection. And when Catalina is well, I will help you plan for the next pregnancy and a healthy baby.

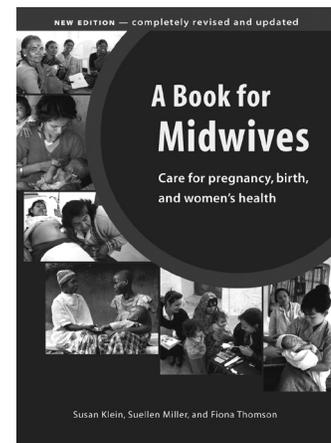
About spontaneous abortion

Miscarriage — also called **spontaneous abortion** — happens when a pregnancy ends by itself. It is usually hard to know why this happens. Malaria, sexually transmitted infections, violence, and contact with some pesticides or other poisonous chemicals can all sometimes cause

a spontaneous abortion. Health workers should check women for signs of these problems and treat infections, or help women protect themselves from harm. To prevent some miscarriages, health workers can teach people about the dangers of malaria, violence, and poisons in the environment, and work with others to prevent them.

A Book for Midwives, by Susan Klein, Suellen Miller, and Fiona Thomson

Since 1995, *A Book for Midwives* has been a vital resource for practicing midwives and midwifery training programs. Our new edition preserves the original book's clear language, medical accuracy, and focus on simple, low-cost treatments, but is reorganized to better support care during labor and management of obstetric emergencies. Expanded lifesaving reproductive health information — including new chapters on pelvic exams, IUD insertion and removal, helping a woman when a pregnancy ends early, and manual vacuum aspiration — recognizes the broader role of midwives in providing women's health care. The revision also contains updated information on HIV/AIDS in pregnancy and birth, breastfeeding, preventing infection, and family planning. Heavily illustrated, clearly written, and developed with the participation of community-based midwives, midwifery trainers, and medical specialists around the world, the revised book is equally useful in a village or urban clinic, as a training manual for students, or as a reference for an experienced midwife. 544 pages



\$25

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bookorders@hesperian.org,
fax **510.845.0539**, or contact
Hesperian at the address below.

Download chapters at:

www.hesperian.org

To learn more about unsafe abortion and postabortion care



The Great Betrayal: a video for promoting discussion. In Kenya, the Centre for the Study of Adolescence, the Kisumu Medical and Educational Trust (KMET), and the Pacific Institute for Women's Health collaborated to create a video that successfully opened up discussion in many Kenyan communities about unsafe abortion. The Great Betrayal tells the story of a young girl's journey through unintended pregnancy and unsafe abortion in rural Kenya. The film has been especially effective for confronting the stigma surrounding teenage pregnancy.

For more information, see www.piwh.org/ACCESS_cobac.html, or contact:

Pacific Institute for Women's Health • 3450 Wilshire Boulevard, Suite 1000 •
Los Angeles, CA 90010, USA • tel: 1-213.386.2600 • fax: 1-213.386.2664 • email: piwh@piwh.org

These organizations may be able to help you find opportunities for training, or connect you to people who are working to make post-abortion care available where you live.

Ipas works globally and with organizations in 20 countries to reduce deaths and injuries of women from unsafe abortion. Ipas' programs provide information, training, research, advocacy, and distribution of equipment and supplies for reproductive health care. You can find more information at www.ipas.org, or contact:
PO Box 5027
Chapel Hill, NC 27516 USA
tel: 1-800.334.8446 (US) or 1-919.967.7052
fax: 1-919.929.0258 email: ipas@ipas.org

EngenderHealth works to safeguard women's health in 30 countries. You can find more information at www.engenderhealth.org, or contact:
440 Ninth Avenue
New York, NY 10001, USA
tel: 1-212.561.8000 fax: 1-212.561.8067
email: info@engenderhealth.org

International Confederation of Midwives is an organization of midwives and midwifery groups from around the world. They work to promote and strengthen the midwifery profession and help midwives reduce maternal and infant mortality. You can find more information at www.internationalmidwives.org, or contact:
Eisenhowerlaan 138
2517 KN
The Hague, The Netherlands
tel: 31-70.306.0520 fax: 31-70.355.5651
email: info@internationalmidwives.org

The Marie Stopes International Global Partnership provides sexual and reproductive health information and services in 35 countries. You can find more information at www.mariestopes.org.uk, or contact:
Marie Stopes International
153-157 Cleveland Street
London W1T 6QW, UK
tel : 44-(0)207.574.7400
fax: 44-(0)207.574.7417
email: info@mariestopes.org.uk

Pathfinder International partners with local governments and grassroots organizations in 23 countries to make family planning and reproductive health services available to all who want them. You can find more information at www.pathfind.org, or contact:
9 Galen Street, Suite 217
Watertown, MA 02472, USA
tel: 1-617.924.7200 fax: 1-617.924.3833
email: information@pathfind.org

The White Ribbon Alliance for Safe Motherhood (WRA) has partner organizations committed to preventing unwanted pregnancy and unsafe abortion in almost 40 countries. You can find more information at www.whiteribbonalliance.com, or contact:
One Thomas Circle, Suite 200
Washington, D.C. 20005 USA
tel: 1-202.775.9680 fax: 1-202.775.9699
email: wra2@whiteribbonalliance.org

The **Women's Health Exchange** is a publication of the Hesperian Foundation.

The Hesperian Foundation is a non-profit organization committed to improving the health of people in poor communities throughout the world by providing tools and resources for informed self-care. We believe that people can and must take the lead in their own health care.

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