IPAS IN MYANMAR: Reducing unsafe abortion, improving care, saving lives

In Myanmar, unsafe abortion accounts for nearly 10 percent of all maternal deaths, making it the third largest cause of maternal death—and one that is entirely preventable. With the goal of reducing deaths and injuries from unsafe abortion, Ipas works in collaboration with Myanmar’s Ministry of Health (MOH) and Department of Public Health (DOPH) to improve the quality of postabortion care available to women in public health facilities. Ipas opened an office in Myanmar in 2014, and since then has worked with health facilities and teaching hospitals to train health-care providers in high-quality, woman-centered postabortion care. Ipas has also provided the DOPH with technical expertise and guidance on standards for postabortion care. In communities, Ipas’s outreach work seeks to educate women—including young women—on how to prevent unintended pregnancies and access safe postabortion care. Ipas is currently working in three regions of Myanmar: Yangon, Mandalay and Magway.

MATERNAL HEALTH AND UNSAFE ABORTION IN MYANMAR

Over the past 20 years, Myanmar has reduced maternal deaths by 43 percent. But despite this progress, the maternal mortality ratio remains high at 282 deaths for every 100,000 live births. Unmet need for modern contraception is high, leading to many unintended pregnancies.

Induced abortion is only legally permitted to save a woman’s life. Studies indicate that each year more than 246,000 women with unintended pregnancies resort to unsafe practices and unqualified practitioners for induced abortions. Women who undergo unsafe procedures are likely to delay seeking help for complications, resulting in greater complications and higher costs for women and the public health system.

IPAS’S APPROACH

Guidance on safe postabortion care

The World Health Organization (WHO) standards for postabortion care call for providers to manage abortion complications with either vacuum aspiration or the medication misoprostol. In close collaboration with the DOPH, the MOH, obstetrics and gynecology specialists at the country’s main teaching hospitals, and Myanmar’s Obstetrical and Gynaecological Society, Ipas provided technical assistance to revise and implement Myanmar’s National Postabortion Care Guidelines and Reference Manuals to reflect WHO standards. Approved by the MOH in March 2015, these documents are now the standard postabortion care training documents in Myanmar. Ipas also assisted the DOPH in revising the postabortion care manual for basic health staff to cover postabortion contraception, and the manual for hospital nurses to cover infection prevention and instrument processing procedures.

Training and supporting health-care providers

To improve postabortion care services at multiple types of health facilities, Ipas uses a cascade approach to training health-care providers. In collaboration with teaching hospitals, Ipas first trains a select group of obstetricians and gynecologists to become postabortion care trainers and then organizes a series of trainings for specialists and non-specialist doctors from tertiary-, secondary- and primary-level hospitals.

Training alone, however, is not enough to institutionalize change. Ipas provides follow-up support to both providers and facilities to ensure providers are confident and competent to provide quality postabortion care. Ipas connects providers with their clinical trainers and peers with advanced
What is Woman-centered Postabortion Care?

Woman-centered postabortion care is a comprehensive approach that takes into account a woman’s or young woman’s individual physical and emotional health needs and circumstances, and her ability to access care. It includes:

- treatment of incomplete, missed or unsafe abortion
- compassionate counseling
- contraceptive services
- related sexual and reproductive health services provided onsite or via referrals to accessible facilities
- partnerships between health-care providers and communities to prevent unwanted pregnancies and unsafe abortion

skills to reinforce support. To support facilities, Ipas ensures each one is equipped to provide quality services—this includes collaboration with facility managers to confirm proper infection prevention and instrument processing, sufficient stocks of postabortion care supplies, and the full range of contraceptive methods.

Strengthening sustainability

Ipas works within Myanmar’s health system to improve postabortion care, building the capacity of Myanmar’s main teaching hospitals to conduct postabortion care trainings in their respective regions. These doctors are also well positioned to advocate within the health system for improving the quality of postabortion care services. Ipas aims to institutionalize quality postabortion care training by adding it to on-the-job skills-building sessions for postgraduates and medical officers at teaching hospitals and district and township hospitals.

In addition to coordination with facility managers regarding proper supplies for postabortion care, Ipas is advocating with the DOPH and the Department of Medical Care to ensure a sustainable supply of manual vacuum aspirators (MVAs) and misoprostol—and to place both on the nation’s essential drugs list. Ipas will continue to work with government and NGO partners to coordinate effective supply chain management.

Informing communities

High-quality postabortion care can only save women’s lives and improve their health if women know where and how to access the service. Ipas is collaborating with local stakeholders to increase community awareness of the dangers of unsafe abortion and the importance of timely referral to health facilities for postabortion care. For example, Ipas worked with Myanmar Maternal and Child Welfare Association to revise and update a postabortion care booklet and develop educational materials as training aids for community volunteers.

Focus on youth

Worldwide, unsafe abortion affects girls and young women disproportionately—and the same is true in Myanmar. Social, economic, legal and health system barriers cause young women to be at higher risk for unwanted pregnancy and to delay seeking help for unsafe abortion-related complications.

Ipas recognizes the critical importance of addressing the sexual and reproductive health needs of young people, particularly young women. In Myanmar, Ipas is working to assess the best ways to enhance young women’s ability to prevent unwanted pregnancy and access safe postabortion care.

Looking forward

Ipas plans to expand its work within the regions of Myanmar it currently serves, as well as to begin working in additional regions. Ipas will continue to strengthen community outreach and education that connects women with postabortion care and contraceptive services, while also continuing collaboration with government and other stakeholders to build the health system’s capacity to offer women access to quality reproductive health services.