

Safe Choices under Restrictive Settings

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ICMA – October 2004

BACKGROUND

LATIN AMERICA*

- Use of modern contraception: 57 – 64%
- Unwanted or unplanned pregnancies: 52%
- Illegal or restricted abortion
- Availability of services

***WHO – FCI - AGI**

BACKGROUND

LATIN AMERICA*

- Unsafe abortions per year: 4'000,000
- Post-abortion complications: 40%
- Maternal mortality: 1 in 157
- Maternal deaths due to abortion: 21%

***WHO – FCI - AGI**

INFORMATION TO SHARE

- PATH/EH misoprostol research in Colombia – Dominican Republic
- Oriéntame's experience: 11500 cases
- ESAR medical abortion related work in LA: Mexico, Peru, Bolivia, Ecuador and Paraguay

INFORMATION TO SHARE

- Qualitative study conducted in Peru with misoprostol abortion clients
- Qualitative study in process with MA users (Mexico – Ecuador – Peru - Colombia)
- Review of data base from Orientame (first 2900 cases)

Methods for abortion

- Traditional: herbs, self damage, exercise
- D & C
- Vacuum Aspiration
- Medications: hormones, quinine, analgesics

Providers

- Self administration
- Pharmacies
- Private doctors
- SRH centers

Varied quality and costs

Medications

- Mifepristone is registered as an abortifacient.
 - Limited availability through the black market: legal restrictions make approval and marketing increasingly difficult
 - Very high costs

Medications

- Methotrexate approved and commonly used to treat cancers
 - Restricted marketing and availability
 - Low costs
 - Fear of possible toxic and teratogenic effects

Medications

- Misoprostol approved to treat gastric ulcers
 - Restricted distribution and marketing - Black market
 - Searle + local laboratories
 - Forgery
 - Other gynecological uses

Regimens

- No agreement on medications.
- No agreement on doses or routes. Most common: 800 mcg: 400 mcg vaginally + 400 mcg orally (repeated doses in some cases)
- No agreement on gestational age limits. Colombia 6 weeks; other countries without limit

MA knowledge

- Women know there's something: Confusion with EC
- Media beginning to talk
- Leadership: Pharmacies and doctors (mainly men)
- The role of women groups

Oriéntame's post-abortion protocol

- § Women up to 7 w can choose between medical or surgical
- § Thorough counseling
- § Day 1: MTX 50 mg IM
- § Day 5 & 6: MSP 800 mcg each day; home administration: vaginally
- § Day 15: Follow up visit
- § Success rate: 83.6%

Women profiles

MSP only

- MA is chosen by 39% of eligible women (more educated women and those from higher socio-economical levels)
- 13% without follow-up (women who came alone and working women)
- Unsuccessful associated with women with less age, less education and lower socio-economical level.

Satisfaction

MSP only

- Successful: 93% very satisfied
90% would use it again
94% would recommend it
- Unsuccessful: 22% very satisfied
22% would use it again
22% would recommend it

Satisfaction: privacy – not surgical –no guilt

No satisfaction: pain – vaginal administration

Challenges

- Simple , unified protocol
- Improve effectiveness
- Post abortion contraception
- Dissemination of information but avoiding persecution