Improving Access to Safe Abortion Care After the First Trimester

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Objectives

• Review data on:
  – Proportion of abortions that are performed after the 1st trimester
  – Contribution to maternal mortality
• Explore reasons for seeking later abortion
• Review methods of later abortion
• Explore barriers to access to later services
Proportion of All Abortions Performed After the 1st Trimester

- USA: 11%
- England/Wales: 8%
- Russian Fed.: 3%
- India: 10%
- South Africa: 25%
Abortions by Gestational Age
England and Wales, 2001-2011

Abortion-related Mortality
United States, 1988-1997

Deaths per 100,000 abortions

Gestational age (weeks)

<8  9-10  11-12  13-15  16-20  >21

Bartlett, et al., Obstet Gynecol 2004
Mortality by Gestational Age
Russian Federation, 1999

All Abortions
- 6.6%

Abortion Deaths
- 74%

1st trimester
2nd trimester

Zhirova, et al., SFP 2004
Mortality by Gestational Age
Benin City, Nigeria, 1973-84

All Abortions
- 10%

Abortion Deaths
- 1st trimester
- 2nd trimester
- 59%

Unuigbe, et al., IJGO 1988
Unsafe Abortion After the 1st Trimester in Mexico

• Review of maternal deaths in Morelos and State of Mexico, 2001
  – Identified 4 abortion-related deaths
  – In all 4 cases, abortion occurred after 1st trimester

• Review of 12 deaths related to unsafe abortion in Mexico City, 2005-2007
  – Of 9 with known gestational age, 5 were after the 1st trimester

Walker et al., RHM 2004; van Dijk, et al., IJGO 2012
Proportion of Abortion Cases with Serious Complications at 4 Hospitals in Nepal

Henderson, et al., PLOS One 2013
Reasons for Delay in South Africa

• Qualitative study: 27 in-depth interviews with women seeking abortion at 13-20 weeks in Cape Town

• Commonly cited reasons
  – Failure to recognize pregnancy (especially with irregular periods)
  – Ambivalence, uncertainty
  – Lack of awareness of law, facilities
  – Judgmental attitudes of providers, inappropriate referrals

Harries, et al., Reproductive Health 2007
Reasons for Delay in India

- Women in vulnerable situations conceal pregnancy due to stigma
- Change in circumstances
- Late recognition of pregnancy
- Fetal anomalies
- HIV diagnosis during pregnancy

Dalvie, Reproductive Health Matters 2008
Abortion After the 1\textsuperscript{st} Trimester in Legally Restricted Settings

- Abortion frequently legal for indications that may not be identified/approved until after 1\textsuperscript{st} trimester
  - Fetal anomalies
  - Conditions that threaten woman’s health
  - Process of reporting rape may be prolonged, forcing delay past 1\textsuperscript{st} trimester
Methods of Later Abortion

- Instillation methods: generally obsolete
  - Extra-amniotic ethacridine lactate in India
- Surgical methods: Dilation and evacuation (D&E)
- Medical methods:
  - Misoprostol alone
    - Standard method in South Africa
  - Mifepristone and misoprostol
    - Significantly shorter median induction-to-delivery time (5-7 hours vs. 11-15 hours)
Delays to Accessing Care in South Africa

Grossman, et al., Health Svc Res 2011
## Comparing D&E to Medical Induction

<table>
<thead>
<tr>
<th></th>
<th>D&amp;E</th>
<th>Medical Induction</th>
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<tbody>
<tr>
<td><strong>Outpatient</strong></td>
<td></td>
<td>Inpatient (requires more hospital beds)</td>
</tr>
<tr>
<td><strong>More physician training</strong></td>
<td></td>
<td>More dependent on nursing care</td>
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<tr>
<td><strong>Need case volume to maintain skills</strong></td>
<td></td>
<td>Less dependent on volume</td>
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<tr>
<td><strong>May be more emotionally difficult for provider</strong></td>
<td></td>
<td>May be more emotionally difficult for woman</td>
</tr>
<tr>
<td><strong>Need back-up for rare complications</strong></td>
<td></td>
<td>Need back-up for approximately 10-20% requiring D&amp;C</td>
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Why are safe later abortion services often not available in many settings?

- Real or perceived legal barriers
- Lack of trained providers
- Lack of familiarity with evidence-based techniques
- Concentration of services in urban centers
- Stigma—even more intense for later abortion

Boland, RHM 2010; Harris and Grossman, IJGO 2011
Conclusions

- Procedures done after the 1st trimester account for a larger proportion of abortion-related mortality
- Later abortion is a necessary component of safe abortion services
- Both D&E and medical induction can be safely provided in low-resource settings
  - D&E requires training of skilled providers
  - Mifepristone regimen improves capacity of medical induction abortion services