

Report on Post Abortion Care (PAC)
Training Course

PPFA-I Office & Ibrahim Malik Teaching
Hospital

From 25/5/2005---To 30/5/2005

Trainers: Dr.Basheer Elgayle
Dr.Tag Elsir M. Ali
Sis. Amira Elnour

List of abbreviations

D/C :	Dilatation and curettage .
EMOC :	Emergency Obstetric Care .
IEC :	Information Education .
Kh.N.H:	Khartoum North Hospital
MCH/FP :	Maternal child health and family planning .
MMR :	Maternal Mortality rate .
FMOH :	Federal Ministry of Health .
MVA :	Omdurman Maternity .
NM:	Nurse Midwife .
PAC :	Post Abortion Care.
TBA :	Traditional Birth Attendant .
WHO :	World Health Organization .
SFCA	Sudan Fertility Care Association
SFPA	Sudan Family Planning Association
SRC	Sudan Red Crest.

Introduction /executive summary

Sudan is a poor country; the effort to improve living conditions over the last three decades has been impeded by high population growth, a sluggish economy, population instability and environmental degeneration. These factors have contributed to the slow progress in providing basic health services for the public in general and, especially, for mothers and children who suffer most from an appalling risk of morbidity and mortality.

Maternal and infant mortality indicators in Sudan are among the highest in Africa. MMR is estimated at 990\100,000 live birth. The WHO estimated that: 20 million unsafe abortions occur worldwide each year, and one out of every eight deaths related to pregnancy is due to unsafe abortion.

PAC as a concept is not known in Sudan. The first group of obstetricians, community physician & sister midwives were trained by PPFA-I (Former FPIA) in Kenya in 2002

The Directorate of Reproductive at the Federal Ministry of Health priority is to adopt the PAC concept to manage cases of incomplete abortion. The plan is to level the PAC services to different health care sectors in the future.

Specific tasks :

- **Prepare & share** papers & knowledge participants on :
Frame work on components of PAC, how PAC adds to reduction of maternal mortality & life long morbidity, initial assessment of abortion or abortion complications, skills of talking to patients & counselling, the importance of infection prevention & how PAC leads to increase in use of family planning.

* **Demonstrate** to participants the steps of infection prevention & use of MAV to manage incomplete abortions.

- **Supervise** the participants to ensure acquaintance of appropriate application of infection prevention & proper use of MVA.
- **Follow-up** participants after the course by visits & questionnaire to assess the impact of the course on PAC & RH in general.
- **Write** technical report for the activity with recommendations on how to improve PAC services in Sudan.

Trainers:

1. Dr. Dr. Basheer Elgayle
2. Dr. Dr. Tag Elsir M. Ali
3. Sis. Sis. Amira Elnour

List of participants

Name	Gender	Position	Work place
1. Dr. Abeer Zulfo	F	Project Director	SFCA
2. Sis. Alawia Ahmed	F	Health Provider	SFPA-Model center
3. Sis. Amira Osman	F	Health Provider	SFPA
4. Dr. Kalid Osman Mohamed	M	FMOH	Kh. N. H.
5. Dr. Kalthoum A. Raheem	F	Health Provider	SRC
6. Dr. Ayman Ahmad Maghrabi	M	Health Provider	SRC
7. Dr. Saria Elfadil Abdoon	F	Health Provider	Safe International
8. Dr. Salah Ahmed	M	Health Provider	SRC
9. Dr. Mohamed Elhassan	M	Health Provider	SRC
10. Dr. Murtada Ibrahim	M	Health Provider	Safe International

Training objectives

Broad Objective

By the end of the 5 days training in PAC, trainees will be able to:

1. Explain the magnitude of incomplete abortions as a major contributing factor to maternal morbidity and morbidity in the Sudan.
2. Explain PAC concept as relates to emergency care , post abortion family planning counselling and services and linkages between other health providers and services .
3. Provide PAC services.
4. Advocate for PAC services in the community with in the professional bodies and health facilities.

Specific Objectives

By the end of the 5 days training trainees will be able to:

1. Explain the mechanism, advantages, indications and contraindications of MVA.

2. Identify own attitudes towards the patients who seek post abortion care services and explore ways of dealing with them for the benefit of the patients.
3. Demonstrate ability or infection prevention and control processes.
4. Diagnose, and prepare patients for post abortion care.
5. Provide pain management as appropriate.
6. Perform MVA procedure correctly.
7. Identify and manage complications of incomplete abortion.
8. Provide post abortion - family planning counseling and services.
9. Initiate and maintain proper /good record keeping.
10. Provide syndromic management of STI.
11. Provide emergency contraceptives.

Participant's expectations

- To know the advantages of MVA.
- Provide pain management.
- To provide post abortion family planning counseling.
- To be updated in treating a patient with abortion and its complications.
- To know the process of the instrument and the control of the infection prevention.

Methodology

The training design had to contend with a number:

- * The international composition of the resource persons.
- * The bi-lingual situation in Sudan – both Arabic and English was used interchangeable.
- * All the participants were senior medical doctors or sisters
- * The training was non-residential.

The training utilized the JHPIEGO and IAPAC training curriculum .All the adult learning method employed , these include : lectures , discussions , brainstorming , group activities , case studies , role plays , demonstrations and practice on model (with simulation of patient reactions) .

Training materials

A number of training materials were used or the design and implementation of this six-day training, as follows:

1. Judith Winkler ; Elizabeth Oliveras ; post abortion care consortium (AVSC International , IPAS , IPPF , JHU/CCP , JHPIEGO , Pathfinder international) .
2. Clinical guide for manual vacuum aspiration (MVA).
3. IPAS; the MVA trainer's handbook. 1993.
4. IPAS The post abortion care trainer's manual .2002.
5. Video cassettes:
 - a. Infection prevention in FP programs (AVSC and

- JHPIEGO).
- b. Counselling: “Put yourself in her shoes “(IPAS).
- c. Why did Mrs. X die?

Monitoring

A preview of each day’s updated activities were described by one of the trainers at the start of every day and displayed, after a recap of the preceding days have been presented by one of the participants. At the end of each day, participants were tasked to read up relevant chapters of manual on subjects covered and those earmarked for the following day. Time keeping was selected by participants.

Training evaluation

a) Pre - & post tests results

No	Pre-test	Post-test
1.	45%	78.75%
2.	56%	83.5%
3.	37.5%	74%
4.	14%	70.5%
5.	62%	80.25%
6.	45%	78%
7.	48.25%	82.5%
8.	57.5%	86%
9.	60%	86%
10.	37.5%	72.25%

b) Performance evaluation

The skills of every trainee were collectively appraised during sessions of role-plays that were integrated into practice on the ZOE model. A ‘mini clinic’ was constructed in the classroom, complete with all instruments and consumables. Participants were divided into small groups, each of which was given a case study for study, discussion, role-playing and exhibition MVA procedure, family planning counseling & service, and demonstration of infection prevention and instruments reuse. Free discussions were held on each session.

Recommendations & Conclusion

- **To advocate for PAC concept**
- **All participants will participate actively in all PAC group meetings and activities.**

- **More involvement and commitments of the federal ministry of health.**