Strengthening the quality of abortion services in Vietnam

BACKGROUND

In Vietnam, abortion is legal and widely available. Public reproductive health care services have recently begun emphasizing the importance of comprehensive abortion care services. However, challenges remain to reduce unintended pregnancies and abortion-related complications in Vietnam, including improving the link between abortion services and family planning counseling and the quality of private abortion services.

Historically, most abortions have been performed surgically. Although available since 2002, relatively few medical abortions—a form of early abortion induced by medication—were utilized. In 2006, a PATH cost study on expansion of medical abortion services found providing medical abortion at the district level could be more cost efficient than at higher levels. The study also found limited access as many eligible national- and provincial-level public facilities were not providing the service and post-abortion family planning counseling was typically not provided. Partly based on findings and recommendations of this study, in 2009, the Ministry of Health expanded medical abortion guidelines to allow district-level facilities to provide the service. Despite these positive steps, resource constraints have resulted in limited training opportunities for additional service providers, especially at district levels.

Since 2010, PATH has been working in partnership with the Maternal and Child Health Department (MCHD) of the Ministry of Health to improve access to high-quality medical abortion services at public and private facilities, at the district level. This includes offering family planning counseling and services, and employing a client-centered approach.

ASSESSING PROVIDER NEEDS

In 2011, PATH conducted an assessment to determine the current capacity and needs of health facilities and service providers, including the level and type of training needed, district-level and private-provider facility capabilities, and procedures required for introducing medical abortion services. The assessment, conducted in ten district-level facilities and six private facilities in Hai Duong and Can Tho provinces, identified the following issues:

- Services do not consistently follow the national guidelines on medical abortion.
- Pre- and post-abortion counseling services are not routinely provided, and counseling on repeat pregnancy, side effects and warning signs are not properly addressed.
- Modern contraceptives are available in district health centers but not in many district-level hospitals and private-sector facilities.
- Reproductive health technical updates and supervision activities are limited for private facilities.

Based on these findings, PATH, working with the MCHD and Hai Duong and Can Tho Reproductive Health Care Centers, developed a clinical training and practicum on medical abortion for public district-level and private abortion providers. Training coursework covered topics such as client screening for first trimester medical abortion, prescription of medical abortion drugs and contraception after medical abortion, side effects and complication management, and pre- and post-abortion counseling skills.

PATH and partners also provided ongoing technical support through supportive supervision visits and follow-up technical support after trainings. The project also provided information, education, and communication materials on medical abortion and family planning for providers, facilities, and clients.
ACCESS TO MEDICAL ABORTION

Prior to the intervention, only one private hospital was approved to provide medical abortion services. After the intervention, 13 of the 15 health facilities gained approval, marking strengthened capacity to administer medical abortion services.

Furthermore, the trend of using medical abortion services as opposed to manual vacuum aspiration for up-to-7 week abortion cases gradually increased at district health facilities. Data from the pre-intervention 3 month period from January to March 2011 indicated that the 5 district health centers and 5 district hospitals participating in the project had provided 8 and 0 medical abortion services, respectively, out of 85 and 167 total abortions. Post-intervention, we noted that in the three month period, April to June 2012, the number of medical abortion services at health centers and hospitals was 43 and 25, respectively. This trend reflects an increase in the medical abortion cases (as percentage of total abortions) at district health centers and hospitals, from 3% to 42%, from the pre-intervention period to the final evaluation. The increase demonstrates an expansion of medical abortion availability at district health facilities and allows for a safer, less invasive option for women.

CHALLENGES ACCESSING MEDICAL ABORTION SERVICES

Challenges to accessing comprehensive medical abortion services remained despite these interventions. Working with MCHD, from June to August 2012, PATH conducted a qualitative evaluation to ascertain these barriers. The evaluation identified the following barriers:

- Reproductive health (RH) and family planning (FP) services are managed by two different government agencies, MCHD and the General Office of Population and Family Planning, respectively. Lack of coordination has led to unavailable FP services onsite at district hospitals and private clinics and an unclear mechanism for FP knowledge updating and supportive supervision for health workers.
- Administrative requirements, heavy workloads, and a lack of human resources hinder the ability for district level providers to provide medical abortions, and the availability of medication is inconsistent.
- Technical supervision to private sector providers is lacking in order to ensure high quality of medical abortion services.
- Comprehensive post-abortion counseling services were not routinely provided, specifically counseling on the risks of immediate pregnancy and all family planning options.
- Post-medical abortion family planning was not client-based, with oral contraception being the preferred recommendation of the provider in most cases.
- The health services’ reliance on family planning awareness campaigns and community-based communication channels is insufficient to prevent unplanned pregnancy. Not engaging in face-to-face counseling following an unplanned pregnancy is a missed opportunity for the family planning program.
- Many of the interviewees consider abortion as a normal and safe option when an unplanned pregnancy occurs.
- Clients’ knowledge about contraceptive options was limited, focusing mostly on negative side effects, and largely ignoring the benefits, as well as the effectiveness, of birth control methods.

MOVING FORWARD

PATH and our partners are sharing the findings and lessons learned from this project with national-level decision-makers responsible for updates to the National Guidelines for Reproductive Health Care Services. Results from the model in Hai Duong and Can Tho provinces are being shared with provincial- and district-level stakeholders across Vietnam. Additionally, the project supports, and can help inform, the MCHD’s five-year plan, which includes training doctors at district and commune levels on specific abortion services. Through these activities, the project will encourage continued dialogue around providing high-quality abortion care and family planning counseling.

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REFERENCES