

Training midwives and doctors in post abortion care in Gabon and Cameroon

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The Middle Africa Network for Women's Reproductive Health: Gabon, Cameroon, Equatorial Guinea (GCG)

- is a non-governmental organization devoted to promoting women's health within and across borders of Middle francophone Africa.
- Primary goal is to enhance reproductive health care of women by means of research, training and education.
- The biggest obstacle in these 3 countries appeared to be the extreme inequitable risk of death or disability from pregnancy-related complications by Middle African women

After a needs assessment, reducing maternal mortality and morbidity among women due to unsafe abortion, came out as the first step to take. Abortion is very restricted in these countries and the result is that many women go for illegal abortions (now a days often using misoprostol)

In countries where women have to pay for health care and where abortion is so restrictive (and stigmatized) women often arrive late with complications since they have no money either for transport to the hospital or for the necessary medical aid. Even when they do arrive, they may be denied care because they cannot pay or the care is delayed: abortion clients are often helped last in the queue.

It is also advisable to take family members with to the hospital, in case one needs blood, since blood is rarely available, especially in rural areas. If a trained doctor is present, he/she can do a sharp curettage (D&C) under general anesthesia, but this is expensive and in the more rural areas often there is no doctor.

Pregnancy and birth are typically the domain of midwives, but they are not trained in treating pregnancy-related complications since procedures such as Manual Vacuum Aspiration (MVA) or the use of misoprostol are not institutionally recognized, and only doctors perform D&Cs.

We have worked with some success to change this situation in Gabon over the past 3 years: we have conducted trainings for midwives and some doctors in PAC MVA under local anesthesia, as well as training in the different contraceptive methods and IUD insertion. We developed a 2-day program in theoretical and practical training (In the meantime we have also developed a training manual).

Women waiting for free IUD insertion in the north of Gabon
On the left the Director of Maternal and Child Health of Gabon



North of Gabon

26 year old woman
with her 6th child.
She came for a free
IUD



In order to get more midwives trained we needed a few selected midwives to take part in a Train the Trainer course. This ToT took place in Tunisia, a country where abortion is legal, which makes it easier to organize practical training.

Midwives ToT in Tunisia



3 midwives from Gabon, 1 from Cameroon and 1 Ob/gyn from Gabon took part in the ToT, in May 2011 in Tunis. Since then the Gabonais midwives and the doctor have been performing Post Abortion MVA and have been training others. By now more than 200 women have been treated without any complications.

An important aspect why the training in Gabon has been so successful has been our contact with the Director of Maternal and Child Health: from the moment we started the training they have supported us, they even took part as participants in the first training.

As a result, after the ToT course in Tunis, the Ministry asked our GCG midwife coordinator, Justine Mekuí, who had been trained first in Gabon and then in Tunis, **to train ALL the midwives in Gabon in post abortion care MVA. More than 70 have been trained so far, of which 8 doctors.**

PAC MVA training of 7 doctors and 13 midwives, Mouilla, Gabon



The ToT midwife Justine Mekui training a colleague



The midwives and doctors with their certificate after the PAC MVA training in Mouilla, Gabon



Conclusion

This network has made a significant first step in demonstrating that also in a country where abortion is restrictive, one can build capacity, mobilize attitude change and enlist institutional support.

Conclusion (contin.)

That can be done with modest, although essential, financial and material means when there is a strong local core group with international links and a impassioned commitment to women's right to self-determination and quality health care.

Thank you!

Marijke Alblas, medical consultant to *GCG: Middle African Network for Women's Reproductive Health* in collaboration with

Aimée Patricia Ndembi Ndembi and Gail Pheterson, co-directors

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Justine Mekuí, midwife coordinator

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The founders of the Network

From left to right:

-Gail Pheterson, France

-Marie-Chantale Ntjam,
Cameroon

- Christelle Mbia, Gabon

-Aimee Patricia Ndembi
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