

leading  
**SAFE**  
choices



Royal College of  
Obstetricians &  
Gynaecologists

## Comprehensive Abortion Care

Progress in South Africa

Judith Kluge, Alison Fiander



Western Cape  
Government

Health

BETTER TOGETHER.





# South Africa: before democracy (1994)

- Termination of Pregnancy (TOP): extremely restricted
- 200 000 illegal abortions annually
- Associated with substantial preventable morbidity and mortality
- 1,000–1,500 legal abortions performed annually -among mainly white women
- Divided, fragmented and inequitable health system

# Abortion law in South Africa

## CHOICE ON TERMINATION OF PREGNANCY ACT, 1996

<i>Indication for termination of pregnancy</i>	
<12 weeks 0 days: On demand	*>20 weeks 0 days: Maternal physical/mental health
12 weeks 1 day – 20 weeks 0 days: Maternal physical/mental health	*>20 weeks 0 days: Fetus malformation
12 weeks 1 day – 20 weeks 0 days: Fetal physical/mental anomaly	*>20 weeks 0 days: Risk of injury to fetus
12 weeks 1 day – 20 weeks 0 days: Rape or incest	*>20 weeks 0 days: Mental disability
12 weeks 1 day – 20 weeks 0 days: Social/economic	*>20 weeks 0 days: Continuous unconsciousness
<b><i>*Requires the consent of an additional medical/nurse practitioner</i></b>	

- < 12 wks: provided by a certified midwife
- Amendment Act in 2003: Any registered nurse with training.

# Choice on Termination of Pregnancy Amendment Act of 2003

- allows any health facility with a 24-hour maternity service to offer first trimester abortion services, without the ministerial permission
- allows **all registered nurses** who have completed the prescribed TOP training course, **not only midwives**, to provide first trimester terminations
- **a policy where implementation is heavily dependent on nurses**

# TOP services in SA



- A number of districts = NO SERVICES AT ALL (particularly rural areas)
- Reasons for suboptimal service provision:
  - inadequate numbers of trained staff
  - long waiting times
  - conscientious objection by health care workers.
- Western Cape - Roving teams of abortion providers to increase access for women in settings where the providers are unwilling to provide the service.

# Unsafe abortions

- Estimated 50% of abortions are illegal



## 'Nothing to say' about Madiba's condition

**By SIMONE HERZBERG**  
 THE presidency could not give the world's attention any new information about Madiba's condition yesterday afternoon.  
 "There is nothing to say," said spokesman Mike Mahara.  
 He said the Presidency was waiting for an update on the condition of former President Nelson Mandela.  
 The 94-year-old former struggle icon and Mandela's first democratic president was admitted to a hospital in Tlokweng in the early hours of Saturday morning.  
 Later that day, Mahara described his condition as serious but stable.  
 "During the past few days Madiba has had a recurrence of a lung infection."  
 "This morning at about 1.30am his condition deteriorated and he was transferred to a Pretoria hospital."  
 "He remains in serious but stable condition," Mahara said.  
 "The former president is receiving expert medical care and doctors are doing everything possible to make him better and comfortable." "I added. The statement also said that President Jacob Zuma, on behalf of government and the nation, wished Madiba a speedy recovery.  
 Zuma also requested that the media and the public respect the privacy of Madiba and his family.  
 "Madiba's lung problems stem from his time spent working in the quarries on Robben Island, where he developed tuberculosis in 1988.  
 His increasingly frequent hospital visits have left many fearing the worst.  
 On 4 April this year, he was discharged from hospital after spending nine days receiving treatment for his lung problems.  
 In March this year he was admitted to hospital for a scheduled check-up and was discharged the following day.  
 In December last year he underwent  
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**PASTOR DANIEL KEEPS EVIL SPIRITS OFF THE SCENE — TURN TO P13!**



# Obstacles to CTOP act implementation



- Knowledge of the law (providers and women)
- Lack of facilities
- Nurses' attitudes towards abortions
- Stigma of abortion
- Lack of support from doctors & gynaecologists
- Apathy
  - “In the over twenty years that I have been involved in women's health, I have not seen this level of apathy, both on an individual and institutional level.” Marion Stevens, *Women in Sexual and Reproductive Rights and Health*

Röhrs . Master's thesis in Public health, UCT. Nurses' Decision-Making in Termination of Pregnancy Services at Health Care Facilities in the Western Cape 2012

# Previous/ other training provided

- IPAS
- Woman Care Global
- Marie Stopes
- Department of Health District nurse trainers providing MTOP training but formal MVA training lacking.



# Additional Challenges/ Barriers

- **South African Nursing Council**
- NOT recognizing provision of first trimester abortions (especially surgical) as a speciality
- Currently no extra compensation for extra skills
- “scope of practice”

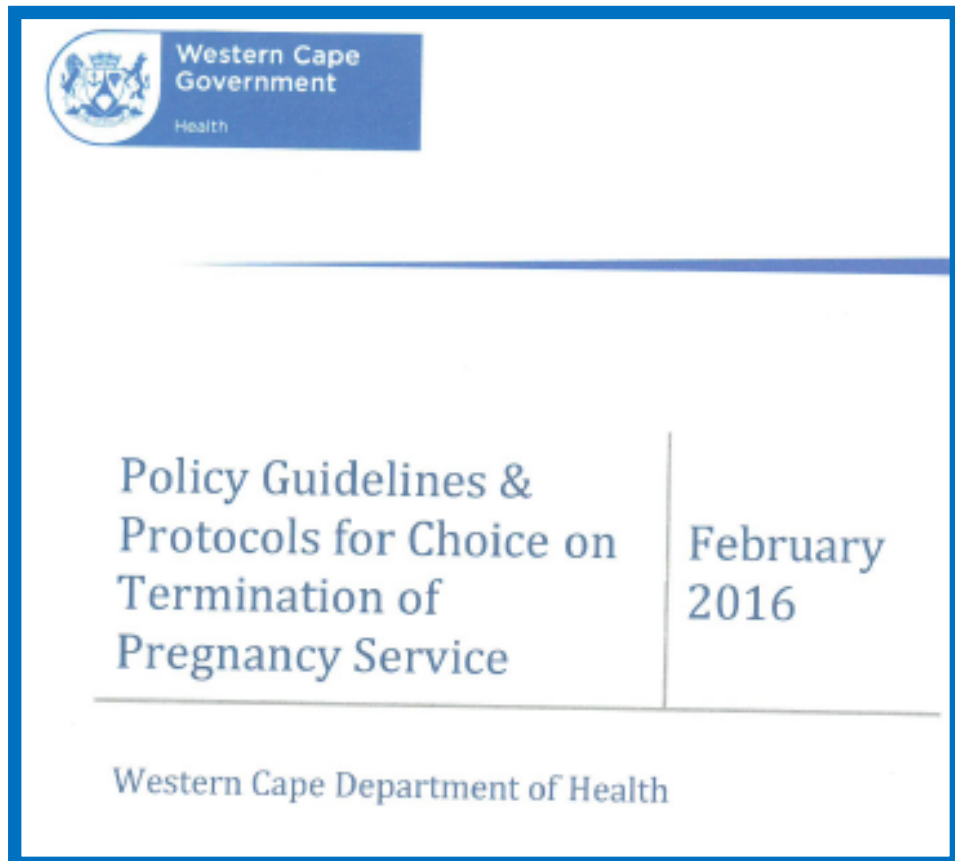


# Recent Positive developments in increasing access to abortion

- <2010 all first trimester abortions done surgically (Manual vacuum aspiration)
- **2010**: Mifepristone approved for MTOP in public sector <9wks
- **2012**: Mifepristone added to SA Essential Medicines List for termination of pregnancy after 13 weeks
- - lead to more effective medical induction abortion in T2



# Incorporation into local Policy Guidelines



# LSC CAC training



- Courses - 5
- No attended: 28 (plus 7 registrars)
- 3 providing MVAs
- 17 providing CAC but no MVAs (either not trained or objected to providing MVAs)
- 12 from pilot sites

# On the job practical supervision and training (accreditation)

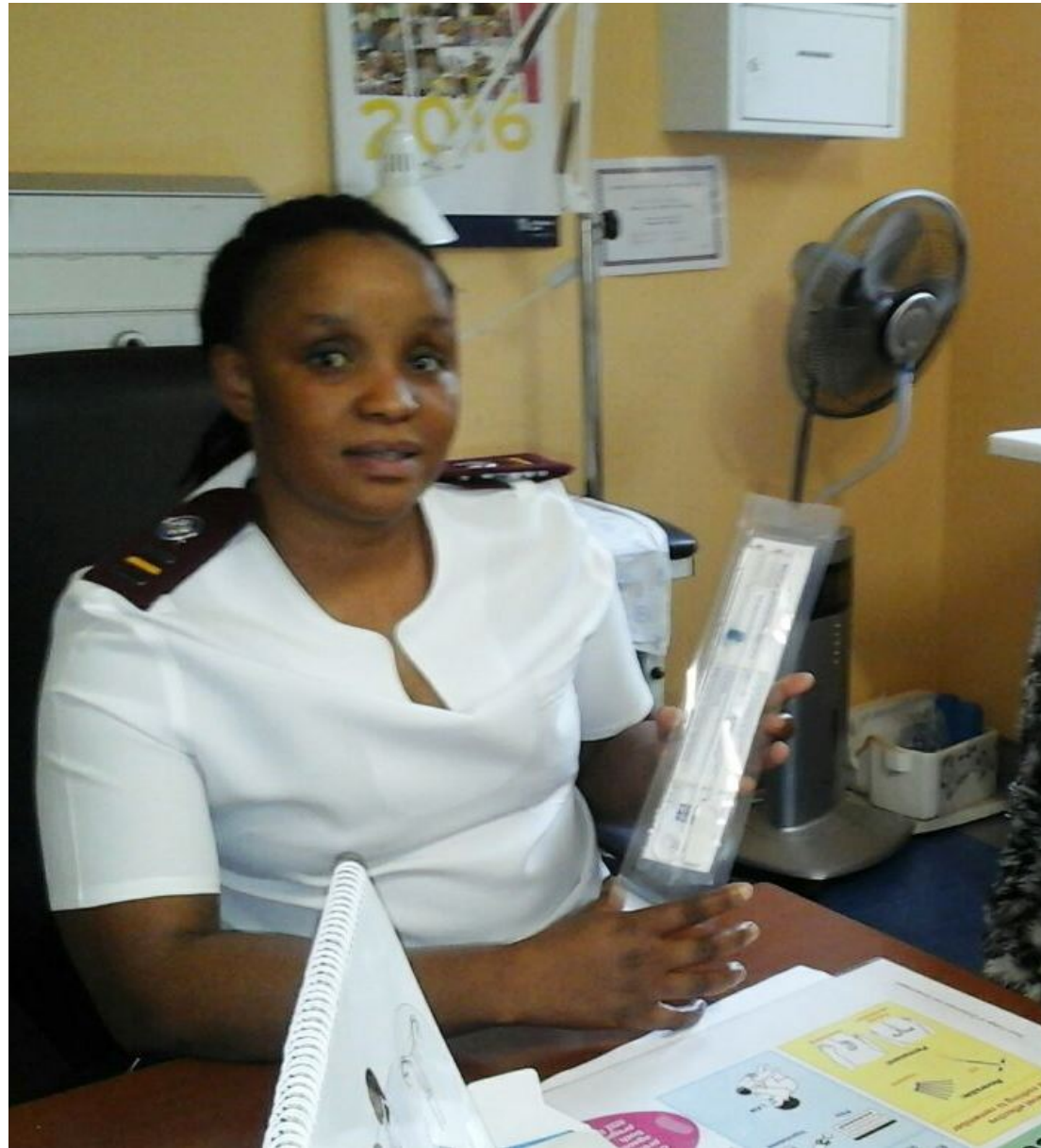
- Certified competent to perform first trimester MVAs: 5
- 1 doctor (intern – first year medical doctor)
- 4 professional nurses
  - 3 from non-pilot sites- specific request made due to lack of other MVA training available
  - 2 from rural towns
- Post abortion Intrauterine device insertion

# PN D. Arendse *Mitchell's Plain Community Health Clinic*

- Provided Comprehensive Abortion Care but not first trimester MVA
- MVAs outsourced to “roving” doctor
- Now provide Ave 38 MVAs/ month
- Post abortion Intrauterine device insertion



PN P. Magadlela.  
*Michael*  
*Mapongwana*  
*CHC*



# LSC Abortion provider support group

- 2 debriefing sessions held for abortion providers in pilot sites
- Sharing stories on becoming an abortion provider
- Challenges in CAC services
- CTOP Act
- Involvement of managers
- Staff attitudes regarding on CAC provision



# Post Partum Family Planning: Post Partum Intrauterine Device insertion

- **Training courses**
- PFP – 9
- PFP counselling – 5
- **No of Health Care providers trained**
- PFP - 86
- PFP counselling -38
- **No competent on PPIUD insertion - 9 (need minimum of 10 supervised insertions)**
- **No of women received a PPIUD - 155**

Thank you

