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**World Report on Women's Health 2012
Improving Women's Health**

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M236 NONSURGICAL MANAGEMENT OF SYMPTOMATIC UTERINE FIBROIDS COMPLICATED BY HYDRONEPHROSIS IN A YOUNG WOMAN WITH MULTIPLE CONGENITAL ANOMALIES

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S. Amoroso, B. Gui, C. Di Stasi, F. Mascilini, G. Scambia, G. Tropeano

M237 REDUCING PERINATAL MORTALITY THROUGH THE IMPLEMENTATION OF CONFIDENTIAL ENQUIRY OF PERINATAL DEATH IN MOLDOVA

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P. Stratulat, J. Gardosi, T. Caraus, A. Curteanu

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Charts of all women who underwent surgical abortion were identified through the electronic medical record database.

Methods: UE reports related to surgical abortion or post-abortion IUD insertion, both immediate and delayed, were reviewed. Further details about cases were extrapolated through chart review to compare APC to MD outcomes. Demographic and clinical information were collected to evaluate for potential confounders.

Results: In 2011, 2720 surgical abortions were performed, and 36 UEs were reported. APCs performed 806 (29.6%) abortions and MDs performed 1914 (70.4%). Of these, 8/806 (0.99%) by APCs and 28/1914 (1.46%) by MDs had UEs. The most common UE for both groups was retained products of conception requiring intervention (2/806, 0.25% APC; 7/1914, 0.37% MD; $p=0.59$). The next most common UEs were continuing pregnancy requiring reaspiration (3/806, 0.37% APC; 4/1914, 0.20% MD, $p=0.44$), hematometra requiring intervention (0 APC; 3/1914, 0.16% MD; $p=0.12$) and infection requiring hospitalization (1/806, 0.12% APC; 2/1914, 0.10% MD; $p=0.89$). Other reported UEs included perforation, hemorrhage, and failure to diagnose ectopic pregnancy, each reported no more than once per group. Mode of abortion was evenly split between electric and manual vacuum aspiration.

The mean patient age was 26.3 years (± 5.4), and median gestational age was 8 weeks (range 4–13.8 weeks); 45% of patients were primigravidas, 35% had a previous abortion and 30% had BMI >30 . During 2011, there were 425 immediate post-abortion IUD insertions – 121 (28.5%) by APCs and 304 (71.5%) by physicians. No UEs have been reported to date among these patients.

Conclusions: These data are consistent with the low complication rates previously reported for first trimester abortion and immediate post-abortion IUD insertion. There were no significant differences in complications (UEs) with procedures performed by APCs compared to MDs, reinforcing the safety of these procedures performed by either provider type.

M160

UNSAFE ABORTIONS IN ADOLESCENT AND ADULT PREGNANCIES WITH COMPLICATIONS AT PROF. DR. R.D. KANDOU PROVINCIAL GENERAL HOSPITAL MANADO, NORTH SULAWESI, INDONESIA

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Objectives: Comparing unsafe abortions in cases of adolescent pregnancies with adult pregnancies.

Materials: Data were obtained from questionnaires and observations within 4 months in 2011 of patients treated for abortions at Prof. Dr. R.D. Kandou Provincial General Hospital, Manado, North Sulawesi, Indonesia.

Methods: A cross sectional data taken within a period of 4 months (2011) at Prof. Dr. R.D. Kandou Provincial General Hospital, Manado, North Sulawesi, Indonesia.

Results: Of the 137 cases found there were 92 cases of unsafe abortion in adolescent pregnancies and 45 cases in adults. In adolescent pregnancies unsafe abortions occurred highest in the age group 16–19 years, and adults in the group 20–29 years.

The main reason for unsafe abortions in adolescents are education status (36.96%), whereas in the adult group the failure of family planning (24.44%).

Most of the teens at first tried to perform their actions for abortions independently (42.39%) and as much as 21.73% initially looked for traditional healer.

In adult pregnancies, they mostly looked for first aid through a doctor (35.56%), although some also tried on their own (28.89%) or through the help of traditional healer (2%). In adolescents, early actions were mostly unknown by the partner and families, whereas in adult pregnancies though mostly done with a partner/family but also about a third of cases without the knowledge of the partner/family. The method mostly used in both groups were

drugs (misoprostol), followed by the use of herbs and traditional materials. Gestational age of hospital admission mostly occurs less than 12 weeks, although there are also 10 cases (7.3%) over 12 weeks. Most came on their own without reference (78.1%) due to complications. The main complication was bleeding (97.08%) with an outcome of death in 1 person.

Conclusions: Most of unsafe abortions occurred in adolescents and the main reason was they were still in school, whereas in adults the majority of unsafe abortions occurred due to failure of family planning. Generally, teenagers tried to act independently in advance to abortion, with misoprostol or with traditional methods.

M161

THE ROLE OF COMPREHENSIVE TRAINING IN THE IMPLEMENTATION OF LEGAL TERMINATION OF PREGNANCY IN MEXICO CITY MOH

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Objectives: In April 2007, Mexico City decriminalized abortion in first trimester. Services were rapidly implemented, and up to February 2012, more than 74,000 women were served at public health facilities. Ministry of Health (MOH), with the support of non-governmental organizations, trained their health personnel. This qualitative research analyzes how intensive, comprehensive, in-site training helped in the implementation of such services.

Materials: Five interviews to multidisciplinary health professionals from one NGO involved in the training of public health personnel. Training curricula and strategies.

Methods: Qualitative analysis of in-depth interviews was performed; training contents, strategies and trainers experiences were reviewed and discussed.

Results: In-site training lasts 2–3 weeks. Theoretical contents include new legal context, abortion technologies – Manual and Electrical Vacuum Aspiration, medical abortion – pain management, post-abortion contraception, value clarification and counseling. The entire health team is involved in the process. Intensive practice with pelvic models precedes hands-on training in women, and evacuation procedures are carried on under trainers supervision, until proficiency is documented. Counseling abilities of the different cadres of providers are also reinforced under one-to-one supervision.

This comprehensive strategy allows the participants to strengthen their technical abilities about unfamiliar technologies and regimens that are not part of their standard education curricula, due to the previous restrictive legal setting. Doubts most commonly expressed during training relate to adolescent standards of care, parental consent and contraception in teens, as well as the potential liability of performing these procedures, even under the new law.

Participants knowledge of reproductive rights is minimal, but interest is raised during training. Value clarification changes providers attitudes, from intolerance and impatience to respect and empathy. Training also helps to combat abortion stigma, both toward women requesting abortion (I don't like this, this is just not me, this goes against my personal beliefs) as well as the stigma and finger-pointing providers initially experience from colleagues.

Conclusions: According to trainers involved, comprehensive, in-service multidisciplinary training in Mexico City MOH health services has been a key element for the implementation of legal abortion services, and women's right to decide.

M162

DOES RESIDENCY TRAINING IMPROVE COGNITIVE COMPETENCE IN OBSTETRIC AND GYNECOLOGIC SURGERY?

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Objectives: To develop an operative assessment tool in order to evaluate the cognitive competence of trainees in obstetric and



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2 Maturitas	journal	0.951 Q1	78	201	614	7907	1984	524	3.79	39.34		
3 Journal of Reproductive Immunology	journal	0.941 Q1	67	57	319	2242	860	304	2.80	39.33		
4 European Journal of Obstetrics, Gynecology and Reproductive Biology	journal	0.804 Q1	77	354	1065	8543	2106	844	2.36	24.13		
5 International Journal of Gynecology and Obstetrics	journal	0.755 Q2	75	372	1031	6710	1916	938	1.64	18.04		

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UNSAFE ABORTION IN ADOLESCENT AND ADULT PREGNANCIES WITH COMPLICATIONS AT PROF. DR. R. D. KANDOU PROVINCIAL GENERAL HOSPITAL MANADO NORTH SULAWESI, INDONESIA

John Wantania, Gomer Tindi, Suzanna Mongan

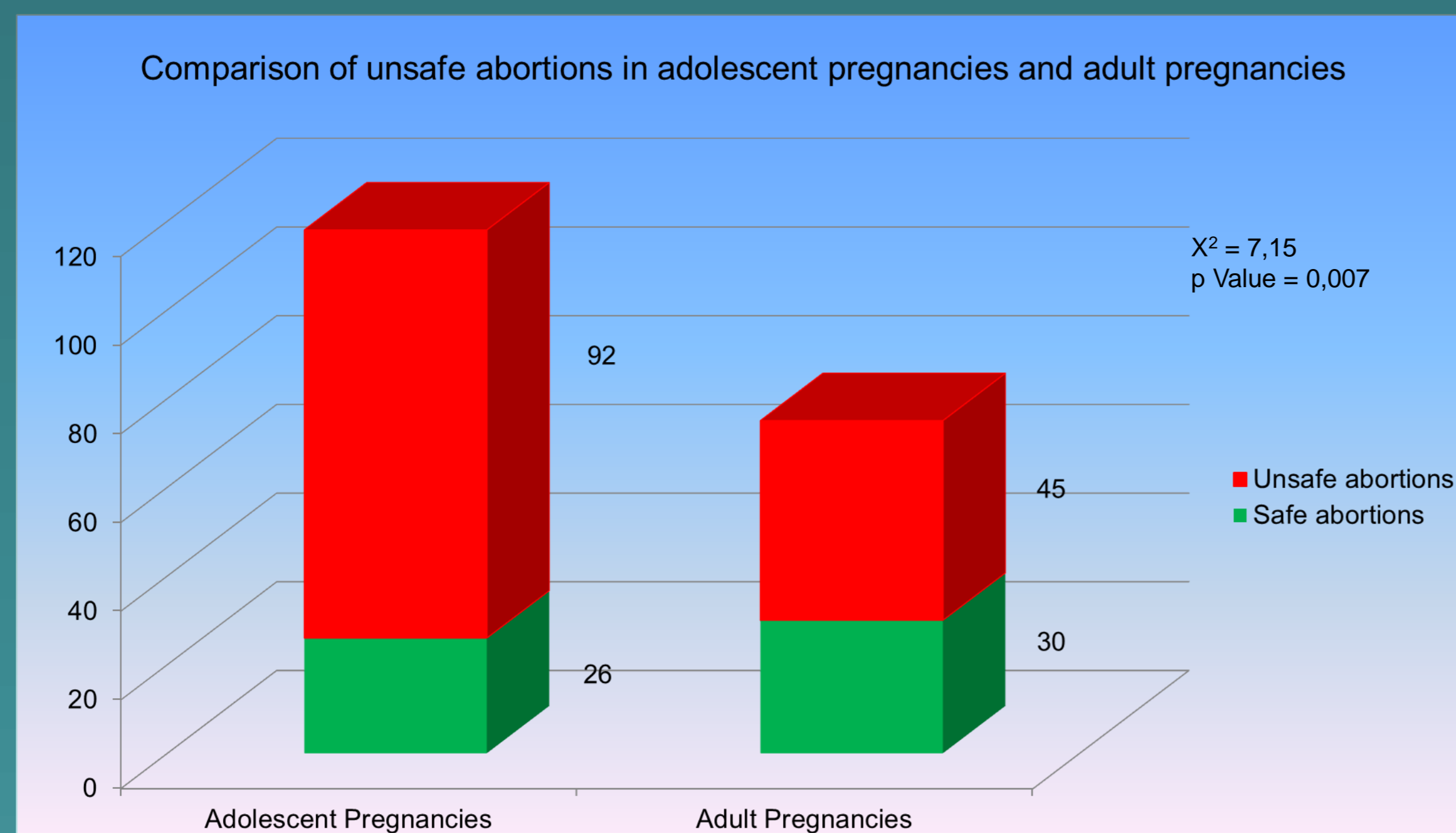
Obstetrics and Gynecology Department Faculty of Medicine
University of Sam Ratulangi/Prof. Dr. R. D. Kandou Provincial General Hospital
Manado

OBJECTIVES

Comparing unsafe abortion in cases of adolescent pregnancies with adult pregnancies

METHODS

A cross sectional data taken within a period of 4 months (2011) at North Sulawesi Provincial Hospital, Indonesia



Comparisons of age, parities, and reasons of unsafe abortions in adolescent pregnancies and adult pregnancies

Unsafe abortion	Adolescent Pregnancies	Adult Pregnancies	Total
Age			
≤ 15	5	-	5
16 – 19	87	-	87
20 – 29	-	30	30
30 – 39	-	13	113
≥ 40	-	2	2
Parities			
Nulliparous	92	8	100
Primiparous	-	12	12
Multiparous	-	15	15
Grandemultiparous	-	-	-
Reasons			
Still in school/college	34	11	45
Unwanted by partner	18	5	23
Shame	24	2	24
Fear of parents	9	-	9
Unwanted by parents	7	-	7
Short Interval between children	-	12	12
Contraception failure	-	14	14
Severe underlying illness	-	1	1

Comparisons of entry mode at health facilities, conditions, gestational age and complications upon arrivals, and final outcomes of unsafe abortions in adolescent pregnancies and adult pregnancies

Unsafe abortions	Adolescent Pregnancies	Adult Pregnancies	Total	x ²	p Value
Entry mode at health facilities				12,75	0,001
Without reference	80	27	107		
With medical reference	12	18	30		
Conditions upon arrival				1,58	0,209
Non Emergency	91	43	134		
Emergency	1	2	3		
Gestational age upon arrival				8,12	0,017
< 8 weeks	50	13	63		
9 – 12 weeks	37	27	64		
> 12 weeks	5	5	10		
Complications upon arrival				3,70	0,157
Without complications	-	1	1		
Bleeding	91	42	133		
Infections	1	2	3		
Final outcomes				0,49	0,484
Alive	91	45	136		
Passed away	1	-	1		

Comparisons of first executors, initial attempts and methods of unsafe abortions in adolescent pregnancies and adult pregnancies

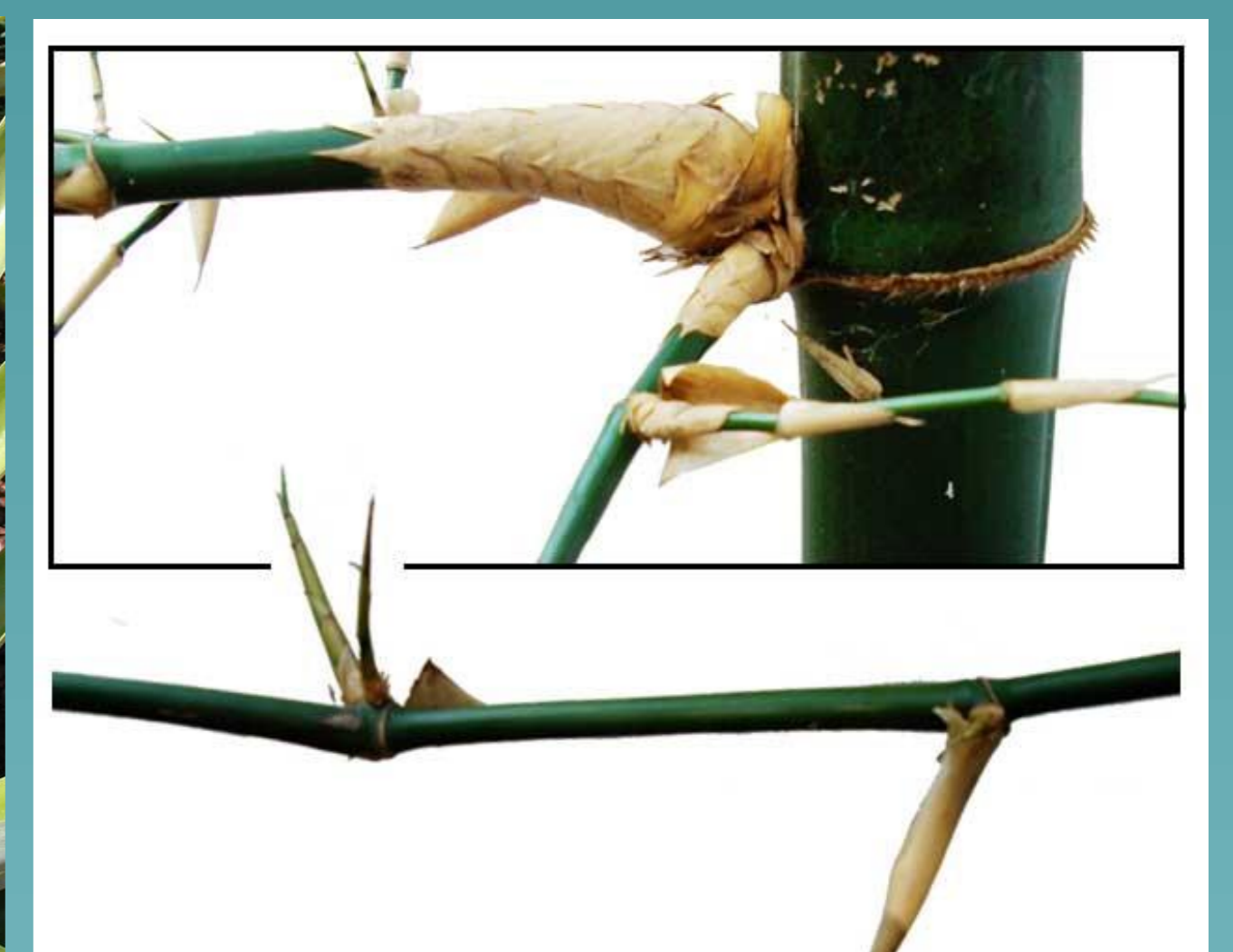
Unsafe Abortions	Adolescent Pregnancies	Adult Pregnancies	Total
First Executors			
Traditional healers	20	9	29
Midwives	4	2	6
Doctors	26	16	42
On one's own	37	13	50
Friends/relatives	5	5	10
Initial Attempts			
On one's own	39	15	54
With partner	29	12	41
With family	24	18	42
Methods			
Abdominal massage	20	2	22
Traditional methods	11	10	21
Herbs	21	11	32
Modern Drug (misoprostol)	35	17	52
Combination	6	5	11



Sterculia Foetida / Wild Almond / "Kalumpang"



Young Pineapple



Bamboo

RESULTS

Of the 137 cases found there were 92 cases of unsafe abortion in adolescent pregnancies and 45 cases in adults.

In adolescent pregnancies unsafe abortions occurred highest in the age group 16-19 years, and adults in the group 20-29 years ($p=0.007$). The main reason for unsafe abortions in adolescents are education status (36.96%), whereas in the adult group the failure of family planning (24.44%).

Most of the teens at first tried to perform their actions for abortions independently (42.39%) and as much as 21.73% initially looked for traditional healer. In adult pregnancies, they mostly looked for first aid through a doctor (35.56%), although some also tried on their own (28.89%) or through the help of traditional healer (2%). In adolescents, early actions were mostly unknown by the partner and families, whereas in adult pregnancies though mostly done with a partner/family but also about a third of cases without the knowledge of the partner/family. The method mostly used in both groups were drugs (misoprostol), followed by the use of herbs and traditional materials.

Gestational age of hospital admission mostly occurs less than 12 weeks (especially in adolescent pregnancies, $p=0.0017$), although there are also 10 cases (7.3%) over 12 weeks. Most of the adolescent came on their own without reference (86% vs 60%, $p=0.001$) due to complications. The main complication was bleeding (97.08%) with an outcome of death in 1 person

CONCLUSIONS

Most of unsafe abortions occurred in adolescents and the main reason was they were still in school, whereas in adults the majority of unsafe abortions occurred due to failure of family planning. Generally, teenagers tried to act independently in advance to abortion, with misoprostol or with traditional methods

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