International Journal of Gynecology & Obstetrics

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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 UD 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 resorption (3/806, 0.37% APC; 4/1914, 0.20% MD; p = 0.44), hematomata 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.

**M161**

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

L. García1, P. Sanhueza1, R. Ramirez1, E. Troncoso1, R. Schiavon1, O. Ortiz2, 1Country Director, Ipsa Mexico, Mexico City, Mexico; 2Ministry of Health, Mexico City, Mexico, Mexico

**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.

**M160**

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

J. Wantanaj1,2, D.C. Tindi2, S.P. Mongan1, 1Prof. Dr. R.D. Kandu Provincial General Hospital, Manado, Indonesia; 2Faculty of Medicine University of Sam Ratulangi, Manado, North Sulawesi, Indonesia

**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. Kandu 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. Kandu 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 aid through a doctor (35.56%), although some also tried on their own (28.85%) 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 (97.06%) 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.

**M162**

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

M.C. Martin1, J. Balayla1, H. Abenhaim1, 1Obst-Gyn and Oncology, McGill University, Montreal, QC, Canada

**Objectives:** To develop an operative assessment tool in order to evaluate the cognitive competence of trainees in obstetric and
CERTIFICATE OF PRESENTATION
XX FIGO World Congress
of Gynecology and Obstetrics

This certificate serves to confirm that:

John Wantania

presented a paper at the XX FIGO World Congress of Gynecology and Obstetrics held at the Fiera di Roma, Italy, from 7 to 12 October 2012.

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

Marta Collins
FIGO Events and Meetings Manager
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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

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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

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 (24.4%).
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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