

Midlevel Providers for Safe Abortion Services in Nepal- A Task Sharing Experience



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Abstract

Nepal has made considerable progress in expanding safe abortion access in all the 75 districts and till to date government has listed 331 CAC sites and trained 961 providers both physicians and nurses. Recently the government has trained 150 ANMs (SBA) of 90 rural health facilities as MA only provider. In order to provide safe, accessible and acceptable abortion services, the midlevel providers who possess recognized qualification are legally permitted to provide first trimester abortion services (both MVA and MA) along with post abortion contraceptive counseling.

Keywords: Midlevel providers, Task shifting/sharing, MVA, MA, CAC, MSI, FPAN

Introduction

Unsafe abortion remains the third largest cause of maternal death in Nepal after hemorrhage and eclampsia. Nepal has legalized abortion in September 2002 and received royal assent in September of the same year. The procedural order was published in December 2003 and defined the provider in the Muluki Ain 2002 (Country code) which include:

- a) The physician who is registered in the Nepal Medical Council and
- b) A health worker who is registered in a professional association can provide safe abortion services to women

Health care workers including nurse–midwives and non physician clinicians are well established within the public health systems of many countries like Africa, India, Bangladesh and Pakistan. The studies has provided strong evidence of these cadres particularly in the provision of emergency obstetric care (EmOC)

The Comprehensive Abortion Care Trainers' Guide 2007 spelt out the criteria for health workers to be trained as first trimester abortion provider up to eight weeks of gestation. The criteria which was laid down for health workers are as follows:-

- Skilled in obstetric/ midwifery and have completed a minimum six month midwifery course (theory 270 hours, practicum 600 hours)
- Skilled in post abortion care
- Willing to provide CAC service in listed sites
- Able to competently perform pelvic assessment
- Registered in respective professional councils

Task shifting from physician to other health personnel can make a major contribution to expanding access to reproductive health services, especially in underserved areas and for poorly served group. Experience from both low and high income countries suggest that task shifting to mid-level providers (MLPs) has been successful in both expanding services and improving outcome for patients. Safe abortion as part of safe motherhood to ensure women's right.

Globally, there is shortage of almost 4.3 million doctors and nurse midwives and the use of mid-level providers (MLPs) are the key strategy in providing quality EmOC to meet MDGs. In many countries like Malawi and Mozambique MLPs provide the majority of EmOC services have higher success rate.

Who are the mid- level providers?

It comprises internationally recognized groups, including nurses and midwives who perform specific diagnostic and clinical functions as authorized, as well as cadres that have been developed to meet a specific and often unmet need in a given country. (AMDD 2009)

Nurses and ANMs are generally the first point of contact for women requesting first trimester abortion or presenting with complications unsafe abortion. Mid level providers have high retention rates especially in difficult to staff rural areas.

In Nepal the national policies and guidelines permitted for provision of safe abortion by mid – level providers is manual vacuum aspiration (2004) and Medical Abortion (2009) at present.

Task sharing in maternal health by Nurse / Midwives (MLPs) in Nepal :

- ∞ Specific tasks such as SBA 27 core skills and Comprehensive Abortion Care skills are shared by the nurse / midwives.
- ∞ Four(4) staff nurses who are PAC providers were trained for CAC in Sept 2006
- Listed Health Worker who are registered in Nursing Council are eligible as abortion service providers up to 8week MVA and up to 9 week MA working in Government t system, MSI and FPAN
- IUCD or PAC trained Staff Nurses underwent further 14 days training for MVA and MA
- SBA trained ANM received 3 days training for MA

Present Scenario of Nurse Providers (2006-2010)

- ∞ 216 Nurses trained for MVA
- ∞ 150 ANMs trained for MA
- ∞ 10 Public Health Nurses out of 75 are working as program mentors for Medical Abortion
- ∞ 27 Proficient CAC provider Nurses are providing clinical mentoring to 150 MA providers
- ∞ Nurses are making CAC Service Accessible to the rural communities
- ∞ Nurses are providing MVA in all 75 districts and SBA are providing MA at 89 PHC/HP of 10 MA districts

Evidence Based Studies:

A randomized controlled equivalence trial was conducted in Nepal in 2009/10 by department of RH and research, WHO compared the safety, effectiveness and acceptability of medical abortion provided by physician and mid-level providers (SN/ANM) in five public sectors district hospitals showed that Nurses(96) are competent to perform MVA up to 8 wks and MA up to 9 wks 97.25 and 96.4% for the doctors and there were no complications during the service provided.

A rapid assessment (February 2010) with the nurse providers in Kathmandu and Chitwan also showed that 100% of the nurse providers perceived as an expanded role Duration of training provided both theory and practice were adequate to them (90%). The difficulties they faced were not able to practice regularly because of work placement in other units and performance failure with few cases that were obese clients and false history of last menstrual period.

Conclusion:

Access to safe abortion services is a challenge for many women in developing countries facing an unwanted pregnancy. Safe abortion as a part of safe motherhood to ensure the women's right. Nepal has progressed much in providing service to the needy women by the doctors and midlevel providers. The use of MLPs is the key strategy to providing quality EmOC to meet MDGs in countries like Nepal where difficulties with the inadequate human resources with poor retention.

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