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Original research article

Provision of medical abortion by midlevel healthcare providers in Kyrgyzstan: testing an intervention to expand safe abortion services to underserved rural and periurban areas☆,☆☆,★,★★

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Abstract

Objective: To demonstrate the feasibility and safety of training midlevel healthcare providers (midwives and family nurses) to provide medical abortion and postabortion contraception in underserved areas in Kyrgyzstan.

Study design: This was an implementation study at four referral facilities and 28 Felsher Obstetric Points in two districts to train their midwives and family nurses to deliver safe and effective abortion care with co-packaged mifepristone–misoprostol and provide contraceptives postabortion. The outcome of abortion — complete abortion, incomplete abortion or o-going pregnancy — was the primary end point measured. An international consultant trained 18 midwives and 14 family nurses (with midwifery diplomas) to provide medical abortion care. Supervising gynecologists based in the referral centers and study investigators based in Bishkek provided monthly monitoring of services and collection of patient management forms. A voluntary self-administered questionnaire at the follow-up visit documented women's acceptability of medical abortion services. All study data were cross-checked and entered into an online data management system for descriptive analysis.

Results: Between August 2014 and September 2015, midwives provided medical abortion to 554 women with a complete abortion rate of 97.8%, of whom 62% chose to use misoprostol at home. No women were lost to follow-up. Nearly all women (99.5%) chose a contraceptive method postabortion; 61% of women receiving services completed the acceptability form, of whom more than 99% indicated a high level of satisfaction with the service and would recommend it to a friend.

Conclusion: This study demonstrates that trained Kyrgyz midwives and nurses can provide medical abortion safely and effectively. This locally generated evidence can be used by the Kyrgyz Ministry of Health to reduce unintended pregnancy and expand safe abortion care to women in underserved periurban and rural settings.

Implications: Success in scaling up midwife/nurse provision of medical abortion in Kyrgyzstan will require registration of mifepristone–misoprostol, regulations permanently allowing midwife/nurse provision, strengthened procurement and distribution systems to prevent

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stockouts of supplies, preservice training of midwives/nurses and their involvement in district level supervision, monitoring and reporting, and support from supervisors.

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Keywords: Abortion; Medical abortion; Midwives; Nurses; Midlevel providers; Kyrgyzstan

1. Introduction

Research has shown that trained midwives and nurses can provide medical abortion as safely as trained physicians; they can help to expand the provider base in resource-poor settings, thus reducing inequities in access; and they can help to improve the quality and reduce the costs of safe abortion care [1–6]. Based on the strength of existing evidence, in 2015, the World Health Organization (WHO) reiterated the safety of medical abortion provided by midwives, nurses, and other midlevel providers through recommendations and guidance on health worker roles in providing safe abortion care [7].

In 2009, the Kyrgyzstan Ministry of Health requested WHO and UNFPA support to address the problem of morbidity and mortality related to unsafe abortion. The request led to a strategic assessment on prevention and care for unintended pregnancies conducted in 2011. A strategic assessment is Stage I of the *WHO Strategic Approach to Strengthening Sexual and Reproductive Health Policies and Programmes* [8]. It is a country-led process that facilitates a national team to identify and prioritize needs and potential follow-up actions related to improving sexual and reproductive health and rights, such as prevention of unintended pregnancy and unsafe abortion. The approach provides the foundation for planning, developing and testing policy and service delivery options (Stage II), and scaling-up national programs (Stage III). It aims to generate information, understanding and consensus about sexual and reproductive health and rights needs as well as a national mandate for addressing them.

The 2011 strategic assessment found that women in underserved areas of Kyrgyzstan had limited options for safely terminating unwanted pregnancies, often involving travel over long distances to access safe services. One of the priority recommendations of the assessment was to train local midwives and nurses to provide medical abortion in order to extend safe abortion care to women living in these areas.

2. Materials and methods

2.1. Study background

The Kyrgyz Republic gained independence from the former Soviet Union in 1991. The population of nearly 6 million people is young, with a median age of 25; 36% of the total population live in urban areas and 64% live in rural areas [9]. The educational level is high, with 96% having some secondary education [10]. Life expectancy at birth in 2014 was 71 years: 75 years for women and 67 years for men [10]. The maternal mortality ratio in 2015 was estimated to be 76 deaths per 100,000 live births [11]. Reliable data on morbidity and mortality from unsafe abortion in Kyrgyzstan are unavailable.

Abortion on a woman's request without restriction as to reason is available in Kyrgyzstan up to 12 weeks' gestational age and for economic and social reasons up to 22 weeks. Under the current law, all abortions must be provided by an obstetrician–gynecologist in a public or private medical institution [12]. The Ministry of Health gave temporary authorization for midwives and family nurses to provide medical abortion during the research study.

Contraceptives made available during the study — condoms, pills, intrauterine devices (IUDs), Depo-Provera® — reflected what was affordably available in pharmacies or through humanitarian assistance. Other contraceptives, such as subdermal implants, were not included due to their high cost and irregular availability. Eleven midwives from Suzak District had been previously trained to insert IUDs; untrained midwives/nurses referred women wanting an IUD to the supervising gynecologist.

In Kyrgyzstan, midwives must pass a 3-year course in a medical college with practical skills training at primary care family medicine centers and maternity hospitals. Midwives are trained to provide family planning, including hormonal contraceptives and Depo-Provera®. Training also includes monitoring of pregnancy, labor management and delivery, and postpartum care. Family nurse training involves a 2-year course with practical training in outpatient clinics. The nursing course covers many of the same topics as for midwives, excluding management of labor and delivery. Although not a requirement of the Ministry of Health, all family nurses that participated in the project also had a midwifery diploma.

The World Bank and other international organizations supported implementation of the National Health Care Reform Programme "Manas" from 1996 to 2000. Manas focused on strengthening primary healthcare through the establishment of family medicine centers, family group practices and Felsher Obstetrics Points (FOPs). FOPs serve high-risk poor families living in periurban neighborhoods

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