

Africa Regional Conference on Abortion: From Research to Policy

Evidence for Policy Change: Menstrual Regulation with Medication in Bangladesh

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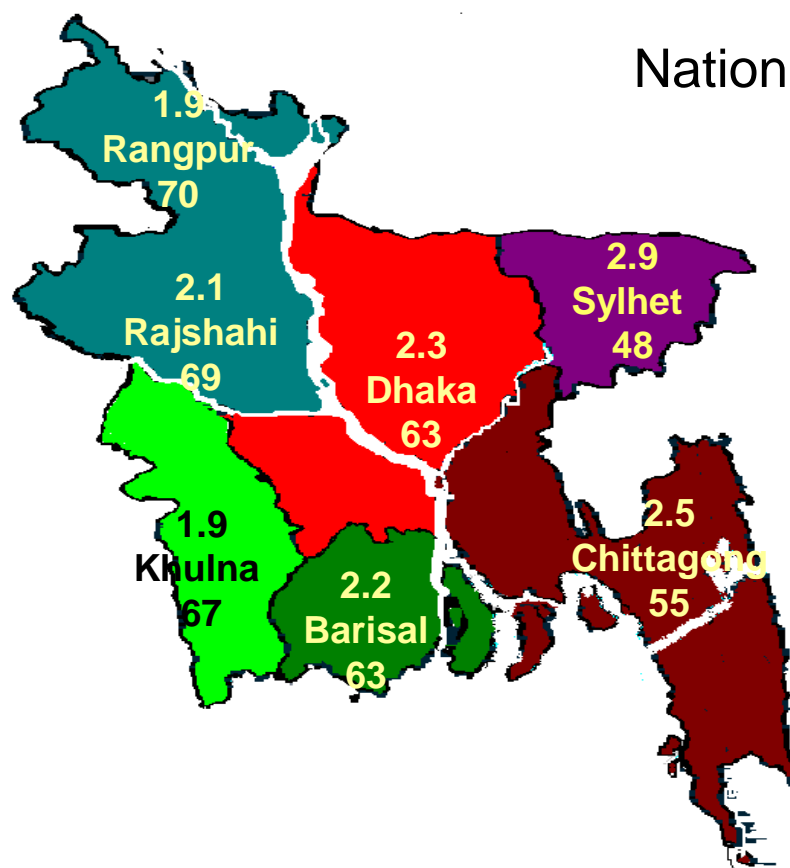


Key Demographic Indicators in Bangladesh

Indicator	2001	2011
Growth rate (%)	1.8	1.4
Total fertility rate	3.3	2.3
Annual births (millions)	3.4	3.3
Annual deaths (millions)	1.1	1.1
Total population (millions)	130	150
Reproductive age women (millions)	31.8	35.8

Source: United Nations, Department of Economic and Social Affairs, 2013

Regional Variation in Total Fertility and Contraceptive Prevalence in Bangladesh



National TFR 2.3 and CPR 62

What is Menstrual Regulation (MR)

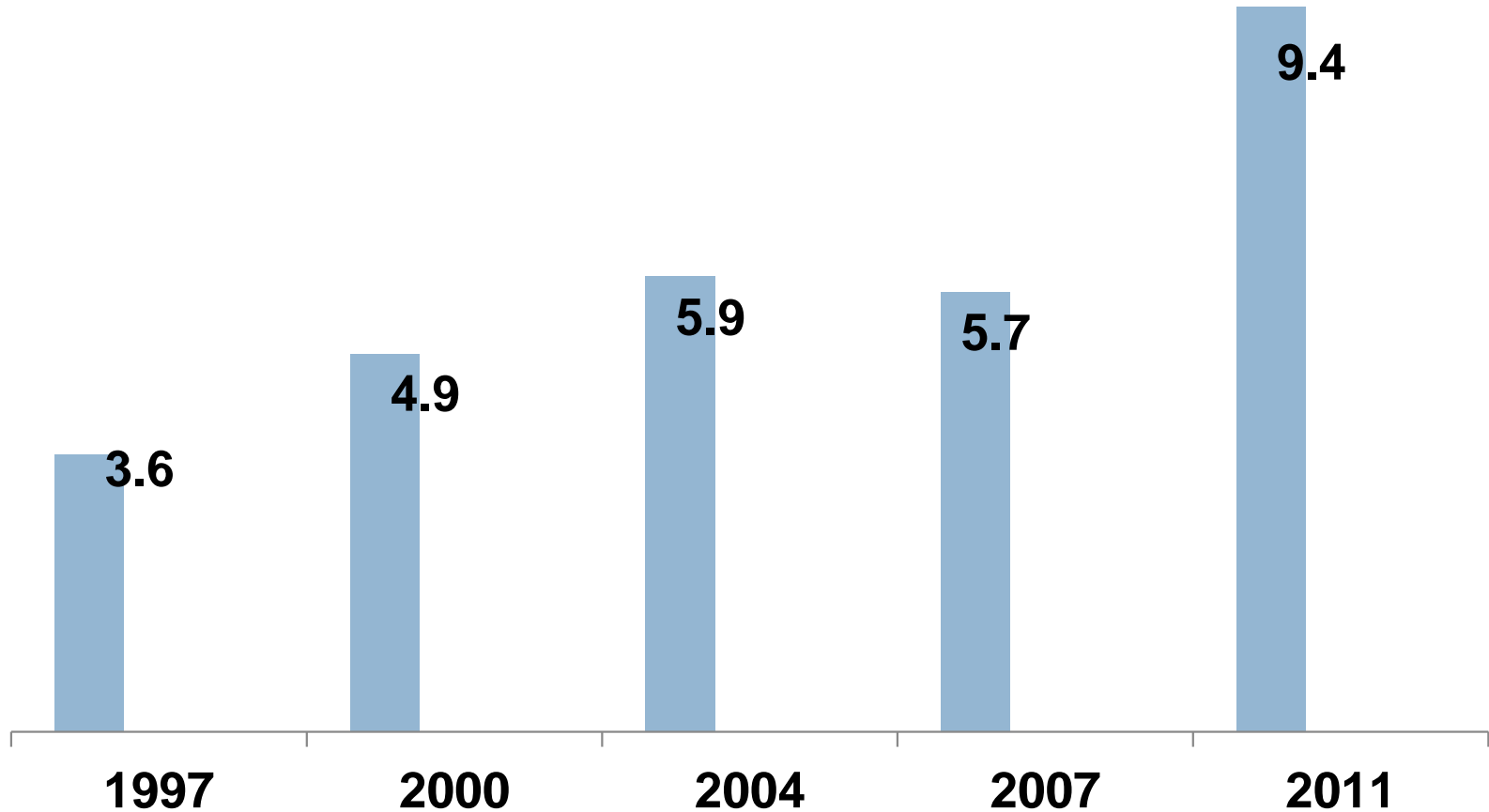
Menstrual regulation (MR) is a medical method of safely establishing non-pregnancy after a missed period. In Bangladesh, MR is typically conducted using manual vacuum aspiration (MVA).

- MR is usually done without a pregnancy test
- MR uses a single and double valve syringe (manual vacuum aspiration or MVA)
- MR is officially provided within 8 to 10 weeks after last menstrual period

History of MR in Bangladesh

- 1974 – Government of Bangladesh introduces MR services on a limited basis in select urban government FP clinics
- 1978 – Government of Bangladesh legalizes MR
- 1979 – MR training initiated in 7 medical college hospitals and 2 district hospitals
- 1979 – National MCH-FP program includes MR in all government health facilities

Percent of Currently Married Women Who Ever Used MR in Bangladesh



Health and Social Risks of MR using MVA

- Stigma and fear of being disclosed to community often lead women to turn to illegal measures for abortion that are ineffective, harmful, and life-threatening
- Unsafe MVA performed by unskilled providers in unhygienic conditions results in over one-third of women suffering post MVA complications
- NGO facilities that provide postabortion care services indicate that 25–48% of women requested treatment for post-MVA complications

What is Menstrual Regulation through Medication (MRM) and Why is it Important

Menstrual Regulation with Medication (MRM) is a non-invasive, safe alternative to MVA that is approved in Bangladesh, but not yet widely available. MRM uses the combined regime of Mifepristone (one tablet) and after 24 hours Misoprostol (in a single dose of 4)

By increasing access to MRM:

- Women will have expanded access to a simple and safe MR option
- Women's morbidity due to MR in Bangladesh will be decreased.

MRM Bangladesh Study, 2012 - 2013

- With WHO support and in collaboration with GOB, 18-month OR to introduce MRM and assess acceptability
- 13 urban and rural public health facilities with high MR clients and available trained providers
- All participants counseled on advantages, disadvantages, and side effects of MR, and given choice between MR with MVA and MRM.
- Clients selecting MRM had option of taking second dose at facility or home

MRM Bangladesh Study, 2012 – 2013...

- Of 2,976 women seeking MR services, 63% selected MRM
- Information was collected from 836 MRM acceptors and 44 service providers to assess feasibility and outcomes.
- Women who self-administered the second dose were educated on the correct technique for taking the drug, possible side effects, and given instructions on need to return to facility or seek immediate medical attention
- Women were asked to return to the facility within 10–14 days after taking the second dose to confirm completeness of MRM procedure

MRM Bangladesh Study Results

- Women receiving MRM satisfied with their quality of care
- 97% of acceptors reported they would recommend MRM to friends/relatives; 95 percent would refer to the same facility
- 92% returned for the examination to confirm completion
- One in five experienced a side effect (commonly nausea) after taking Mifepristone (first dose)
- Of the 5% who experienced incomplete MRM, 59 received MVA and 12 were referred for D&C to complete procedure

MRM Bangladesh Study Results... Evidence to Policy

- It is feasible and safe to introduce MRM in Bangladesh
- Tripartite MOU signed between the Bangladesh Director General of Family Planning, the Population Council, and Marie Stopes Bangladesh to scale up menstrual regulation with medication (MRM) in 70 urban mother and child welfare centers (MCWCs)

Introduction of MRM in National Service Delivery System in Bangladesh, 2015

- Advisory committee and technical working group formed
- Introduction of MRM approved by National Technical Committee
- MRM service delivery guidelines prepared and approved by Director General of Family Planning (DGFP)
- Training manuals and behaviour change communication materials developed
- Population Council technical/financial support for training
- Marie Stopes Bangladesh supplies drugs

Training for MRM in National Service Delivery System in Bangladesh, 2015

- Developed pool of master trainers (MTs) from OGSB, MSB, and DGFP
- MTs trained district level facility providers in one-day in groups of 20 participants each
- All service providers trained at central level
- 111 physicians and 126 Family Welfare Visitors trained from 71 MCWCs from 64 districts...

With Thanks!

- to all our participating women
- to all our dedicated providers
- to our partners
- to our study team:

led by Ubaidur Rob, Population Council Bangladesh



STRENGTHENING EVIDENCE FOR PROGRAMMING ON UNINTENDED PREGNANCY



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