

EDITORIAL

Women's health issues and safe abortion service for unwanted pregnancies.



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Although the contraceptive prevalence rate in Nepal has increased to 49% with reduced total fertility rate of 3%, there are many women who happen to run a doubtful risk of pregnancy from unprotected sex. Therefore the use of progestin only pill (Postinor-2), a derivative of the progestin hormone and levonorgestrel containing 0.75 mg (750 micrograms), total 2 tablets, each tablet given 12 hours apart within five days of unprotected sex has successfully assisted in reducing unintended pregnancy and abortion rates. This has been accepted as an emergency contraceptive pill (ECP) and has been made formally available in Nepal without a physician's prescription.

Surgical abortion for unwanted pregnancy up to 12 weeks gestation has been made possible throughout the country covering almost all the districts of Nepal with wide national coverage. The record quotes over a lakh of women who have availed such service.¹

Presently, even for pregnancy beyond 12 weeks, safe abortion services are catered in nine selected sites within Katmandu valley and outside via service provider, who have undergone rigorous training for second trimester abortion within the country and outside, since June 2007.²

Birth of misopristol, has assisted in the evolution of the safe provision of second trimester abortion wherein, dilatation and curettage is done 4 hours after insertion of vaginal/ buccal misoprostol 400 micrograms (one tablet is 200microgram). This prostaglandin in addition to cervical ripening assures uterine contraction during the procedure and is observed to reduce blood loss. Other advantage it offers is the time setting that allows the planning of the surgical procedure, where unlike extra amniotic saline; one does not need to wait

for hours, because of unpredictable hours at fetal expulsion.

Currently, medical abortion services have drawn attention in Nepal.^{3,4} Researchers as well as our Ministry of Health and Population are showing keen interest, under whose initiative and leadership the study of medical abortion has been introduced in six selected pilot districts. One of the researches is due its dissemination of large study on medical abortion shortly.

Ministry of Health and Population, Family Health Division, Family planning association of Nepal (FPAN), Ipas and TCIC Technical Committee for the Implementation of Comprehensive Abortion Care (TCIC), Center for Research on Environment Health and Population Activities (CREHPA) and Marie Stopes International (MSI) have been playing a vital role for provision of qualitative safe abortion service in Nepal. NESOG our Society of Obstetricians and Gynaecologists of Nepal has been of assistance by their valid representation as a focal person in many of the consultative meeting regarding safe abortion service and women's reproductive health and rights coordinating the vital issues.

Lately we were alerted when one of my colleagues told me about a woman who had undergone induced abortion up to 12 times. What does this indicate? Why does the client prefer abortion to contraception? Ideally, there should be more number of women availing contraception rather than acquiring safe abortion.

Nowadays, many school children are coming for abortion. Safe abortion ensures safety of the procedure but might put their future fertility at risk which is a

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major concern in Nepal where infertility is considered as a social insult.

The inherent problems that have arisen from the use of medical abortion pills orally for termination of second trimester pregnancy and the bleeding that ensues is another aspect, especially when the placenta lies low. A word of cautions is necessary here and the wide use of contraception should be demanded so that our goal for improving women's health issue becomes more effective day by day.

Reference

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