Regional Profile

Medical abortion work in Eastern Europe/Central Asia

We work in Armenia, Azerbaijan, Georgia, Kazakhstan, Moldova, Ukraine, and Uzbekistan

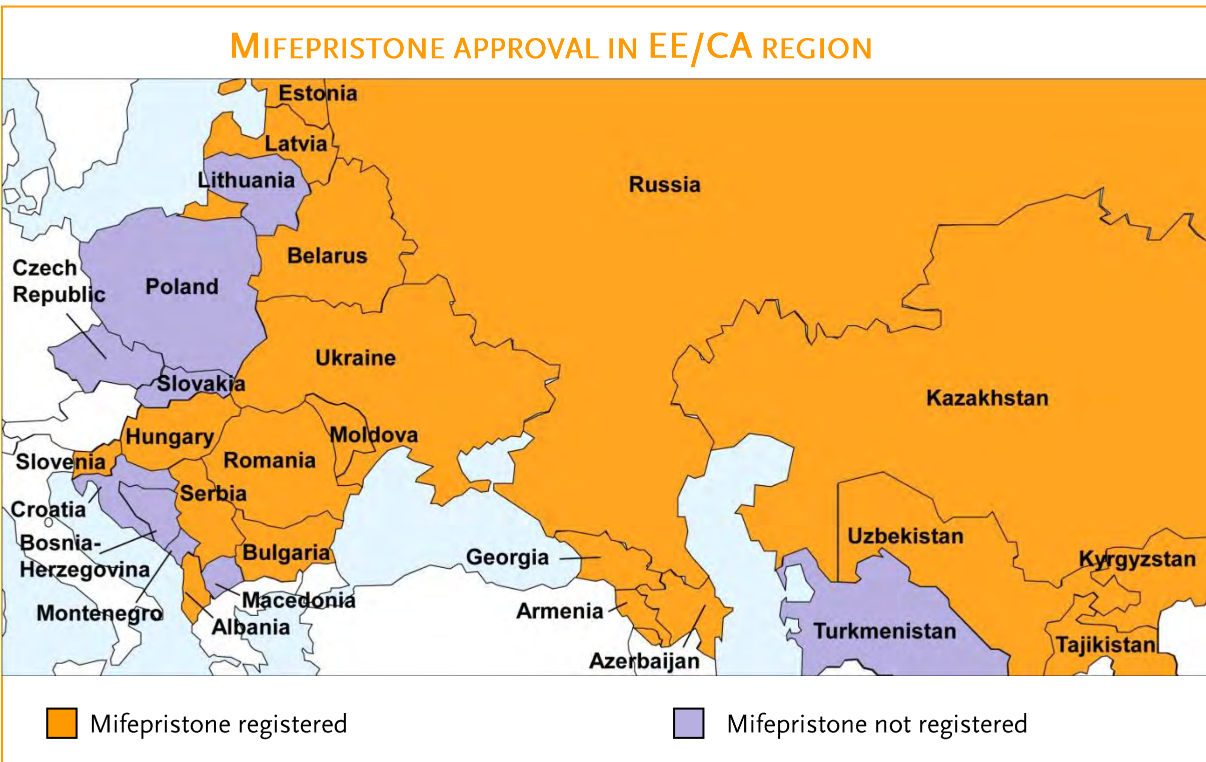
Overview

The majority of women in Eastern Europe, the Caucasus, and Central Asia have had widespread access to legal abortion for almost one hundred years. However, in the past decade pro-life legislatures have encroached on women's abortion rights in the region, particularly in Russia, Ukraine, Lithuania, and Macedonia. In addition, when abortion services are available, women often receive poor care. Outdated protocols, poor quality control, and lack of provider training in modern methods have contributed to riskier means of terminating pregnancy. Safer techniques, such as manual vacuum aspiration and medical abortion with mifepristone and misoprostol, are either not available (see map below) or are available but underutilized.

In 2004, Gynuity Health Projects launched a series of collaborative activities throughout the region with the goal of increasing the availability of safe abortion services and access to medical abortion. At that time, very few doctors were trained in medical abortion provision, most women did not know what medical abortion was or had an incorrect understanding of the procedure, and there were no recommended national protocols doctors could refer to if they were interested in providing the service. In addition, if mifepristone was registered at all, it often was unavailable outside of the capital cities.

Since Gynuity's project was initiated, several national guidelines now include medical abortion, hundreds of providers have been trained to provide medical abortion services, education materials have been developed to raise awareness of medical abortion among women in the region, and multiple medical abortion service sites have been established.

Mifepristone approval in EE/CA region



Regional Profile

Collaborative Activities

- Research, including clinical studies, evaluation of services, knowledge, attitude and practice (KAP) surveys
- Training of medical providers
- Expansion of medical abortion services outside capital cities
- Development of information, education, and communication (IEC) materials for women
- Technical assistance in development of national guidelines
- Dissemination meetings
- Regional meetings

Gynuity Health Project's collaborative activities in the EE/CA region

Research

More than 20 studies have been completed to get medical abortion approved in-country, to generate local data to support the development of, and changes to, national guidelines, to demedicalize services, to make medical abortion more accessible and acceptable to women, to expand services to rural regions, and to evaluate medical abortion services once implemented.

Examples of studies:

- *Expanding the gestational age limits to 70 days from the last menstrual period (LMP).* Protocols in some countries previously restricted medical abortion to women who were 49 or 56 days' LMP. Our studies have shown that medical abortion can safely and effectively be provided on an outpatient basis up to 70 days' LMP.
- *Exploring alternatives to routine follow-up care.* Since medical abortion in the first trimester has a high success and low complication rate, the vast majority of patients do not need to return to the clinic for a follow-up visit. We have demonstrated that use of a semiquantitative urine pregnancy test with phone follow-up is effective, acceptable to women and providers, and could potentially reduce the burden on clinic staff.
- *Making medical abortion more patient-centered by allowing for home use of mifepristone and misoprostol.* Our studies have shown that women are able to take both medications and manage the abortion process at home, which affords them greater autonomy and privacy, and allows them to plan their bleeding around work and family responsibilities.
- *Reducing the dose of mifepristone.* The high cost of mifepristone can be a barrier to women when selecting an abortion method. Our studies provided local data that a 200 mg mifepristone dose, which is the current international standard, is highly effective. This encouraged policymakers to stop promoting a 600mg dose (used in outdated regimens), and therefore lowered the overall cost of the medical abortion procedure.
- *Reducing the dose of misoprostol.* Many protocols recommend using 800mcg of misoprostol, the second drug involved in medical abortion. We have shown that, when taken sublingually or buccally, 400mcg of misoprostol is very effective. Using this regimen may decrease the side effects and increase acceptability for women as well as save costs for services.

Dissemination meetings

Upon completion of each study, we convene an in-country dissemination meeting with doctors, policy makers, NGO leaders, and other stakeholders to publicize the study results and emphasize the efficacy and acceptability of medical abortion to women and to providers.

Training of medical providers

Gynuity has conducted close to 30 trainings in conjunction with research projects across the region to enable clinicians to provide first trimester medical abortion services. Over 500 physicians participated in these trainings. In addition, 85 doctors have attended second trimester medical abortion trainings in Armenia, Moldova, and Uzbekistan. Gynuity has also translated its medical abortion guidebook into Russian and distributed approximately 1,800 copies to providers in the region.

Expansion of medical abortion services to peri-urban regions

We have worked to make medical abortion available outside capital cities, in other metropolitan areas and peri-urban communities where access to medical abortion can be very limited. Women are often unable to travel to capital cities to seek medical abortion, and providers in these communities are most likely only familiar with surgical methods of abortion. Gynuity conducted trainings and expansion studies in peri-urban regions of Ukraine, Moldova, Georgia, Armenia, and Azerbaijan.

Development of information, education, and communication (IEC) materials for women

Gynuity developed pamphlets for women in Georgian, Azeri, and Armenian explaining in simple language what medical abortion is and who to contact for more information. Close to eight thousand IEC pamphlets have been printed and distributed in the Caucasus region.

Technical assistance on development and revision of national medical abortion guidelines

In Armenia and Azerbaijan, Gynuity provided support to a working group to write national guidelines. We also developed and reviewed drafts of guidelines in Georgia, Armenia, Azerbaijan, Moldova, and Uzbekistan.

Regional meetings

Gynuity has organized three regional meetings (in 2006, 2009, and 2012) that bring together partners and other stakeholders from over 14 countries for a 2-day meeting to share data, discuss ways to overcome challenges, and to brainstorm about what additional work needs to be done to improve access to quality medical abortion services in the region.

Major accomplishments of the EE/CA collaboration

- Establishment of evidence-based national guidelines on medical abortion in 5 countries and facilitated registration of mifepristone in 2 countries
- Making medical abortion more accessible to women by increasing the gestational age limits, reducing the cost by promoting 200mg mifepristone regimens over 600mg regimens, and training doctors so the procedure is available in more facilities
- Raising women's awareness of medical abortion through distribution of IEC materials
- Establishment of high-quality medical abortion services at 4 research sites in Georgia, as well as in Armenia, all of which have continued to provide services after the studies were completed
- Adding medical abortion to medical curricula in Moldova

Regional Profile

Publications

Bracken H, Dabash R, Tsertsvadze G, Posohova S, Shah M, Hajri S, Mundle S, Chelli H, Zeramdini D, Tsereteli T, Platais I, Winikoff B. A two-pill sublingual misoprostol outpatient regimen following mifepristone for medical abortion through 70 days' LMP: a prospective comparative open-label trial. Contraception. 2014;89(3):181-6.

Raghavan S, Maistruk G, Shochet T, Bannikov V, Posohova S, Zhuk S, Lishchuk V, Glazkov I, Winikoff B. Efficacy and acceptability of early mifepristone-misoprostol medical abortion in Ukraine: Results of two clinical trials. European Journal of Contraception and Reproductive Health Care. 2013;18(2):112-9.

Raghavan S, Tsereteli T, Kamilov A, Kurbanbekova D, Yusupov D, Kasimova F, Jymagylova D, Winikoff B. Acceptability and feasibility of the use of 400 µg of sublingual misoprostol after mifepristone for medical abortion up to 63 days since the last menstrual period: evidence from Uzbekistan. European Journal of Contraception and Reproductive Health Care. 2013;18(2):104-11.

Chong E, Tsereteli T, Nguyen NN, Winikoff B. A randomized controlled trial of different buccal misoprostol doses in mifepristone medical abortion. Contraception. 2012;86(3):251-6.

Raghavan S, Comendant R, Digol I, Ungureanu S, Dondiuc I, Turcanu S, Winikoff B. Comparison of 400 mcg buccal and 400 mcg sublingual misoprostol after mifepristone medical abortion through 63 days' LMP: a randomized controlled trial. Contraception. 2010;82(6):513-9.

Raghavan S, Comendant R, Digol I, Ungureanu S, Friptu V, Bracken H, Winikoff B. Two-pill regimens of misoprostol after mifepristone medical abortion through 63 days' gestational age: a randomized controlled trial of sublingual and oral misoprostol. Contraception. 2009;79(2):84-90.

Chong E, Tsereteli T, Vardanyan S, Avagyan G, Winikoff B. Knowledge, attitudes, and practice of abortion among women and doctors in Armenia. European Journal of Contraception and Reproductive Health Care. 2009;14(5):340-8.

The Medical Abortion Research Group, Bracken H, Gliozheni O, Kati K, Manoku N, Moisiu R, Shannon C, Tare V, Tasha I, Winikoff B. Mifepristone medical abortion in Albania: research from a pilot clinical research study. European Journal of Contraception and Reproductive Health Care. 2006;11(1):38-46.

Melgalve I, Lazdane G, Trapenciere I, Shannon C, Bracken H, Winikoff B. Knowledge and attitudes about abortion legislation and abortion methods among abortion clients in Latvia. European Journal of Contraception and Reproductive Health Care. 2005;10(3):143-150.

Gynuity resources available in Russian

Clinical Guidelines:

- Providing Medical Abortion in Low-Resource Settings: An Introductory Guidebook. 2nd edition. http://gynuity.org/downloads/clinguide_maguide2ndedition_ru.pdf
- Instructions for Use: Mifepristone plus Misoprostol or Misoprostol-Alone for Abortion Induction in Pregnancies 12 - 24 Weeks' LMP http://gynuity.org/downloads/clinguide_ifu_2ndtrimifemiso_en.pdf
- Misoprostol for Treatment of Incomplete Abortion: An Introductory Guidebook. http://gynuity.org/downloads/clinguide_pacguide_ru.pdf
- Instructions for Use: Misoprostol for Treatment of Incomplete Abortion and Miscarriage http://gynuity.org/downloads/clinguide_ifu_pac_ru.pdf

Program Briefs:

- Clinical Research Summary Brief (http://gynuity.org/downloads/ressum_clinicalresearch_ru.pdf)
- Medical Abortion Program Brief (http://gynuity.org/downloads/progbrf_ma_ru.pdf)
- Pregnancy Failure and Miscarriage Program Brief (http://gynuity.org/downloads/progbrf_pregnancy_ru.pdf)

Map of Mifepristone Approval (http://gynuity.org/downloads/mapmife_ru.pdf)
Map of Misoprostol Approval (http://gynuity.org/downloads/mapmiso_ru.pdf)

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