High severity of abortion complications in fragile and conflict-affected settings

AMoCo, a mixed-methods cross-sectional study in two referral hospitals in sub-Saharan Africa

MSF Scientific Day International – 7 June 2023

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[1]Epicentre – Médecins Sans Frontières, [2]Institute of Tropical Medicine of Antwerp, [3]Ghent University, [4]Ipas, [5]Médecins Sans Frontières, [6]Guttmacher Institute, [7]IntraHealth International, [8]Institute of Tropical Medicine, Antwerp, [9]London School of Hygiene and Tropical Medicine, [10] Ministère de la Santé, République Centrafricaine

Abortion complications - Background

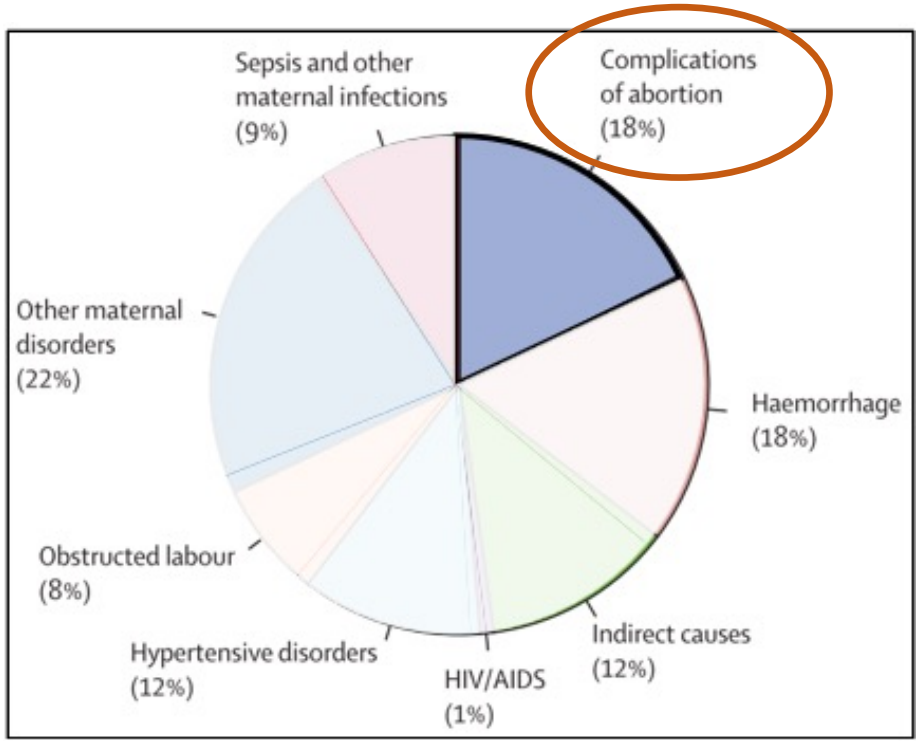

Fig 1: Main causes of maternal deaths[1]

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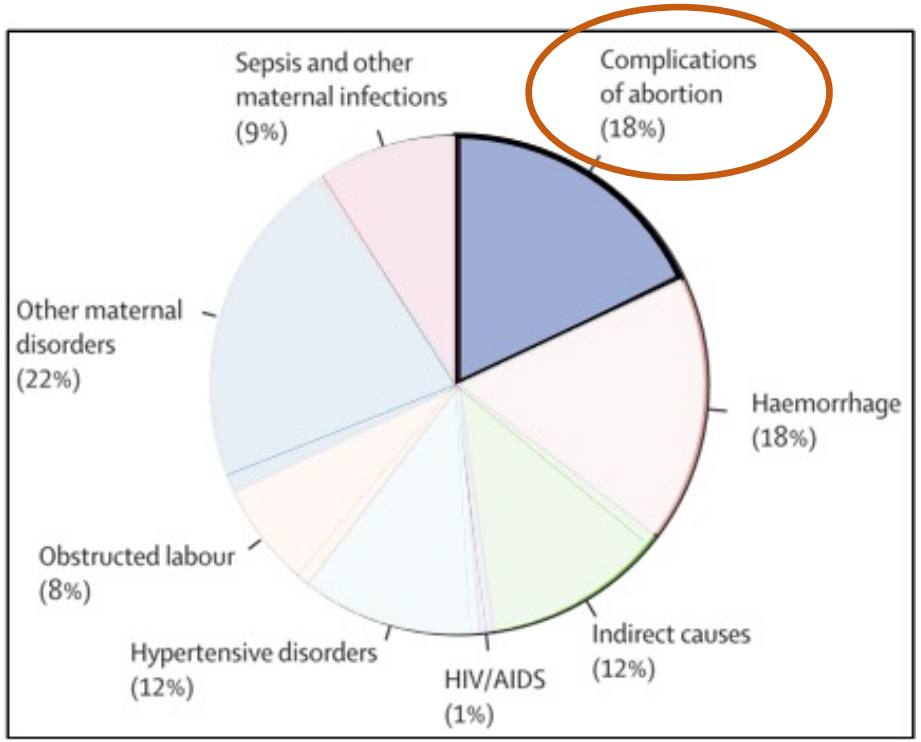
  - Preventable unsafe induced abortion[2]



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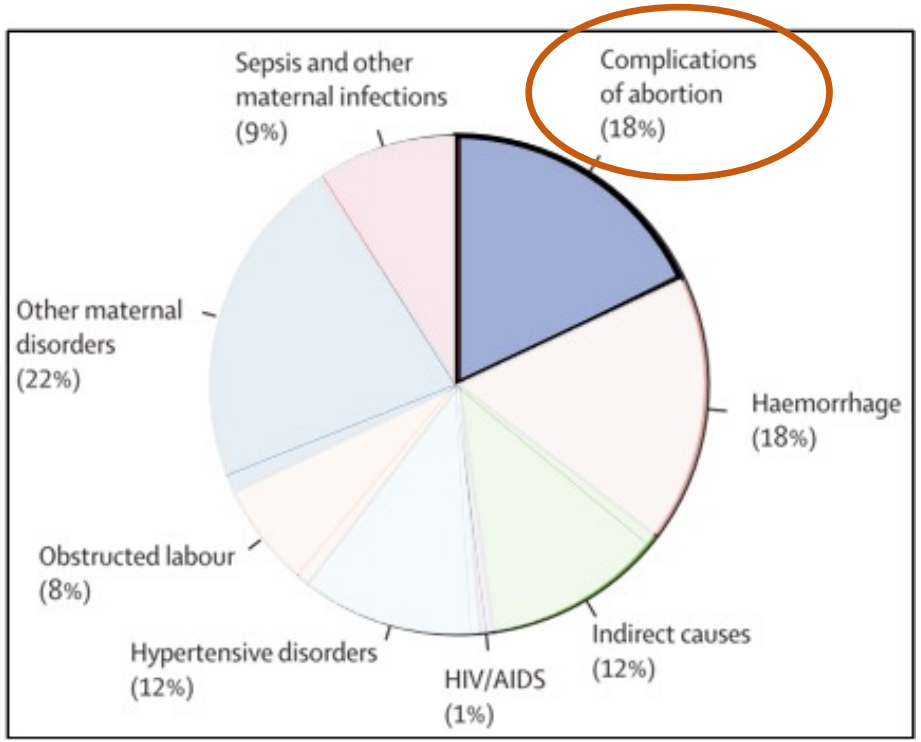

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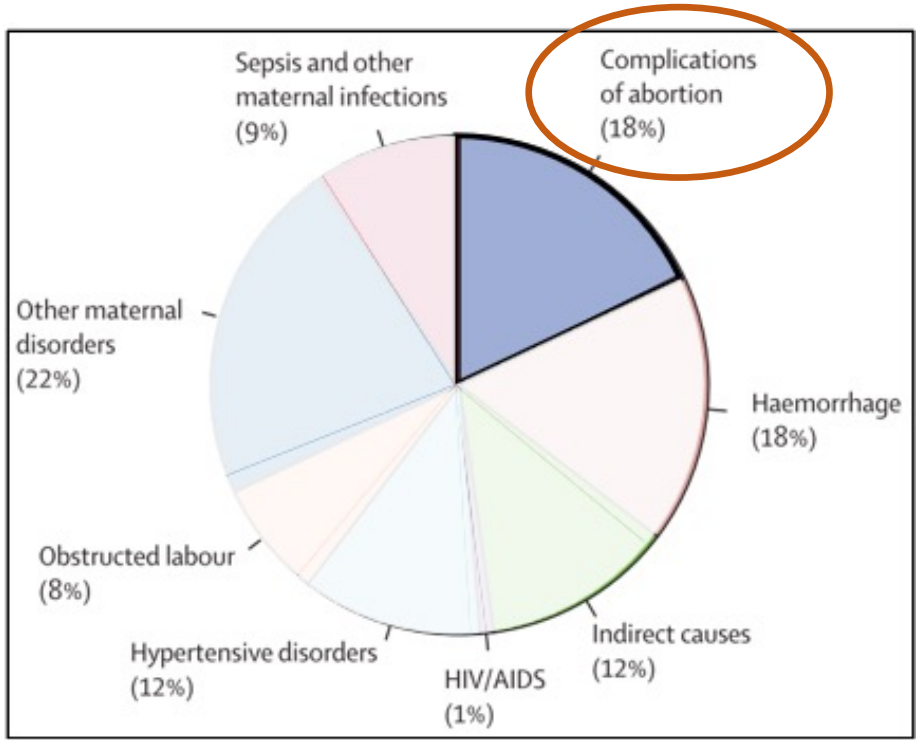
- **In fragile and conflict-affected settings**
  - No data on abortion complications



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AMoCo Study

Abortion related Morbidity and mortality in fragile and Conflict-affected settings

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- **Objective:** Describe the burden of abortion-related complications, **particularly severe complications (potentially life-threatening & near-miss & deaths)** and their contributing factors in fragile and conflict settings.

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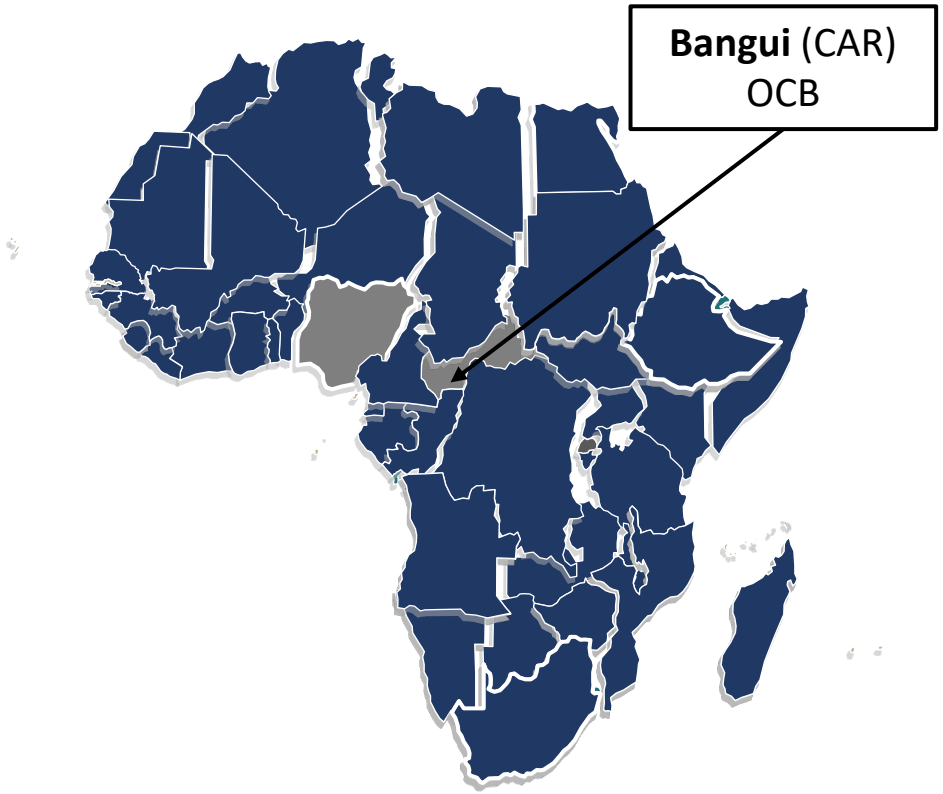

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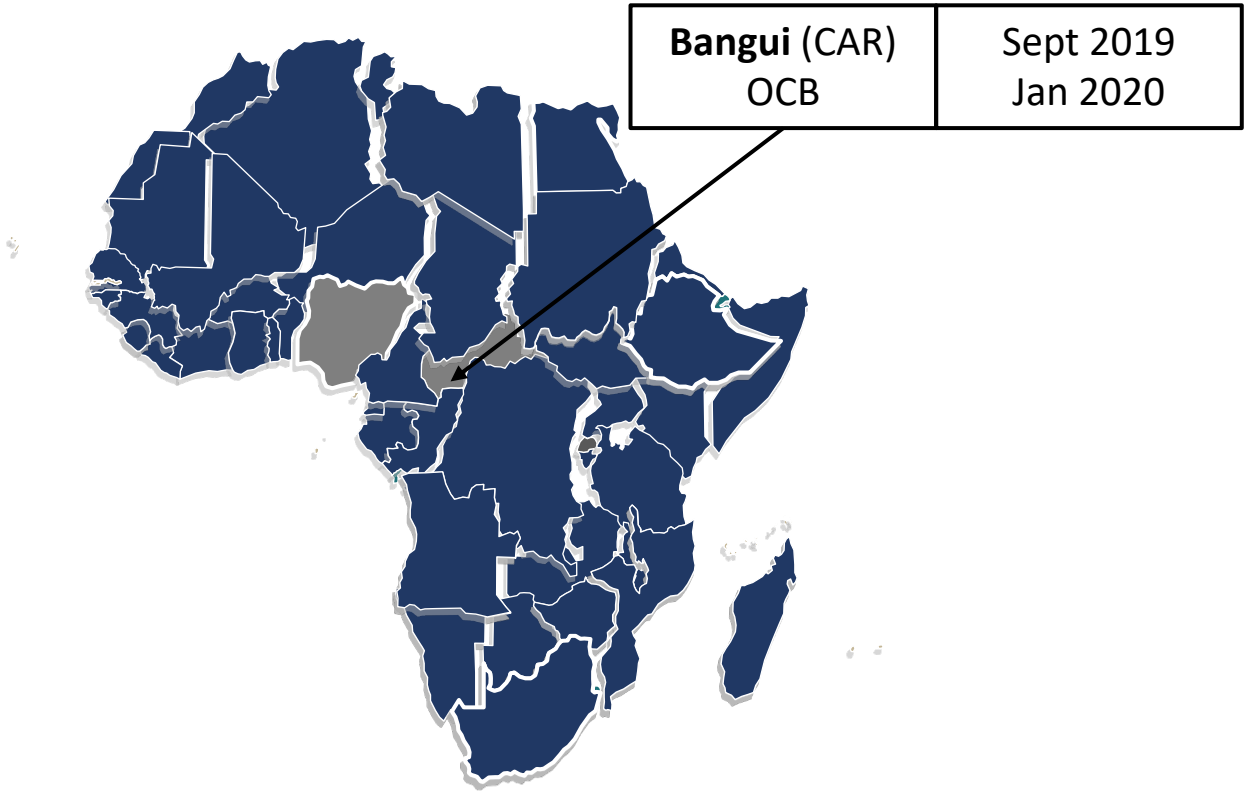

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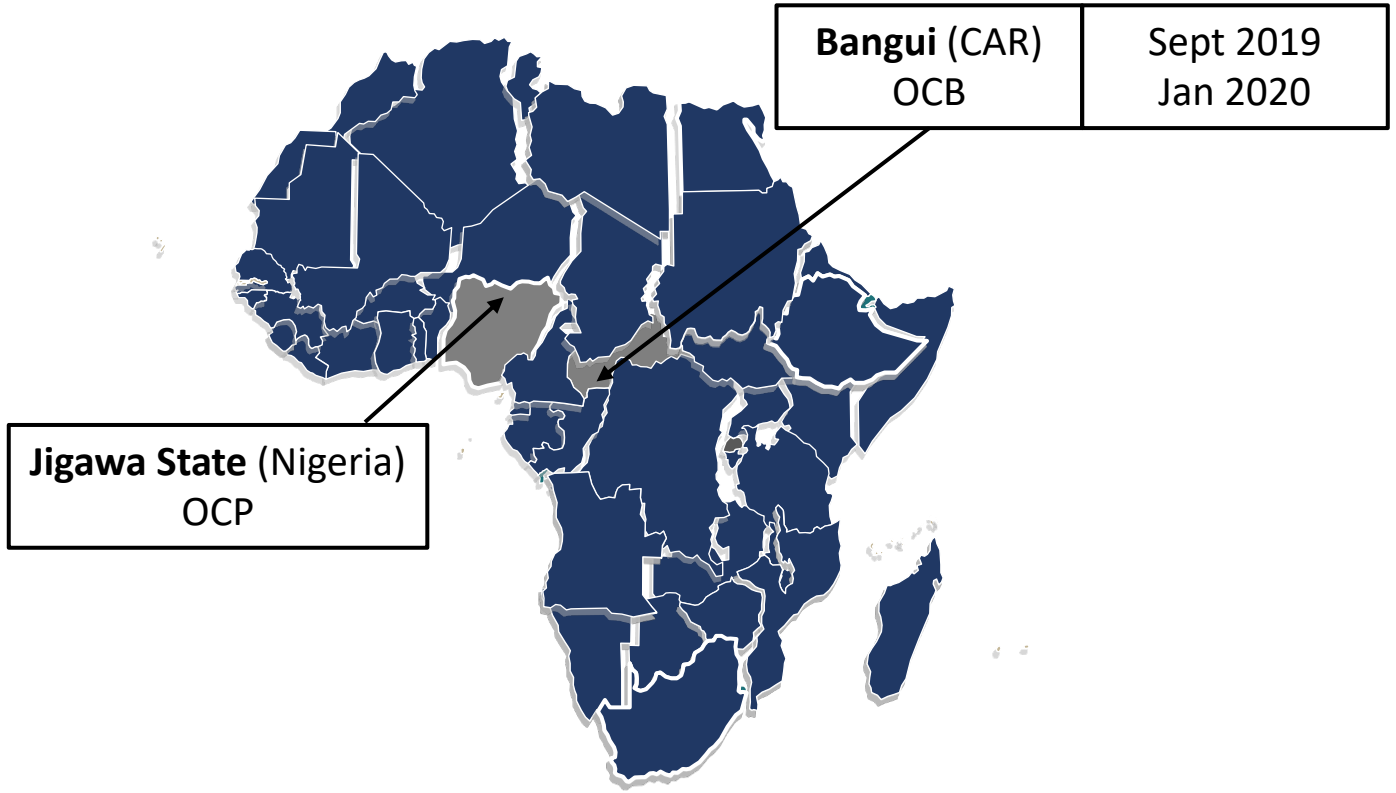

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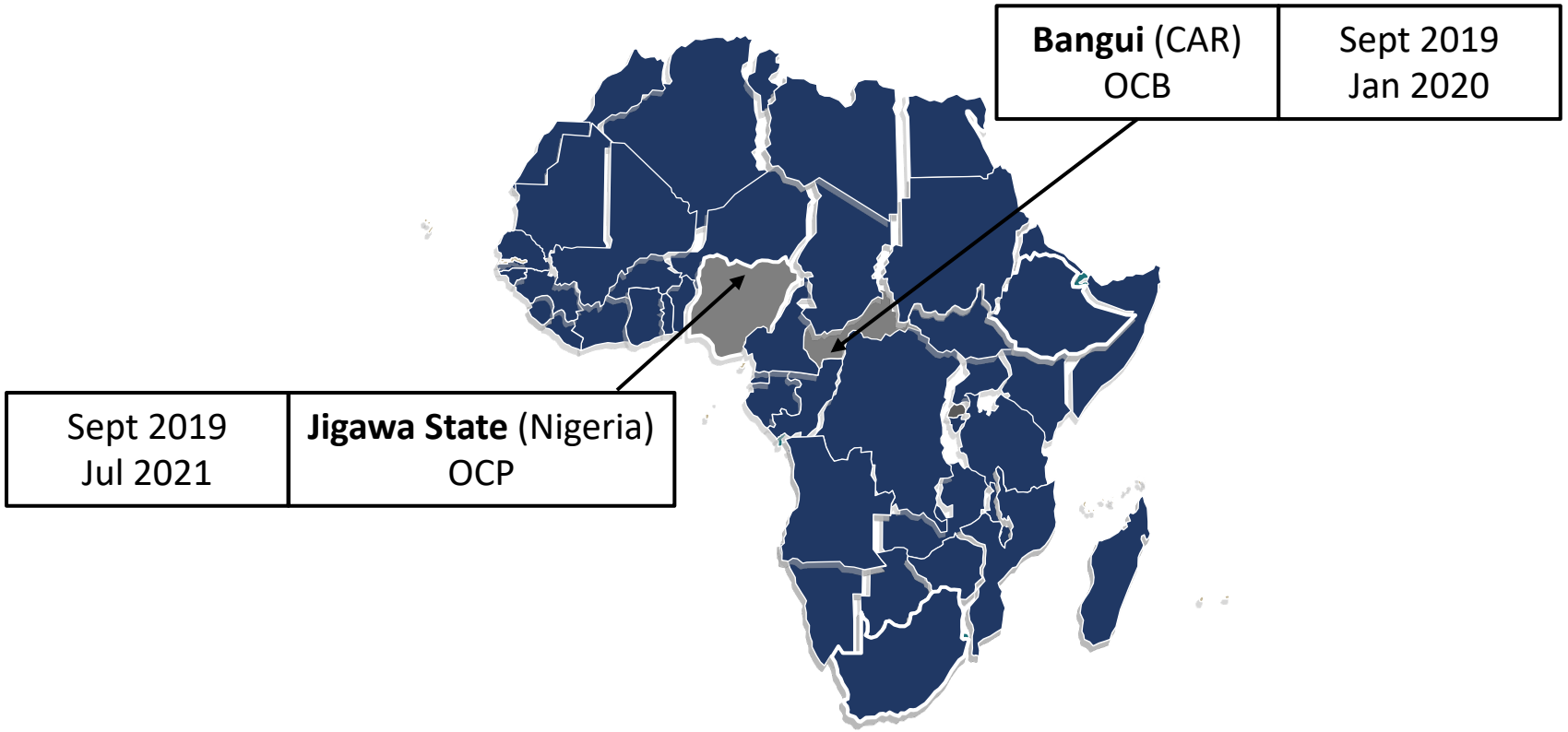

Methodology

- Cross-sectional mixed-method study with 4 components:

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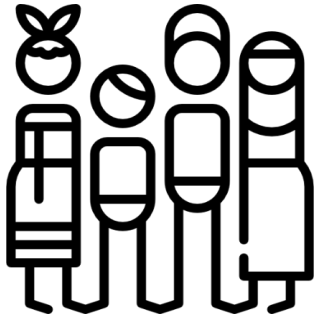
Patients with abortion complications



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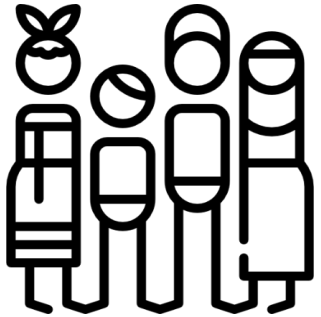

Clinical study

All women

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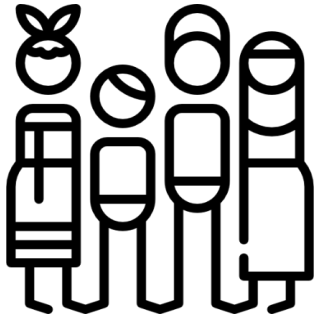

Clinical study	Quantitative survey
All women	Hospitalized

Methodology

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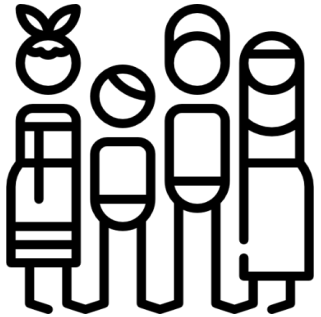

Clinical study	Quantitative survey	Qualitative study
All women	Hospitalized	Severe

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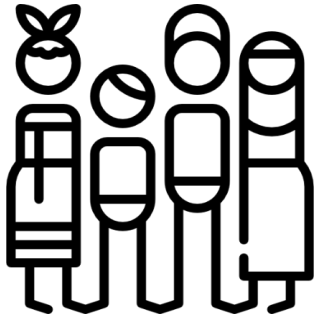

	Clinical study	Quantitative survey	Qualitative study
	All women	Hospitalized	Severe
Nigeria	520		
CAR	548		

Methodology

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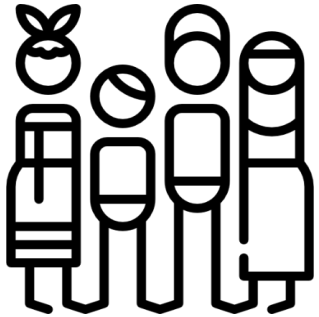

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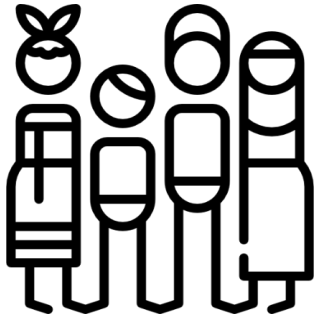

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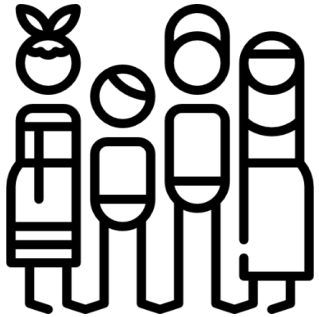

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WHO Multi-Country Study on Abortion

Methodology

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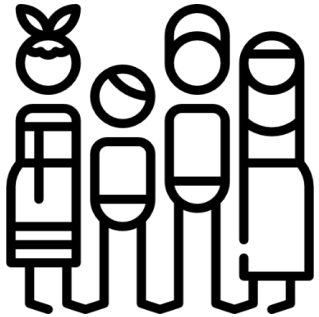

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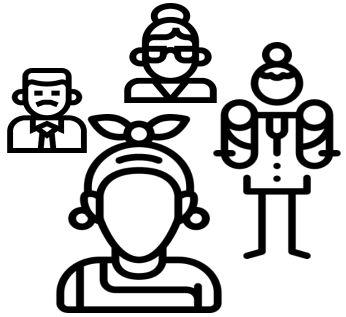


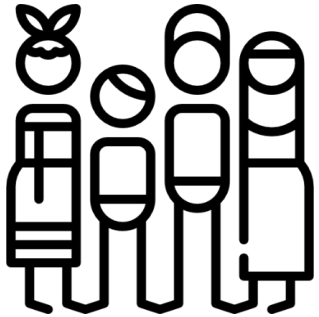
Knowledge Attitude Practice Behavior (KAPB) quantitative survey

Doctors, Midwives, Nurses, Assistants

Methodology

- Cross-sectional mixed-method study with 4 components:

Patients with abortion complications



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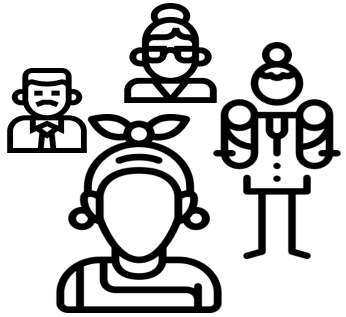

	Knowledge Attitude Practice Behavior (KAPB) quantitative survey
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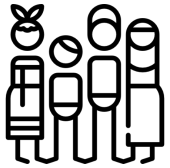
Nigeria	140 (97%)
CAR	80 (95%)

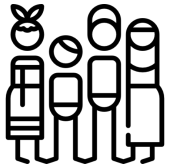
Results : Women characteristics



Clinical study **Quantitative survey***

DEMOGRAPHIC AND REPRODUCTIVE CHARACTERISTICS		NIGERIA	CAR
		%	%
		N=520	N=546
Age (years)	≤19	16.7	26.0
	20-29	43.3	51.5
	≥30	40.0	22.5
		N=360	N=360
Education*	No formal	61.7	0.8
	Any primary	27.8	27.2
	>= Any secondary	10.5	72.0
		N=488	N=514
Gestational age (weeks)	<13	38.5	67.1
	13-28	61.5	32.9

Results : Women characteristics



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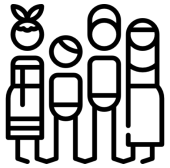

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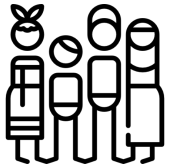

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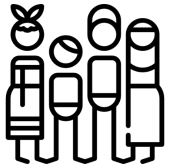

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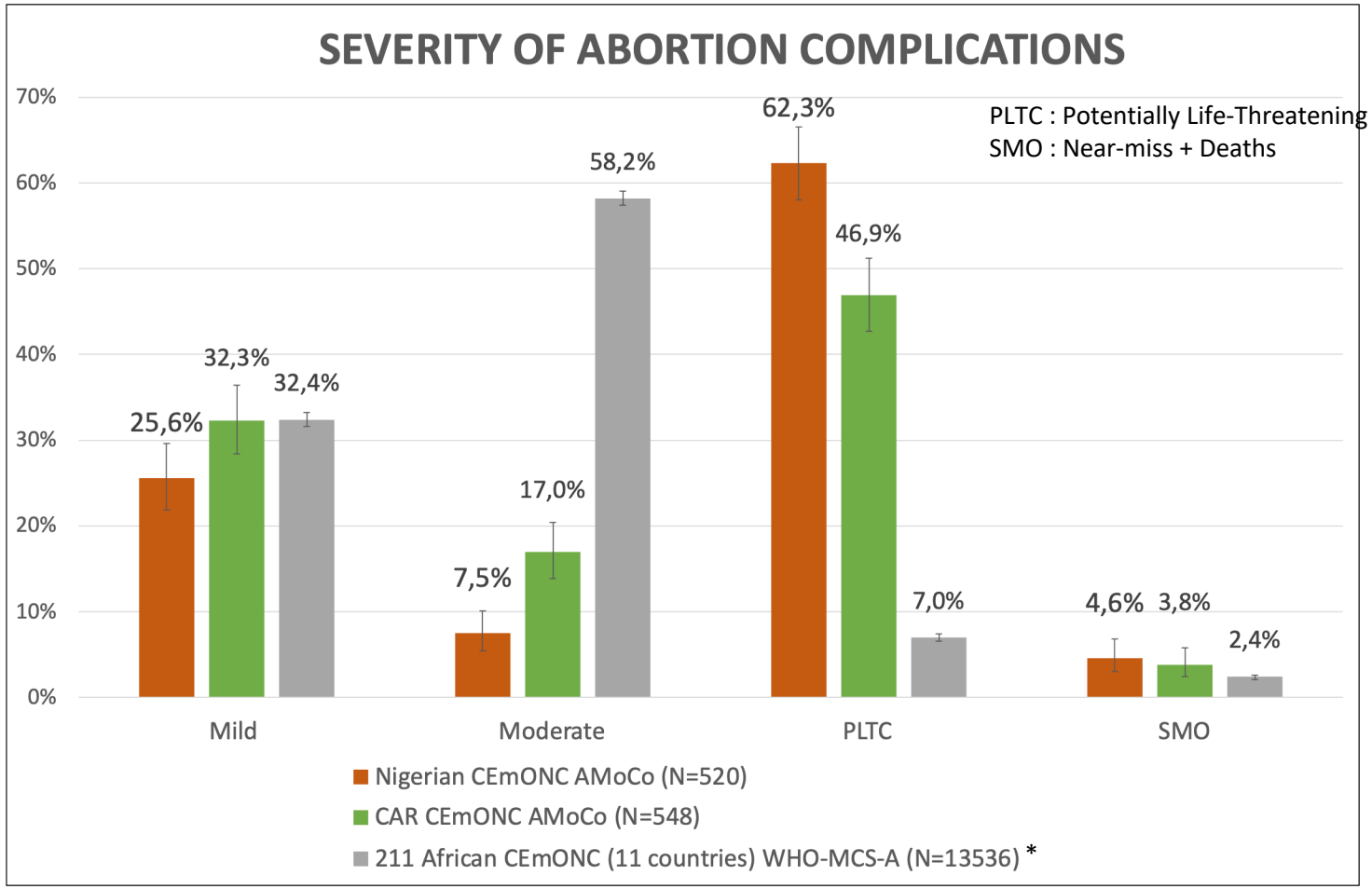

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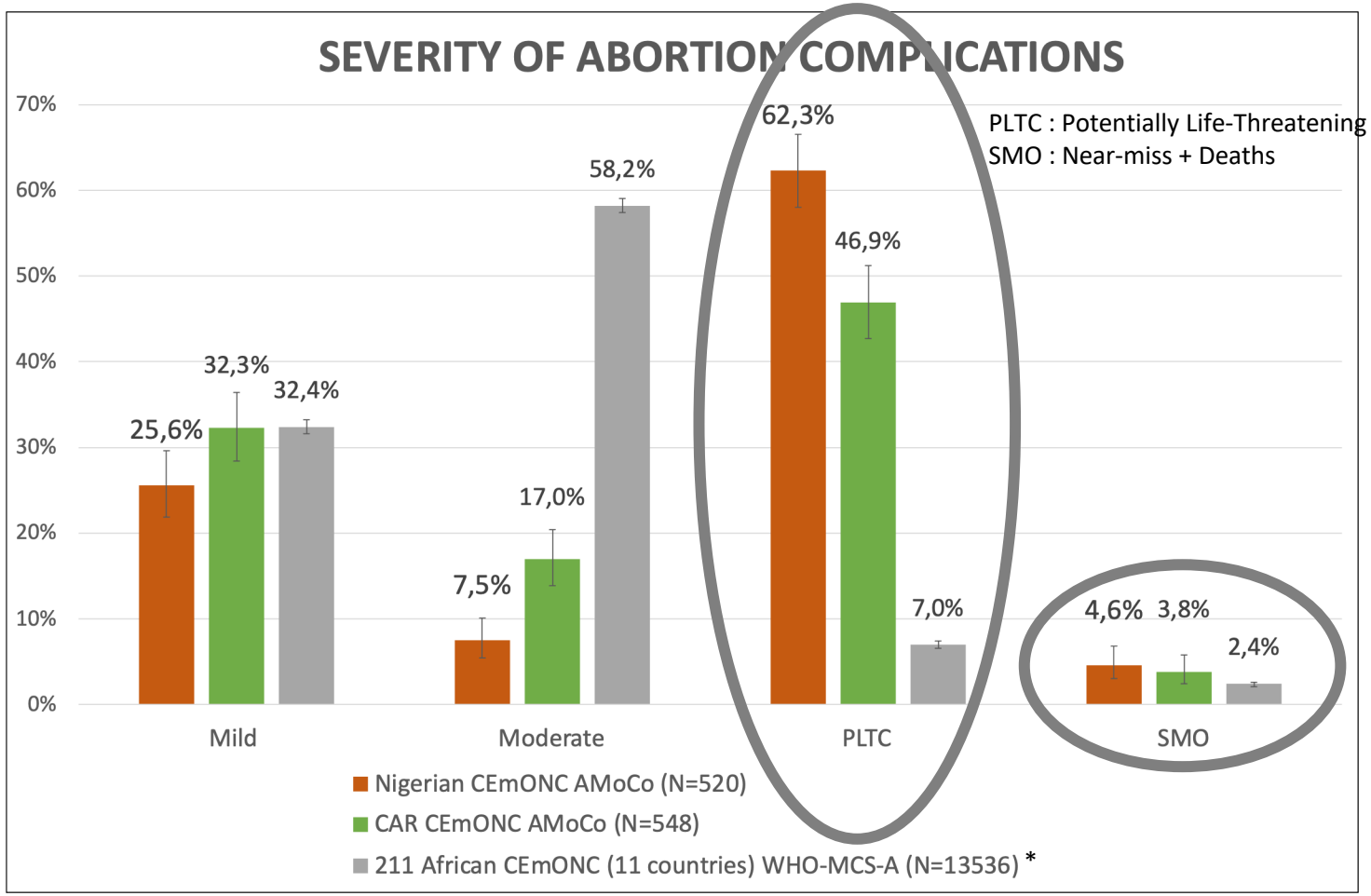

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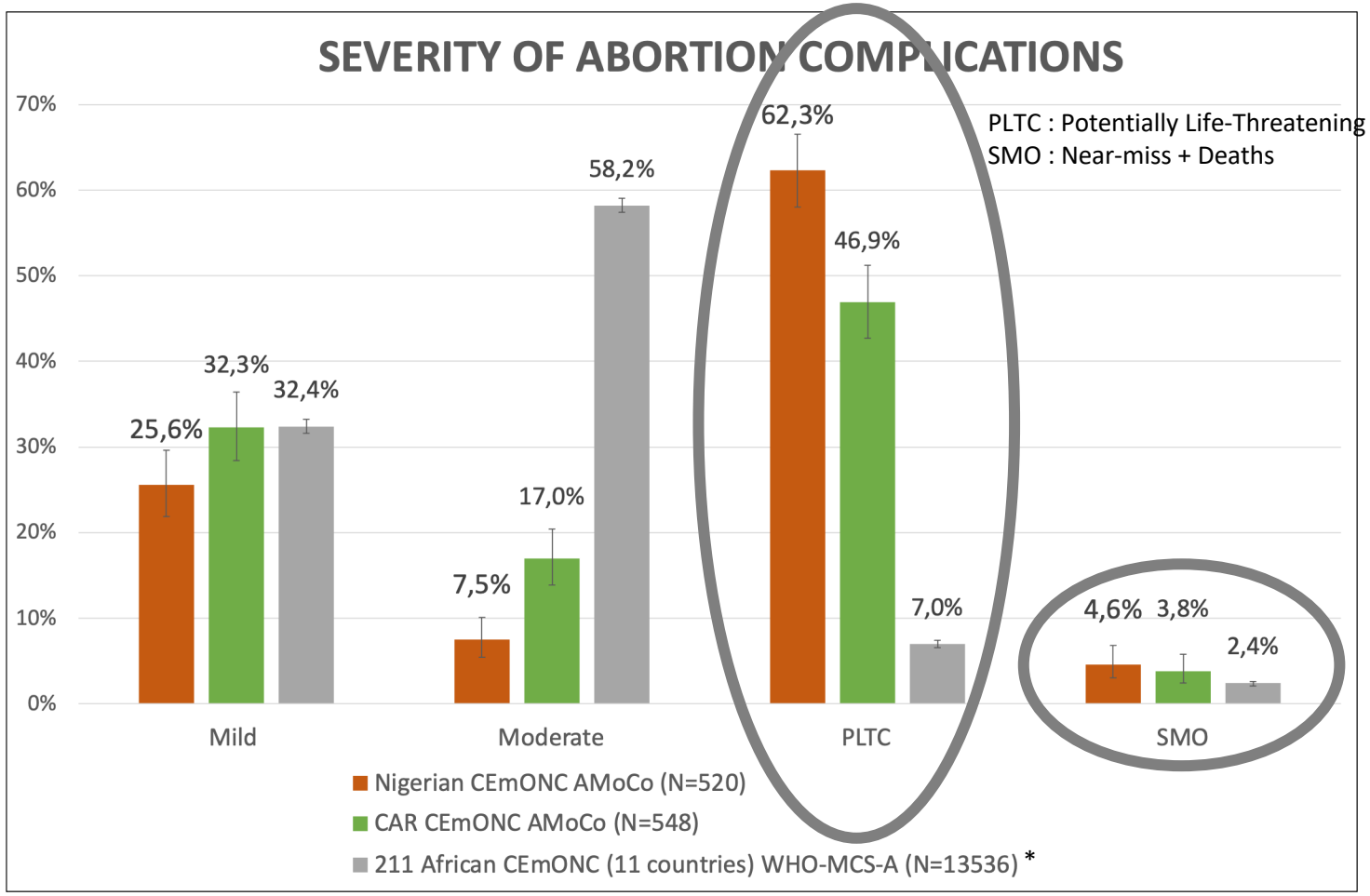


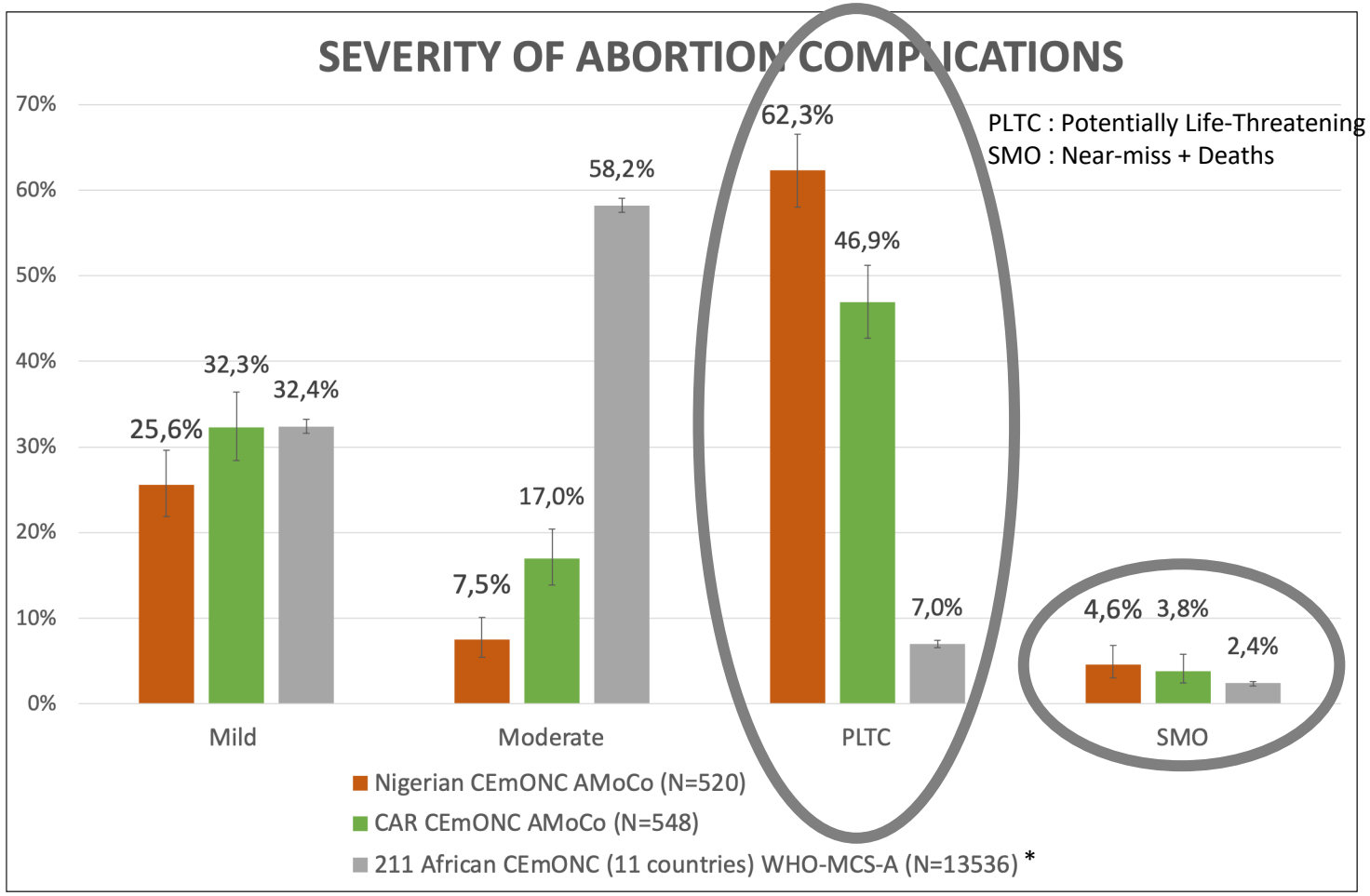
KAPB survey

PERSONAL EXPERIENCE

* Qureshi et al. WHO-MCS-A. *BMJ Glob Health* 2021; 6:e003702

Results : Burden of abortion complications

Clinical study



KAPB survey

PERSONAL EXPERIENCE

- **Nigeria: 60%**
  PERSONALLY KNEW a woman who had **DIED** from complications of abortion

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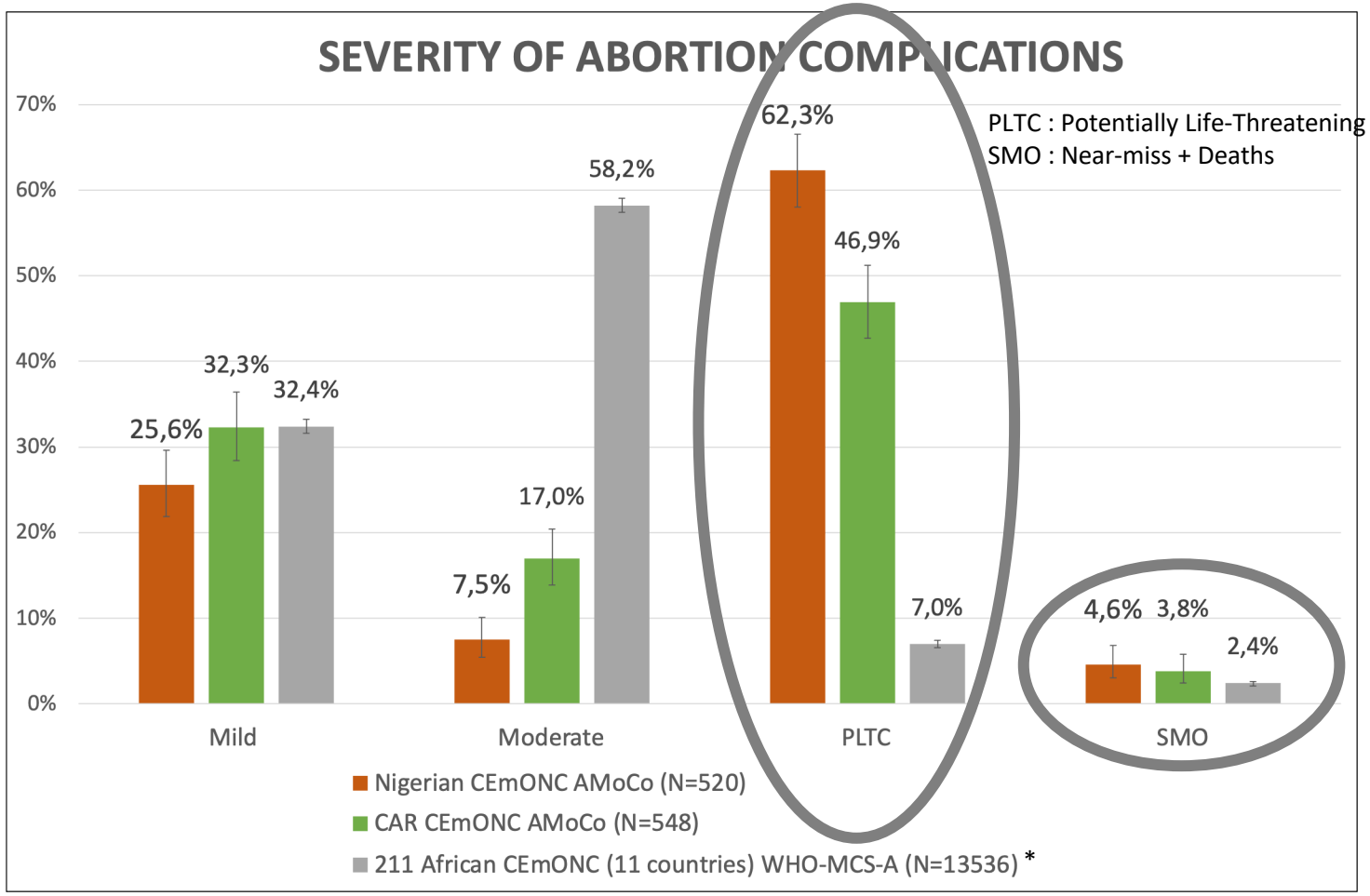
Results : Burden of abortion complications

Clinical study



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KAPB survey

PERSONAL EXPERIENCE

- **Nigeria: 60%**
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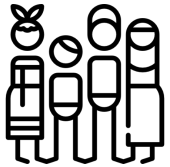
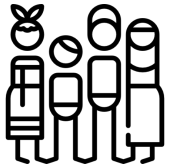
- **CAR : 91%**
  PERSONALLY KNEW a woman who had **DIED** from complications of abortion

Results : Delays to access care



Quantitative survey

Results : Delays to access care

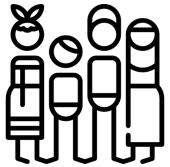


Quantitative survey

- More than **54%** of women **in Nigeria** (N=334) &

50% in CAR (N=349) **took 2 days or more to reach care**.

Results : Delays to access care



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50% in CAR (N=349) **took 2 days or more to reach care**.

- More than **27 %** of women **in Nigeria** (N=334) &

16% in CAR (N=349) **took 6 days or more to reach care**.

Results : Exploring delay n°1

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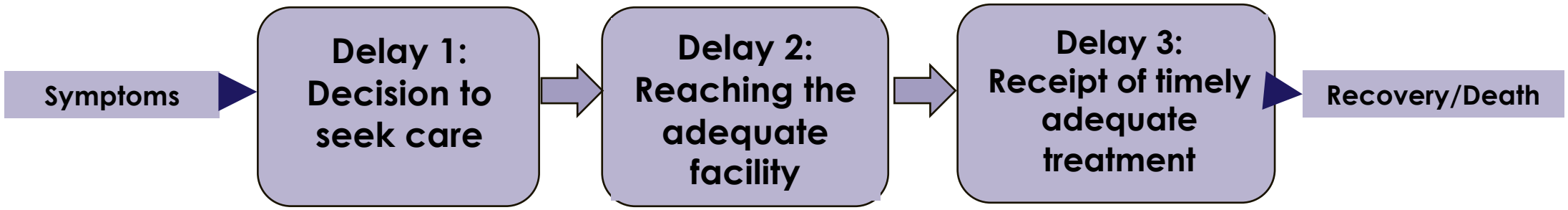

Source: Maine, D., et al. (1997). The design and evaluation of maternal mortality programs. New York, NY, USA: Columbia University.

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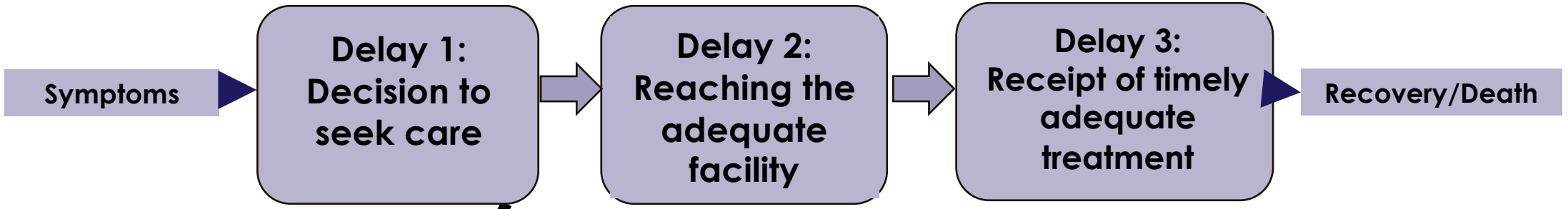

Quantitative survey

First delay	Nigeria (N= 158)	CAR (N= 112)
	%	%
Reasons why the decision took longer than it should have		
The condition was not perceived as serious	48.1	58.0
Did not have enough money	27.2	31.3
Family constraints	39.9	27.7
Didn't know where to go	0.6	4.5
Hospital was too far	2.5	3.6
Lack of transportation available	8.2	3.6
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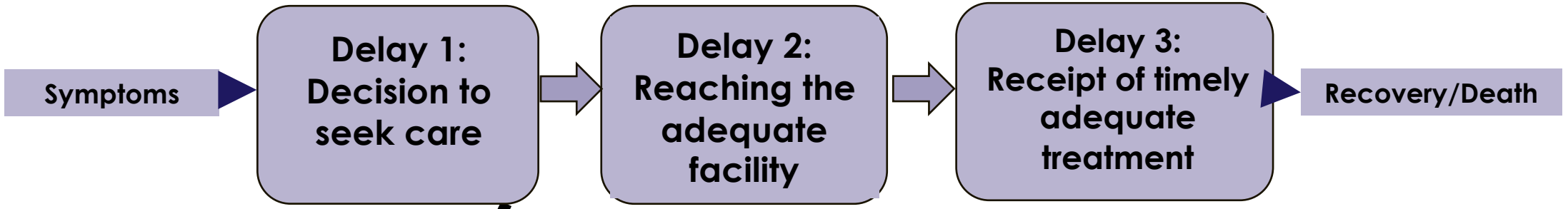

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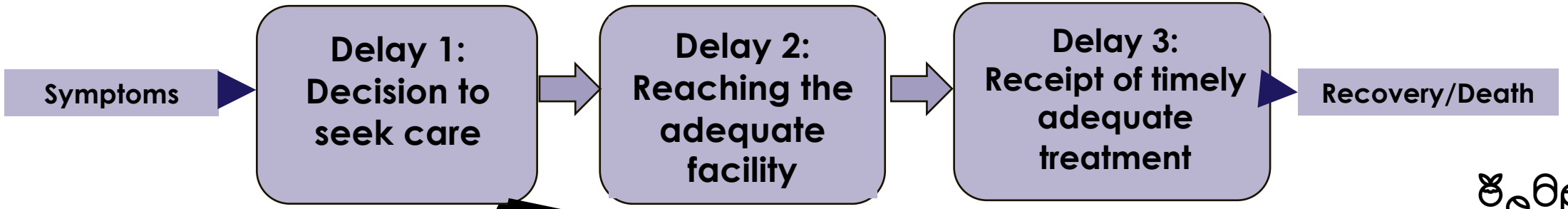
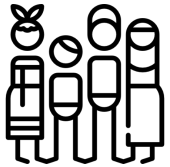


Quantitative survey

Qualitative study



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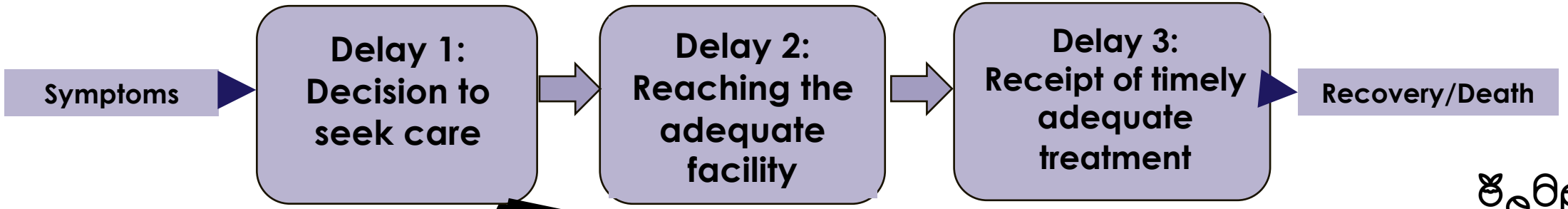

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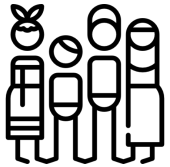

- In both sites, **delayed recognition of danger-signs**

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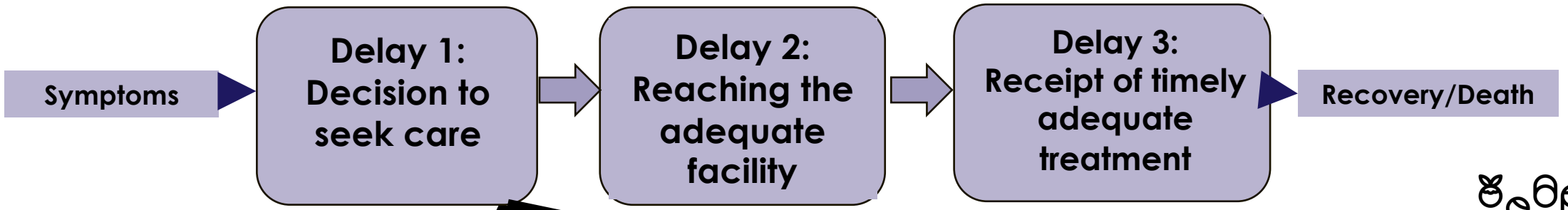

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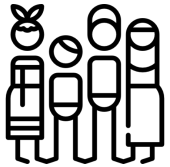

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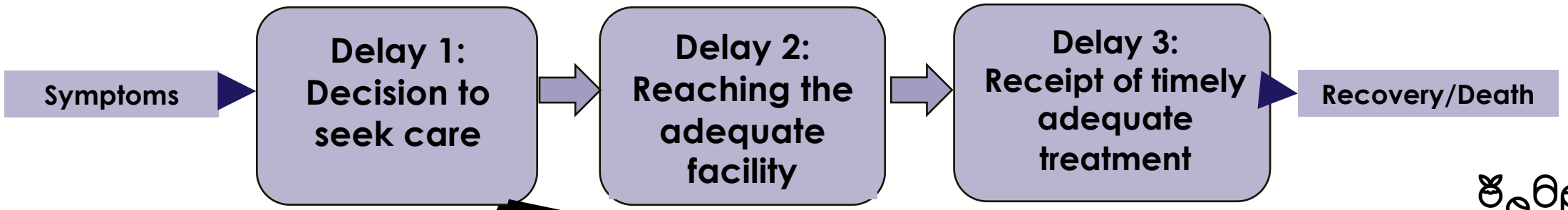

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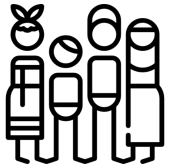

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    - **Family constraints**
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Source: Maine, D., et al. (1997). The design and evaluation of maternal mortality programs. New York, NY, USA: Columbia University.

Results : Exploring delay n°2

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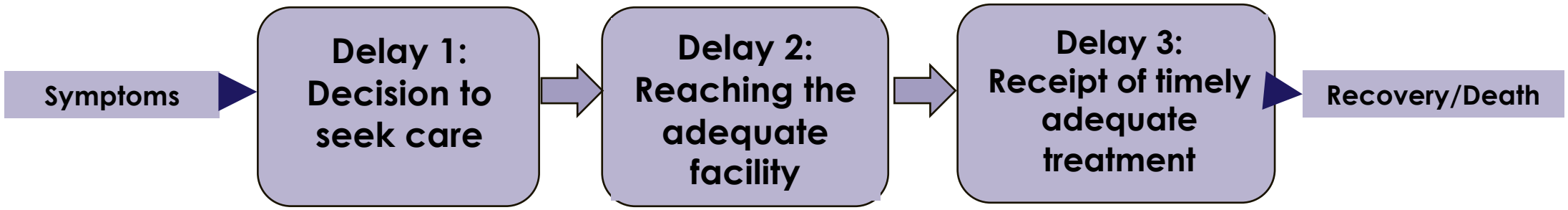

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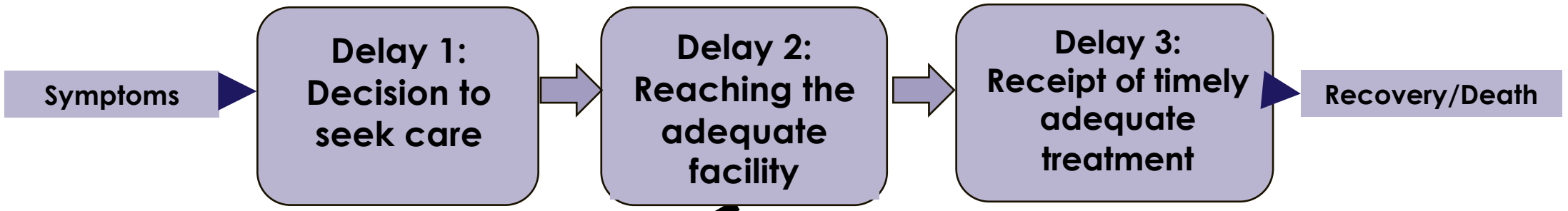

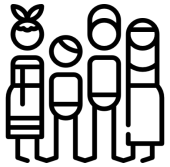

Quantitative survey

Second delay	Nigeria (N= 123)	CAR (N=100)
	%	%
Reasons why it took that long to arrive at facility		
Went to other health facilities before this one	17.1	58.0
The health facility is far	61.8	25.0
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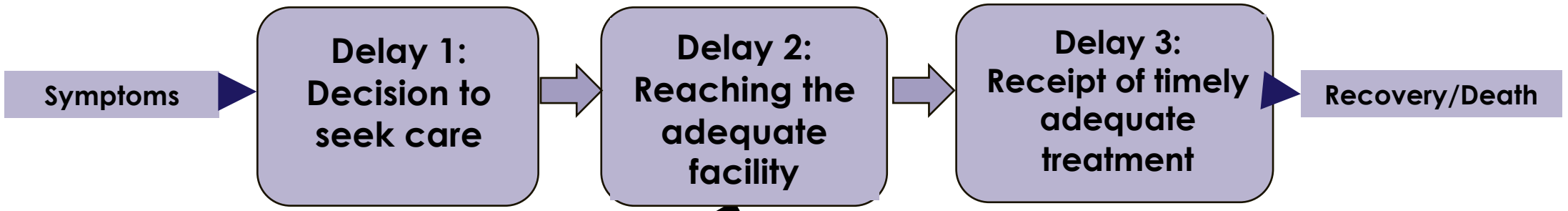

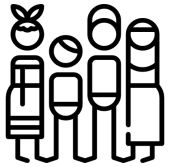

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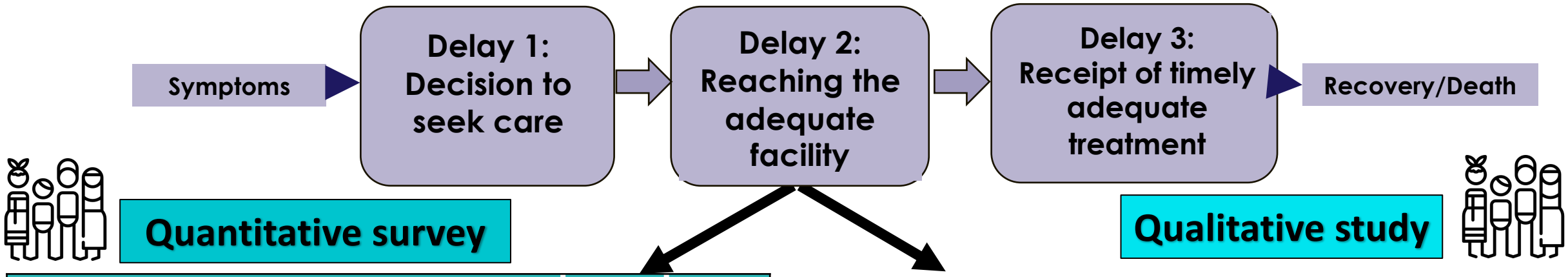

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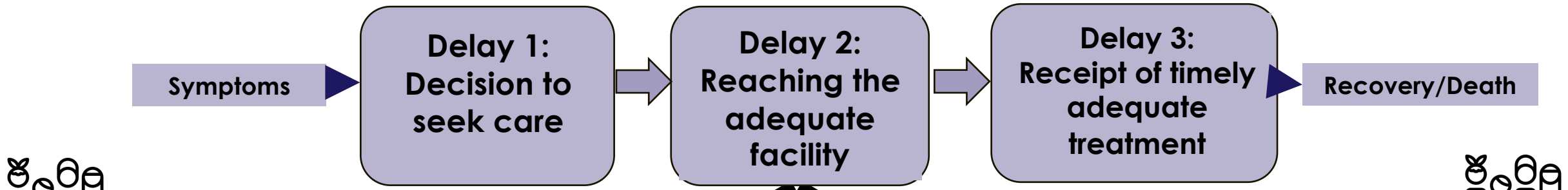

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Qualitative study

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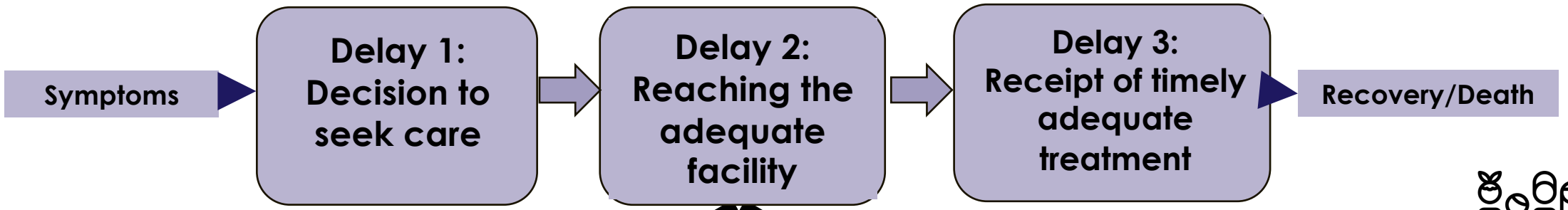

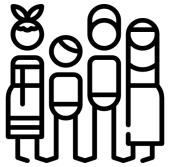

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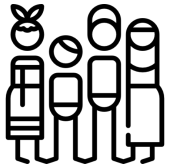

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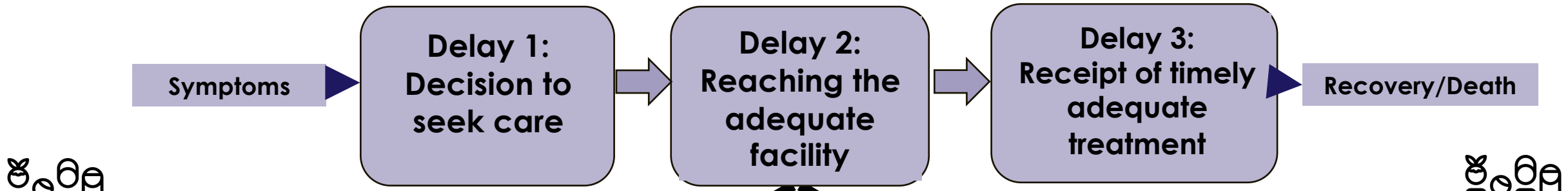

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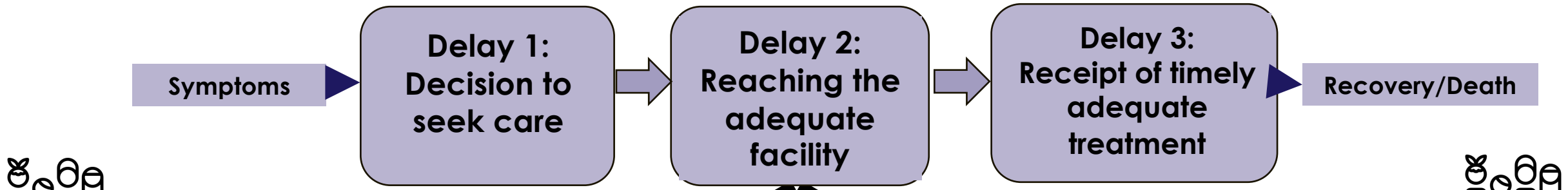

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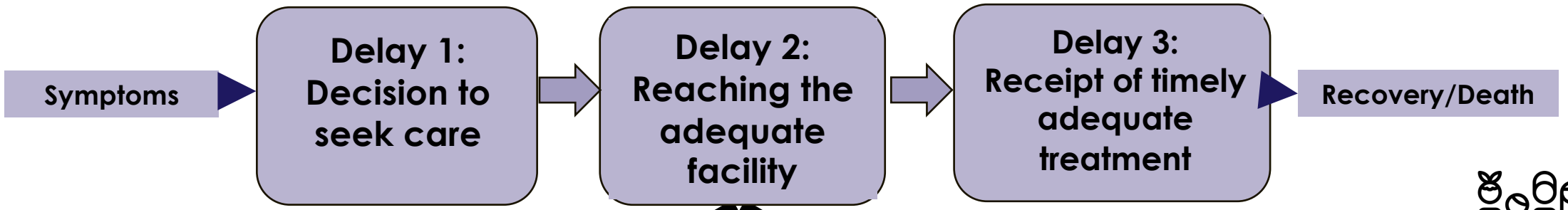

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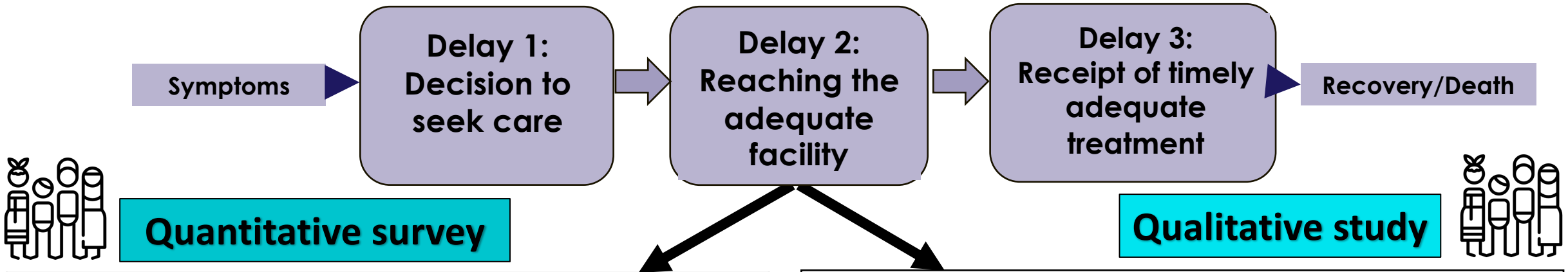

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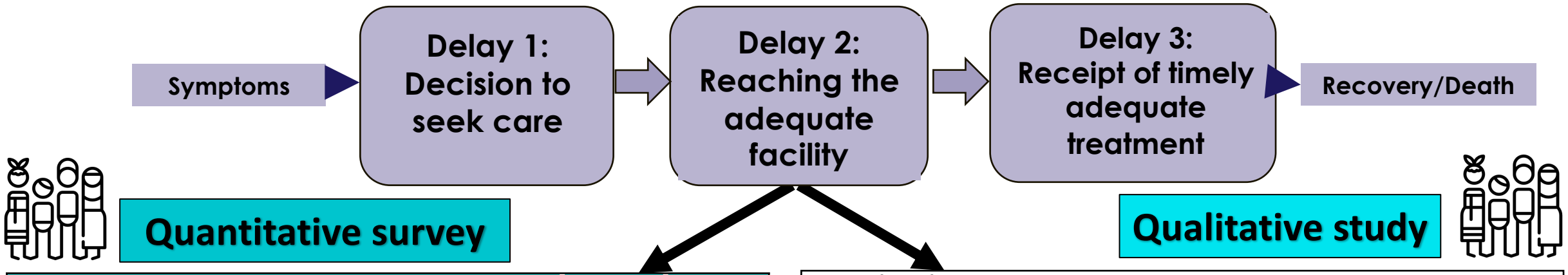

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Results : Contraception before pregnancy

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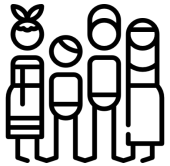

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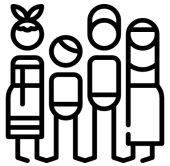

Quantitative survey

CAR : 37% **Nigeria: 3%** used a **modern contraceptive method** at the start of the pregnancy, mainly **injectables, pills, implants**

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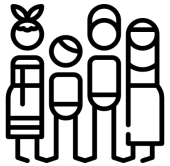

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Main reasons for no contraception	Nigeria (N= 350)	CAR (N= 227)
	%	%
Child desire	47.4	30.4
Husband objection	14.9	13.2
Did not know they could get pregnant	13.4	7.0
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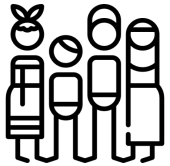
Results : Contraception before pregnancy



Quantitative survey

CAR : 37% Nigeria: 3% used a **modern contraceptive method** at the start of the pregnancy, mainly **injectables, pills, implants**

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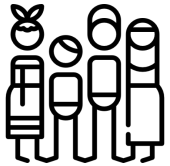

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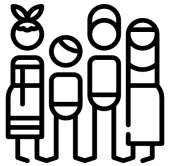

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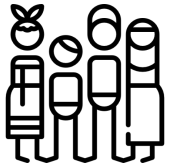

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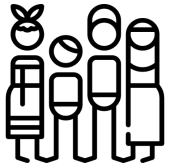

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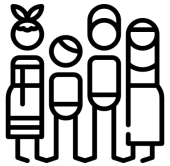

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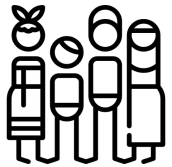
In Nigeria

- Participants report not using contraception due to **trusting in God's** (Allah's) plan

Results : Reported induced abortion



Clinical study **Quantitative survey**

	Nigeria			CAR			WHO-MCS-A		
	n	%	95%CI	n	%	95%CI	n	%	95%CI
	N=360			N=362			N=3091*		
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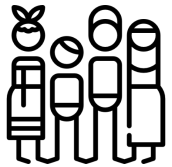

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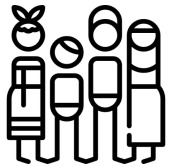

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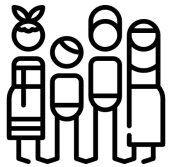

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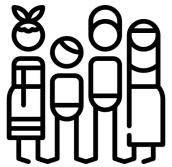

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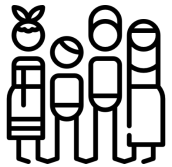

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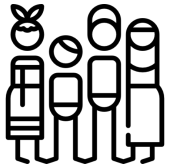

Qualitative study

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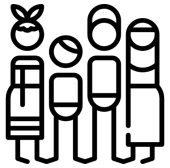

Qualitative study

In CAR:

- **2/3 participants reported induced abortion**

Results : Reported induced abortion

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Qualitative study

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  - **Unsafe instrumental evacuations** referred to as “Curettage”
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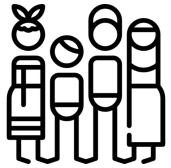
In Nigeria:

- **None** of the participants reported having induced their abortion
  - **Lack of knowledge and stigma of induced abortion**
- However, many reported **use of traditional substances**, to “support” the pregnancy or to treat symptoms such as bleeding, including
  - ***Rubutu,*** with vegetables, seeds, coran ink and charcoal
  - ***Jiko***, unknown herbal ingredients
  - **Potash**, a food additive
- **Bleeding often started after** their consumption

Results : High risk of anemia



Clinical study

	Nigeria			CAR		
	n/N	%	95%CI	n/N	%	95%CI
Anemia	424/517	**82.0**	78.4-85.2	219/513	**42.7**	38.4-47.1
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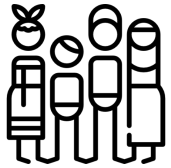
Results : High risk of anemia



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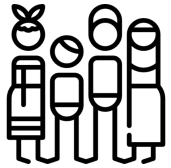

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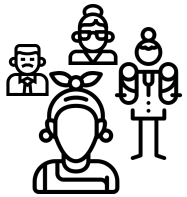
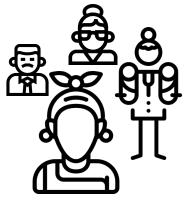


KAPB survey

ATTITUDE TO SAFE ABORTION CARE

Results : Staff attitude to abortion care



KAPB survey

ATTITUDE TO SAFE ABORTION CARE

- **Nigeria: 74%**

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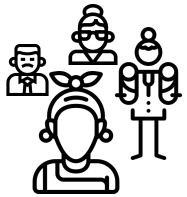

KAPB survey

ATTITUDE TO SAFE ABORTION CARE

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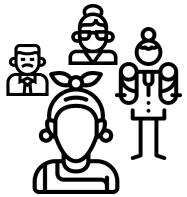
Results : Staff attitude to abortion care



KAPB survey

ATTITUDE TO SAFE ABORTION CARE

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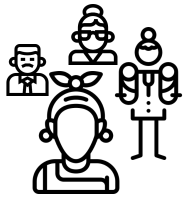
Considered that ACCESS TO SAFE ABORTION CARE was the RIGHT of EVERY WOMAN

Results : Staff attitude to abortion care



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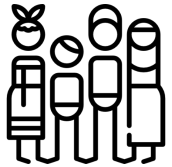


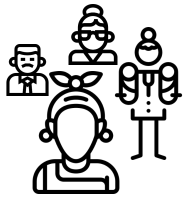
Qualitative study

ATTITUDE TO SAFE ABORTION CARE

- **Nigeria: 74%**
- **CAR : 67%**

Considered that ACCESS TO SAFE ABORTION CARE was the RIGHT of EVERY WOMAN

Results : Staff attitude to abortion care



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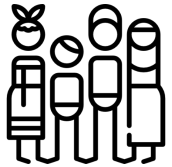

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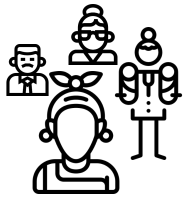

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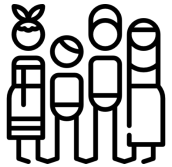

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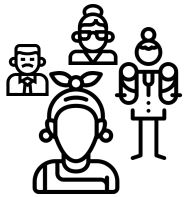

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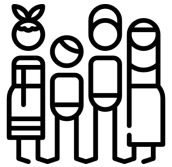

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In **both sites**:

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- **No or low report of stigmatization**
  - **In CAR**, few reports of stigmatizing attitudes from health care providers

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$\Rightarrow$**Need greater access to comprehensive abortion care (contraception, safe abortion care, and post-abortion care) to prevent severe abortion complications and deaths in these fragile & conflict-affected settings.**

MANY THANKS TO

Country stakeholders

Patients

Communities of Bangui, Jigawa State and Masisi

CAR, Nigeria and DRC Ministries of Health

Médecins Sans Frontières CAR, Nigeria and DRC

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Publications:

- https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-023-05427-6
- https://epicentre.msf.org/en/our-projects/abortion-complications

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