



Abortion care is one of the health services that risks being deprioritized by COVID-19.

For women, however, abortion care is an essential, time-bound health service that cannot be delayed.

Women must continue accessing services during this crisis, and DKT WomanCare is dedicated to working with healthcare providers to deliver care.

One benefit of the Ipas MVA suite of technology is that it helps healthcare providers maintain continuity of services by enabling uterine evacuations in the comfort of an office/consultation room setting.

Providing #AbortionCare in the time of COVID-19

The global COVID-19 pandemic is a challenging time for healthcare providers around the world. The surge in cases puts a severe burden on health systems, and healthcare providers are tasked with providing essential health services in addition to responding to this new threat.





Ideal for Outpatient Setting

There is strong evidence the Ipas MVA can be used safely and effectively under local anesthesia in an office/consultation room setting.¹ It has the added benefit of being affordable, portable, quiet, easy-to-use, electricity-free, and reusable (subject to local regulations). These features make the Ipas MVA a cost-effective solution for transitioning abortion care to the outpatient setting.



Questions

Email our commercial team

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Ipas MVA offers the following benefits for the healthcare system

Providing abortion care in an outpatient setting provides important benefits:

- 1 Maintains continuity of service that might otherwise be disrupted, delayed, or deprioritized due to COVID-19
- 2 Patients spend less time at hospital because of shorter procedure and recovery times²; this reduces risk of COVID-19 infection
- 3 Decoupling abortion care from operating theater reduces cost of service and frees up theater for more severe cases³
- 4 Greater flexibility as providers are free to use non-sterile aspirators or syringes
- 5 Decoupling abortion care from recovery bed reduces cost of service and frees up bed for other cases

To continue making abortion care available during this challenging time, please consider shifting abortion services to an outpatient model where non-sterile aspirators/syringes can be used. Your Ipas MVA distributor and DKT Woman-Care would be happy to answer any questions you may have.

¹Haitham H, Flett GMM, Ashok PW, et al. (2005). Surgical abortion using manual vacuum aspiration under local anaesthesia: A pilot study of feasibility and women's acceptability. *J of Fam Planning and Repro Health Care*, 31(3): 185-188.

²De Jonge ET, Pattinson RC, Makin JD, et al. (1994). Is ward evacuation for uncomplicated incomplete abortion under systematic analgesia safe and effective: a randomized clinical trial. *S Afr Med J*, 84:481-483.

³Blumenthal, Paul D and R.E. Remsburg. (1994). A time and cost analysis of the management of incomplete abortion with manual vacuum aspiration. *Int J Gynecol Obstet*, 1994 45:261-267.

Considerations for maintaining continuity of care

#AbortionCare is an essential part of health care for women

- » Abortion is time sensitive, and should be provided as early as possible
- » Abortion care should be organized so that delays are minimized
- » Abortion is an essential part of women's healthcare
- » Abortion has fewer complications when performed earlier in gestation
- » Mortality and morbidity with abortion is low and lower than continuing a pregnancy to term but increases for each additional week of pregnancy after 8 weeks' gestation.

Advice for maintaining #AbortionCare while minimizing COVID-19 exposure

- » Maximize remote options (like video or telephone consultations) to:
 - » Limit in-person visits to the extent possible
 - » Deliver pre- and post- abortion care and assessment
 - » Discuss post-abortion contraception options

Experience from providers who regularly use telemedicine shows that both women and staff value "face to face" video calls via popular applications like WhatsApp or FaceTime; those that do not require additional software downloads are easiest to implement. Providers need to ensure the woman has adequate privacy at the start of the consultation.

- » Women who are infected with the coronavirus and present with heavy bleeding, septic abortion or other conditions which risk her health and life should be promptly treated. Providers should follow WHO guidance (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/patient-management>) for personal infection prevention and control measures.
- » Provide abortion care without pre-procedure ultrasound or blood testing, unless indicated.
- » Women may continue to be offered NSAIDs for pain relief during abortion procedures, even if infected with coronavirus.

Importance of disinfection procedures

- » Normal disinfection procedures for MVA devices should be followed. The coronavirus is susceptible to all recommended methods for HLD and sterilization.
- » Disinfect all touchable surfaces with 0.5% chlorine solution or other disinfectants several times a day, ideally between each patient.
- » Additional resources on disinfection from WHO can be found here: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)



Providing care from afar

Medical abortion can be used safely under remote guidance from a clinician⁴; "telemedicine" solutions may be preferable for women self-isolating due to COVID-19.

Written information could be provided or available prior to the consultation; this can be e-mailed or sent as a link via text message.

Thank you to Ipas for assistance with this informational sheet.

⁴Endler, M, Lavelanet, A, Cleeve, A, et al. (2019). Telemedicine for medical abortion: a systematic review. British Journal of Obstetrics and Gynaecology, 126(9):1094-1102.