

TECHNICAL BRIEF

Comprehensive Menstrual Regulation And Post Abortion Care In Bangladesh

Issue: 1, Year: 2024

According to WHO defined Menstrual Regulation as Uterine evacuation without laboratory or ultrasound confirmation of pregnancy for women who report recent delayed menses. Menstrual Regulation (MR) program is an important component of reproductive health services in Bangladesh. The Government of Bangladesh (GOB) introduced MR services in 1974. MR was included in the national family planning program in 1979. As per policy currently doctors are entitled to

provide MR, up to 12 weeks of the missed period by Manual vacuum aspiration and midlevel providers within 10 weeks of the missed period. In 2014 MRM (MR by medication) has been introduced in the National Program where the provision of MRM was within 10 weeks of missed period. MR services are available in all government hospitals and health and family planning complexes. WHO-recommended method, for MR is Manual Vacuum Aspiration (MVA) or MR by medication (MRM).

WHERE MR, PAC SERVICES CAN BE PROVIDED

Geographic area	Union	Upazila	District				Urban		
Name of Facility	UH&FWC/ USC	UHC	DH	MCWC	Medical College Hospital	Specialized Hospital	CRHCC	PHCC	NGO Clinic

*UH&FWC= Union Health and Family Welfare Center, USC= Union Sub Center, DH= District Hospital, MCWC=Maternal & Child Welfare Center, CRHCC= Comprehensive Reproductive Health Care Center, PHCC=Primary Health Care Center

WHO CAN PROVIDE MR, PAC

Name of Facility	UH&FWC/ USC	UHC	DH	MCWC	Medical College Hospital	Specialized Hospital	CRHCC	PHCC	NGO Clinic
service provider	SACMO (Female), FWV	Doctor, Midwives, Nurses, SACMO* (female),	Doctor, Midwives, Nurses, SACMO (female), FWVs	Doctor, Midwives, Nurses, SACMO (female), FWVs	Doctor, Midwives, Nurses, SACMO (female), FWVs	Doctor, Midwives, Nurses, SACMO (female), FWVs	Doctor, Nurse, Midwives Paramedics	Doctor, Nurse, Midwives, Paramedics	Doctor, Nurse, Midwives, Paramedics

* FWV=Family Welfare Visitors, SACMO=Sub Assistant Community Medical Officer.

ELIGIBILITY OF THE PROVIDERS

Method of MR	Trained Doctor	Trained Mid-level provider (MLP)*
BY MVA	Up to 12 weeks following the last menstrual period	Up to 10 weeks following the last menstrual period
By MRM	Up to 10 weeks following the last menstrual period	Up to 10 weeks following the last menstrual period

*MLP- Midwives, Nurse, Family Welfare Visitor (FWV), Sub-Assistant Community Medical Officer (SACMO), Paramedic

MR WITH MANUAL VACUUM ASPIRATION (MVA)

According to the WHO, manual vacuum aspiration (MVA) is a preferred and safe method for uterine evacuation. Globally 'DKT-WomenCare' serves as the authorized manufacturer of MVA plus Aspirators and Canula aligns with the recommendations of the WHO.

Criteria of MVA plus Aspirators and Canula

- ✓ the MVA plus Aspirator is attached to a cannula ranging from 4 to 12 mm in sizes (based on the weeks of missed periods or size of uterus)
- ✓ provides a vacuum of 24 to 26 inches of mercury
- ✓ capacity 60cc for holding evacuated uterine contents
- ✓ composed of a hinged valve with a cap, a removable liner, a pair of buttons that control the vacuum, a plunger with a handle, a collar stop with a retaining clip, an O-ring
- ✓ sterilized by steam autoclave at 250°F (121°C) or by boiling water, 0.5% chlorine solution or 2% glutaraldehyde



Figure : MVA plus Aspirators and Canula

INDICATION FOR MVA

- Treatment of incomplete abortion up-to 12 weeks of uterine size.
- MR up-to 12 weeks of the last menstrual period (LMP),
- Endometrial biopsy

TIMING OF MR BY MVA

Up-to 12 weeks since the LMP.

EFFICACY

MVA service is 98% to 100% effective.

PROCEDURE

The procedure typically takes 3 to 10 minutes, and the woman can usually leave the facility within an hour. Local anesthesia is commonly used for pain management, though stronger pharmacological options may also be available. The product of conception is examined, and the completion of the procedure is immediately confirmed, requiring only a single clinic visit.

Steps for Performing MVA

1. Prepare instruments
2. Prepare the woman
3. Perform cervical antiseptic preparation
4. Provide paracervical block
5. Dilate cervix
6. Insert cannula
7. Suction uterine contents
8. Inspect tissue
9. Perform any concurrent procedures
10. Take immediate post-procedure steps, including instrument processing

FOLLOW UP VISIT AFTER MVA PROCEDURE

- Routine follow-up is not necessary following an uncomplicated MVA
- However, women may be offered an optional follow-up visit 7–14 days after their procedure to provide further contraceptive counselling and methods or further emotional support, or to address any medical concerns

COMPLICATIONS

Manual vacuum aspiration is an extremely safe procedure with only rare complications. Those complications that do occasionally occur which are specific to vacuum aspiration are:

- Cervical, uterine and abdominal injuries
- Vasovagal reaction
- Incomplete abortion
- Infection
- Continuing pregnancy
- Hemorrhage



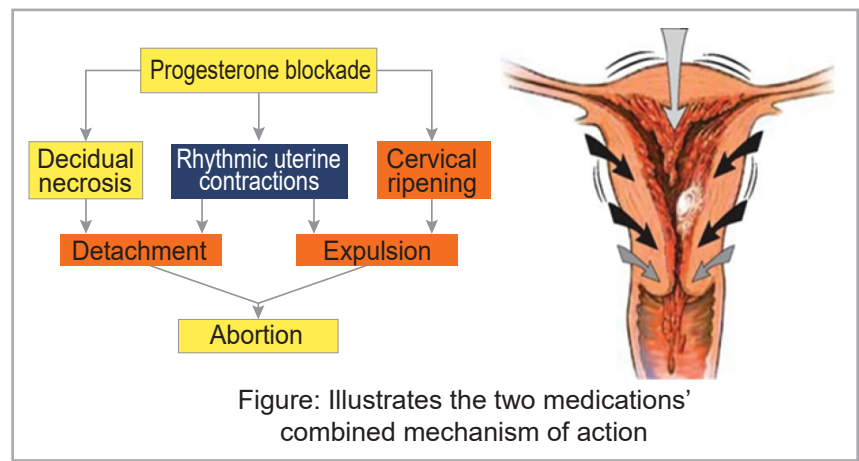
Menstrual Regulation with Medicine (MRM)

Menstrual regulation with Medicine (MRM) involves taking combination of two medication that ensures menstrual regulation after missing period of a woman. Medications that cause the uterine lining to detach and uterine contractions to expel the uterine content, usually avoiding an invasive procedure.

The combination of mifepristone and misoprostol is more effective in achieving complete menstrual regulation than either drug used alone. The uses of combined mifepristone and misoprostol up-to 10 weeks of amenorrhoea results in successful menstrual regulation with no need for aspiration evacuation in over 95% of cases.

MODE OF ACTION

- Mifepristone blocks progesterone activity in the uterus, leading to detachment of the pregnancy. Mifepristone increases uterine sensitivity to prostaglandin (like misoprostol) and softens the cervix.
- Misoprostol, a synthetic prostaglandin, stimulates cervical ripening (softening) and contractions, causing uterine evacuation.



TIMING OF USE OF MRM

Up to 70 days (10 weeks) since the LMP.

PLACE WHERE MRM IS PERFORMED

The initial process is performed in facility. Some of the process may occur at home.

SERVICE PROVIDER

MRM can be performed on an outpatient basis and may be performed by a trained doctor, Family Welfare Visitor (FWV), Sub-Assistant Community Medical Officer (SACMO), Paramedic, Nurse or Mid-level service provider up to 10 weeks of missed period.

EFFICACY

MRM is 95% to 98% effective.

ELIGIBILITY

A. Indication: Evacuation of the product of uterus up to 10 weeks amenorrhea.

B. Contraindications for MRM: If a woman has these specific conditions, under no circumstances should she be offered MRM. MVA should be considered, or she should be referred to a facility where she can be offered alternate care.

- Previous allergic reaction to one of the drugs involved
- Inherited porphyria
- Chronic adrenal failure
- Known or suspected ectopic pregnancy

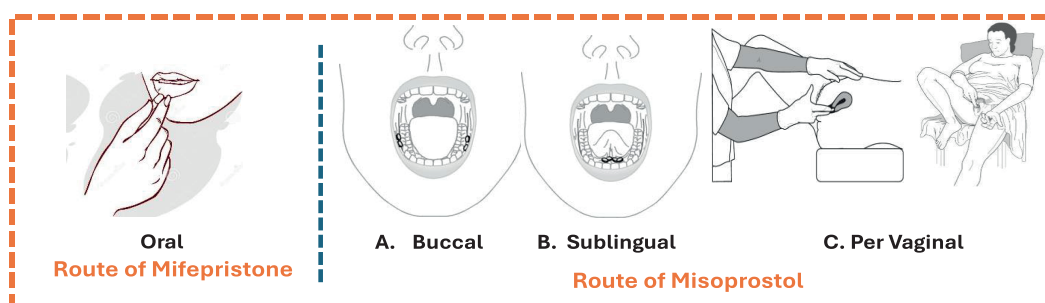
DRUG REGIMEN

Mifepristone and Misoprostol regimens for MRM up to 10 weeks LMP (70 days since LMP)

Period of Amenorrhea since LMP	Medication dose, route and timing for MRM	
	Mifepristone	Misoprostol
Up to 10 weeks	200mg (1 tablet) orally single dose	Following 24 hours to 48 hours of Mifepristone dose, use 800 mcg (200mcg each, total 4 tablets) buccally or vaginally or sublingually*

*Repeat doses of Misoprostol can be considered when needed to achieve success of the MR

ROUTES FOR MRM



FOLLOW UP

A follow-up visit can be scheduled to confirm the treatment is successful. Routine follow-up visit can be scheduled to confirm the treatment is successful is not necessary following an uncomplicated medical abortion using mifepristone and misoprostol.

SIDE EFFECTS OF MRM

Side effects include :

- nausea • vomiting • diarrhea • fever or chills
- abdominal cramping or pain • dizziness
- vaginal bleeding • rarely, anemia

COMPLICATION OF MRM

- Hemorrhage • Infection • Continuing Pregnancy

Occasionally, medication MR can fail requiring completion preferably using vacuum aspiration.

POST-ABORTION CARE (PAC)

Post-Abortion Care (PAC) is a comprehensive approach which takes into account a woman's individual physical and emotional health needs and circumstances and ability to access care. It includes treatment of incomplete, missed or unsafe abortion including management of complication, compassionate counseling; contraceptive services; related sexual and reproductive health services provided onsite or via referrals to accessible facilities; and community-service provider partnerships.

Indication of PAC: incomplete abortion, missed abortion and its complication management.

Methods of PAC: • MVA • mPAC (PAC with medication)

Follow Up: A follow-up visit is recommended in about 2 weeks following medicine administration or MVA.

Complications: Several types of complications may infrequently occur with either mPAC & PAC. These include: infection, hemorrhage. Vacuum aspiration is an extremely safe procedure with only rare complications. Such as : cervical, uterine and abdominal injuries, medication-related complications, vasovagal reaction.

mPAC Drug Regimen for PAC management

Incomplete Abortion			
Misoprostol	600mcg orally OR 400mcg sublingually OR 400mcg vaginally – Single dose	Single dose	
Missed Abortion			
Mifepristone + Misoprostol (PREFERRED)			
Day 1	Mifepristone	200mg orally	
Day 2-3	Misoprostol	800mcg vaginally* Every 3 hours (1-3 doses) OR 600mcg sublingually Every 3 hours (1-3 doses)	

Reference:

National Guideline on Comprehensive MR, PAC service in Bangladesh, 2022

More Information: ipasbangladesh@ipas.org