

Training Curriculum - Medical abortion at or after 13 weeks gestation ('second trimester')

Quality Assurance activity - logbook recording

FACILITATOR GUIDE

Purpose: The purpose of this activity is to provide participants with an opportunity to practice how to record and track their medical abortion cases at or after 13 weeks gestation. This activity should be performed in conjunction with discussing the importance of ensuring accuracy in logbook recording and how it can be utilized in supportive supervision/monitoring visits and ongoing quality improvement activities. Supportive supervision visits and ongoing quality improvement activities are often the norm in many health care systems.

Materials: Make photocopies for each participant of the sample logbook (below) or copy a sample of the clinical facility's logbook. Severe Adverse Event (SAE) reporting flow chart for abortion at or after 13 weeks. Flipchart and markers.

Flipchart with the following bullet points:

- Current system for adverse event reporting and recording
- Current system for tracking cases
- What information is important to collect in logbook

Flipchart with the following chart:

ID	Date	Age	Gravidity	GA in weeks	Indication	Medical abortion doses (track each dose and time)		Expulsion interval (hours from 1st misoprostol dose to fetal expulsion)	Type of Analgesia	*SAE (Y/N)	Contraception	Other Remarks	Additional procedures/ complications
						Mifepristone	Misoprostol						
						Dose/Time	Dose/Time						

Instructions:

- Break participants into three small groups and ask them to discuss the items listed on the flipchart. Give them 20 minutes to discuss.
- After twenty minutes, have one person from each group respond to one bullet from the flipchart.
- Review the serious adverse event (SAE) recording and reporting (see job aid – Severe Adverse Event (SAE) reporting flow chart for abortion at or after 13 weeks).
- Review any logbook (if available) that is currently used. Use this opportunity to review any site-specific or government-supported logbook that should be completed according to local/government guidelines.
 - Note that government logbooks often lack the ability to track key quality indices related to abortion care of pregnancies at or after 13 weeks gestation like pain management, time between mifepristone and misoprostol, number of misoprostol doses, time to expulsion, rate of retained placenta etc.

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- Encourage participants to track all cases including postabortion and induced abortion even if alternative medication regimens are used like high dose oxytocin or miso-alone. If treating pregnancies at or after 13 weeks gestation is a new service for the health facility or the health system, discuss what and how additional indices should be tracked to ensure consistency and accuracy in your data.
- Have each trainee practice recording a sample case (see trainee handout below or use a case from the training). After completion of the sample logbook, review the correct way to record the case on a flipchart or have a trainee volunteer to present how they recorded the case back to the group
- Distribute Logbook Recording – Trainee Handout to participants. Give participants 5 minutes to review and fill out the hand-out based on the case example.
- Have a volunteer fill out case example on flipchart. Correct response is below.

ID	Date	Age	Gravidity	GA in weeks	Indication	Medical abortion doses (track each dose and time)		Expulsion interval (hours from 1st misoprostol dose to fetal expulsion)	Type of Analgesia	*SAE (Y/N)	Contraception	Other Remarks	Additional procedures/ complications
						Mifepristone	Misoprostol						
		23	3	20	SAC	Dose/Time	Dose/Time	7	NSAID	Y	Implant	Retained placenta – MVA	
						14/2/18 @ 1200 (200mg)	15/2/18 1200 (400mcg) 15/2/18 1500 (400mcg) 15/2/18 1800 (400mcg)					Uterine rupture-laparotomy	

- Using the trainer handout facilitate a discussion about the case using the guiding questions and discussion points.

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LOGBOOK RECORDING – TRAINER VERSION

Case: A 23 y.o. G3P2 presents at 20 weeks with an undesired pregnancy due to rape. She is healthy and has had no prior uterine surgeries. She receives mifepristone 200mg and returns 36 hours later at which time she is admitted to hospital. She receives 400mcg vaginally of misoprostol at 0800 AM, her second dose 400mcg vaginally at 1100 AM, and her third dose 400mcg vaginally at 200PM. She expels without complications 1 hour after the 3rd dose of misoprostol. She received NSAIDs for pain control. Prior to discharge, she chooses an implant for contraception and this is immediately placed.

Guiding Questions and Discussion Points:

What if this woman experiences a retained placenta and undergoes an MVA for treatment? How do you document it?

Discussion points: For an abortion at or after 13 weeks, a retained placenta that is managed or treated in an uncomplicated fashion is not a serious adverse event (SAE) so you would put "No" in the "SAE" column. However, you should note that it occurred in the "Other remarks" column as tracking rates of retained placentas and if an intervention was necessary is a quality indices. A rate higher than 6-10% should be evaluated as this rate implies that you or your team may be intervening too quickly for the placenta. Expulsion of the placenta can take up to 4 hours following an abortion at or after 13 weeks.

What if this woman complains of pain following her 3rd dose of misoprostol, her abdomen is rigid, and her vital signs are worrisome for shock?

Discussion points: You perform a laparotomy and diagnose a uterine rupture. Do you need to report it? Yes, a laparotomy is considered an SAE for an abortion procedure. How do you document it? "Yes" in the "SAE" column and you should note what occurred in the "Other remarks" column.