

# WHO Multi-Country Survey on Abortion (WHOMCS-A)

## Current Project Brief

### Objectives and Background

According to WHO, abortion accounts for 8% [4.7-13.2] of maternal mortality worldwide<sup>1</sup>. However, capturing accurate information on abortion is a challenge especially in restricted settings. There is limited data on morbidity associated with abortion and its management, as well as lack of standard measurement of severity. In 2010-2011, the WHO Multi-Country Survey (MCS) on Maternal and Newborn Health collected data on over 300 000 women who received pregnancy related care across 29 countries. As part of this survey, data was collected on women with severe maternal outcomes related to abortion who sought care at the participating health facilities. Analysis conducted on this component underlined the underreporting of abortion-related morbidity and also the need for providing evidence-based abortion services<sup>2</sup>.

Building on existing literature and the WHO MCS network and research experience, the *Multi-Country Survey on Abortion (MCS-A): Abortion-related Morbidity* is a multi-country survey aimed at capturing the burden and severity of abortion-related complications and management among women presenting to health facilities. In addition, the study explores the safety of abortion and experience of care as reported by women.

WHO MCS-A is being implemented through a network of facilities across multiple countries and in different countries by Region<sup>3</sup>. Data collection is taking place at both individual and facility levels, involving review of medical records and exit surveys using audio computer-assisted self-interviews (ACASI). The ACASI system enables questioning on abortion safety and the women's experience of care, which is based on effective communication, respect and dignity and emotional support. All women presenting to the study facilities with abortion-related complications comprise the study population. Online data entry and management is performed on a web-based data management system.

The primary objectives of the study are: 1) To assess the burden of complications related to abortion and their severity in study facilities; 2) To determine the management of abortion-related complications; 3) To explore the safety of abortion and experience of care; 4) To assess institutional capacity for provision of safe abortion and management of complications; and 5) To establish research capacity with the participating countries and regions to further strengthen abortion-related research.

### Geographic location

For logistical and operational reasons, the study is being implemented by Region.

African Region - Benin, Burkina Faso, Chad, Democratic Republic of the Congo, Ghana, Kenya, Malawi, Mozambique, Niger, Nigeria, Uganda.

Americas Region - Argentina, Bolivia (Plurinational State of), Brazil, Dominican Republic, El Salvador, Peru.

Eastern Mediterranean and Western Pacific Regions (TBD)

<sup>1</sup> Say L, Chou D, Gemmill A, Tunçalp Ö, Moller A-B, Daniels J, et al. Global causes of maternal death: a WHO systematic analysis. *The Lancet Global Health*. 2014;2(6):e323-e33.

<sup>2</sup> Dragoman M, Sheldon WR, Qureshi Z, Blum J, Winikoff B, Ganatra B, on behalf of the WHO Multicountry Survey on Maternal and Newborn Health Research Network. Overview of abortion cases with severe maternal outcomes in the WHO Multicountry Survey on Maternal and Newborn Health: a descriptive analysis. *BJOG* 2014; 121 (Suppl. 1): 25-31.

<sup>3</sup> Kim CR, Tunçalp Ö, Ganatra B, Gülmezoglu AM; WHO MCS-A Research Group. WHO Multi-Country Survey on Abortion-related Morbidity and Mortality in Health Facilities: study protocol. *BMJ Glob Health*. 2016 Nov 25;1(3):e000113

<b>Main deliverables</b>	<p>The African Region has completed the study in 11 countries: Benin, Burkina Faso, Chad, Democratic Republic of the Congo, Ghana, Kenya, Malawi, Mozambique, Niger, Nigeria, and Uganda. Data includes facility-based information from 211 health facilities (majority secondary and tertiary level facilities); as well as individual medical record-based data from 15 607 women and 3718 interviews with women at the time of discharge from the study facilities using the confidential ACASI system. An end-of study principal investigator's (PI) meeting was held September, 2018 in Nairobi, Kenya where country PIs attended to discuss the preliminary results across 11 countries. Of 15 607 individual records captured during the study, 13 789 (88.3%) are complications due to abortions, 1412 (9.1%) are due to ectopic pregnancies, and 371 (2.4%) are due to molar pregnancies. Overall, the study sample includes 59 (0.4%) deaths, 266 (1.9%) near-miss cases, 959 (6.9%) potentially life-threatening complications, 7958 (57.7%) less severe complications, 4294 (31.1%) least severe complications and, 253 (1.8%) women with no complications identified.</p> <p>Journal manuscript development and primary analyses are underway for the African Region and is expected to be finished by the third quarter of 2019 by WHO and country teams. In addition, as part of research capacity strengthening activities, secondary analyses will be identified to support researchers in the countries to analyse and prepare publications.</p> <p>The study is currently being implemented in 6 Latin American and Caribbean countries: Argentina, Bolivia (Plurinational State of), Brazil, Dominican Republic, El Salvador, and Peru. Centro Rosario de Estudios Perinatales (CREP) from Argentina, a WHO collaborating centre coordinates research, working closely with RHR/HRP. The preliminary results from Phase 2 are expected to be shared with country teams in the third quarter of 2019 followed by a similar dissemination plan to the African Region by WHO and country teams.</p>
<b>Partners</b>	<p><u>African Region:</u> Centre de Recherche en Reproduction Humaine et en Démographie (CERRHUD), Benin ; Institut de Recherche en Science de la Santé Ouagadougou, Burkina Faso ; Hopital Regional de Koumra, Chad; Cliniques Universitaires de Kinshasa, Democratic Republic of the Congo ; University of Ghana, School of Public Health, Ghana; University of Nairobi, Kenya ; University of Malawi, College of Medicine, Malawi ; AMOG - Mozambican Society of Obstetrician and Gynaecologist, ICRH Centro Internacional Para Saude Reprodutiva, Mozambique ; Université Abdou Moumouni de Niamey , Niger ; College of Medicine, University of Ibadan, Nigeria; Makerere University College of Health Sciences, Uganda; Centro Rosarino de Estudios Perinatales (CREP), Argentina; and Tufts University, United States of America.</p>
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