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# Growing the global evidence base for access to safe abortion

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Marie Stopes International is a global leader in the field of sexual and reproductive health research. Our position as a quality service provider in 37 countries gives us a unique opportunity to listen to clients and research their needs and experiences. We use research to improve our services, strengthen global guidance and to influence and improve our operating environment. This summary presents a snapshot of our current research on abortion and post-abortion contraception.

## The role of pharmacies

Women are increasingly purchasing abortion medications from pharmacies and self-managing their abortions. Evidence is needed to understand the scale of this practice, the safety and effectiveness of self-managed medical abortions, the quality of information available to women, and how women can be supported through the process. We have developed the evidence base around pharmacy provision, through surveys of pharmacies and mystery client studies, two of which are summarised below:

### Kenya

#### Pharmacy survey and mystery client survey, 2013

- 28% of pharmacy workers offered medical abortion drugs, but only 9% knew the mifepristone-misoprostol abortion regimen.
- We have used this evidence to inform our work with pharmacies and improve the quality of information women receive.

### Bangladesh

#### Pharmacy survey, 2013

- Knowledge of correct misoprostol regimen was low (24%)

Knowledge was higher in those who had received in-pharmacy training and used the Marie Stopes call centre.

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## Coming out in 2016:

### Synthesising the evidence on pharmacies

Our forthcoming systematic review summarises the global evidence on the scale and quality of medical abortion provision in pharmacies, and the effectiveness of interventions to improve pharmacy provision.

### What do women experience after leaving the pharmacy?

We have developed a methodology to track client outcomes after purchasing abortion drugs from pharmacies, to understand women's experience of self-managed medical abortion.

### Never alone: Supporting women who self-manage medical abortion through a call centre

An analysis of calls made to a Marie Stopes call centre in Bangladesh about abortion medications provides new insights into who uses the call centre, how and why they use it, and how this has changed over time.

# Post-abortion contraception

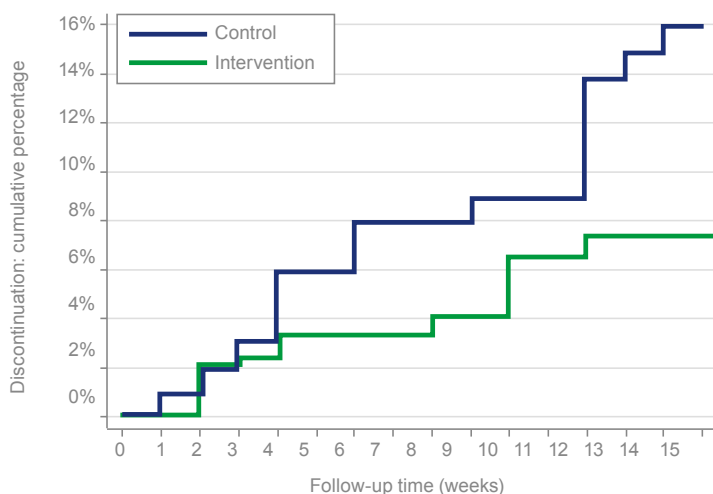
Following an abortion, prompt uptake of contraception is recognised as an important strategy for avoiding future unintended pregnancies.



## mHealth in Cambodia

In 2015, a randomised control trial found that sending text and voice messages to women who had used Marie Stopes abortion services could improve contraceptive continuation. The messages contained information about taking up contraception, switching contraceptive methods and managing side effects.

### Discontinuation rates over the study period



## Assessing effectiveness of same-day contraception

World Health Organisation guidelines state that oral contraceptives can be started at the same time as taking the first pill of a medical abortion, although little is known about the interaction between progestin and mifepristone. To fill this evidence gap, in 2015 Marie Stopes Mexico conducted a retrospective analysis of client records in four clinics. There was no significant difference

in complete abortion rates between women who started progestin-only hormonal contraception on the same day as their abortion and those who did not. Offering same-day oral contraception could therefore be recommended as routine practice to protect women from unintended pregnancy.

## Coming out in 2016:

### Expanding the mHealth evidence base

Marie Stopes Bangladesh is conducting a randomised control trial to further test the impact of mobile technology on contraceptive uptake and continuation.

### Improving private sector practice

In Kenya, we are testing a quality management intervention to improve provision of post-abortion contraceptive counselling and methods in social franchise clinics. The intervention includes provider orientation, a checklist for counselling on post-abortion contraception and supervision visits.



Additional research conducted by Marie Stopes in 2016 will include task sharing and behavioural research in Nepal, Papua New Guinea and Cambodia. For more information contact: Katy Footman [katy.footman@mariestopes.org](mailto:katy.footman@mariestopes.org).

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**References:** Reiss, K. et al. Pharmacy workers' knowledge and provision of medication for termination of pregnancy in Kenya, *J Fam Plann Reprod Health Care* 2016. Smith, C et al. Effect of a mobile phone-based intervention on post-abortion contraception: a randomized controlled trial in Cambodia. *Bulletin of the World Health Organization*. Douthwaite, M., Candelas, J. A., Reichwein, B., Eckhardt, C., Ngo, T. D., & Domínguez, A. (2016). Efficacy of early induced medical abortion with mifepristone when beginning progestin-only contraception on the same day. *International Journal of Gynecology & Obstetrics*.