

Leading Safe Choices Newsletter

- *strengthening the competence and raising the standing of family planning and abortion care professionals*

#Issue 1, August 2016

What is the Leading Safe Choice Programme?

The Leading Safe Choice (LSC) Programme is an initiative implemented by the Royal College of Obstetricians and Gynaecologists, London in collaboration with the Western Cape Government and the Department of Health in Tanzania. It aims to improve the competency and professional standing of health care professionals providing Post Partum Family Planning and Comprehensive Abortion Care.

This initiative was launched in South Africa in December 2015 with the first theoretical training courses on Postpartum Family Planning and Comprehensive Abortion Care. There are six pilot sites in the programme where training has been initiated. These are: Mowbray Maternity Hospital; Mitchell's Plain Hospital, Mitchell's Plain Community Health Clinic/ Midwife Obstetric unit; Tygerberg Hospital, Khayelitsha Hospital and Michael Mapongwana Community Health Clinic and Midwife Obstetric unit.

Practical skills training focus on Post Partum Intrauterine Device (PPIUD) insertion where the midwife/ doctor can place an intrauterine contraceptive device after delivery of the placenta including up to 48 hours post-partum. Healthcare Professionals who undertake the Comprehensive Abortion Care (CAC) course will obtain skills in providing first trimester surgical termination of pregnancy (Manual Vacuum aspiration: MVA) of the uterus.

Why is the Leading Safe Choice Programme important?

Forty percent of all pregnancies worldwide are unplanned and generally not wanted and half (50%) of these pregnancies end in abortion. If

women's contraceptive needs are met and they are able to space the birth of their children by at least 2 years, 3 out of 10 maternal deaths and 1 out of 10 children deaths could be prevented.

Providing women with Long Acting Reversible Contraceptive (LARC) methods which include the 3 year subdermal contraceptive implant (Implanon Nxt) and the copper intrauterine device (lasts 5 years or 10 years depending on type) are highly effective in preventing unplanned pregnancies.

In addition, providing safe abortion services and long acting reversible contraception to women seeking abortion, will also further decrease maternal mortality and morbidity.

Introducing the LSC competent health care professionals

- **Comprehensive Abortion Care**

In May, Professional Nurse D Arendse from Mitchell's Plain Community Health Clinic was certified competent in providing first trimester surgical termination of pregnancy (MVA) and in addition, to insert IUD's after MVA. Sr Arendse was providing the CAC services at Mitchell's Plain but had no formal practical training prior to LSC. A doctor had to be outsourced to come to Mitchell's Plain to provide this service. Sr Arendse received on the job supervision until she was deemed competent and until she felt comfortable to work independently.

- **Postpartum Family Planning – Post Partum Intrauterine Device insertion**

August was the month during which our first healthcare professionals were certified as competent at inserting post partum intrauterine

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devices within 48 hours after a woman has delivered her baby vaginally. To be assessed as competent the trainees are required to perform 10 PPIUD insertions under supervision.

PN Willemse from Mowbray Maternity Hospital was the first midwife certified competent on the 13 August after having inserted her 11th PPIUD. She is pictured below with PN Wagiet and their patient (with permission).



PN Wagiet, patient who received her PPIUD, PN Willemse, Mowbray Maternity Hospital (13 August 2016)

Dr Joann Kammies from Khayelitsha District Hospital was certified next as competent on the 17 August.

PN Angelique Mans from Tygerberg Hospital was the 3rd healthcare professional certified as competent after inserting 12 PPIUDs. When Sr Mans was asked about her experience so far of inserting intrauterine devices post-partum, she stated that the insertion procedure should be part of the delivery as it “so easy to add to the delivery tray”. Sr Mans feels the post-partum

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intrauterine device is the most effective way as it is non hormonal.

Sr Mans is pictured holding the NOVA-T380, the 5 year copper intrauterine device which is currently on tender in the government hospitals



Dr J Kammies is pictured with her patient who had her PPIUD inserted a short while prior to the picture (with permission), Khayelitsha district Hospital (17 August 2016).

PN A Mans, Tygerberg Hospital (26 August)

