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Trends in the Management of Miscarriages with the Implementation of the Volunteer Obstetrician Scheme in Selected Primary Health Care Centres in Maiduguri, Northeastern Nigeria

Tendances dans la Gestion des Fausses Couches avec la Mise en Œuvre du Programme de Bénévoles Obstétriciens dans Certains Centres de Soins Primaires à Maiduguri, dans le Nord-Est du Nigéria.

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ABSTRACT

BACKGROUND: Post-abortion care (PAC) is a crucial component of emergency obstetric care, and many of the primary health care centres (PHC) in the internally displaced person (IDP) camps and host communities in Maiduguri lack it. Improved access to high-quality PACs is essential for meeting the reproductive health needs of the IDPs and reducing the maternal morbidity and mortality that can result from miscarriages.

OBJECTIVE: To determine the trend in managing miscarriages in the IDP camps and host communities in Maiduguri and the impact of the volunteer obstetrician scheme (VOS) on PAC.

METHODOLOGY: We conducted a longitudinal study in selected PHCs serving IDP camps and host communities in Maiduguri. The study spanned five (5) years, and we compared the management of miscarriages and PAC services one year before the VOS project, two years during the project and two years after the project. During the two-year VOS project, staff manning the PHCs had supportive supervision with hands-on training on PAC. Chi-square for trend and odd ratio with a 95% confidence interval was used as appropriate to compare the trend in PAC services provided during the study period.

RESULTS: One thousand eight hundred and eight (1808) women presented with miscarriages, and 1562 (86.4%) required uterine evacuation. Medical evacuation with oral misoprostol was offered to 974 (62.4%), and manual vacuum aspiration (MVA) was used in 422 (27.0%) of the women who needed uterine evacuation. There was a statistically significant rise in the use of medical evacuation throughout the study period (52.2% before VOS, and 71.4% by the second year of VOS) with $\chi^2=41.64$ and $P<0.001$. In comparison, the use of MVA fell from 38.6% in 2015 to 27.7% in 2019 ($\chi^2=34.74$ and $P<0.001$). Similar rising trends were also observed in post-abortion family planning acceptance ($\chi^2=22.27$, $P<0.001$).

CONCLUSION: The Volunteer Obstetrician Scheme project appears to have improved PAC services, especially medical evacuation and family planning uptake in the PHCs in IDP camps and host communities in Maiduguri, Borno State, Nigeria. We recommend task shifting of PAC services and periodic supportive supervision to ensure the quality of care.

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KEYWORDS: Host community, IDP camps, Manual vacuum aspiration, Medical evacuation, Misoprostol, Post Abortion Care.

RÉSUMÉ

CONTEXTE: Les soins après avortement (PAC) sont une composante cruciale des soins obstétricaux d'urgence, et de nombreux centres de soins de santé primaires (PHC) dans les camps de personnes déplacées internes (PDI) et les communautés d'accueil à Maiduguri en sont dépourvus. Un accès amélioré à des PAC de haute qualité est essentiel pour répondre aux besoins de santé reproductive des PDI et réduire la morbidité et la mortalité maternelles qui peuvent résulter des fausses couches.

OBJECTIF: Déterminer la tendance dans la gestion des fausses couches dans les camps de PDI et les communautés d'accueil à Maiduguri et l'impact du Programme de bénévoles obstétriciens (VOS) sur la PAC.

MÉTHODOLOGIE: Nous avons mené une étude longitudinale dans des PHC sélectionnés desservant des camps de PDI et des communautés d'accueil à Maiduguri. L'étude a duré cinq (5) ans, et nous avons comparé la gestion des fausses couches et les services de PAC un an avant le projet VOS, deux ans pendant le projet et deux ans après le projet. Pendant les deux ans du projet VOS, le personnel des PHC a bénéficié d'une supervision avec formation pratique sur la PAC. Le chi carré pour la tendance et le rapport de cotes avec un intervalle de confiance de 95% ont été utilisés, le cas échéant, pour comparer la tendance des services de PAC fournis pendant la période de l'étude.

RÉSULTATS: Mille huit cent huit (1808) femmes ont présenté des fausses couches, et 1562 (86,4%) ont nécessité une évacuation utérine. Une évacuation médicale avec du misoprostol oral a été proposée à 974 (62,4%), et l'aspiration manuelle sous vide (AMV) a été utilisée chez 422 (27,0%) des femmes ayant besoin d'une évacuation utérine. On a observé une augmentation statistiquement significative de l'utilisation de l'évacuation médicale tout au long de la période de l'étude (52,2% avant le VOS et 71,4% la deuxième année du VOS) avec $\chi^2=41,64$ et $P<0,001$. En revanche, l'utilisation de l'AMV est passée de 38,6% en 2015 à 27,7% en 2019 ($\chi^2=34,74$ et $P<0,001$). Des tendances similaires à la hausse ont également été observées dans l'acceptation de la planification familiale après avortement ($\chi^2=22,27$, $P<0,001$).

CONCLUSION: Le projet de Programme de bénévoles obstétriciens semble avoir amélioré les services de PAC, en particulier l'évacuation médicale et l'acceptation de la planification familiale dans les PHC des camps de PDI et des communautés d'accueil à Maiduguri, dans l'État de Borno, au Nigéria. Nous recommandons de déléguer les services de PAC et une supervision de soutien périodique pour garantir la qualité des soins.

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MOTS-CLÉS: Communauté d'accueil, Camps de PDI, Aspiration manuelle sous vide, Évacuation médicale, Misoprostol, Soins après avortement

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Abbreviations: CHEW: Community Health Extension Worker; EMoC: Emergency Obstetrics Care; IDP: Internally Displaced Person; MNCH: Maternal, Newborn and Child Health; MVA: Manual Vacuum Aspiration; NGO: Non-Governmental Organization; PAC: Post Abortion Care; PHC: Primary Health Care; SOGON-NE: Society of Gynaecology and Obstetrics-North East Sector; VOS: Volunteer Obstetrician Scheme