



# YouthNet

## Post-Abortion Care (PAC) Counseling for Young Women in the Dominican Republic



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Family Health  
International

YouthNet



## Partners

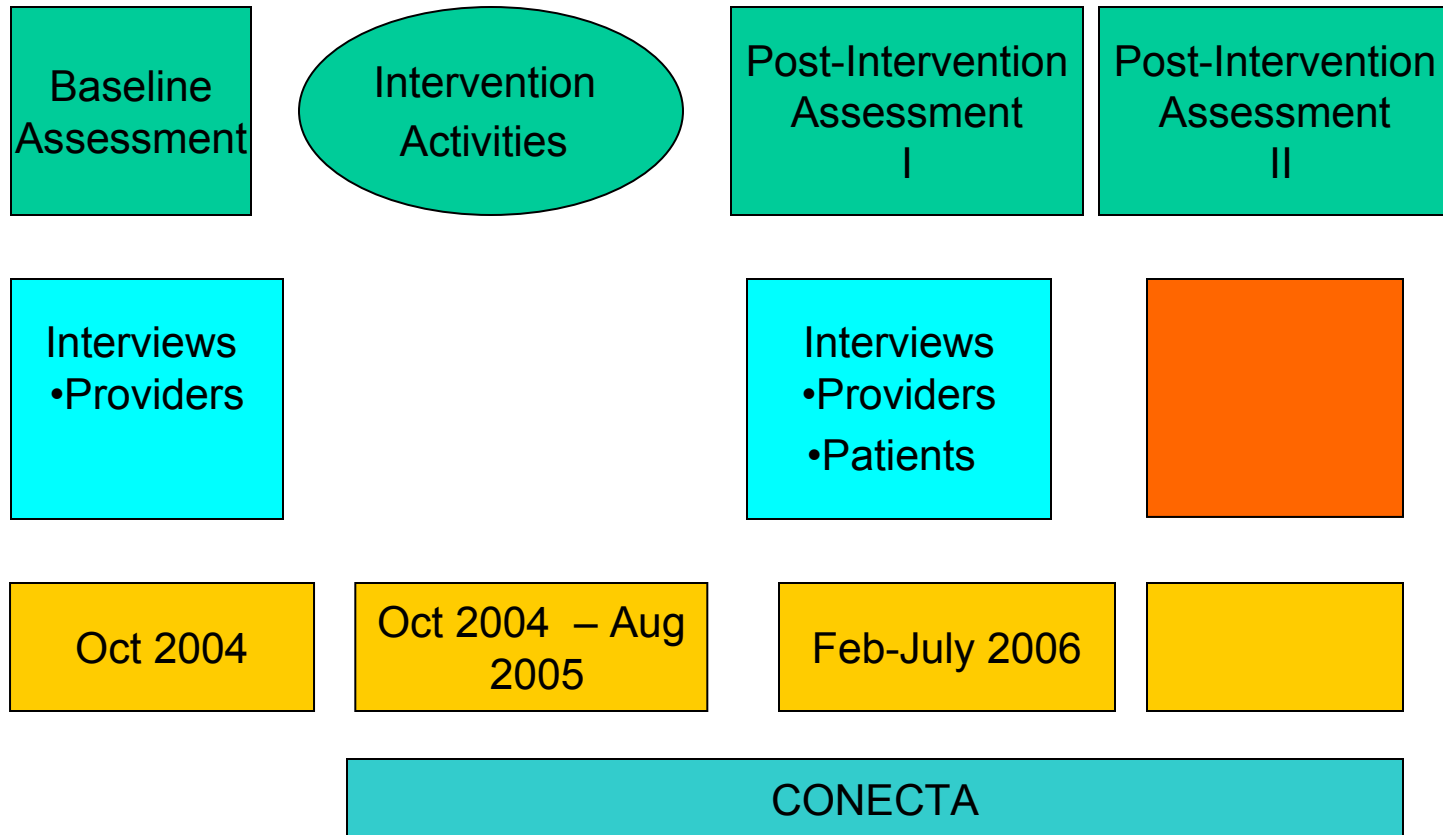
- **YouthNet**
- **CONNECTA**
- **PAC Consortium**
- **Local Consultants**



# Study objectives

- Patient
  - Primary outcome:
    - % of women who want to delay pregnancy are discharged with a method (successful if 60%)
  - Secondary outcomes:
    - % counseled about contraception and HIV/STIs
    - % given accurate information on post-abortion danger signs and symptoms
  - **Focus on adolescent patients**
- Provider
  - % of providers with change in knowledge, practices, and attitudes

# Study design





## Intervention efforts

- Provider Training
  - 3 days
  - Primary target: auxiliary nurses
- Follow-up meeting
  - 2 months after training
- Materials
  - Provider guide /patient brochure /poster
- Monitoring Efforts
  - CONECTA
  - Development of a monitoring checklist



## La pérdida de un embarazo te puede afectar física y emocionalmente.



- Busca apoyo de personas de confianza
- Aliméntate bien y toma suficientes líquidos
- Usa sólo los medicamentos que te recete el médico, según te lo indique

## Pudieras quedar embarazada casi inmediatamente, aún antes de que te venga la menstruación.

Puedes salir del hospital con un método seguro y eficaz que se acomode a tus necesidades.

Si tienes relaciones sexuales sin protección, pide información sobre la anticoncepción de emergencia (Inmediat N y Norlevo).



## Debes volver al hospital a consulta, si tienes alguno de estos síntomas:



- Fiebre
- Mareos, desmayos o te sientes desorientada
- Dolor abdominal fuerte
- Náuseas o vómitos
- Sangrado abundante
- Flujo vaginal con mal olor
- Dolores de cabeza fuertes y seguidos

## Recuerda:

- Tienes el derecho a decidir cuándo y con quién tienes relaciones sexuales. La Ley 2497 te apoya -si decides o no tener relaciones.
- No necesitas consentimiento o autorización de otra persona para recibir servicios de salud.
- Si piensas que tienes una ITS/VIH o quieres asegurarte que no la tienes, debes hablar con el personal de servicios de salud.
- Si tienes una ITS y no recibes tratamiento, puedes quedar infértil (pudieras nunca tener hijos).
- Tienes el derecho a preguntar y recibir información y servicios de calidad.

# Poster



## Patient: Socio-demographic characteristics of adolescent patients

N	140
Median age	18
Range	(12 – 19)
Single	40%
Accompanied hospital	61%
Live w/parents	41%
First pregnancy	61%
Ever used contraception	52%

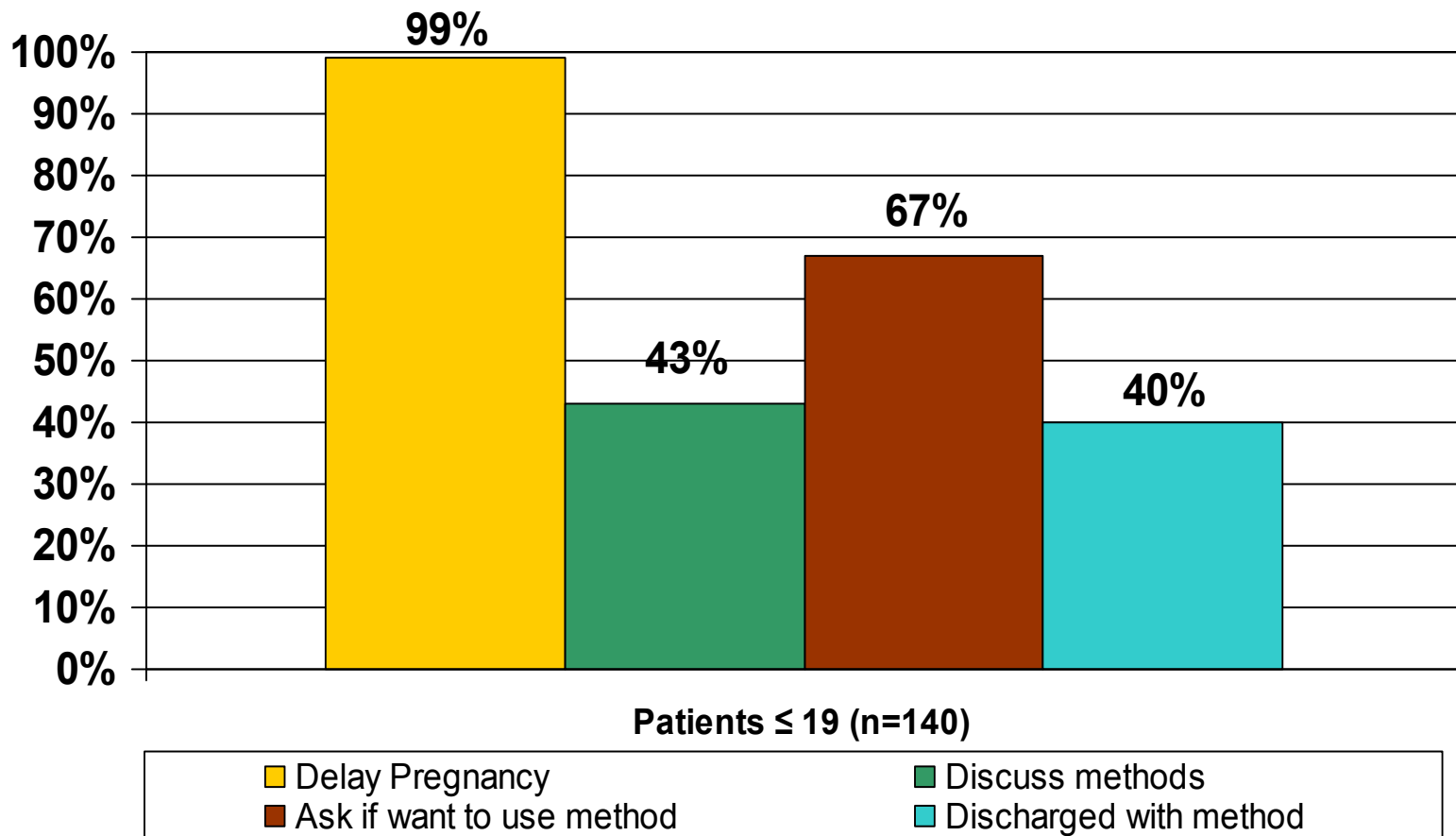


## Index pregnancy among adolescent patients

Index Pregnancy	
Wanted	65%
Preferred to wait	26%
Unwanted	1%

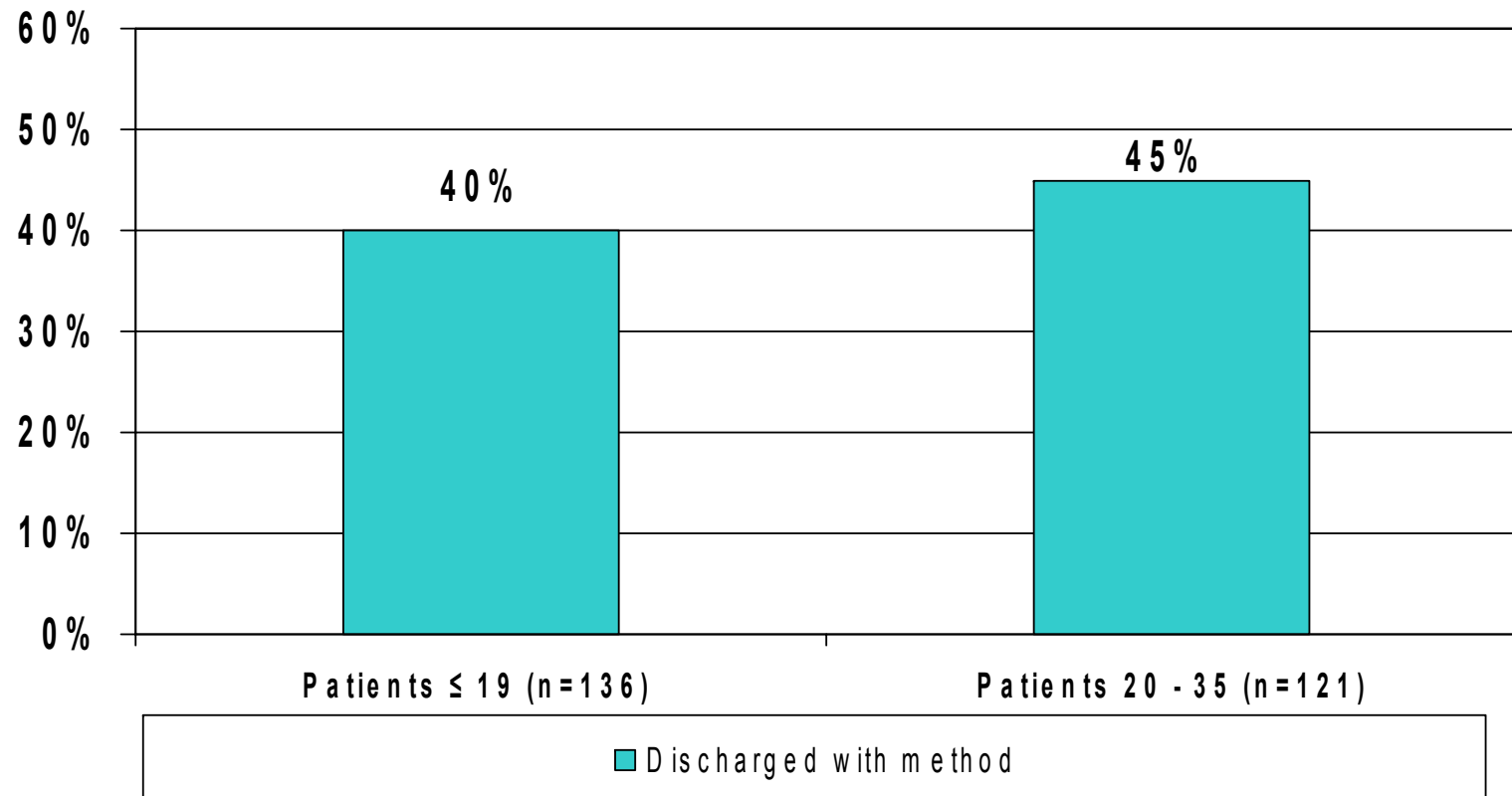


## Family planning needs and how needs are being met among adolescent patients



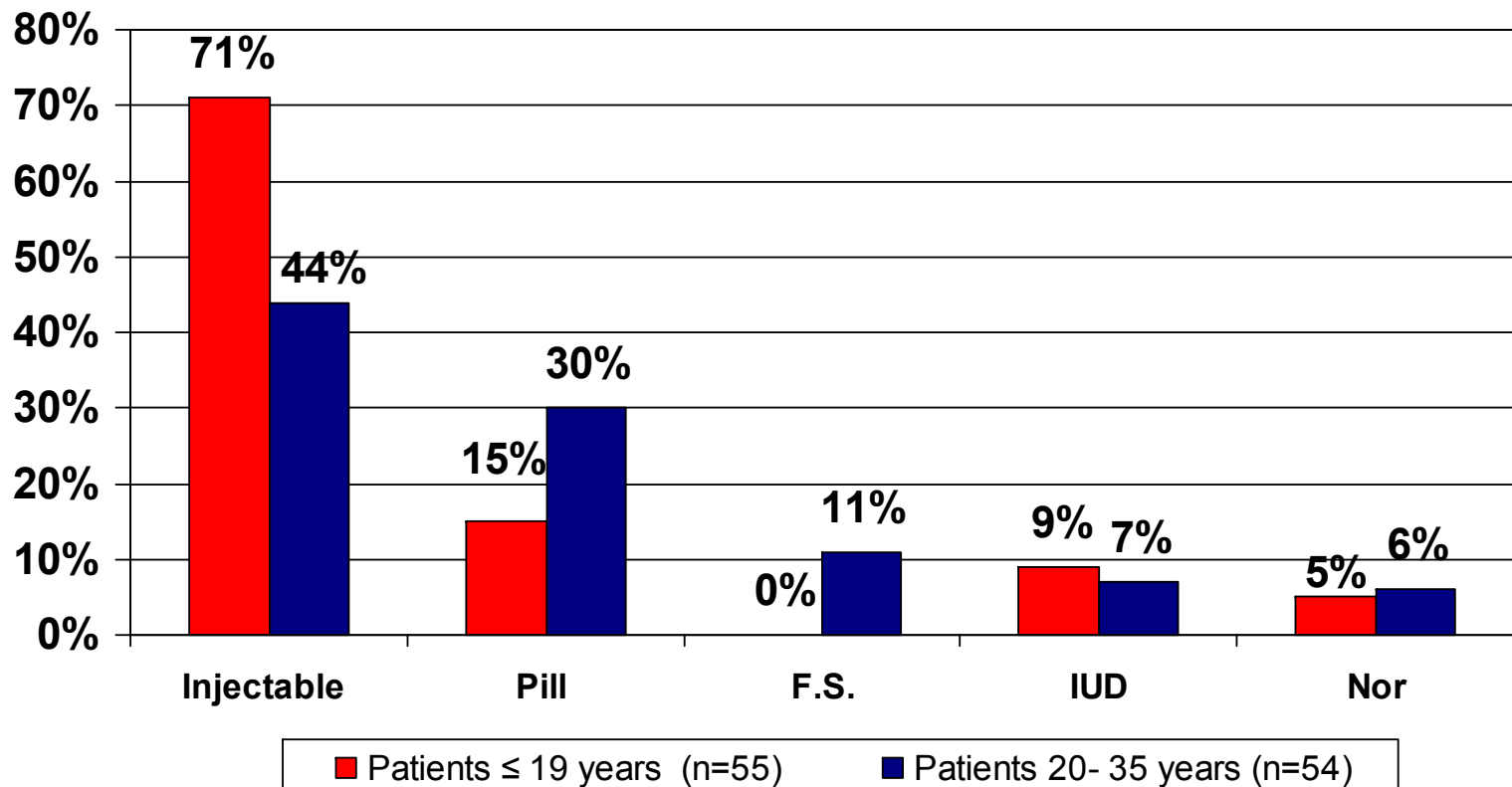


# Discharged with method by patient age





## Method received among patients in need by patient age



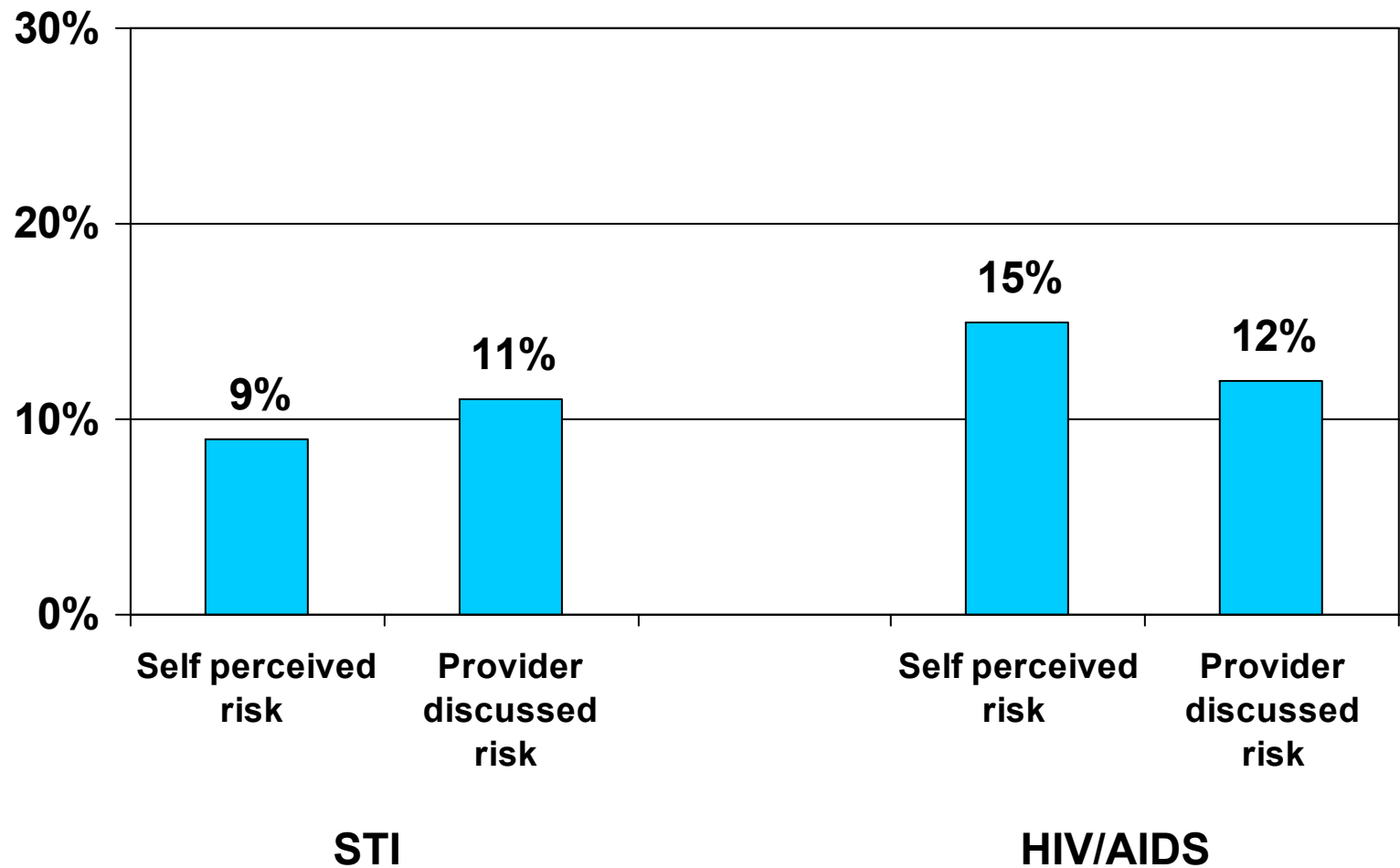


## Reasons not leaving with a contraceptive method among adolescent patients

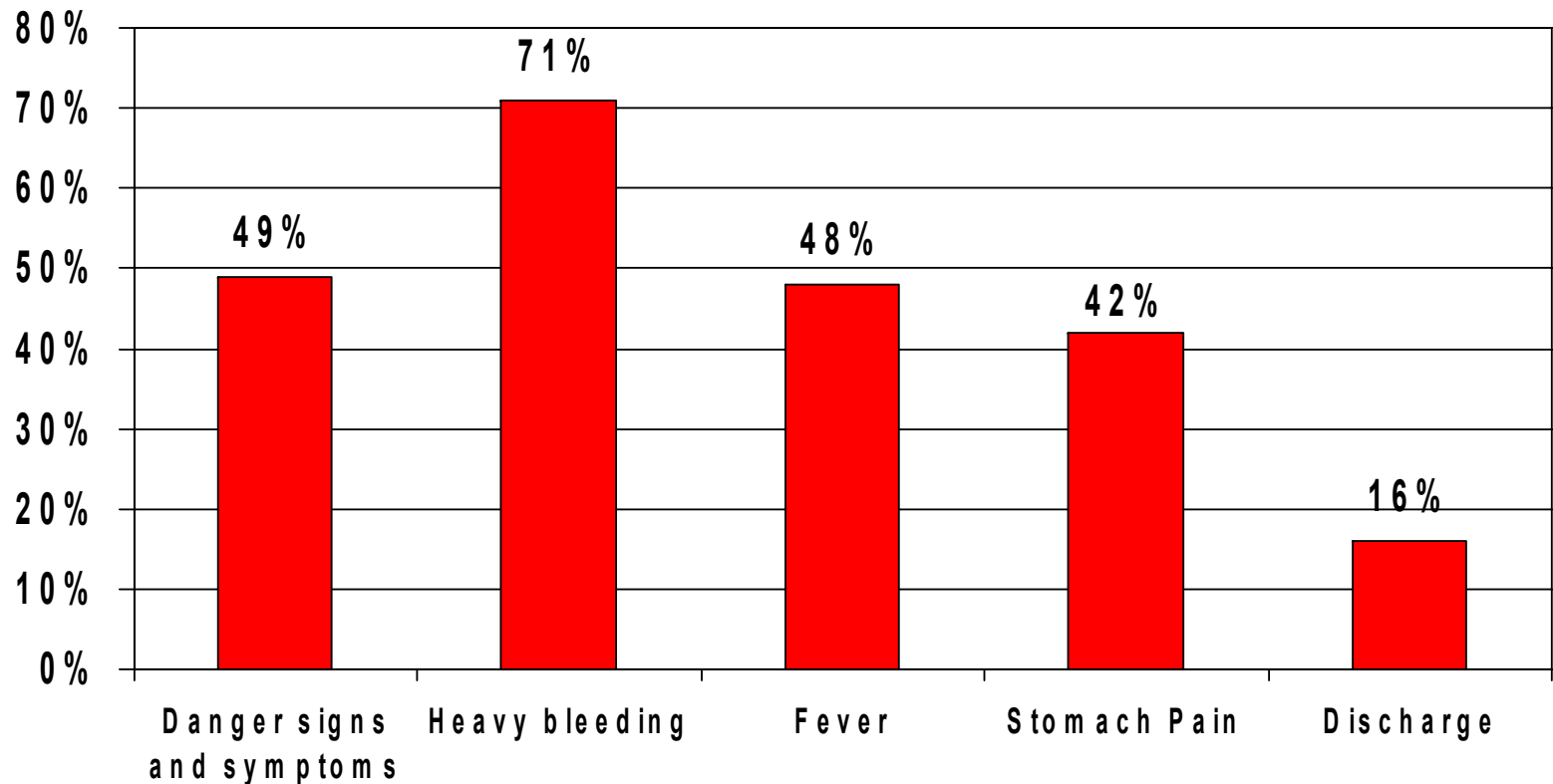
<b>PERSONAL</b>	(n=82)
Don't want one	13%
Parents opposed	9%
Do not think can get pregnant	7%
Need to discuss partner	3%
<b>INTENDERS</b>	
Will use in future	16%
Need to recover	9%
Have severe complications	4%
<b>HOSPITAL-RELATED</b>	
Method availability	9%
Hospital staff did not offer method	5%
<b>OTHER – Not yet discharged</b>	18%



# STI/HIV risk and counseling among adolescent patients



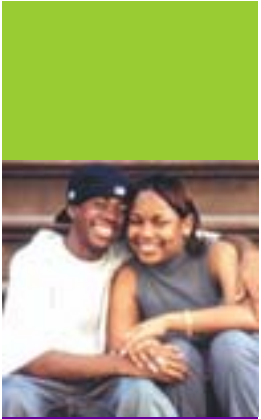
# Counseling and knowledge regarding danger signs and symptoms among adolescent patients





# Patient Summary

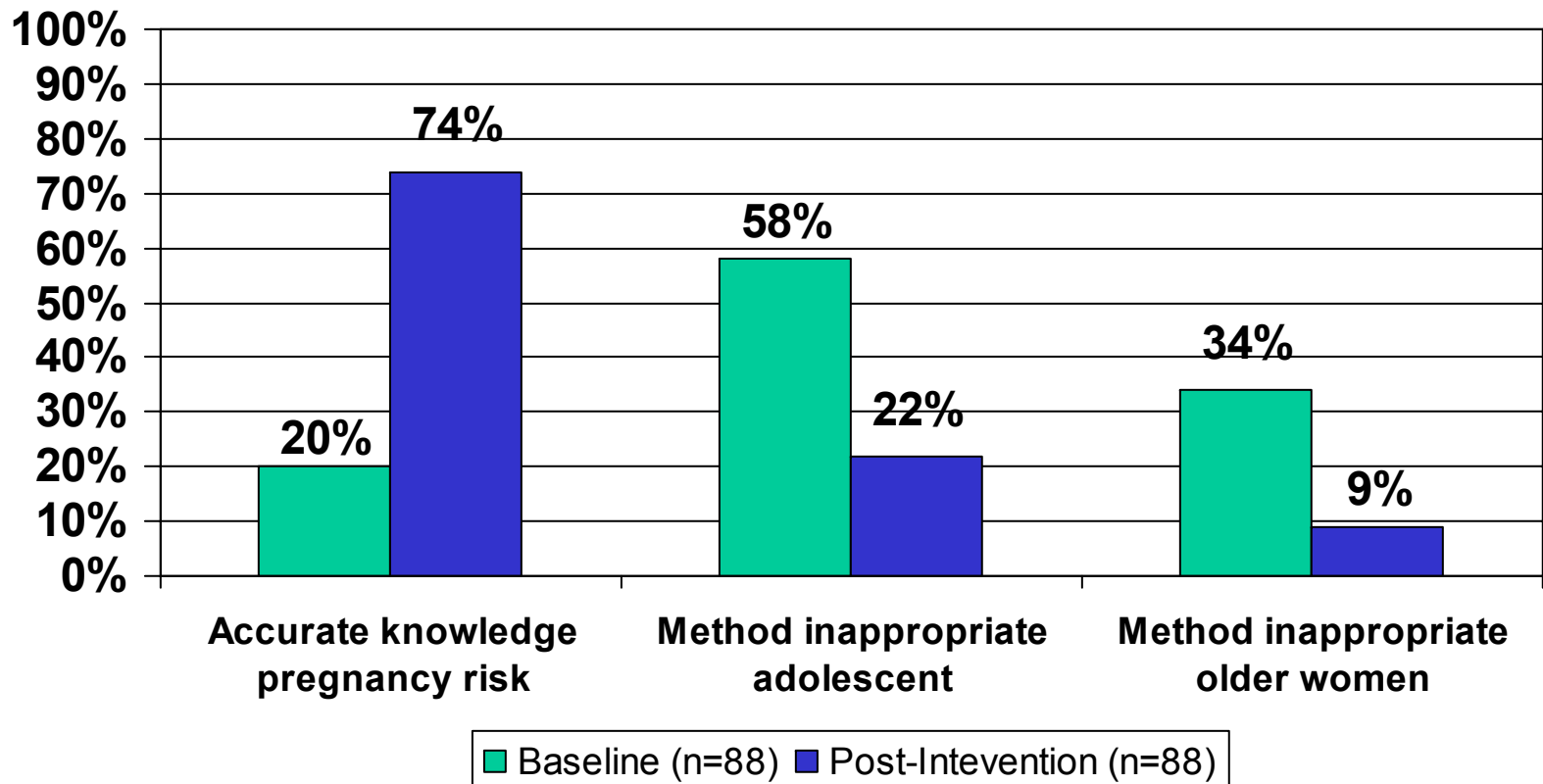
- Room for improvement in all counseling areas
  - Contraception
    - Only 40% of adolescents and 45% of older women were discharged with a method
    - No patients were discharged with condoms (or EC)
  - Danger signs symptoms
    - Only half of adolescent patients reported being counseled about danger signs and symptoms but knowledge is good
  - STI and HIV counseling
    - About 10% reported being counseled
- However, there was little or no counseling prior to intervention efforts



# Provider Results

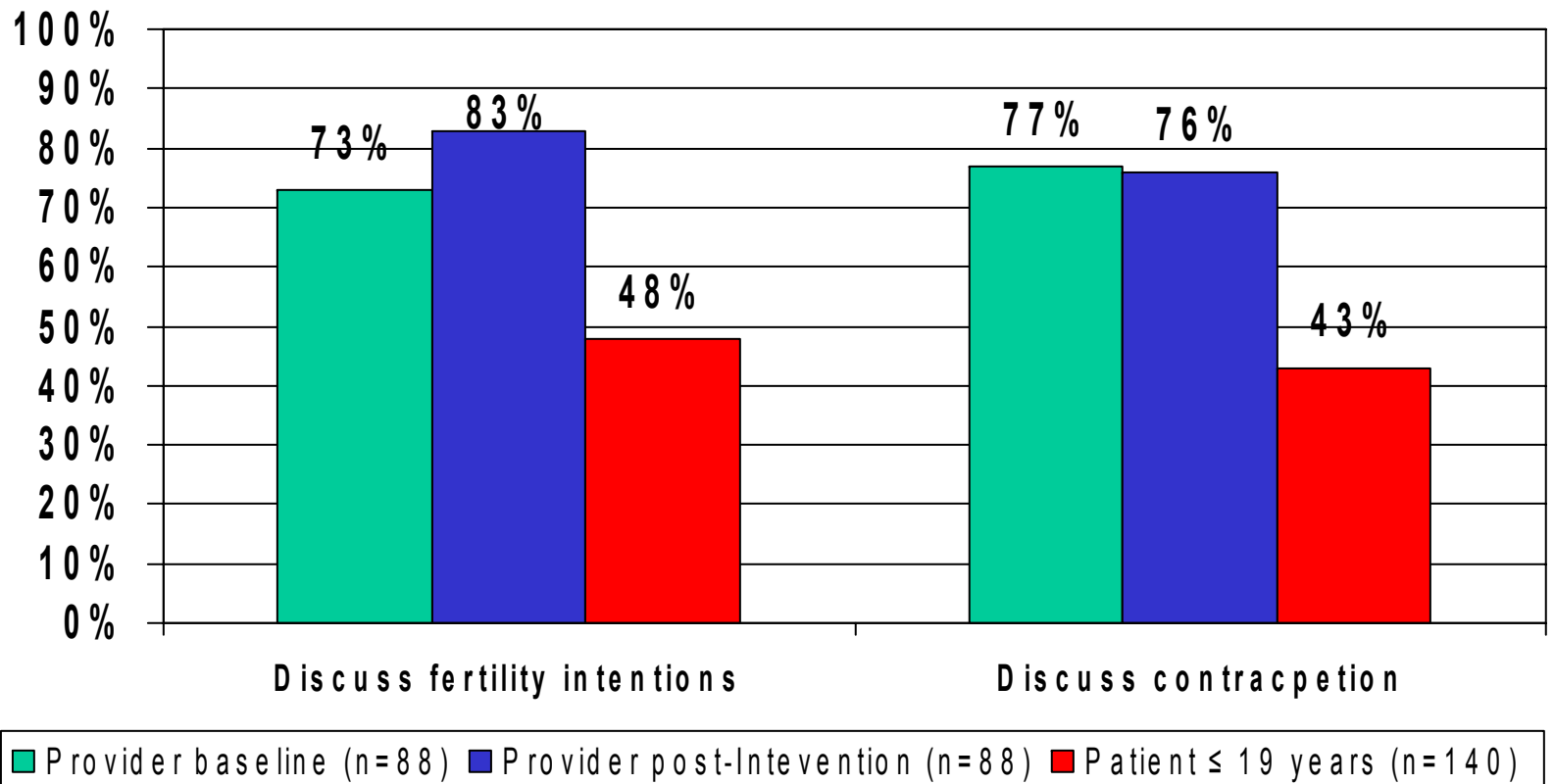


# Provider knowledge



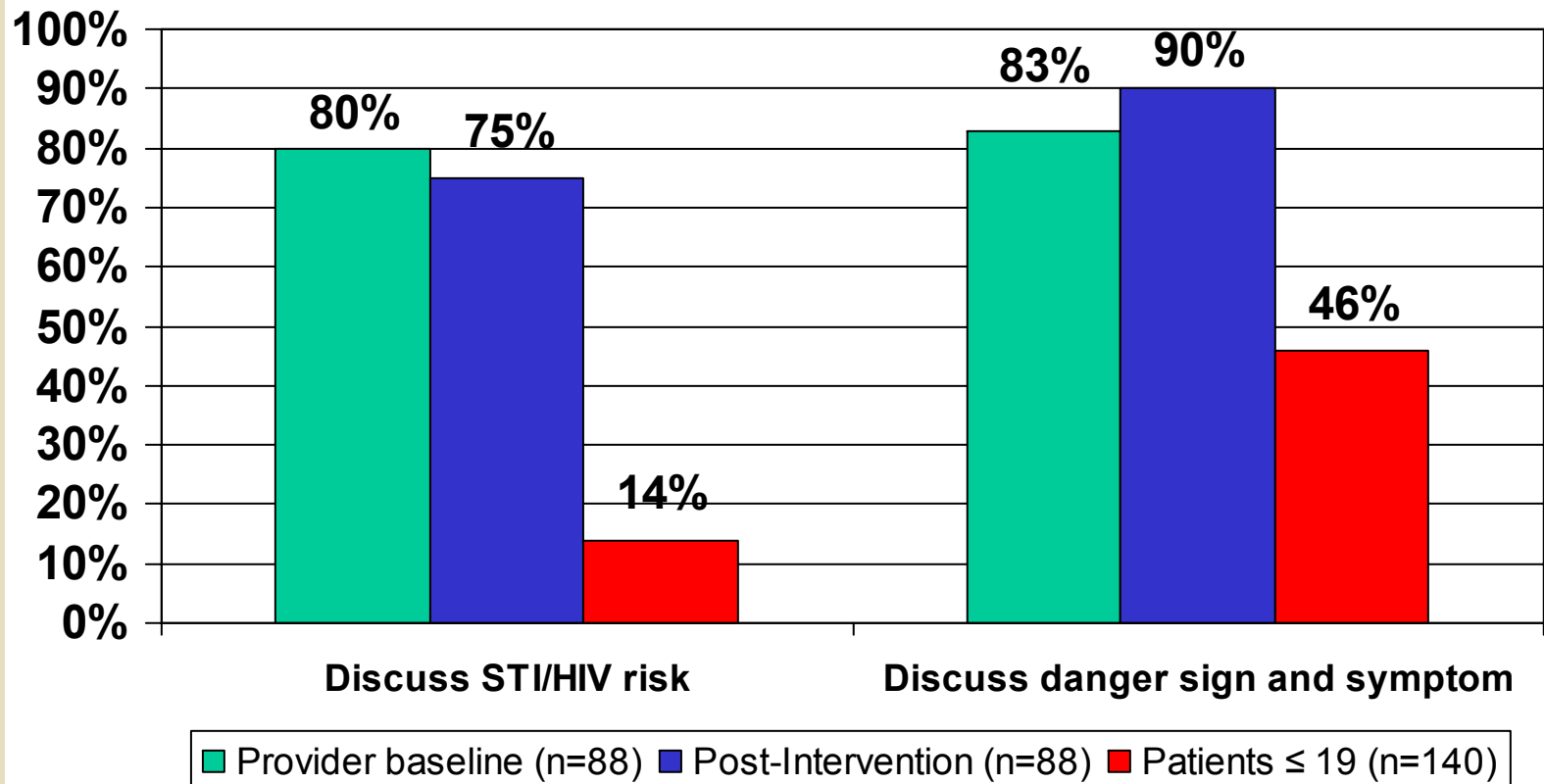


# Provider and adolescent patient report on counseling I



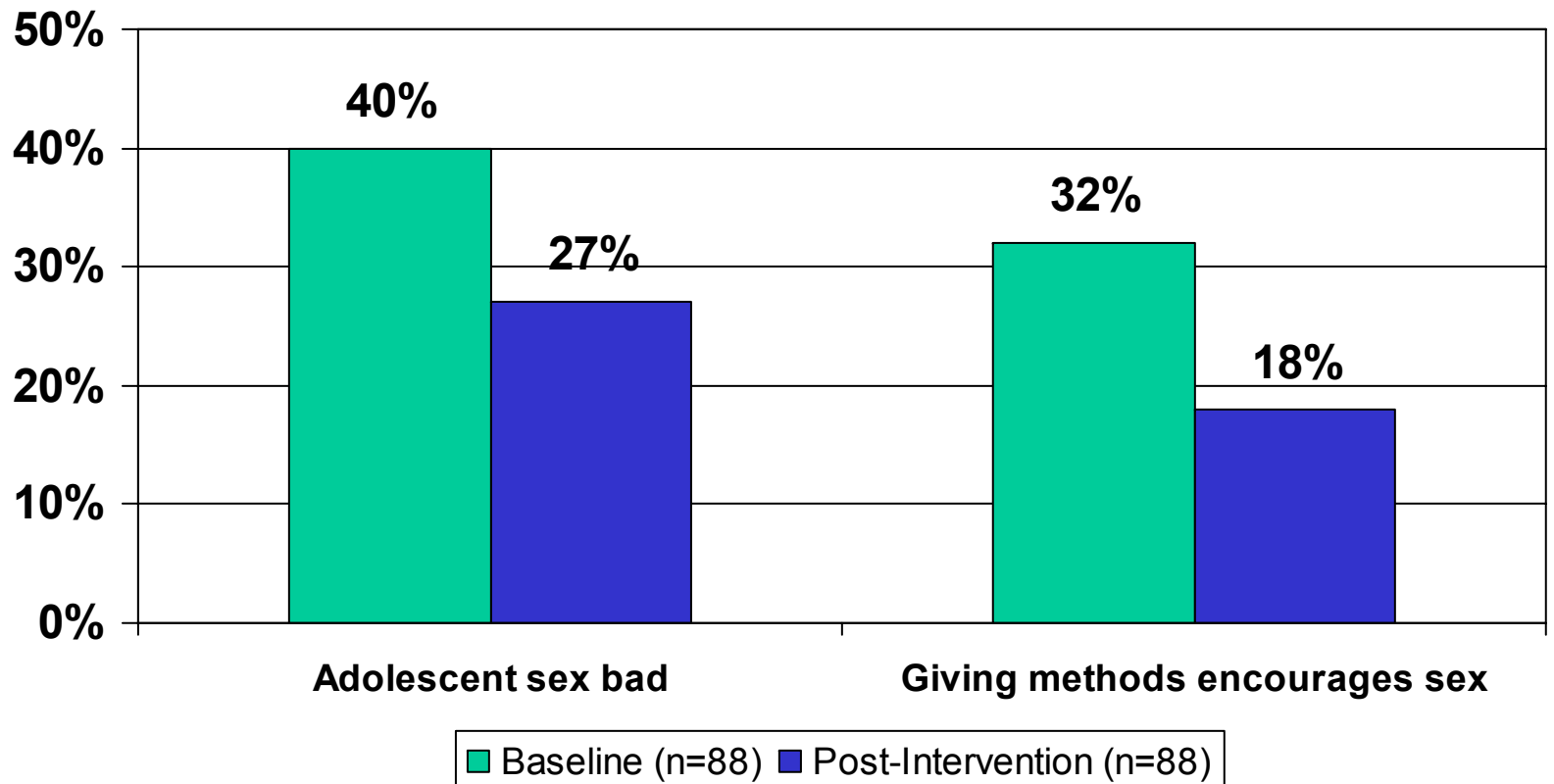


# Provider and adolescent patient report on counseling II



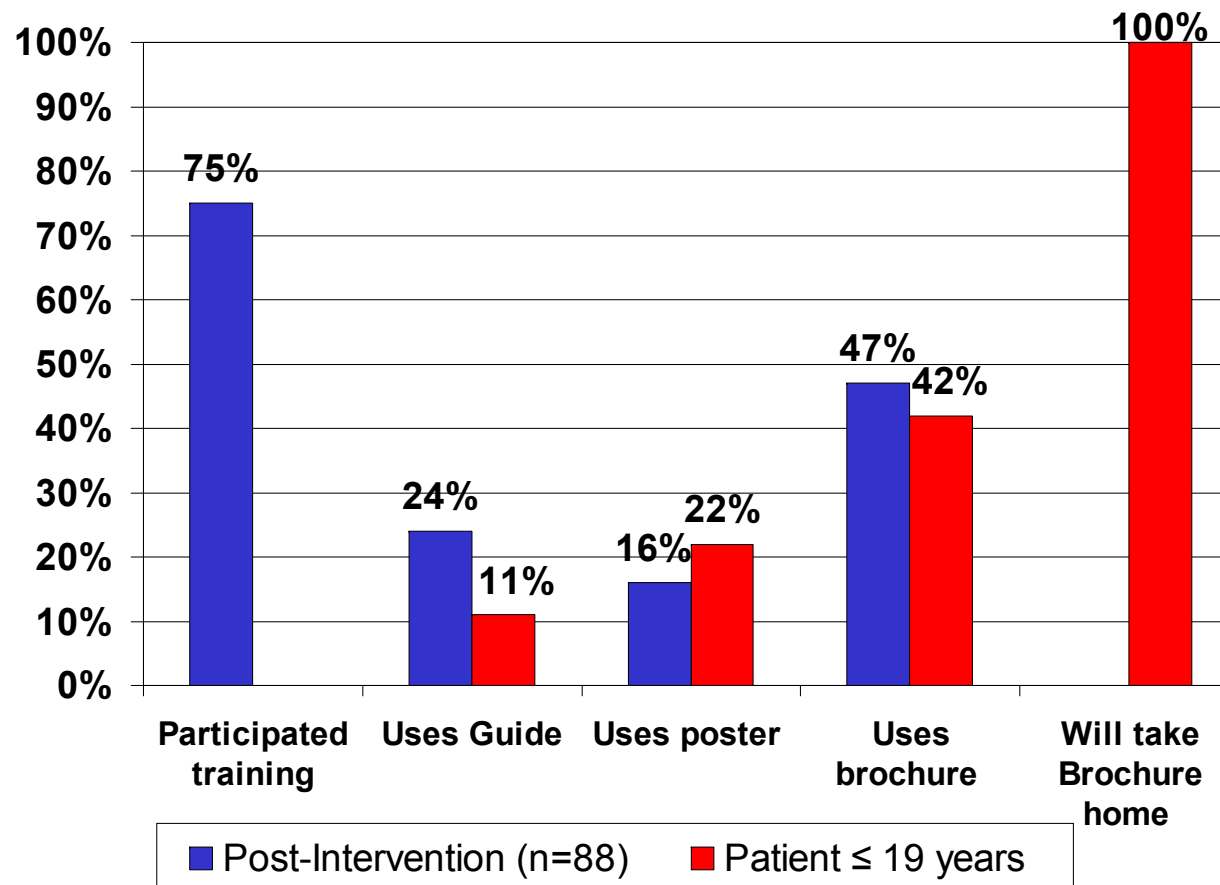


# Provider attitudes





# Provider and adolescent patient report of use of intervention materials



## Conclusions



- Improving PAC counseling is challenging
- Disparity between provider and patient reports counseling behavior
  - Positive changes in provider knowledge and attitudes
    - Correct knowledge about when patient at risk of becoming pregnant increased from 20% to 75%
- Scale-up:
  - Brochure may be sufficient