

A comparison of the costs of manual vacuum aspiration (MVA) and evacuation and curettage (E and C) in the treatment of early incomplete abortions in Kenya

Bradley, J; Rogo, Khama O; Johnson, R; Okoko, L; Healy, J; Benson J, J

Date: 1993

Abstract:

PIP: Limited access to safe abortion is a leading cause of maternal mortality and morbidity in the developing world. Hospitals are often overwhelmed by the large number of women presenting for treatment of the complications of previous unsafe abortions. In many settings, the number of incomplete or septic abortions comprises more than half of all gynecological admissions. In the absence of measures to reduce the incidence of unsafe abortions, hospitals treat these female patients with complications in the most efficient and effective manner allowed by limited available resources. In most developing countries, Evacuation and Curettage (E&C) is the standard approach to treating cases of incomplete abortion. Requiring a physician, operating theater, and often general anesthesia, E&C is usually performed in the hospital setting. Patients may have to wait several days for treatment, a period during which complications such as hemorrhage and sepsis may develop. In the developed world, however, Manual Vacuum Aspiration (MVA) is the standard treatment for uterine evacuation. MVA usually requires neither anesthesia, anesthetist, operating theater, nor an overnight stay, and it may be performed by a wide range of trained medical personnel including physician's assistants, nurse practitioners, and nurse midwives who may work in rural health clinics with no operating room facilities. This paper documents the magnitude of differences in cost between MVA and E&C in the treatment of early incomplete abortions in the following four hospitals in Kenya: Kenyatta National Hospital in Nairobi, Kisii District Hospital, Eldoret District Hospital, and Machakos District Hospital. Data were collected over the period March-June 1991 and consider costs comprehensively in terms of staff time, in-patient or hotel costs, and drugs and equipment. Analysis found MVA to be the most appropriate and cost-effective way of managing incomplete abortion. Effort should therefore be made to extend the availability of MVA to all district hospitals and to effect changes in patient management which can maximize the benefits of MVA and the use of available resources