



MATERNAL MORTALITIES 90% DOWN AS LEGAL TOPs MORE THAN TRIPLE



A young patient braces herself during a TOP procedure.

Picture: Chris Bateman

Since the passing of the groundbreaking Choice on Termination of Pregnancy Act in 1996 maternal mortality and morbidity related to unsafe abortion have been reduced by 91% and 50%, respectively, while recorded terminations of pregnancy (TOPs) increased by 67%.

TOPs at designated facilities rose steadily from 26 401 in 1997 (the year after the law was introduced) to 81 900 last year (67%).

These figures come from the national Department of Health and the Medical Research Council (Jewkes, *et al.*) as emphasis in the once hotly debated and much-ventilated topic shifts towards whether sufficient counselling is being offered to these women, 9.7% of whom are minors.

According to the latest Health Systems Trust data, the percentage of designated TOP facilities actually functioning rose from 31.5% in 2000 to 61.8% in 2003.

Izindaba enquiries showed the fault lines to have remained the same: 'pro-lifers' (such as Doctors for Life (DFL)) versus organisations like the Reproductive Rights Alliance (formed to promote the legislation) – arguing a shameful paucity versus a mostly pragmatic sufficiency of counselling.

He pilloried the law for giving girls the right, from the age of puberty, to spurn the (legally required) health care provider advice that they consult an adult before ending a pregnancy.

While impossible to measure without a hugely staffed field survey, the 'counselling debate' was publicly revived by KwaZulu-Natal opposition leader, Dr Lionel Mtshali (IFP), last month.

He pilloried the law for giving girls the right, from the age of puberty, to

spurn the (legally required) health care provider advice that they consult an adult before ending a pregnancy.

Mtshali said the Choice on Termination of Pregnancy Act merely required the 'promotion' of non-mandatory and non-directive counselling before and after TOP, but failed to empower doctors and midwives to deny a minor's TOP request if they chose not to consult an adult first.

The Constitutional Court in 2000 upheld a minor's right to reproductive autonomy, ruling in favour of minors' rights to sign their own consent after sustained argument by the applicants, DFL and the Christian Lawyers Association. Much of the debate centred on cases where minors were survivors of rape and incest.

Children have 'no cognitive ability' – DFL

Ms Diana Ruschebaum, chairperson of the '11th-hour Counselling Committee' (DFL), claimed her workers found a 'very high percentage' of young women 'who have no idea of what the procedure is and what they are facing emotionally and physically'. She said clinics and hospitals had 'no liability' when a procedure failed, while minors were 'scientifically proven' not to have the cognitive ability to properly understand the procedure and its long-term consequences.

Her perception was that TOP clinics were normally so busy that counselling was 'a very neglected area' in the public sector, while there was 'a lot of money' in the private TOP sector, including ongoing backstreet abortions fuelled by stigma and ignorance.

A TOP practitioner with 10 years' experience in the public sector and some 3 000 TOPs to his name (he requested



anonymity), agreed that some provinces were behind others in providing client-appropriate counselling. He said 'pro-lifers' (labelled 'anti-choice' by 'pro-choice' protagonists) exaggerated the physiological and psychological trauma, often citing small-cohort Swedish studies that carried little scientific weight.

'There was a lot of hype when the act came in but it has died away and actually services are not that good anymore because it's no longer a big issue. But even bad news is good news for us because at least then people are thinking about the issue and made more aware,' he said.

Ruschebaum claimed that 'post-abortion syndrome' affected 'around 90%' of women who had undergone abortions. She said they often ended up abusing substances or in broken family structures with divorce and suicide prevalent. Minors being able to terminate their pregnancies 'without the guidance of somebody who cares for them, is a frightening notion'.

Her staff did not 'stand around with banners outside clinics', but offered 'pavement or sidewalk counselling' outside facilities. Their interventions were focusing on helping women reach alternatives and making an informed choice.

Public sector doing 'best it can'

Karen Trueman, a midwife and senior training and service delivery manager of IPAS South Africa, an NGO working in the field of women's reproductive health which assists provincial departments of health with advocacy and policy work (and trains midwives in several provinces), had a pragmatic view of counselling availability. 'In the public sector facilities are doing the best they can in terms of the staff they have. In all fairness it's very difficult to provide maternity services when the system itself is under such pressure.'

Some provinces were doing 'incredibly well' while others were struggling. 'All I can tell you is that

TOP providers are trained in pre- and post-counselling and referral for first-trimester terminations that need further counselling, cases that require medical intervention and for second-trimester terminations. They do their best caring for clients – they often refer to places like Marie Stopes clinics when clients seek TOPs after 12 weeks because doctors and midwives are often unhappy (predominantly for reasons of conscientious objection) with providing second-trimester terminations.'

The anonymous veteran TOP practitioner said that of 16 000 TOPs conducted in his province (Western Cape) last year, 'there were about five adverse incidents and all of them were second trimester'.

Trueman added that in all TOP facilities adherence to 'meticulous practice' was promoted.

Her view on counselling was that informed consent was vital, with all options and rights fully conveyed. Like the TOP practitioner cited above, her experience was that most women had 'already made up their minds' when they arrived at a facility. She emphasised that advice on social grants available to new mothers was an important part of counselling, as was adoption, foster care, family planning and contraception, while the availability of post-TOP counselling was highlighted at the outset.

'It's a relatively safe procedure and, at the end of the day, a woman leaves happy that she doesn't have to face this again, clutching whatever pills and having been given a contraceptive injection (either/or),' she said.

Adverse events 'insignificant'

The anonymous veteran TOP practitioner said that of 16 000 TOPs conducted in his province (Western Cape) last year, 'there were about five adverse incidents and all of them were

second trimester'. 'We send these for observation first and sometimes one or two of them require a laparotomy or laparoscopy.' He personally 'counselled a lot'.

The 'pro-life' demand of at least an hour's counselling and a 'waiting period' of 5 - 10 days to 'cool off and repent' was unnecessary. 'She's normally 6 weeks or more and has known she's preggie for that long, has weighed all the options in her mind and comes in wanting the abortion, hopefully on her first visit.'

'That we can't do. We see her on the first visit and book her for another, so there's a built-in waiting period. We generally counsel them for 5 - 10 minutes, some a bit more, depending on each case, with emphasis on the rest of their reproductive life and HIV/AIDS, which is a far greater problem than TOP. That we can take away.'

He said younger clients were given longer counselling, 'because it's a frightening experience'.

In all his years of doing TOPs, only 1 patient returned for counselling, in spite of its availability being heavily emphasised, something Ruschebaum attributed to patients being unwilling to 'return to the site of their trauma and pain'.

The midwife praised the 'amazing work' of IPAS in assisting provinces with training.

Kowie Theron, national marketing manager for Marie Stopes clinics, revealed that his organisation has handled 380 public sector-referred patients in KwaZulu-Natal over the past 6 months (Marie Stopes clinics in Durban, Isipingo and Port Shepstone) and about 60 in their George clinic (Southern Cape). This was in terms of government contracts that made the service free.

Public/private partnerships making a difference

'Our view is that if more people can come together and help a province



provide this service, it's one way of cutting down on backstreet abortions and helping often desperate women.'

Theron said he was aware of complaints about the lack of counselling at over-stretched public clinics – which made such public/private TOP partnerships all the more valuable.

Marie Stopes clinics were 'coping comfortably' with the extra work and maintained public awareness by visiting midwives at state clinics and reminding them of the free referral facility wherever it existed.

Even where a public-private partnership did not exist, provincial TOP facilities sometimes referred patients to them. 'Those that can afford to use us under 12 weeks get help immediately – we can go up to 20 weeks, after which we refer to a private gynaecologist.'

He had come across 'dilemmas' of women who could not be helped timeously at state facilities. By the time they could be seen to, they were 'too far advanced', making termination illegal.

Trueman said one of the more worrying complaints among midwives involved the cavalier prescribing or dispensing of misoprostol (Cytotec) (a cervical ripening agent) by persons who had no relationship with any designated TOP facility. 'These cases get treated as incomplete abortions in hospital and they end up going for a D and C – in most provinces you'll find midwives very uptight about this,' she added. These women were often not afforded counselling to the same extent as they would be if they were helped at TOP facilities, she said.

Professor Denise White, deputy chairperson of the South African

Medical Association, advised GPs to refer patients to the appropriate facilities, adding that any doctors behaving as alleged would be putting themselves and their patients at 'huge risk'.

'We're living in an enlightened era where legitimate resources are available. This is an ethical and medico-legal issue and we don't want to hark back to the era of backstreet abortions.'

White said no substantive evidence had emerged that doctors were prescribing the ripening agents without providing referral or further support and it would be 'very concerning if non-registered charlatans' were behind the phenomenon, as suggested by Ruschebaum.

Chris Bateman



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