

BRINGING MEDICAL ABORTION CLOSER TO WOMEN: ACCURACY OF WOMEN'S DATING OF GESTATIONAL AGE USING THE GESTATIONAL WHEEL IN GHANA

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In Ghana, despite a relatively liberal abortion law, evidence shows that women are using misoprostol, a drug for inducing abortion, outside of a clinical setting. The correct use of misoprostol for safe, induced abortion depends on women's ability to accurately assess their gestational age (GA) to determine whether it is early enough to abort safely and effectively with this method. While some women may know the correct gestational period in which the drug must be utilized and how far along they are in their pregnancy, a better understanding of Ghanaian women's ability to date their gestations is critical for informing efforts to safely expand access to medical abortion (MA) outside of health facilities. The option of using MA outside of a clinical context increases women's access to safe abortion and, thus, may contribute directly to a decrease in abortion-related maternal morbidity and mortality.

The objective of this study was to determine the proportion of women, presenting for an induced abortion at clinical facilities, who could accurately determine whether their pregnancy was <13 weeks gestation using a gestational wheel, a tool for calculating GA from last menstrual period (LMP). This cutoff was chosen to align with the World Health Organization's recommended regimen for misoprostol alone for induced abortion in the first trimester of pregnancy. Additionally, we examined the association between women who fall into a "risky disagreement group" (i.e., a woman dates her pregnancy as <13 weeks vs. the provider dating the pregnancy as ≥ 13 weeks) and socio-demographic and reproductive health characteristics.

Our final sample size for this study was 780 women with a participation rate of 98%. Eighty-eight percent of women provided an exact date for the first day of their LMP and over half of participants (53%) reported having somewhat regular periods. Overall, 96% of women said that they were either very certain or fairly certain of their recalled LMP. With regards to using the gestational wheel, 28% were able to use the wheel without any verbal instruction from the data collector; the other 72% were provided with verbal step-by-step instructions after initially trying to complete the task on their own and encountering difficulties. More than half of participants (60%) said the wheel was easy to use.

Overall agreement for GA between women and providers was 95% (94% agreement GA < 13 weeks, 1% agreement GA ≥ 13 weeks). The remainder of women fell into a "low risk disagreement group" (women overestimated her GA as compared to the clinician) and a "high risk disagreement group" (women underestimated her GA as compared to the clinician), 1% and 4% respectively. On average, the study sample underestimated the gestational age of their pregnancy by one week, with 35% of women being greater than one week off (in either direction) and only 21% of women being greater than two weeks off the provider estimate. When the data is stratified by provider-estimated gestational age, women with earlier gestations (4-11 weeks) are fairly accurate in their estimations, with average differences going no higher than two weeks. Women's ability to accurately estimate the gestational age of their pregnancy appears to lessen with increased gestational age.

Our results indicate that most women seeking an abortion in Ghana can accurately recall their LMP and that with no or simple step-by-step instructions, almost all women are able to use the wheel and a majority found it easy. A majority of our study population accurately dated their pregnancy as being <13 weeks gestation which would have put them at low risk for complications if they had chosen to use MA

outside of the health facility. Community-based activities that include increasing women's knowledge of MA eligibility and dosing, as well as the ability to accurately date their pregnancies, have the potential to increase women's access to safe abortion at the community level, further advancing the goal of improved maternal health in Ghana.