Abortion training in obstetrics and gynecology residency training program centers in Jeddah, Saudi Arabia

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Received: November 2019; Accepted: December 2019; Published: January 1, 2020.
Citation: Mawaddah Talal Alahmadi, Oula Khalid Al-Shareef, Marwah Khalid Khan, Rehab Alsaleh. Abortion training in obstetrics and gynecology residency training program centers in Jeddah, Saudi Arabia. World Family Medicine. 2020; 18(1): 169-175. DOI: 10.5742MEWFM.2020.93741

Abstract

Background: Although abortion is quite a common event for women, it needs special training by the medical team to deal with it. That would improve the safety margin in dealing with abortion. Legal consideration is of paramount value like working according to the local law and gaining informed consent from the authorized personnel.

Aim of the work: Describe the current state of abortion training at current active centers where there is a audi board training program for Obstetrics and Gynecology in Jeddah, Saudi Arabia

Objectives of the work: To assess the availability and type of abortion training presently available to obstetrics and gynecology trainees in Jeddah.

Method: A cross sectional study that was conducted to describe the current state of training for Obstetrics and Gynecology residents in Jeddah.

Results: The study included 70 trainees in Obstetrics and Gynecology in Jeddah. It was found that (64.3%) were females and (46.2%) were in the age group 25-50;71.4% of the collected group considered abortion training is effective. 50% considered first-trimester abortion termination by surgicalmethod is effective training while 64.3% reported that they have efficient training in the medical method of termination.

Conclusion: We concluded from the previous results that training of abortion is variable as there are some residents who had no training and others consider such training is optional while others consider it routine; in addition most of the residents had performed abortion (13-17 weeks) more than 50 times.

Key words: Abortion, training, obstetrics, residency

Introduction

Abortion is considered one of the most common reproductive health issues for women (1), however proper training in dealing with such cases is variable worldwide. In Saudi Arabia, elective abortion is not practiced as contraception; surgical and medical interventions are done for cases of incomplete, missed, or inevitable abortion and mastering this technique a requires sufficient number of cases to accomplish this skill (2).

The American College of Obstetricians and Gynecologists (the College) supports women's access to safe abortion care, as it illustrates some recommendations to implement comprehensive obstetrics and gynecology residency programs including abortion training, and also including training programs for medical school students and extending it to family physicians and advanced practice clinicians (APCs) (2).

Despite, that the Accreditation Council for Graduate Medical Education has included the training in abortion in Ob-Gyn programs since 1996. About half of the applied programs do not provide this type of training, and this has contributed to lack of abortion health care which must include training in induced abortions(4). Based on the Saudi commission for health specialties training curriculum of obstetrics and gynecology, the trainee is expected to diagnose and order the appropriate workup, and manage and respond to the ethical and clinical requirements of the cases (5).

Legislation on abortion is variable among countries especially Islamic countries (6).

Fatwa (an Islamic edict) 4 of the Islamic Jurisprudence in 1990 in Makkah Al-Mukarama (KSA) agreed to allow abortion under certain circumstances. The approval process should go through a specialized committee including competent physicians who will agree that the affected fetus had grossly congenital malformations (untreatable and unmanageable) and the unborn fetus would be a true burden for both the family and itself. Fetal age should be less than 120 days from the moment of conception (7) .

Availability of physicians who have fulfilled the training programs is still the challenge in our country. We performed this study to evaluate actual training of abortion among residents in Saudi Arabia.

Materials and Methods

The current study is a cross sectional study that was conducted to describe the current state of abortion training for residents in the post graduate training program for Obstetrics and Gynecology in Jeddah ,Saudi Arabia.

Study population and data collection
A surveying questionnaire was sent to 70 obstetrics and gynecology residents selected randomly from Dr. Soliman Fakeeh Hospital, International Medical Hospital, King Abdulaziz Hospital, King Abdulaziz Medical City, King Abdulaziz University Hospital, King Fahad Armed Forces Hospital, King Faisal Specialized Hospital and Research Center and Maternity and Children Hospital. These hospitals and centres were chosen as they include obstetrics and gynecology residents training programs. Training was defined as routine if it is included in residents' schedules with individuals permitted to do it. The term optional means that the training is not in the residents' schedules but available for individuals to take, on request.

The questionnaire included:
• Collecting Demographic information including age, sex and residency.
• Collecting details about the program type.
• Collecting data about techniques used in first and second trimester abortion.

Data management:
The data were collected, tabulated, presented and analyzed by computer using Statistical Package for Social Science program (version 20, SPSS Inc., Chicago, IL). Quantitative variables were expressed as the mean ± standard deviation (SD) while the qualitative variables were expressed as numbers and percentage.

Results

The present study is a cross sectional study of residents in postgraduate residency training program for obstetrics and gynecology in Jeddah. The study included 70 residents selected randomly from the eight previously mentioned hospitals.

Results showed that about (64.3%) of the participants were females and most of the participants (46.2%) were in the age group (25-50). About (78.6%) of the participants were from Jeddah. [Table 1]

Table (2) shows that 57.1% of the programs were community programs and 71.4% considered abortion training as part of routine training.

Table 3 illustrates that 50% of participants consider first-trimester abortion done by using surgical method as routine training and 61.5% of them reported that surgical method is found to count less than 50% of their training. First-trimester abortion by using medical method is routine training for 64.3% of participants and accounts for 50-75% of their training. Second-trimester abortion done by using induction is considered to be routine training by half of the participants and optional training by the other half. About (64.3%) were trained to do induction by using misoprostol.

About 35.7% of participants did 10- 50 abortions (less than 13 weeks) while 42.8% did abortions (13-17wks) more than 50 times and more than 17 weeks was <10 times [Table 4].

About 71.4% of participants reported that first-trimester abortion (surgical) in their training was done usually in the operating room while 100% of participants reported that second-trimester abortion (surgical) in their training was usually done in the operating room [Table 5].

About 92.8% performed first-trimester surgical abortion and 71.4% of participants plan to perform first-trimester medical abortion. About 57.2% plan to perform second-trimester medical abortion and 98.6% are going to perform a first-trimester surgical abortion. About 57.2% reported that Dilatation and evacuation was done up to second-trimester gestation [Table 6].

Table 1: Basic characteristics of the participants (n=70):

Basic characteristics	Study group	
	No	%
Gender		
Female	48	64.3
Male	22	35.7
Age group		
25-30	45	64.2
31-35	20	28.5
>35	5	7.3
Residence		
Jeddah		
Other city	55	78.6
	15	21.4
Are you:		
R1	15	21.4
R2	10	14.3
R3	10	14.3
R4	15	21.4
R5	20	28.6

Table 2: Assessing the program type and the training course received concerning abortion among the participants (n=70)

Items	Study group (n=105)	
	No	%
Program type :		
• Community	40	57.1
• University	20	28.5
• Military	5	7.2
• Private	5	7.2
Is abortion training in your program considered to be:		
• Routine training (defined as required training)	50	71.4
• Optional training (residents choose to receive training)	5	7.2
• No training	15	21.4

Table 3: Assessing the techniques used concerning abortion among the participants

Items	Study group (n=105)	
	No	%
Is first-trimester abortion done by using surgical method considered to be:		
• Routine training	35	50.0
• Optional training	30	42.85
• No training	5	7.15
If you answered the previous question as "routine or optional training", out of all your training surgical methods it is found to account for .....(n=65)		
• less than 50%	40	61.5
• 50-75%	20	30.8
• more than 75-99%	5	7.7
Doing First-trimester abortion by using medical method is?		
• Routine training	45	64.3
• Optional training	20	28.5
• No training	5	7.2
If you answered the previous question is "routine or optional training", out of all your training medical method is found to account for about ..... (n=65)		
• less than 50%	5	7.7
• 50-75%	35	53.6
• more than 75%	25	38.7
Is second-trimester abortion done by using induction considered to be:	35	50.0
• Routine training	35	50.0
• Optional training	0	0.0
• No training		
If you answered the previous question is "routine or optional training", out of all your training induction method it is found to account for		
• less than 50%	40	57.2
• 50-75%	20	53.7
• more than 75%	10	14.3
You are trained to do induction by using?		
• Misoprostol	45	64.3
• Amniotic injection PGF-2	5	7.2
• Oxytocin	20	28.5

Table 4: Assessing the techniques used concerning abortion at different gestational ages among the participants (n=70)

Items	Study group (n=70)	
	No	%
How many abortions (Less than 13 wks) did you do during your training?		
None	5	7.15
less than 10	10	14.3
10-50	25	35.7
more than 50	30	42.85
How many abortions (13 - 17 wks) did you do during your training?		
None	5	7.15
less than 10	15	21.4
10-50	20	28.6
more than 50	30	42.85
How many abortions (more than 17 wks) did you do during your training?		
None	10	14.2
less than 10	30	42.8
10-50	20	28.6
more than 50	10	14.4

Table 5: Distribution of different locations where abortion was done among the participants (n=70)

Items	Study group (n=70)	
	No	%
First-trimester abortion (surgical) in your training is done usually in:		
• OR	50	71.4
• Inpatient unit	10	14.3
• L&D	5	7.15
• Clinic	5	7.15
Second-trimester abortion (surgical) in your training is usually done in:		
OR	70	100.0
Inpatient unit	0	0
Clinic	0	0

Table 6: Assessing the attitude concerning abortion among the participants (n=70)

Items	Participants (n=70)	
	No	%
Have you performed first-trimester surgical abortion?		
Yes	65	92.8
No	5	7.2
Did you plan to perform first-trimester medical abortion?		
Yes	50	71.4
No	20	28.6
Did you plan to perform second-trimester medical abortion?		
Yes	40	57.2
No	30	42.8
Plans after residency to provide abortion:		
Are you going to perform a first-trimester surgical abortion?		
Yes	69	98.6
No	1	1.4
Are you going to perform first-trimester medical abortion?		
Yes	70	100.0
No	0	0.0
Are going to perform second-trimester surgical abortion?		
Yes	70	100.0
No	0	0.0
If you plan to provide second-trimester abortion, which method you will use?		
D&E for all second-trimester gestation	20	28.6
D&E up to specific second-trimester gestation	40	57.2
Induction beyond that specific second-trimester gestation	7	10.0
Always induction	3	4.2

Discussion

The present study is a cross sectional study that included 70 residents of the obstetrics and gynecology residency programs in Jeddah, to understand the current state of abortion training in Saudi Arabia. About 71.4% of residents reported that abortion training is routine training, 50% of participants considered the first trimester abortion using surgical method and 64.3% by using medical method as routine training.

A cross-sectional study in USA done by Steinauer et al (8) to survey the availability of abortion training program in obstetrics and gynecology residency training programs, considered it routine training as the residents were not permitted to do it as optional training, and found that 64% (121) of programs had routine training, 71% first trimester aspiration abortion and 66% medication abortions and Liauw et al. (9) reported the state of abortion training in Canada, found about 66% of residents were competent in first-trimester surgical abortion and about 50% had routine training abortion programs. Also Roy et al. (10) considered it routine training in half of their residency program.

Regarding second-trimester abortion done by using induction it was considered to be routine training by half of the participants and optional training by the other half; about (64.3%) were trained to do medical induction while Liauw et al. (9) reported 35% expected to be competent in second-trimester surgical abortion and about 15% of residents had no abortion training as they were not aware about it within the program. Eastwood et al. (11) reported second-trimester induction (51% of programs) and (10%) no training corresponding to 7.15% in our study.

Conclusions

We concluded from the preceding results that training of abortion is variable as there are some residents who had no training and others consider such training is optional and others consider it routine; in addition most ; residents performed abortion (13-17 weeks) more than 50 times.

Limitations:
One of the limitations is the small sample size and that it was taken from one geographical area (Jeddah). Also we suggest the involvement of the programs directors in collecting data in order to have complete evaluation.

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