

## **Abstract**

PIP: In Kenya, where abortion remains illegal except in cases where the mother's life is in danger, incomplete illegal abortion accounts for over 25% of all hospital admissions. In Kenyatta National Hospital's 100-bed acute gynecology ward, 90% of admissions in 1985-87 were for incomplete abortion and an average of 40 women/day underwent dilatation and curettage under general anesthesia, with a waiting time of 12-14 hours. To remedy overcrowding and a bed occupancy rate of 300%, the hospital introduced manual vacuum aspiration on an experimental basis in 1987. In 1988, after a 6-month study, the hospital began using vacuum aspiration in all 1st-trimester abortions; in addition, all medical students received training in the procedure, ward nurses received training in equipment care and patient counseling, and postabortion contraception counseling were introduced. After the 1st year, 5000 incomplete abortions had been treated at Kenyatta National Hospital with vacuum aspiration. In 1989-91, the procedure was introduced to 18 district hospitals in Kenya and 3 mission hospitals; plans to expand the service to 20 or more district hospitals by 1994 are being developed. In the more than 20,000 vacuum aspiration abortions performed in Kenya to date, there have been no deaths or major complications. Patient satisfaction has been high and gynecology wards now have available beds. However, the conservation and lack of commitment of many health care workers to this life-saving procedure remain problematic.