Original Article

Induced Abortion – A Continuing Threat to Maternal Life

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ABSTRACT

Background: In Pakistan, therapeutic induced abortion is a controversial issue and continued to be a significant contributor of maternal mortality and morbidity. The aim of the present study is to assess the magnitude of septic abortion in a tertiary care hospital over a period of 2 years with special emphasis on maternal mortality and morbidity.

Objectives: This prospective study was aimed to determine the frequency of induced abortion, to know the reason for requesting abortion, assess the associated maternal morbidity and mortality in our setup.

Study Design: Descriptive Study.

Place and Duration of Study: This Study was conducted at the Department of OBGY, PUMHSW Nawabshah from 1st January 2009 to 31st December 2010.

Materials and Methods: Hospital record of patients who were admitted with unsafe abortions in 2 years (2009 – 2010) were reviewed to evaluate the demographic and clinical profile in relation to age, parity, marital status, indication and method of abortion, qualification of abortion provider and maternal mortality.

Result: Unsafe abortion contributes 4.4 % of total patients admitted with abortion over 2 years. Mean age of them was found ± SD 30.14 + 8.56 and mean parity was 6.07 ± 3.00. 78.6 % patients belong to poor community and > 70 % patients were married and used it as a method of contraception. Uterine instrumentation was the commonest method (78 %) used to induce abortion.

Majority of women were admitted with life threatening complications like haemorrhage (75 %), sepsis (53.57 %), hypovolumic shock (39.28 %) and faecal peritonitis in 21.42 %. DIC in 10.71 %, uterine perforation in 28.57 % and mortality in 4 (14.28 %). 5 (17.85 %) were managed conservatively, 13 (46.42 %) had re-evacuation, 10 patients had exploratory laparotomy, out of them 2 needed peritoneum toilet, while in 5 patients gut resection and anastomosis and in one permanent colostomy was done. Uterine trauma found in 8 patients (28.57 %) in whom 3 (10.70 %) ended up in hysterectomy. Unsafe abortion contribute 14.28 % of death in study group.

Conclusion: The present study conclude that unsafe abortion is a major neglected health issue needs attention and high degree of commitment. Its elimination requires advocacy, policies to support woman right and improving access to family planning services.

Key Words: Unsafe abortion, maternal mortality, ECP, Pakistan.

INTRODUCTION

Induced abortion is a major public health issue even in countries where it is legal. WHO defines unsafe induced abortion as the one when unintended pregnancy is terminated either by the person lacking necessary skill or is performed in an environment lacking minimal medical standard or both[1]. Septic induced abortion is a significant contributor in maternal mortality in developing areas of world. Maternal mortality is a sensitive index of judging standards of obstetrical care, maternal and neonatal health and socioeconomic status of a country. It is estimated that > 600,000 maternal deaths occur each year, > 99 % of these deaths occur in the developing countries, which account for about 85 % of world birth[2,3]. Each year 46 million women throughout the world undergo abortion, 20 million in the countries where abortion is either restricted or illegal[3], WHO estimate that in these 20 million women, 70,000 die while million suffer chronic morbidities[4,5].

In Pakistan, abortion is considered to be legal only when it is carried out to save the life of the mother or to provide necessary treatment to her[6]. An estimated 890,000 abortions performed annually in Pakistan, with an abortion rate of 29/1000 women of reproductive age[7,8,9]. Unsafe abortions contribute 13 % of maternal deaths in Pakistan[10]. It is very difficult to estimate the exact magnitude of the problem because of under reporting and most of time only the patient with life threatening complication reach the tertiary hospital for treatment.

MATERIALS AND METHODS

This was a descriptive study of patients admitted with clinical situation of septic abortion during a period from January 2009 to December 2010 at Department of Obstetrics & Gynaecology, Peoples University of Medical & Health Sciences for Women Hospital Nawabshah. Being a tertiary and only referral hospital,

we receive those patients who were not manageable at peripheral level.

The data was collected from hospital record and all patients were analysed by detailed history, physical and biochemical examination including CBC, LFT, RFT, serum electrolyte and coagulation profile and high vaginal swab for C/S. Chest x-ray and detailed ultrasound examination for assessment for RPOCs and extent of trauma were carried out. X-ray abdomen erect postures in all suspected cases of intestinal perforation were performed. Patients were managed according to their clinical situation and treatment was provided in collaboration with other departments. Data was entered into SPSS version 10.0 and analysed.

RESULTS

The total number of gynaecological admissions during the study period was 2811, among them 636 (22.62 %) patients were presented with abortion. 28 (4.4 %) cases of induced abortion were admitted during this period.

Age ranges of patients were between 15 – 45 years, the mean age ± SD was 30.14 ± 8.56. Mean parity ± SD was 6.07 ±300. Majority of patients 60.7 % underwent abortion in the first trimester, 21.42 % had it in the early second trimester while in 7.1 % it was attempted after 20 weeks.

Table No. 1: Demographic Characteristics of Patients

Characteristic	No. of Patients	Percentage
Age Group		
15 – 25 Years	06	21.42 %
26 – 35 Years	17	60.71 %
36 – 45 Years	05	17.85 %
Parity		
0	03	10.70 %
1 – 4	02	7.14 %
5 – 8	16	57.14 %
> 8	07	25 %
Marital Status		
Unmarried	03	10.71 %
Married	20	71.42 %
Widow	05	17.85 %
Gestational age (Wks)		
Not Known	03	10.7 %
< 12 Weeks	17	60.7 %
13 – 20 Weeks	06	21.42 %
> 20 Weeks	02	7.14 %
Socioeconomic Status		
Poor	22	78.57 %
Middle class	06	21.42 %
Well Family	None	---

Most of patients (78.6 %) were belonged to poor community. While evaluating the reason for abortion, 18 (64.28 %) patients used it as a method of contraception, 3 (10.7 %) were unmarried, female gender was the reason in 2 (7.14 %) while 5 widows used it as a method to get rid of unwanted pregnancies.

D & C was the preferred method in 22 (78 %) followed by local medication in 4 (14.28 %) and herbal sticks in 2 (7.14 %) patients.

Table No. 2:Reasons for Seeking Abortion

Reason	No. of Patients	Percentage
Unmarried	03	10.71 %
Widow	05	17.85 %
Contraceptive Method	18	64.28 %
Female Gender	02	7.14 %

Table No. 3:Patients Presentation

Presentation	No. of Patients	Percentage
Vaginal Bleeding	21	75 %
Septicemia	15	53.57 %
Hypovolumic Shock	11	39.28 %
Uterine Trauma	08	28.57 %
Faecal Peritonitis	06	21.42 %
DIC	03	10.71 %
Expired	04	14.28 %

Table No. 4:Distribution of Management Options

Presentation	No. of Patients	Percentage
SURGICAL INTERVENTION		
Evacuation of Uterus	13	46.42 %
Laparotomy	**10**	**35.71 %**
Drainage of Pus + Peritoneal Toilet	02	7.14 %
Hysterectomy	02	7.14 %
Hysterectomy with Gut repair	01	3.57 %
Uterine repair with resection and anastomosis	04	14.28 %
Uterine repair with permanent colostomy	01	3.57 %
CONSERVATIVE		
Conservative treatment	05	17.85 %

Regarding healthcare providers, abortion induced by doctors in 11 (39.28 %) cases, Dias in 9 (32.14 %) and midwives in 8 (28.57 %) of cases

Concerning with clinical presentation, 15 (53.57 %) patients were presented with sepsis, 21 (75 %) patients with vaginal bleeding, 11 (39.28 %) patients with hypovolumic shock and 6 (21.42 %) patients with faecal peritonitis.

Features of DIC seen in 3 (10.71 %) patients. Uterine trauma was found in 8 (28.57 %) patients, while 4 (14.28 %) were expired.

All the patients received broad spectrum antibiotic coverage and blood transfusions, 13 (46.42 %) needed evacuation for RPOCs, while 5 (17.85 %) were

managed conservatively. 10 patients ended up in laparotomy, out of them 2 (7.14 %) had abdominal collection and 8 (28.57 %) for uterine perforation. Uterine perforation was repaired in 5 (17.85 %) patients while 3 (10.70 %) ended up in hysterectomy. 6 (21.42 %) patients had associated gut injuries, 5 (7.85 %) needed resection and anastomosis, while one (3.57 %) patient ended up in permanent colostomy. 3 (10.7 %) patients presented with septicemia and DIC, have vaginal bleeding and died within 24 hours. One (3.57%) patient died due to overt sepsis and multiorgan failure.

DISCUSSION

Worldwide, millions of women seek induced abortion which remains a secret if successful otherwise lead to maternal death, serious health morbidities and long term consequences in affected women.

Unsafe abortion is a totally preventable problem but due to declining attitude of community towards contraception along with its poor availability as well as restrictive abortion law, it remains a major health issue.

The overall abortion rate declined in the past years, but the proportion of unsafe abortion has increased from 44 – 47 %. Worldwide 48 % of all abortions are unsafe, in Africa and Latin America 95 % and in Asia 60 % abortions are unsafe[11]. In Pakistan, the rate of induced abortion was 29/1000 women in which 6.4/1000 were hospitalized due to abortion complications[12], putting an extra burden over already compromised health sector and economy of the country.

The frequency of induced abortion in current study is 4.4 % almost comparable with 4.7 %[13] and 3.7 %[14] respectively in other studies from different parts of Pakistan.

3/4 of the study population was between 26 – 35 years and > 50 % was grand multiparae using it as a contraceptive method almost correlating with the results of SZ study[15]. Association of marital status as a risk factor found in > 70 % of study population as in other studies in Pakistan[16,17]. Premarital sexual activity is strictly prohibited in our society, only 10 % of unmarried girls suffered unsafe abortion consistent with data from other studies[18,19]. Situation is totally different in developed countries, in USA > 50 % of women under going induced abortion were < 25 years[20] and 2/3rd were never married[21].

The significant groups of women need attention were 5 widows in whom 3 pregnancies were the result of sexual assault by their caretaker and 2 were due to extreme poverty. This segment of community particularly need an awareness of emergency contraception which effectively reduces the number of unintended pregnancies and substantially causes an 11 % decline in induced abortion rate[22].

78 % of study population comprised of poor socioeconomic class while remaining were from low middle class indicating a high risk group for development of complications. Majority of our women (60.71 %) sought abortion in the first trimester similar to other studies[10,17]. Abortion providers were doctors in 39.28 % cases, while great majority (60 %) were carried out by Dias and Midwives. These figures indicated an easy accessibility of unqualified personnel and confidence of client on them.

In current study haemorrhage was the main complication (75 %) comparable with other studies[18,19]. Septicemia was found in > 50 % of cases reflecting the poor circumstances in which abortions were performed. The most drastic complication in the study group was uterine trauma (28.57 %) along with gut perforation in 21.42 % patients. 82.14 % patients required surgical interventions These women suffer major morbidities like hysterectomy in 3 (10.7 %) and permanent colostomy in one (3.57 %) apart from their long term impact.

Unsafe abortion responsible was responsible for 14.28 % of deaths in the study group and the septicemia was the main reason behind.

CONCLUSION

The data of present study confirms that unsafe abortion is a major health issue needs a high degree of commitment from all categories of health professionals and community. Its elimination requires advocacy program aim at both reforming the laws and policies to support women rights and improving access to family planning and abortion related services along with provision of abortion by skilled healthcare providers with PAC (Post Abortion Care).

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