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UNSAFE ABORTION : UNNECESSARY MATERNAL MORBIDITY AND MORTALITY

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ABSTRACT

Introduction: Abortion is a sensitive and contentious issue with religious, moral, cultural and political dimensions. It is also a public health concern in many parts of the world. An unsafe abortion is defined as a "Procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both". The purpose of the present study was to determine the demographic variables, maternal morbidity and mortality in cases of unsafe abortion. The study was carried out with department of Obs. and Gynae., SIMS / Services Hospital, Lahore, as prospective observational.

Materials and Methods: 87 women presented with complications of unsafe abortion. They were interviewed about their history, the clinical features, period of gestation, method used and qualification of abortionist. The details of management, complications and outcome were also analyzed.

Results: The age ranged from 15 to 45 years, teenagers accounted for 11.49% of patients. Mean age is 29 years. 20% were nulliparous and parity ranged between zero to eight. Mainly abortions were conducted by Dais (43%). Contraception prevalence rate was just 8%. In 70% of patients surgical intervention was required and blood transfusion was needed in almost all patients. Maternal mortality was 16.09% with septicemia being the major cause.

Conclusion: Unsafe abortion and its attendant complications is still a problem in Pakistan. Main reasons are unattended pregnancies, low contraception usage and late presentation to the health facilities.

Key Words: Unsafe abortion, Maternal mortality, Complications. Demographic variables.

INTRODUCTION

Abortion is a sensitive and contentious issue with religious, moral, cultural and political dimensions. It is also a public health concern in many parts of the world.[1] An unsafe abortion is defined as a "Procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both".[2] Every year, worldwide, about 42 million women with unintended pregnancies choose abortion, and nearly half of these procedures is a 20 million, are unsafe. Some 68,000 women die of unsafe abortion annually, making it one of the leading cause of maternal mortality (13%).[3] An estimated 980,000 unsafe abortions are carried out in Pakistan every year, that translates to one terminated pregnancy in every six. Almost 250,000 Pakistani women suffer post abortion complications at the hands of unskilled health care providers and 3,000 of these women die. Pakistan's social conditions are such that the majority of men oppose the use of contraceptives but agree to abortion. Then women have no other option, but to risk their lives by undergoing unsafe abortion. Methods used for inducing abortion can be divided into oral and injectable medicine, vaginal preparations, and intrauterine foreign bodies.[5] Unwanted pregnancies, poverty, lack of availability and accessibility to contraception and contraceptive failure are some of the factors that account for the rise in the number of women seeking termination of pregnancies in unsafe conditions.[6] Unsafe abortion remains one of the most neglected sexual and reproductive health problem in Pakistan. This article will help us to determine the demographic factors, morbidity and mortality associated with unsafe abortion.

MATERIALS AND METHODS

This study was conducted in department of Obs. and Gynae. in SIMS / Services Hospital, Lahore, during a period of one year from 1st march 2009 to 28th February 2010. A record of all patients presenting with unsafe abortion to out patient or emergency department was reviewed. The patients were admitted, assessed clinically and investigated. They were resuscitated with intravenous fluids and blood transfusions in most cases and given broad spe-

ctrum antibiotics. Details of management, outcome and conditions were analysed.

RESULTS

During the study period 596 cases of abortions admitted, out of these 87 were unsafe induced abortions (6.85%). Their ages ranged between 15 and 45 years. The teenager girls had unsafe abortion in 12%, whereas 65% of females were in their twenties (Table 1). The parity ranged from zero to eight with mean parity of 4 (Table 1).

Among all 48% patients were married, whereas 30% were single and unmarried. Thirty one percent (31%) students opted for unsafe abortion while 40% females were uneducated (Table 1). Forty three percent (43%) abortions were carried out by Dais / midwives (Table 2). Contraception prevalence rate was low amongst patients reviewed as only 8% were in habit to use contraceptives (Table 3).

Table 1: *Socio demographic data – N = 87% Range = 15 – 45.*

Age	*No. of Patients*	*Percentage*
15 – 20	10	11.49%
21 – 25	17	19.54%
26 – 30	26	29.8%
31 – 35	14	16.09%
36 – 40	13	14.94%
41 – 45	7	8.04%
Parity		
Parity	*No. of Patients*	*Percentage*
0	10	11.49%
1	9	10.39%
2	8	9.19%
3	11	12.64%
4	19	21.83%
5	17	19.54%
< 6	13	14.9%
Marital Status		
Single	26	29.8%
Married	41	47.2%
Dovorced / Separated	17	19.54%
Widow	3	3.4%
Occupation	*No. of Patients*	*Percentage*
Student	27	31.03%
Professionals	14	16.09%
Non Professionals	33	37.93%
House Wives	13	4.94%
Educational Status		
Uneducated	35	40.22%
Primary	19	21.83%
Secondary	18	20.68%
Graduation or above	15	17.24%

Table 2: *Percentage distribution of abortion provider.*

Dais / Midwives	37	42.52%
Nurse	27	31.03%
Doctor	13	14.94%
Self	10	11.49%

Table 3: *Prior use of contraceptive.*

Regular use of contraception	7	8.04%
Irregular use of contraception	31	35.6%
No. use of contraception	47	54.02%
No. knowledge of contraception	2	2.2%

Table 4: *Percentage distribution of type of surgery performed.*

Uterine exploration and evacuation	37	42.5%
Uterine repair ± tubal ligation	10	11.4%
Hysterectomy	02	2.2%
Laparotomy and unilateral adenexectomy	03	3.4%
Bowel repair	04	4.5%
Resection and anstomosis	03	3.4%
Resection and colostomy	02	2.2%
Managed conservatively	24	27.5%

Table 5: *Unsafe abortion, mortality and morbidity. Mortality n = 14 (16.09%) Major morbidity.*

Mortality n = 14 (16.09%)		*Major Morbidity*	
Septicemia	5	Anemia	67
Bowel injury	3	Septicemia	40
Renal failure	2	Hemorrhagic shock	31
DIC	3	Wound infection	15
Dead on arrival	1	Deep venous thrombosis	1

In 70% patients surgical intervention was required. This ranged from exploration and complete evacuation of uterus in 37 patients to extensive procedure as hysterectomy, laparotomy and bowel repair (Table 5). Maternal mortality rate was 16.09% (Table 6). The associated morbidity was due to shock, leading to reversible renal failure, septicaemia and anaemia. In those who required colostomy psychological trauma was an additional problem.

DISCUSSION

Unsafe abortion is one of the major health issues in developing countries and has a serious concern for women in their reproductive period. Million of women have no access to reproductive health services. Women have little and in most cases no say in deciding to become pregnant. As a result millions of them have no other choice than to have an unsafe abortion. It is estimated that globally about 20 million unsafe abortions take place each year, which is 1 in 10 of pregnancies. Globally 13% of maternal deaths are due to abortion and 95% of them occur in developing countries.[7]

Unsafe abortions vary substantially by age across regions. In this study 11.4% females were adolescent. 50% females were in twenties. 31% females were in thirties. 8% females were in forties. Mean age was 29. This is in accordance with different studies of WHO, adolescent (15 – 19) account for 25% of all unsafe abortion in Africa. In Asia and Latin America 42% and 33% are of aged 30 – 44 years. For developing regions as a whole, unsafe abortion peaks in women aged 20 – 29 years.[8]

The relatively high percentage of women terminating pregnancy with four or more children in this study reflects increased socio – economic hardship in the country with resultant tendency to limit family size. Reasons for seeking abortions are varied socio – economic concerns including poverty, no support from partner, relationship problems with the husband or partner.[9]

In this study we found that 48% females were married seeking termination of pregnancies and they did it either to limit the family size or space pregnancies. Most prominent cause for seeking abortion includes poor access to contraceptives and contraceptive failure. Contraception prevalence rate in our study was low i.e, just 8%. Obstacles to increased contraceptive access and use include religious objections, lack of awareness about the contraceptive methods, concerns about possible health risks and side effects and the mistaken belief that one cannot or will not become pregnant.[10] In developing countries 2/3 of unintended pregnancies occur among women who were not using any methods of contraception. Greater contraceptives access and use above can thus drastically reduce safe and unsafe abortion by reducing unintended pregnancies. In Russian federation abortion rates sharply declined with the advent of modern contraceptive technologies.[11] In this study 85% abortions were done by untrained birth attendants. Doctors constitute only a small proportion of the providers who terminate pregnancies on request. By the review of literature it is clear that majority of unsafe abortion providers are lady health visitors, nurses, midwives and dais. Therefore termination of pregnancy carried out by untrained providers often end up with complications as sepsis, haemorrhage, perforation, visceral injuries or long term sequel like infertility with its psychological effects.[12]

Study reveals that 70% of these women require surgical management. This intervention ranged from exploration and evacuation of the uterus to extensive surgery involving bowel resection and colostomy. Suspected intestinal injury necessitates urgent surgical intervention. It is worth remembering that the operative procedure adopted has direct bearing on outcome. Unsafe abortion could also increase the long term risk of ectopic pregnancy, premature delivery and spontaneous abortion in subsequent pregnancies.[13] Delays in recognizing the need for care and in arranging transportation are common. On reaching a health care facility women with complications of unsafe abortion are often met with suspicion or hostility.[14]

The main causes of death from unsafe abortion are haemorrhage, infection, sepsis, genital trauma and necrotic bowel such as haemorrhage and sepsis. Abortion related deaths have left 220,000 children motherless.[15] The burden of unsafe abortion lies not only with the women and families but also with the public health system. Every woman admitted for post abortion complications may require blood products, antibiotics, oxytocics, anesthesia, operating room and surgical specialist. The financial and logistic impact of emergency care can overwhelm a health system and can prevent attention to be administered to other patients.[3]

Maternal mortality in this study was 16.09%. Worldwide, an estimated 68,000 women die as a result of complications from unsafe abortions every year i.e. 8 per hour. About half of all deaths from unsafe abortion are in Asia with most of the remainder (44%) in Africa.[13] Unsafe abortion is estimated to account for 13% of maternal mortality worldwide but accounts for a higher proportion of maternal deaths in Latin America (17%) and South Eastern Asia (19%).[5] The fifth United Nations millennium development Goal recommends a 75% reduction in maternal mortality by 2015. WHO deems unsafe abortion as one of the easiest preventable causes of maternal mortality.[10]

Public Health care system should treat abortion complications quickly and efficiently by providing family planning and reproductive health care services to as many women as possible especially at the primary health care level. Non government organizations need to involve the community to overcome cultural and social misconceptions that restricts women from receiving necessary reproductive health care services. Unplanned pregnancy can be prevented by providing better access to health care and education to use contraception which in result reduce the rate of abortion related morbidity and unnecessary mortality.

It is **concluded** that unsafe abortions and their complication are a problem in our country. These can be prevented by creating awareness, preventing unplanned pregnancies and provision of post abortion care; family planning and reproductive health care services.

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