

Unsafe Abortion a Neglected Tragedy

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ABSTRACT

Background: Medical termination of pregnancy has been legalized in Nepal however unsafe abortion is an important issue raising in the medical fraternity in Nepal.

Methods: This prospective study was carried out in Maternity Hospital, Kathmandu to estimate the incidence and magnitude of the tragic problem among the women admitted for the management of various complications as a result of unsafe abortion. Total 14,400 women attended this hospital for various gynecological problems during this study period of 4 years (14.4.2002-13.4.2006). Among 5592 abortion related cases 113 had unsafe abortion. Clinical profile, morbidities and management modalities of study population were analyzed prospectively.

Results: Incidence of unsafe abortion was 2.02% with majority of the women in 2nd and 3rd decade of life. Maximum number of women who attended women to seek the service were multiparous. Regarding ethnicity Brahmin ranked first in the list. Among all cases of unsafe abortion 61.06% were in 2nd trimester and pelvic peritonitis (12.38%) was the major morbidity noted. The number of qualified and unqualified service providers were almost equal (50.44% vs 49.56%). 35.40% needed exploration of uterine cavity.

Conclusion: Despite the presence of legal provision of abortion, services are not fully available throughout the country and women with unwanted pregnancy are at higher risk of unsafe abortion.

Key words: abortion; exploration; pelvic peritonitis; trimester; unsafe abortion

INTRODUCTION

Government of Nepal amended the Nepal criminal code (Muliki Ain) on 1st chaitra 2058 (16th March 2002); Royal Assent was given on 10th Asoj 2059 (27th September 2002). The Procedural process for the safe abortion was approved by the cabinet on 10th Poush 2060 (25th December 2003) for the implementation of the safe abortion law. It legalises the termination of pregnancy up to 12 weeks of gestation on request by the pregnant women and up to 18 weeks in case of rape and incest.

The main purpose of this study was to visualize the morbidities as a result of unsafe abortion even after legalization.

It is estimated that 15-30 % of the total pregnancy related death results from abortion and its complication, worldwide.¹ An average of 15% of all pregnancy ends in spontaneous abortion. In Nepal 281 women die due to pregnancy and childbirth related complication for every 100,000 live births. According to Ministry of Health, maternal morbidity and mortality study of 1998, approximately 5.4% of all maternal death is due to abortion complication. Although accurate data on the impact of unsafe abortion in maternal health is lacking, WHO estimates that 20 million unsafe abortions occur each year worldwide.

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70,000 women die each year as a result of complications following unsafe abortion. Almost 90% of unsafe abortion takes place in the developing world.

A 1984 study of 5 hospitals in and around Kathmandu valley identified 165 cases of unsafe abortions among 1576 abortions related cases over a period of one year period.²

A prospective descriptive analysis of the patient who was admitted with the history of unsafe abortions from 16th December -13th March 2004 was carried out in Maternity Hospital, Thapathali Kathmandu. A total of 305 cases of abortion complications were admitted during the 3 months study period which was 39.7% of the total gynecological admissions (n=768). Of these 31 (10.25%) had history of unsafe abortion.³

WHO (1994) estimates that risk of death from unsafe abortion is 1 in 3700 in more developed countries where as in Asia it is 1 in 250. Deaths due to unsafe abortion prior to legalization of abortion was 11.4%

Septic abortion as a result of unsafe abortion is associated with infection in the form of fever, endometritis and parametritis. It is one of the serious threats to the health of women throughout the world. Septic abortion provides a paradigm for preventive medicine, with opportunities for primary, secondary and tertiary prevention.^{4,5} The most important effect of legalization of abortion on public health in the United States was the near elimination of death from unsafe abortion.⁶ Deaths from unsafe abortion are mainly due to infection.^{7,8} The risk of death from post-abortion sepsis is highest for young women, those who are unmarried and those who undergo procedures that do not directly evacuate the contents of the uterus.⁹ A delay in treatment allows the infection to progress to bacteremia, pelvic abscess, septic pelvic thrombophlebitis, disseminated intravascular coagulopathy, septic shock, renal failure and death.¹⁰

METHODS

This hospital based prospective and descriptive study was carried out after ethical clearance and approval from Maternity Hospital, Thapathali, Kathmandu from 14.4.2002 to 13.4.2006. All the induced abortions among the total gynecological cases during that period were studied for the morbidities arising from unsafe abortion.

RESULTS

Among 14400 gynaecological admissions, there were 5592 abortion related cases and abortion was induced with various means in 113 cases (113/5592=2.02%).

Majority of cases were in second and third decade of life (Figure 1). Most of the cases had parity 2-4 (n=69) (Figure 2). Unmarried (n=3) girls also seek abortion services (Figure 3). Regarding the analysis of ethnicity, Brahmins were found to be in high number (n=35) compared to other ethnic groups (Figure 4). Unsafe abortion services were performed maximally in second trimester (n=69) of pregnancy. There was no maternal death during the study period due to unsafe abortion but infection occupied the bulk among all the morbidities (Figure 5). Abortion service was also provided by the unqualified persons as well. 44.24% presented with anaemia of various grades and cases with moderate to severe anaemia received blood transfusion more (Table 1). The mode and material used for termination of pregnancy by the service provider were analysed. Maximum cases of evacuation of uterine cavity were performed by the paramedics (n=30) and the material maximally used was foreign body (n=24) in the vagina or cervix (Table 2). Majority of cases (35.40%) needed evacuation of uterine cavity as management. (Table 3).

Table 1. Anaemia and blood transfusion

Anaemia	No	Blood Transfusion
Mild anaemia 8-10.9gm/dl	18	4
Moderate anaemia 5-7.9gm/dl	24	19
Severe anaemia <5gm/dl	8	8
Total	50	31

DISCUSSION

Worldwide, hundreds of thousands of women are affected by unsafe abortion each year. In a conservative society like ours, unsafe abortion is primarily a problem of the married women who uses it as a tool to limit the life of her family.^{11,12}

The decision to have a pregnancy terminated is by no means easy. This is evident in the present study, where the procedure was delayed in some instances till the pregnancy was beyond 20 weeks.

It is perhaps a valid argument that unsafe abortion can be prevented by preventing unplanned pregnancy.^{13,14} An effective strategy towards achieving this objective would be better availability and access to family planning services. Unfortunately the reasons for opting to terminate a pregnancy are far more complex.¹⁵ Women are frequently not able to determine and control all circumstances of their lives.¹⁶ Socio economic, cultural, psychological and social factors play a significant role. These combined with disempowerment in relationship and financial constraint reinforces the women's need for abortion.

Mode and material	Self	TBA/Sudeni	Para Medics	Doctor
Evacuation of uterine cavity			26.5%	8.8 %
Intra-cervical foley catheter			3.5 %	
Traditional herbs in vagina	8.8%	12.3 %		
Acriflavine in vagina		4.4%		
Foreign body		21.2 %		
Oral herbs	5.3%			

Management of total induced abortion cases (N=113)	Surgical Management (n=49) 43.36%	Conservative Management (n=64) 56.63%
Evacuation of uterus	40 (35.40 %)	
Repair of genital tract injury	3 (2.65 %)	
Drainage of abscess	2 (1.76%)	
Repair of uterus		
Hysterectomy	3 (2.65 %)	
Repair of bowel injury	1 (0.88%)	

This study dealt with maternal morbidity and mortality as a consequence of septic abortion. One hundred thirteen induced septic abortions out of total 5592 admitted abortions among total 14,400 gynaecological admissions were studied for a period of 4 years. After legalisation of abortion, the trends of induced abortion seem to be changed slightly. Majority of cases were in second and third decade of life. Multiparous and married women seek for induced abortion more. Women in the second trimester were found to seek abortion services more. Almost equal number of unqualified persons provided abortion services in this study. Regarding mode and methods for termination, evacuation of uterine cavity were done by paramedics in majority of cases (n=30). Foreign body in the form of traditional herbs, acriflavine in vagina and stick with some local medicine were used for penetration through cervix were also used in quite a good number of cases (n=43).

It is likely that many of the spontaneous abortions are in reality induced. Some cases were likely to develop complication than other.¹⁷ Many such cases present with complications like incomplete evacuation and haemorrhage following induced abortion and were treated at health facilities without facts coming to light. Often there was delay in seeking help even after serious complication develops. This is also a reflection on lack of social support, access to health services and an efficient referral system.^{18,19} Maternal injuries were noted in 11 cases, shock due to haemorrhage and septicaemia

were also noted (one and five cases respectively). Infection manifested in the form of pelvic peritonitis (n=14), generalised peritonitis (n=4), pelvic abscess (n=2), septicaemia (n=2), organ dysfunction in the form of renal failure (n=2) and DIC (n=2) were noted as life threatening morbidity.

Most of these women required surgical management. The intervention ranged from exploration and evacuation of uterine cavity to extensive surgery involving bowel resection and colostomy. There was no maternal mortality in these series. Eight cases were referred to other institute for dialysis and better treatment. They were discharged in good health with proper specific treatment after three to four weeks of hospital stay.

These women are at a high risk for further termination of pregnancy. So, counselling for effective family planning including emergency contraception should be the corner stone of any such effort. Preventing another unwanted pregnancy will minimise the need for another unsafe abortion.²⁰⁻²²

CONCLUSIONS

Availability and easy access to health institute where safe abortion services are provided should be considered seriously by the government sector. Health personnel also should be trained to provide these services at their places in a safe way to reduce all these unwanted and life threatening maternal morbidities.

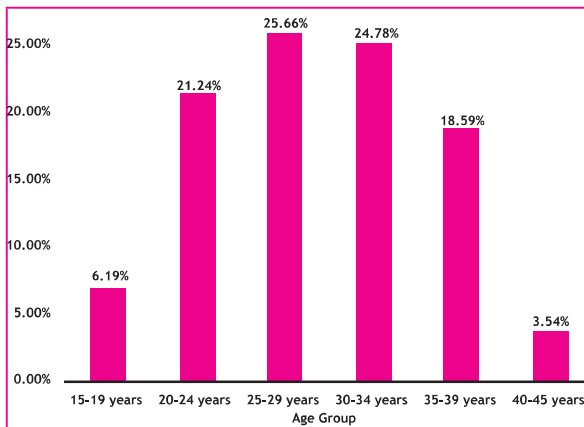


Figure 1. Age Distribution Among Unsafe Abortion

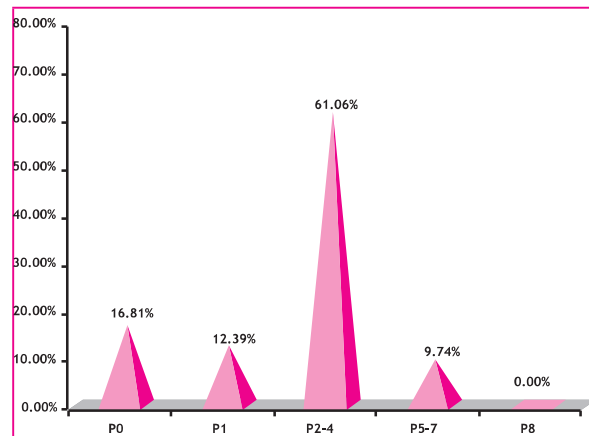


Figure 2. Parity Distribution

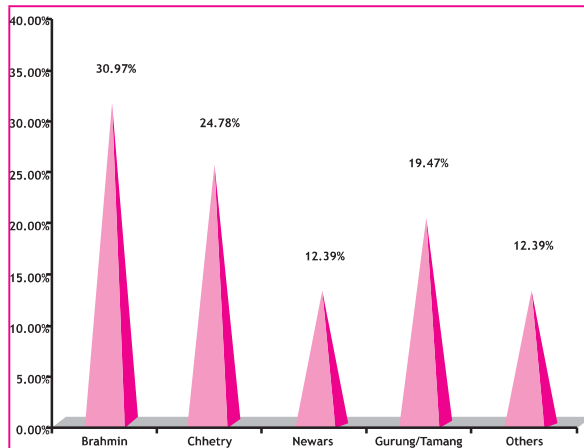


Figure 4. Distribution by Ethnicity

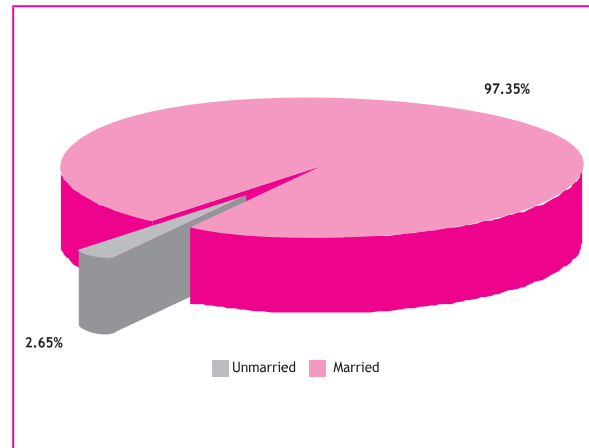


Figure 3. Marital Status

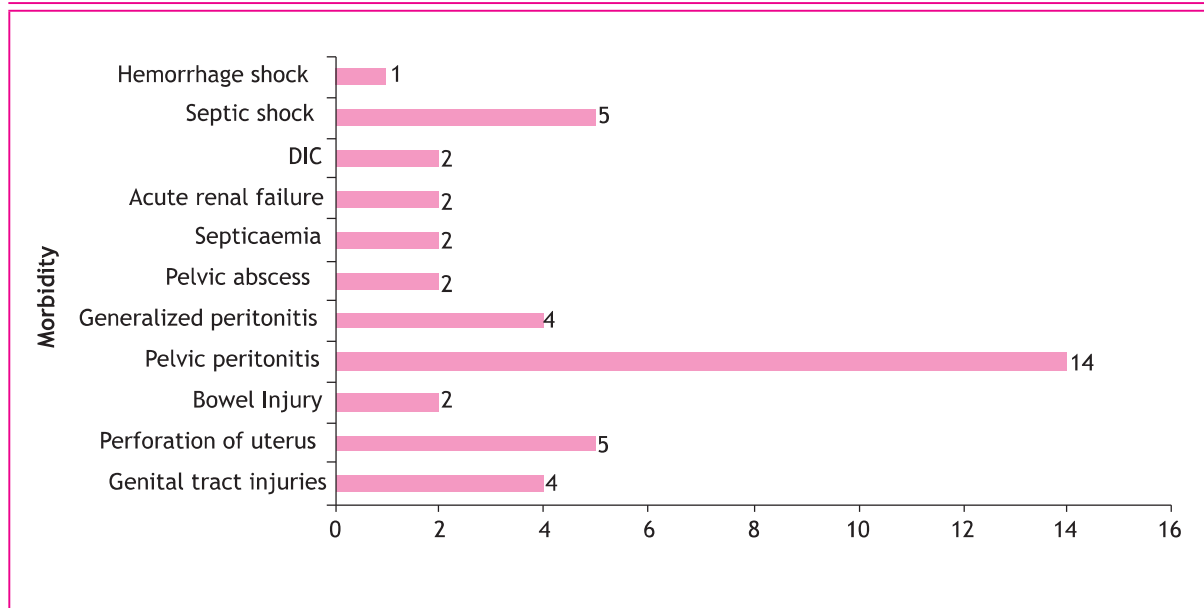


Figure 5. Morbidity due to unsafe abortion

The study confirmed that unsafe abortion is one of the major determined factors for maternal morbidities.

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