ORIGINAL ARTICLE

Unsafe Abortion – A Clandestine Epidemic

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ABSTRACT

Aims and objective is to determine the reason why woman seek abortion, and to see the complications and outcome of unsafe abortion**.**

Method: This descriptive study was conducted at the Department of Obstetrics and Gynaecology, Jinnah Hospital Lahore from 01.07.2009 to 30.06.2010. The data of 41 patients admitted as emergency cases with history of unsafe abortion outside the hospital were collected. Patient's bio data, treatment given, post operative care, complications and associated morbidity and mortality was taken into account and results were compiled.

Results: 95% patients were married, 85% patients were multi gravidae. In 75% of cases it was women's choice for termination. All terminations were attempted at home or other small centers by untrained staff. 78% had history of surgical interference. For abortion 78% patients needed surgical managements including evacuation and curettage or laparotomy. 10% of the patients expired because of associated complications and 34% patient had long term morbidity.

Conclusion: in spite of legal and religious restrictions abortion for unwanted pregnancies is common and being conducted by untrained staff resulting in high maternal morbidity and mortality. The effective way to reduce it will be by improving awareness and availability of contraceptive facilities all over the country.

Key words: Unsafe abortion, complication, induced abortion, management

INTRODUCTION

Unsafe abortion refers to the termination of an unplanned pregnancy either by untrained person or in an environment lacking the minimal medical standards, or both[1]. All over the world 68,000 women die each year as a result of unsafe abortion, and a further 5 million suffer temporary or permanent disability[2]. According to WHO estimate 20–30% of unsafe abortions result in reproductive tract infections and that about 20–40% of these result in upper-genital-tract infection and infertility[3].

Every year about 42 million pregnancies are voluntarily terminated. Of the 42 million abortions, 20 million are unsafe abortions while the rest are safe. It is very surprising that 98% of unsafe abortions occur in developing countries[2]. About half of all deaths from unsafe abortion are in Asia, with most of the remainder (44%) in Africa[4].

Over five million or approximately 1 in 4 women having an unsafe abortion end up in severe complications, which can cause death or long term morbidity and will seek hospital care, putting extra burden on health resources[5].

Induced abortion for unwanted pregnancy is not only illegal in Pakistan but also forbidden in Islam that is why such abortions are carried out by the untrained staff like lady health visitors, nurses and mid wives in sub standard environment with a subsequent high risk of hemorrhage infection and genital track or gut injury. This study is carried out to determine the reasons and circumstances of such abortions and to find the complications ant outcome resulting from such abortions.

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SUBJECTS AND METHODS

This descriptive study was conducted over a period of one year from 01.07.2009 to 30.06.2010 in Obs/Gynae Jinnah Hospital, Allama Iqbal Medical College Lahore. All patients with history of induced abortion outside the hospital were included in the study. They were admitted through outpatient department or through emergency. The particulars related to each case like age, marital status, parity, social & educational status, place and expertise of person carrying out the procedure were recorded. A detailed examination including the general physical examination , abdominal and pelvic examination was done . Relevant investigation including blood group and Rh factor, complete blood count, blood glucose level, urine analyses, complete coagulation profile, renal function test were carried out. Abdomino pelvic ultrasound was done to find if any retained product of conception was in the uterus or abdomino pelvic collection. After primary resuscitation, arrangements

for blood transfusion and anti biotic cover, those with evidence of incomplete abortion and haemorrhage were managed by evacuation and curettage. Patients with a pelvic collection or with evidence of organ injury were prepared for laparotomy. Surgical procedure carried out were repair of uterine perforation, hysterectomy, repair of intestine and drainage of pelvic abscess. Patients with renal failure were sent to nephrology department for dialysis. All patients were followed in post operative period and their recovery and outcome were recorded.

RESULTS

During this study period there were 41 patient admitted with history of induced abortion carried outside hospital. Their demographic data is presented in table 1.

Table 1 Demographic data (n=41)

Age		
16-25	13	31.7%
26-35	24	58.5%
36 and above	4	9.8%
Marital status		
Married	39	95.1%
single	2	4.9%
Parity		
nullipara	6	14.6%
multi para	35	85.4%
Level of education		
educated	0	0
uneducated	41	100%
Socio economic status		
lower	38	92.7%
middle	3	7.3%
high	0	0%

Table 2: Data of abortionist, place and method of abortion (n=41)

Status of abortionist	**Frequency**	**Percentage**
Doctor	1	2.4
LHV	6	14.6
midwife	34	83
Place of abortion		
hospital	1	2.4
clinic	13	31.7
home	27	65.8
Method of abortion		
medical	1	2.4
surgical	32	78.0
both	8	19.6

Details regarding the previous use of contraception and decision for termination were taken from patient, according to this study only two patient (4.9%) were using contraception in the past and 39 (95.1%) never practiced any kind of contraception. In 31 (75.6%) cases it was woman's choice for termination of unplanned pregnancy while in 6 (14.6%) cases it was husband's choice for termination in 4 (9.76%) cases (2 were single) it was family pressure to get pregnancy terminated.

Patient presented with over lapping symptoms of sepsis acute abdomen, hemorrhage, and DIC (disseminated intravascular coagulation). Two patients were presented in shock and one with gangrenous small gut coming out vagina. Complication and outcome of patient are given in table 3.

Table 3 complication management and outcome (n=41)

Complication		
sepsis	15	36.6%
hemorrhage and incomplete abortion	8	19.5%
uterine perforation	4	9.7%
gut perforation	11	26.8%
renal failure	2	4.9%
DIC	1	2.4%
Management		
Medical	8	19.5%
®surgical	33	80.5%
Outcome		
expired	4	9.8%
long term morbidity	14	34.1%
improved	23	56.1%

Medical treatment: Antibiotic blood transfusion and renal dialysis in two patients.
Surgical treatment: Evacuation and curettage, laparotomy, hysterectomy, gut repair with iliostomy and colostomy.
Long term morbidity: need for > 4 blood transfusion, hospital stay for > 7 days, illiostomy and colostomy care, wound infection.
Improved: recovered completely and discharged in satisfactory condition with in 7 days from the hospital.

DISCUSSION

Abortion in Pakistan is used primarily as a family planning method. Being illegal and non-religious in our country, induced abortions are performed by untrained personnel usually lady health visitors, untrained birth attendants and nurses in dirty environment with subsequent high risk of haemorrhage, infection and injury to abdominal and genital tract.

In our study, 95% of women who underwent termination of pregnancy were married and used termination as a means of birth spacing and 85% were multigravidae, these figures are comparable to other studies carried out in Pakistan. In spite of contraceptive awareness, termination is still in advance[6]. Women with children when suffer from long term morbidity or die have grave consequences on the entire family.

In 75% of the cases it was the woman's choice, Women from all backgrounds seek abortions regardless of religious beliefs and fears of the dangers of procedures. Sixty percent of couples in the developing countries want to limit or space their families yet half of them do not have access to it[7].

Most abortions are carried out as a means of preventing unwanted births; reasons cited for not using contraception include inaccessibility of family planning services, financial constraints and in some cases differences between husband and wife over the size of the family.

Our study shows that only 4.9% of women used contraception in the past and 95% never practiced contraception. One major obstacle to the use of contraception is the fear of health side effects and misconceptions: it appears that many Pakistani women and men regard continuing contraceptive practices more threatening to health than an occasional induced abortion.

In this study, 78% of patients gave history of surgical interference, and got admitted with complication like peritonitis, one of the major complication was uterine perforation with or without gut involvement all of them had laparotomies due to uterine and bowel perforation (29.3%). As compared to 44.2% in a study carried at Karachi[8]. The most tragic result of unsafe abortion is death. We had 9.4% mortality as compared to 9.6% in a study in Karachi[8], 7.5% in a study carried at Peshawar[9] and 2.2% in a study at USA[10].

The study reveals that 97% of terminations were carried out by untrained professionals. This frightening figure highlights the fact that termination of pregnancies in Pakistan are carried out in back alley clinics under substandard conditions by untrained professionals. Iliteracy and poverty along with socio-religious background compound the problem Dr. Sadiqua Jafarey, president of NCMNH, is spot on when she observes. Many Pakistani women are paying with their health –and even their lives to avoid births they cannot afford or do not want[11].

CONCLUSION

Legal restrictions do not stop abortions from happening, they just make the process dangerous, and inevitably this leads to complications that place a heavy load on the healthcare system. There is an urgent need to expand access to modern contraceptives and improve family planning services, improve the coverage and quality of post abortion care which would reduce deaths and complications from unsafe abortions.

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