

## Septic Abortions: An Outcome of Criminal Abortion

UROOJ HUSAIN<sup>1</sup>, IMRAN JAWAAD<sup>2</sup>, SAIMA MANZOOR<sup>1</sup>, DURDANA ZAFAR<sup>3</sup>, ZUBIA IQBAL<sup>4</sup>, NAZIA YASMIN<sup>5</sup>

<sup>1</sup>Assistant Professor, Department of Forensic Medicine, University College of Medicine and Dentistry, Lahore

<sup>2</sup>Professor, Department of Forensic Medicine, University College of Medicine and Dentistry, Lahore

<sup>3</sup>Assistant Professor, Department of Forensic Medicine, Rahbar Medical and Dental College, Lahore

<sup>4</sup>Assistant Professor, Department of Forensic Medicine, Postgraduate Medical Institute (PGMI), Lahore

<sup>5</sup>Lecturer, Department of Forensic Medicine, Watim Medical and Dental College, Islamabad

Correspondence to: Imran Jawaad Email: [imranjawaad@hotmail.com](mailto:imranjawaad@hotmail.com), Cell: 0300-9482626

### ABSTRACT

**Background:** Abortion is considered illegal in many countries, same is true in Pakistan. In spite of all considerations no law currently support abortion, it is moral value of the doctor to justify this act. The ratio of cases resulting in abortion with the consent of mother are usually not reported at the government hospital that is why the actual figure remain unclear. Majority of cases of illegal abortion are observed among females out of wedlock, who do not want to disclose it to their family and friends, so they seek a secret way to get rid of this burden. The ways adopted for abortion are not legal and quite unhygienic which places the female at risk of sepsis or even death.

**Materials and Methods:** A total of 15 cases of septic abortion were reported to Lady Aitcheson Hospital, Lahore during a period of 4 years from 2015 to 2019. All these cases of septic abortion were cases of criminal abortion.

**Results:** Out of 750 cases of abortion only those illegal abortions which got septic were considered in this study. Depending on the symptoms they were divided into three groups. Majority of the cases were between 20-25 years of age and belonged to low socioeconomic group. Out of 15 cases 06 died due to advanced sepsis, 03 recovered with multiple antibiotic for more than two weeks, 02 patients had blood transfusion and recovered, 08 had laparotomy and 02 had laparotomy with hysterectomy.

**Conclusion:** The present study concludes that criminal abortion although illegal and is prevailing globally cannot be prevented. However, legal reforms need to be made so that whenever such cases are encountered proper medical cover and early referral to a hospital can prevent mortality among such females.

**Keywords:** Septic Abortions, Pakistan, Government Hospital, Law, laparotomy

### INTRODUCTION

Abortion is illegal in Pakistan, no law is currently prevailing in the country which supports abortion, no matter what is the nature of the case. It is the discretion of the doctor to decide about the outcome of the pregnancy whether she want to continue with the pregnancy or she wants to terminate the pregnancy, whether on medical grounds or due to some other reasons<sup>1</sup>.

The cases which are reported to the government hospitals are quite low, because majority of such cases usually go to private sector hospital to resolve the issue. It has been observed that majority of females who are pregnant and are desirous for abortion are unmarried<sup>2</sup>. There wish is to terminate pregnancy without knowledge to any other person. To achieve this objective, they come across doctors who are doing unethical practice and agree to perform abortion at their terms, the other option is to go to unqualified dais, quacks and related people involved in such practice.

Literature review have shown that abortion which are done on medical grounds are done by qualified professionals under sterile condition and seldom come across any complications. To develop sepsis in such cases is a rare entity<sup>3</sup>.

Septic abortion is usually encountered in females with low socioeconomic group, where literacy rate is low and performed by unqualified personal who usually perform such abortions in unhygienic conditions with no precaution to maintain aseptic measures. Whenever, such cases in advance stage of complications are reported to the hospitals does not show good recovery due to advanced sepsis. However, if such cases are referred to hospitals at an earlier stage prognosis could be far better with short stay at the hospital, which will also reduce the cost of treatment from which patient usually are afraid.

### MATERIAL AND METHODS

A total of 15 cases of septic abortion were reported to Lady Aitcheson hospital, Lahore during a period of 4 years from 2015 to 2019. All these cases of septic abortion were cases of criminal abortion. Lady Aitcheson hospital, Lahore caters cases of gynecology of all nature. These cases were shortlisted and limited to only those cases which were criminal abortions of septic nature. Analysis of all such cases were done on the bases of clinical presentation, treatment, complication and the likely outcome.

### RESULTS

During the tenure of 04 years 750 cases of abortion were reported. Out of these 15 cases were shortlisted which were cases of septic abortion which comprised 2% of all the cases. Detailed history of all these cases elaborated to be cases of criminal abortion.

The features which were common in nearly all such cases are fever, pain and tenderness in the abdomen, abdominal distension, foul smelling discharge from the vagina, discomfort in walking with ease. Ultrasonography revealed retained products of conceptions in majority of the cases. In addition, of retained products of conceptions fluid was also observed in the abdominal and pelvic cavity.

On the bases of symptoms these patients were classified further into three major classes as follows

Class I: localized infection of the uterus.

Class II: Infection not limited to uterus alone but have progresses to tubes, ovaries or pelvic part of the peritoneum was also involved.

Class III: Generalized peritonitis and all features of endotoxic shock observed.

All the three classes i.e. class I, II and III are associated with criminal abortion with variable features. Total 15 cases were reported out of which class I consisted of 3 cases, class II consisted of 2 cases and class III constituted 10 cases.

Table 1: Age of patient and gestation

Age	Primigravida	Multigravida
20	4	0
21	3	0
22	1	1
23	1	1
24	0	1
25	0	2

Table 2: Economic status of the patient

Economic group	Total cases (n=15)	% age
Low socioeconomic group	10	66
Middle socioeconomic group	04	26
High socioeconomic group	01	6

Majority of the cases were between 20-25 years of age, among these cases 9 conceived for the first time and 5 were

multigravida (Table-1). Majority of the cases belonged to very low socioeconomic group (10), (04) belonged to middle class and (01) belonged to high class (Table-2).

The period of gestation at the time of arrival to hospital was between 04 weeks to 12 weeks. Out of the total 15 cases 4 aborted spontaneously after ingesting some medicine but later developed sepsis, in the rest of 11 cases abortion was induced due to instrumentation (Table-3).

Table 3: Gestational age at abortion

Gestational age in weeks	Total cases (n=15)	% age
Less than 8 week	6	40
8 – 12 week	8	53
12 – 16 week	1	6

Out of 15 cases 06 died due to advanced sepsis, 03 recovered with multiple antibiotic for more than two weeks, 02 patients had blood transfusion and recovered, 08 had laparotomy and 02 had laparotomy with hysterectomy (Table-4).

Table 4: Treatment provided

Mode of treatment	Total cases (n=15)
Broad spectrum antibiotics	3
Blood transfusion	2
Laparotomy	8
Laparotomy with hysterectomy	2

Patients who were treated with broad-spectrum antibiotics all of them recovered. 02 patients got blood transfusion and they recovered. 08 patient underwent laparotomy out of which 06 died. 02 patients underwent laparotomy along with hysterectomy who recovered (Table-5).

Table 5: Outcome of the treatment

Mode of treatment	Total cases (n=15)	Outcome
Broad spectrum antibiotics	3	All recovered
Blood transfusion	2	All recovered
Laparotomy	8	06 died
Laparotomy with hysterectomy	2	All recovered

**DISCUSSION**

Abortion is not considered ethical and legal in Pakistan and Islam also forbids all abortions, however, there are physicians who perform abortion on medical ground, this fact is elaborated<sup>4,5</sup>. Women seeking for abortion due to any reason in this society have to look for places, which are usually run by unqualified and unprofessional people in a systematic review and meta-analysis done in 2017 that supports the study<sup>6</sup>. Whatever the outcome of the case may be, these cases are usually not registered at any forum, only those cases which are referred to the hospital or they seek treatment from a hospital at their own are registered and taken into account for further analysis. All such cases are categorized as illegal or criminal abortion a study done by Nelson L in 2018 and another study conducted by Freeman C in 2017 is in favor of the present study<sup>7,8</sup>.

Some females get pregnant out of the wed lock and want to get rid of the unwanted child, they also wish that such activity should not come into notice of anyone, a study conducted in Kenya in 2017 also supports our study<sup>9</sup>. This appears to one of the main reasons that these females approach unqualified people to procure abortion, which is a criminal act, a study conducted by Dhuli BB based on abortion done on the gender of the fetus in 2017 supports the present study<sup>10</sup>. Majority of such criminal abortion cases have already developed some complications before they report to any hospital or to a qualified doctor, if such patients never encountered any complications they should never have reported to any hospital, a study conducted in Eastern Uganda in 2020 supports our study<sup>11</sup>.

An abortion is considered to be septic which it is associated with infection which usually involve uterus, a study conducted in 2016 also in favour of our study<sup>12</sup>. If such infection is treated with

good quality broad spectrum antibiotic at an earlier stage better results could be achieved, however, delay in treatment could result in serious consequences, such as bleeding diathesis, nearby organs by get infected complicating the situation, majority of such cases usually have to undergo surgery to save the life of the patient, a study conducted in 2017 and another qualitative study conducted in 2019 supports our study<sup>13,14</sup>.

If unfortunately, patient develops septicemia, prognosis usually is quite grave. In those cases, who got operated the complications of operation such as wound infection, thrombophlebitis etc, adds to the poor prognosis, in a study conducted in Nigeria supports the present study<sup>15</sup>.

Early referral to a hospital improves the prognosis in all such cases, as antibiotics after culture and sensitivity are given at hospitals and surgical intervention further improve the prognosis of the case, in a study conducted in 2017 in Nigeria is in support of our study<sup>16</sup>.

Septic abortion is the grave outcome of all the cases of criminal abortion, it is not possible to prevent illegal pregnancies, what can be done is some legal reforms to safeguard the life of all such patients who have come across such situation, a study conducted among undergraduate students in Nigeria in 2020 and another study conducted in 2017 in Uganda are in support of our study<sup>17,18</sup>. Everybody needs to play their role in particular medical community to provide medical treatment to such patients so the life of the patient could be saved.

**CONCLUSION**

The present study concludes that criminal abortion although illegal and is prevailing globally cannot be prevented. However, legal reforms need to be made so that whenever such cases are encountered proper medical cover and early referral to a hospital can prevent mortality among such females.

**REFERENCES**

- National Institute of Population Studies (NIPS) [Pakistan] and ICF International. Pakistan Demographic and Health Survey 2012–13. Islamabad, Pakistan, and Calverton, MD: NIPS and ICF International; 2013
- Kamran Iram, Arif Shafique, Vassos Katherine. Concordance and discordance of couples in a rural Pakistani village: Perspectives on contraception and abortion—a qualitative study. *Global Public Health*. 2011;6(1):38–51.
- Bhutta Shereen, Aziz S, Korejo Razia. Surgical complications following unsafe abortions. *Journal of Pakistan Medical Association*. 2003;53(7):286–289.
- Zureick A, Khan A, Chen A, Reyes A. Physicians’ challenges under El Salvador’s criminal abortion prohibition. *International Journal of Gynecology & Obstetrics*. 2018;143(1):121-6.
- Taype-Rondan A, Tanaka JZ, Merino-Garcia N. Peruvian scientific production on abortion in scopus. *International journal of preventive medicine*. 2017;8(1).
- Dastgiri S, Yoosofian M, Garjani M, Kalankesh LR. Induced abortion: A systematic review and meta-analysis. *Materia socio-medica*. 2017;29(1):58.
- Nelson L. Provider conscientious refusal of abortion, obstetrical emergencies, and criminal homicide law. *The American Journal of Bioethics*. 2018;18(7):43-50.
- Freeman C. The crime of choice: Abortion border crossings from Chile to Peru. *Gender, Place & Culture*. 2017;24(6):851-68.
- Izugbara CO, Egesa CP, Kabiru CW, Sidze EM. Providers, unmarried young women, and post-abortion care in Kenya. *Studies in family planning*. 2017;48(4):343-58.
- Dhuli BB. Abortions in Urban and Rural Areas Due to Gender. *Academic Journal of Interdisciplinary Studies*. 2016;5(1):47-.
- Kagaha A, Manderson L. Medical technologies and abortion care in Eastern Uganda. *Social Science & Medicine*. 2020;247:112813.
- Calin AM, Schaas MC, Grigore AC, Voicu DC. Toxic-Septic Abortion and its Severe Complications, Frequently Lethal. *REVISTA DE CHIMIE*. 2016;67(12):2618-22.
- Aghaei F, Shaghghi A, Sarbaksh P. A systematic review of the research evidence on cross-country features of illegal abortions. *Health promotion perspectives*. 2017;7(3):117.
- Oyeniran AA, Bello FA, Oluborode B, Awowole I, Loto OM, Irinyenikan TA, et al. Narratives of women presenting with abortion complications in Southwestern Nigeria: A qualitative study. *PLoS One*. 2019;14(5).
- Akpanekpo E, Umoessien E, Frank E. Unsafe Abortion and Maternal Mortality in Nigeria: A Review. *Pan-African Journal of Medicine*. 2017;1:1-6.
- Ahmed AAH. Effect of Training Program on Nurses Knowledge and Practices Regarding Post Abortion Care in Selected Public Hospitals at Khartoum State. 2018.
- Oyeyipo EJ, Adeyemo AB, Arisukwu O, Rasak B, Igbolekwu CO, Oyeyipo KJ. Awareness on abortion legality among undergraduate students in Nigerian Universities. *Cogent Social Sciences*. 2020;6(1):1747334.
- Mulumba M, Kiggundu C, Nassimbwa J, Nakibuuka NM. Access to safe abortion in Uganda: leveraging opportunities through the harm reduction model. *International Journal of Gynecology & Obstetrics*. 2017;138(2):231-6.