Safe Abortion Services – Need of the Day

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Abstract

Introduction	Besides maternal deaths, unsafe abortion can result in a physically and mentally disabled mother incapable of taking care of herself and her family. Subsequent management of unsafe abortion complications can lead to physical, emotional and financial strain, ultimately affecting the well being of her family as well.
Objective	To analyze the reasons and methods used for pregnancy terminations and study the outcome of unsafe abortions.
Methods	Cross-sectional analysis of patients admitted in the Department of Obstetrics and Gynecology, BPKIHS, Dharan, Nepal, with septic abortions for a period of three years from Baisakh 2057 to Chaitra 2059 (April 2000-March 2003).
Results	Among the 877 patients admitted with abortion related complications, 95 cases were with septic abortion of which 78 had induced septic abortion. The main reason for seeking termination was an already completed family size. Local village women and untrained paramedics performed the procedure in 66.6% of cases. Vaginal insertion of sticks, sharp instruments and abortifacients were the main methods used as seen in 50% of cases. Peritonitis, septic shock, Adult Respiratory Distress Syndrome (ARDS) and Disseminated Intravascular Coagulation (DIC) were the main complications encountered. Fifteen deaths occurred among the septic induced patients and 3 among spontaneous abortion patients.
Conclusion	Desire for a smaller family size is the main reason for unsafe abortions in our community. Majorities of the providers are untrained; hence these women face grave risks. Legalization of abortion services has to be followed by making safe abortion services available throughout the country.
Keywords	Unsafe abortion, Septic, Untrained

Introduction

Clandestine abortions are quite common in our country with an unfortunate woman's death in a back street clinic making headline news occasionally because of prohibition of abortion services by the law of the land. Unsafe abortion is defined as a procedure of terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both[1]. Though abortion has become legalized recently in Nepal, it will take some time before safe abortion services become available to all. It is very essential to make this service freely accessible in all parts of the country. When performed by a trained health care provider with proper technique and sanitary standards, abortion is one of the safest medical procedures. The likelihood of dying as a result of abortion performed professionally under safe conditions is less than 1 per 100,000 procedures while following unsafe procedures it is several hundred times higher[2]. Complications of unsafe abortions account for about 5% of maternal deaths in our country[3]. Analysis of maternal deaths over a period of 4 years (1998 to 2002) in B. P. Koirala Institute of Health Sciences (BPKIHS), Dharan revealed that abortion complications accounted for 27% of maternal deaths in the hospital (Goswami *et al* 2002, Unpublished). Besides death, the surviving women with complications of unsafe abortions may suffer long-term morbidities, which can affect the well

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being of her family and future of her children as well. This study analyzes the reasons why these women chose to terminate their pregnancy as well as the complications they faced while undertaking such risks.

Materials and Methods

A hospital based cross-sectional analysis was carried out in the department of Obstetrics and Gynecology, BPKIHS, Dharan over a period of three years from Baisakh 2057 to Chaitra 2059 (April 2000-March 2003). All gynecological admissions with features of abortion with or without the history of attempted termination of pregnancy with temperature of more than 99° F, tachycardia of more than 100 beats/min, and uterine and/or abdominal tenderness were included in the study. The patient information on age, parity, period of gestation, and history of interference regarding place, person and method used for pregnancy termination were recorded at the time of admission in an especially designed structured questionnaire. The information was obtained either from the patient or from her attendant when the patient was unable or unwilling to answer. The treatment provided in the hospital, duration of hospital stay and the out come were recorded at the time of discharge from the hospital. The results were analyzed manually.

Results

During the study period of three years, a total of 877 patients with abortion related complications were admitted in Gynecology ward of BPKIHS, Dharan accounting for 23.8% of all Gynecological admissions (3682) during that period were studied. A total of 95 patients were admitted with a clinical diagnosis of septic abortion; hence 10.8% of abortion related admissions were for septic abortions. Of the total 95 study patients, 78 (82.1%) were with induced septic abortions, 16 (16.8%) gave no history or evidence of attempted pregnancy interference and were grouped under spontaneous septic abortion. In one patient it was not clear whether it was a spontaneous or an induced abortion complication. Despite positive evidence of interference like uterine perforation, bowel injury and foreign body in-situ, 7 patients persistently denied history of pregnancy interference.

Majority of the patients were married and in their twenties and thirties. In only 7 cases it was the first pregnancy while majority (48.4%) were carrying their third and fourth pregnancies. In 30 (31.6%) patients pregnancy was terminated between 5 to 8 weeks while in another 30 (31.6%) it occurred between 13 to 16 weeks and in 3 patients as late as 21 to 24 weeks of gestation (tables 1).

Table 1: Baseline characteristic

Age (yrs)	No.	Gravida[1] (1-10)	No. (%)	POG (5-24wks)	No. (%)
15-19	3	1	7 (7.4)	5-8	30 (31.6)
20-24	25	2	12 (12.6)	9-12	12 (12.6)
25-29	15	3	25 (26.3)	13-16	30 (31.6)
30-34	31	4	21 (22.1)	17-20	10 (10.5)
35-39	6	5	13 (13.6)	21-24	3 (3.2)
=/>40	15	+/> 6	17 (18)	? POG	10 (10.5)
Total	**95**		**95**		**95**

1 Previous one abortion = 8 patients Previous 2 abortions = 1patient

? POG– period of gestation could not be determined

Despite the common notion that the typical abortion client is an unmarried teenager, it was seen in our study that majority (77%) of the patients undergoing induced abortions were married women who had already completed their desired family size. Out of 78 patients of septic induced abortion only 4 were unmarried and 2 were widows. Village women and the local paramedics were the persons mostly providing these abortion services (66%). The paramedics included nurses, health assistants, auxiliary nurse midwives, assistants' of local medical shops and pharmacies. These people either owned the medical shops or worked there. Only in 3 cases medical doctors had performed the procedure, though they were doctors without any training in abortion services. Stick or sharp instrument were introduced vaginally and vaginal insertion of abortifacients like roots and herbs were the most common method employed to procure abortion as seen in 50% of cases. The procedure of dilatation and curettage or suction evacuation was identified in 29.5% cases. The local paramedics most commonly employed these methods though none of them had received any formal training (table 2).

Table 2. Reasons, persons and methods used for pregnancy termination (n =78)

Reason	No. (%)	Persons	No. (%)	Methods	No. (%)
Multiparity	60 (77)	Villager	26 (33.3)	FB insertion	39 (50)
Birth spacing	9 (11.5)	Paramedic	26 (33.3)	D&C/S&E	23 (29.5)
Unmarried/Widow	6 (7.7)	TBA	7 (9.0)	Other instruments	4 (5.1)
Failed contraception	2 (2.5)	Doctor	3 (3.8)	Not identified	10 (12.8)
Others [1]	1 (1.3)	Others [2]	3 (3.8)	Others [3]	2 (2.6)
		Not identified	13 (16.8)		

1. Conceived after rape, 2. Faith healer, palmist

3. Intra-amniotic saline, oral/injectable medicines
FB = Foreign body, D & C/ S &E = dilatation and curettage / Suction and evacuation

Patients with septic induced abortions presented with more severe clinical features as compared to those in whom abortion had occurred spontaneously. Features of peritonitis were seen in 41 cases with induced abortion while only 5 patients of spontaneous group had this complication. Those with induced abortion had complications like peritonitis, ARDS and DIC (table 3).

Table 3. More than one Clinical features (n=94)

Clinical features	Induced(n=78) No. (%)	Spontaneous(n=16) No. (%)
Bleeding P/V	47(60%)	12(75%)
Septic shock	18(23%)	2(13%)
Peritonitis	41(53%)	5(31%)
Pelvic abscess	2(3%)	0
ARDS	11(14%)	0
DIC	7(9%)	1(6%)

There were 10 cases of uterine perforation diagnosed during laparotomy in the induced septic abortion patients of which 3 had associated bowel injury. Among 78 septic induced abortion patients, there were 15 deaths while 3 out of 16 patients in the spontaneous septic abortion group died. Among survivors, hospital stay for those with induced septic abortion was on an average 10.7 days (2 to 53 days) while for those with spontaneous septic abortion it was 4.7 days (ranged from 2 to 9 days) (tables 4).

Table 4. Clinical course in the hospital (n= 94)

Treatment & outcome	Induced (n=78)	Spontaneous (n=16)
Uterine evacuation	56	13
Laparotomy #	23	2
Dialysis	7	0
Blood Transfusion	44	7
Ventilatory support	20	2
Vasopressor support	18	1
Death	15	3

Uterine perforation = 10 (3 had associated bowel injury)

Discussion

Unsafe abortions account for about 13% of pregnancy related deaths worldwide[2] and are associated with severe complications with 10-50% of these women requiring subsequent medical care[4]. Many visit the hospital in critical conditions at a very late stage thereby straining the finite hospital resources. During the period prior to legalization of abortion in Nepal, Prison Management Division, Ministry of Home Affairs had reported in 1997[4] that the number of women prisoned for abortion ranged between 73- 89 per year.

Laws governing induced abortion vary around the world from those prohibiting abortion with no exception to those establishing it as a fundamental reproductive right. In many instances the problem of induced abortion is linked to an unmarried pregnant girl or an illegitimate pregnancy though reports from most of the developing countries reveal the contrary. The present study reports only 3 adolescents, 4 unmarried and 2 widows. Majority of the patients were married, in their twenties and thirties who had already completed their desired family size and hence resorted to induced abortion. Induced abortion was also used as method of birth spacing in 6 cases. Reports from Kenya[5] where abortion is permitted only when the woman's life is in danger, state that most of the women seeking induced abortion are in their twenties, married and unable to afford another child. Majority of the women seeking clandestine abortion in Myanmar[6], where Buddhist populations are in majority and abortion is against the religious beliefs, were reported to be married, with one or more children and belonged to low socioeconomic groups. The desire for a small family size and birth spacing seems to be the main factor motivating these women to seek abortion services. Thapa and Padhye[7] have done a study of women from urban areas of Nepal seeking abortion services from trained providers; meaning that the clients were better educated and had easy access to health services. They found that the main reason for seeking an abortion among these women was the desire for a small family size.

Legalization of abortion services will not eliminate the problem of unsafe abortions. In India even with liberalization of Medical Termination of Pregnancy Act since 1972, unsafe abortions are performed 15-20 times more frequently than legal abortions. Kansarai *et al*[8] have reported of uterine perforations, bowel injury, sepsis and death following abortions performed by doctors without any training in these areas. Local village women and paramedics were the main abortion providers in the community followed by TBAs in this study. Korijo *et al*[9] have reported from their study from Pakistan, that 44% of induced abortions were performed by traditional midwives (Daiyan) where serious complications like uterine perforations and bowel injuries were encountered in 44% of cases. Rana *et al*[10] found that abortion was mostly carried out by doctors followed by paramedics in their study from Tribhuvan University Teaching Hospital located in Kathmandu. This may be due to the fact that Kathmandu is the capital city of the country where people have easy access to specialists. Vaginal insertion of foreign bodies like sticks, herbs and other abortifacients seem to be the most popular

methods for pregnancy terminations as seen in 50% of cases in our study. Patients of septic induced abortion presented with more severe complications as compared to those of spontaneous abortions. Management of septic induced abortion patients required more surgical and medical interventions than for those in whom sepsis had followed a spontaneous abortion. Uterine perforation is common during induced surgical abortion even when done by trained providers but usually goes undetected and resolves without intervention [11]. In this study 10 cases of uterine perforations were detected during laparotomy. Surgical interventions like uterine evacuation and laparotomy as well as intensive medical care like renal dialysis, ventilatory and vasopressor support was needed in a significant number of patients with septic induced abortions.

Unwanted and unplanned pregnancies will continue to occur throughout the world due to ever changing social and cultural norms leading to divorce, cross country migration, war and violence. Even with the perfect and all time use of contraceptives by all women accidental pregnancies will be encountered, as no method is hundred percent effective. Safe abortion services, as provided by law need to be easily available and provided by well-trained health personnel and supported by health system infrastructure to safeguard the reproductive health rights of every woman.

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