

MORBIDITY AND MORTALITY PROFILE OF ILLEGALLY INDUCED ABORTION

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ABSTRACT

Objectives: To find out morbidity (in term of haemorrhage, sepsis, injuries and miscellaneous) and mortality of illegally induced abortions.

Material and Methods: This descriptive study was carried out in Gynae "B" Unit Lady Reading Hospital from July 2008 to June 2010. The study included 40 consecutive cases of illegal induced abortions. All patients with history of illegal induced abortion admitted through OPD or casualty were included. Relevant information was recorded on a predesigned questionnaire prepared in accordance with the objectives of the study.

Results: The frequency of illegal induced abortion was 2.2% of total abortion related admission. Thirty five (87%) illegal abortion were performed in first trimester. Twenty nine (72.5%) case were above 31 years. Ninety nine (97.5%) patients were married and 1 (2.5%) was unmarried female. Thirty two (80%) were illiterate. Thirty (75%) belong to low socioeconomic class. Profile of morbidity included hemorrhage (45%) and sepsis (35%), other complication were uterine perforation (7.5%), uterine and gut perforation (2.5%) and 16% miscellaneous complication such a renal failure, DIC and Jaundice. 15% of patients with illegal abortion had prolonged hospital stay, 90% had their complications treated surgically and 10% maternal mortality was observed in illegally induced abortion.

Conclusion: Higher rate of complications were seen in older, grand multiparous, poor, illiterate woman with illegal induced abortion performed by unskilled health care provider.

Key Words: Induced abortion, illegal, therapeutic, maternal morbidity, maternal mortality.

INTRODUCTION

WHO estimates that among two hundred and ten million pregnancies that occur each year globally, there are 42 million (82%) induced abortions, of which 20 million are unsafe abortions¹. In other words, about 55,000 unsafe abortions are carried out each day. Of these 95% take place in developing countries. Nearly half of these are in Asia, about one third being in South Asia². Each year 670,000-680,000 women, mostly in the developing countries die from untreated or inadequately treated abortion complication³. This make unsafe abortion (UA), one of the leading causes of maternal mortality (13%),⁴ about one in eight pregnancy related deaths⁵.

In Latin America about 25% deaths are due to unsafe abortion and in Bangladesh it is about 20%⁶. About 9-15% of maternal deaths in Pakistan are attributed to illegally induced abortion^{7,8,9}.

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The abortionist is an untrained person performing procedure under usually septic conditions with a sharp stick, hairpin or knitting needle resulting in the development of life threatening infection, hemorrhage and damage to abdominal and pelvic viscera's,¹⁰ renal shutdown and DIC¹¹. Most of these illegally performed abortions are septic because they are done in the presence of poor sanitation by untrained person^{12,13,14}.

The intention behind the selection of this topic was that induced abortion is one of most neglected health problem and serious concern to women during their reproductive lives. Several studies have shown that maternal mortality and morbidity tends to rise with illegal induced abortion.

MATERIAL AND METHODS

This was a descriptive study performed in Gynae B Unit Lady Reading Hospital, Peshawar, from July 2008 to June 2010. The study included 40 consecutive patients with illegal induced abortion. All patients with history of illegal induced abortion admitted through OPD or Casualty were included in this study and other abortions like missed abortion and incomplete abortion were excluded.

Information of all the variables was collected according to performa developed for study. From all patients with illegal induced abortion detailed history was taken. Patients were thoroughly examined including general physical examination and systemic examination. Abdominal examination included palpating for any area of tenderness, gaurdening or rigidity. Shifting dullness and auscultation of bowel sound was done to rule out ascities and paralytic illeus. Pelvic examination was performed to see the condition of cervix (speculum examination), uterus (size and tenderness) and to detect any adnexal masses or tenderness.

All relevant investigations were done including routine such as, Blood group, Hb%, Urine R/E, Random Blood Sugar, HBV and HCV. Specific investigations such as high vaginal swab, cervical swab, abdominal and pelvic Ultrasonography (USG), leucocytes count, renal parameter, liver function tests, serum electrolytes, coagulation profile along with D-dimers, blood and urine culture. X-ray erect abdomen, X-ray chest and ECG were advised where necessary.

RESULTS

Forty cases of induced abortion were collected over a period of 2 years. The frequency of illegal induced abortion was 2.2% (n=40) among the total cases of abortion admitted. The complications rate the frequency of various complications of illegally induced abortions is shown in Talbe 1. Maternal mortality in illegal induced abortion was 10%, while causes observed in these patients are shown in (Table 2).

Majority of patients with illegal induced abortion (90%) were managed surgically for complications, E&C 65%, hysterectomy 10%, laparotomy followed by peritoneal lavage 5%, colpotomy 2.5%, laparotomy followed by removal of IUCD from abdomen 2.5%, drainage of pelvic abscess 2.5%, hysterectomy and colostomy 2.5%. Only 10% of patients with illegal induced abortions were treated medically or conservatively. Duration of hospital stay is shown in Table 3.

DISCUSSION

Induced abortion is one of global health problem and serious concern for women in their reproductive years. Majority of induced abortions are carried out by untrained providers resulting in significant increase in maternal morbidity and mortality¹⁵.

In our study the frequency of illegal induced abortion was 2.2% of total abortion related admissions. Zaidi have found illegal abortion rate of 3.06%⁹. Saeed GA et al have found illegal abortion rate of 2.3% in studied population. Tayyab S and Samad have reported illegal induced abortion rate of 3.08%⁸. Nagmi have reported the frequency of illegal abortion as 3.6%⁷. Regarding frequency of illegal induced abortion, our results are comparable to those of Zaidi⁹, while it was lower than Saeed GA¹⁰ and Tayyab S⁹, and Najmi RS⁷.

Table 1: Frequency of complications of illegal abortion illegal cases (n = 40)

Complications	Illegal abortions
	No. of patients and %age
Haemorrhage	18(45%)
Haemorrhage without shock	9(22.5%)
Haemorrhage with shock	9(22.5%)
Sepsis	14(35%)
Uterine infection	5(12.5%)
Peritonitis	5(12.5%)
Septicaemia	3(7.5%)
Septicaemic Shock	1(2.5%)
Uterine perforation	3(7.5%)
Uterine and gut perforation	01(2.5%)
Miscellaneous (renal failure, DIC, jaundice)	04(10%)

Table 2: Causes of Maternal Death in Illegal Abortions Total No of Illegal Cases (n= 40)

Maternal Death	No. of patients & percentage
Septicaemic Shock	1(2.5)
Septicaemia + DIC + Renal Failure	3(7.5)

Table 3: Duration of stay at hospital

Duration of stay (Days)	Illegal abortions
	No. of patients & percentage
1-4	29(72.5%)
5-7	5(12.5%)
8-14	4(10%)
15-35	2(5%)

The lower frequency of illegal induced abortion as shown is our study and studies from different parts of Pakistan are not encouraging as these do not depict the actual situation. The real magnitude of this problem is much larger as majority of these cases remain unreported with women seeking the services of back street abortionists, traditional birth attendants and privately practicing doctors who do abortions on request usually for the sake of money. Thus only women developing complications report to the hospital and even on hospital admission most of the patients deny any intervention.

In our study, the complication rate was 100% in illegal induced abortion. Haemorrhage was present in 45% of cases and sepsis in 35%. Saeed GA have reported haemorrhage in 44.3%, sepsis 32.6%, visceral injuries 19.2% and miscellaneous (renal failure and jaundice) 3.8%¹⁰. Najmi RS have found haemorrhage in 43% cases, sepsis in 33.3%, visceral injuries in 18% and Miscellaneous (Renal failure and jaundice) in 5.55% cases⁷. Tayyab S and Samad N have reported complication rate as haemorrhage 26%, sepsis 29%, trauma 40.54% and miscellaneous 5.4%. In one study from Iran 46% patients have septic abortion and 6% have septic shock¹⁶. Our results are comparable with Saeed GA and Najmi RS in which haemorrhage and sepsis were most common complications, while visceral injuries and miscellaneous were least complications. The reason for these complications are that majority of our illegal abortions were performed by unskilled person (untrained Dai) and semiskilled person (TBA, LHV, Nurse) under septic condition.

Annually about 197,000 women are treated in public and private hospital for complications resulting from unsafely induced abortion¹⁷. Most patients (90%) with illegal abortion were managed surgically; while only 10% were managed medically. Surgical management included E & C, hysterectomy, colostomy and laparotomies for pelvic abscess, removal of IUCD and peritoneal wash. Zafar et al have reported that 80% patient's had surgical management and 20% medical management of complications¹⁸. Our study is comparable with results of Zafar MA where most of patients had surgical management of complications.

Prolonged stay at hospital (15%) was observed because of complications such as haemorrhage and sepsis etc in illegal induced abortion. Sather ZA et al 2001 also observed 95% complications rate and prolonged hospital stay¹⁷.

In our study the mortality rate was 10%. All these patients were admitted with either septicaemia, DIC, renal failure or septicaemic shock and died within 24 hours. These patients were initially managed by untrained persons. Our results are comparable to study conducted by Saeed and Butta et al, both have reported mortality rate of 10%^{10,19}. Najmi RS have reported mortality rate of 10.50%,⁷ while Zaidi et al have found mortality rate of 12.6%⁹. Tayyab S have reported 25% mortality rate⁸. According to WHO 13% of maternal death are due to unsafe abortion¹⁵.

CONCLUSION

The rate of illegal induced abortion by education and awareness of public about Islamic law and risks of unsafe abortion. Provision of effective family planning services especially to those who have large family size due to shorter interval between pregnancies should be arranged while extending. Social help of those patients who had illegal abortion due to poverty.

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