

FREQUENCY OF COMMON COMPLICATIONS IN SEPTIC INDUCED MISCARRIAGES

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ABSTRACT

Objective: To determine the frequency of common complications in septic induced miscarriages.

Material and Methods: This research of study was conducted at Department of Obstetrics and Gynaecology, Lady Reading Hospital Peshawar, Pakistan. Study Design was engaging cross sectional examination and the term of the investigation was one year from April 2017 to April 2018. After examination the sample size was 132. All patients with age range 18-40 years, with history of illegally induced miscarriage, whether married or not, introducing to OPD or Emergency were incorporated a patients detail history of a patients was taken and physical examination was performed. Patients were assessed for complications like haemorrhage, sepsis, uterine perforation, cervical injuries and the final results were recorded on an already arranged questionnaire. Carefully consideration and prohibition criteria had pursued to control confounders and inclination in the investigation results.

Results: After our research study the result show that among 132 patients having age was 33 years with SD \pm 7.311, and also find that the 28% percent patients were literate while 72% patients were illiterate. The most common complication were sepsis 45%, followed by hypovolemic shock 32% and uterine perforation 10%.

Conclusion: Our study concludes that the most common complication of in septic induced miscarriages were sepsis, hypovolemic shock and uterine perforation.

Key Words: Septic induced, Miscarriages, Pregnancy.

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INTRODUCTION

WHO characterizes prompted unnatural birth cycle as the one when undesirable pregnancy is ended either by the individual lacking fundamental abilities or is performed in a domain which needs insignificant medicinal guidelines. When such miscarriages are complicated by infections, they are called septic induced miscarriages.

Entanglements incorporate p/v substantial per vaginal seeping because of fragmented nature of the methodology, hypovolemic shock due to excessive p/v

bleeding, sepsis, uterine perforations and intra peritoneal haemorrhage, cervical injury, septicaemia due to uterine gangrene and even the death of the patient. Low socioeconomic status, being unmarried and lack of awareness about contraceptives are the reasons for abortion¹.

The most common reason for termination of pregnancy is unwanted pregnancy (42.85%)² in those whose younger child is too small and they cannot look after the new baby or in unmarried, widow or divorced who cannot afford this pregnancy. Unwanted pregnancy places a woman at additional risk if she seeks abortion and safe services are not available⁵.

WHO estimates that among 210 million pregnancies that occur globally there are 42 million (82%) induced abortions, of which 20 million are unsafe abortions³. About 95% of all induced miscarriages occur in developing countries⁴. Morbidity and mortality

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from the septic abortion are infrequent in countries where induced abortion is legal but are widespread in many developing countries where it is either illegal or inaccessible⁹.

According to WHO, 2-12% of maternal deaths in Pakistan are due to complications of miscarriages⁴. Various local studies in Pakistan show that heavy p/v bleeding due to incomplete nature of the procedure are 45%³, 28%⁶, 48.6%⁷ and 34.5%⁸. Sepsis are 35%³, 20%⁶, 44.6%⁷ and 56.4%⁸. Uterine perforations are 7.5%³, and 21.8%⁸. Gut perforation, miscellaneous complications like renal failure, DIC and jaundice are 10%³ and maternal mortality 10 %³, 16.36 %⁸.

The rationale of our study is to highlight this neglected health problem of women who are exposed to serious complications of illegal miscarriage. This will help us in building a strategic plan for prevention of septic induced miscarriages. Knowledge about the risks and complications in our setup would help planning and policy making in arranging provision of contraceptive advice and facilities at door steps to the mothers.

MATERIAL AND METHODS

This study was conducted at Department of Obstetrics and Gynaecology, Lady Reading Hospital Peshawar. Study design was descriptive cross sectional study and the duration of the study was one year from April 2017 to April 2018. The sample size was 132, with 95% confidence interval, 4.5% margin of error and keeping 7.5% prevalence of uterine perforation³ and consecutive non-probability sampling technique was used for sample collection.

More over All patient with age 18-40 years, with history of illegally induced miscarriage, whether married or not, presenting to OPD or emergency were included while patients who underwent therapeutically induced miscarriages in a hospital setting and present to OPD again with complications were excluded. A detail history was taken and physical examination was performed. Data was entered and analyzed in SPSS version 20. Quantitative variable like age was calculated as mean \pm S.D.

Qualitative variable like education, marital status and complications (hypovolemic shock, sepsis, uterine

perforation) were presented as frequencies and percentages. Complications were stratified among age, education and marital status to see effect modification. Post stratification chi-square test was applied keeping p-value \leq 0.05 as significant.

RESULTS

In this study age distribution among 132 patients was analyzed as 50(38%) patients were in age range 20-30 years and 82(62%) patients were in age range 31-40 years. Mean age was 33 years with SD \pm 7.311. (Table no 1) Education level among 132 patients was analyzed as 37(28%) patients were literate while 95(72%) patients were illiterate. (Table no 2). Maternal status among 132 patients was analyzed as 127(96%) patients were married while 5(4%) patients were unmarried.

(Table no 3) Complication among 132 patients was analyzed as 42(32%) patients had hypovolemic shock, 59(45%) patients had sepsis, and 13 (10%) patients had uterine perforation. (Table no 4)

Stratification of complication with respect to age, education level and marital status is given in table 5, 6, and 7.

Table no 1: Demographic Features and Complications (n=132)

Age	Frequency
20-30 years	50 (38%)
31-40 years	82 (62%)
Total	132 (100%)
EDUCATION LEVEL	FREQUENCY
literate	37 (28%)
Illiterate	95 (72%)
Total	132 (100%)
MARITAL STATUS	FREQUENCY
Married	127 (96%)
Unmarried	5 (4%)
Total	132 (100%)
COMPLICATIONS	FREQUENCY
Hypovolemic shock	42 (32%)
Sepsis	59 (45%)
Uterine perforation	13 (10%)

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Table No 2: Stratifications of Complications W.R.T Age Distribution (n=132)

Complications	Status	20-30 years	31-40 years	Total	*P values
Hypovolemic shock	Yes	16	26	42	0.9720
	No	34	56	90	
Total		50	82	132	
Sepsis	Yes	22	37	59	0.8999
	No	28	45	73	
Total		50	82	132	
Uterine perforation	Yes	5	8	13	0.9636
	No	45	74	119	
Total		50	82	132	

*Chi Square test was applied in which P value was ≤ 0.05

Table No 3: Stratifications of Complications W.R.T Education Level (n=132)

Complications	Status	literate	Illiterate	Total	*P values
Hypovolemic shock	Yes	12	30	42	0.9246
	No	25	65	90	
Total		37	95	132	
Sepsis	Yes	17	42	59	0.8570
	No	20	53	73	
Total		37	95	132	
Uterine perforation	Yes	4	9	13	0.8168
	No	33	86	119	
Total		37	95	132	

*Chi Square test was applied in which P value was ≤ 0.05

Table No 4: Stratifications of Complications W.R.T Marital Status (n=132)

Complications	Status	Married	Unmarried	Total	*P values
Hypovolemic shock	Yes	40	2	42	0.6888
	No	87	3	90	
Total		127	5	132	
Sepsis	Yes	57	2	59	0.8294
	No	70	3	73	
Total		127	5	132	
Uterine perforation	Yes	12	1	13	0.4373
	No	115	4	119	
Total		127	5	132	

*Chi Square test was applied in which P value was ≤ 0.05

DISCUSSION

WHO describe persuade miscarriage as the one when undesirable pregnancy is ended either by the individual lacking essential abilities or is performed in a situation which needs negligible medicinal norms. When

such miscarriages are complicated by infections, they are called septic induced miscarriages. Complications include heavy p/v bleeding because of deficient nature of the strategy, hypovolemic shock due to excessive p/v bleeding, sepsis, uterine perforations and intra peritoneal haemorrhage, cervical injury, septicaemia due to

uterine gangrene and even the death of the patient. Low socioeconomic status, being unmarried and lack of awareness about Contraceptives are the reasons for abortion¹.

Various local studies in Pakistan show that heavy p/v bleeding due to incomplete nature of the procedure are 45%³, 28%⁶, 48.6%⁷ and 34.5%⁸. Sepsis are 35%³, 20%⁶, 44.6%⁷ and 56.4%⁸. Uterine perforations are 7.5%³, and 21.8%⁸. Gut perforation, miscellaneous complications like renal failure, DIC and jaundice are 10%³ and maternal mortality 10 %³, 16.36 %⁸.

Similar results were observed in another study conducted by Tayyab S et al¹⁰ at Khyber Showing Clinic, Peshawar where 37.7% of patients presented with haemorrhage, 42.8% with sepsis and 21.42% with instinctive injuries.

Similar results were seen in another investigation led by Fawad An et al¹¹ at Ayub Showing Medical clinic, Abbottabad in which age range of the patients was between 20–45 years, with a mean of 35 years. Most of the patients were grand multigravidas belonging to lower socioeconomic group and not utilizing any contraception.²⁰ patients (38.4%) gave substantial per vaginal bleeding due to because of deficient nature of the strategy.¹² patients 23% displayed in stun because of exorbitant per vaginal bleeding.¹⁰ patients 19.2% had uterine aperture and intraperitoneal haemorrhage. Two patients 3.8% had gut damage related with uterine perforation. Three patients 5.7% developed septicaemia because of uterine gangrene. Ten patients 19.2% had intense pelvic contamination given pelvic abscess and acute pelvic inflammatory disease. Maternal motility in our investigation was 2 out of 52 (3.8%).

Similar results discuss in pervious section were observed in other research studies¹⁸⁻²⁰ in which complication of septic induced miscarriages were sepsis 47%, followed by hypovolemic shock 35% and uterine perforation 12%.

CONCLUSION

The most common complications of septic induced miscarriages were sepsis, hypovolemic shock, and uterine perforation.

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AUTHOR'S CONTRIBUTION

Following authors have made substantial contributions to the manuscript as under:

Nasir S: Conceptualization , Data Collection, Manuscript Writing.

Shah ZU: Data analysis Manuscript writing, Proof Reading.

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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