

# Septic Induced Abortion Maternal Mortality and Morbidity

R ASHRAF A GUL R NOOR T NASIM A CHOHAN

Department of Obstetric & Gynaecology, Lahore General Hospital Lahore.

Correspondence to Dr. Razia Ashraf

A total 1932 patient were admitted in Gynae ward. Out of these 188 patients were of septic induced abortions. Incidence of septic abortion is (8.6%) of total admissions. (14.28%) were first trimester below 6 weeks, (57%) were 7-12 weeks and 29% were 2<sup>nd</sup> trimester. The reason for termination was unplanned Pregnancy in most of cases (42.85%). Maternal mortality rate was (7.1%) due to induced abortion.

**Key words:** Abortion, septic induced abortion mortality, morbidity.

The miscarriage of an early Pregnancy is the commonest medical complication presented in Gynae wards. Most of conceptions are lost during first trimester. Septic induce abortion is defined as interruption of Pregnancy before fetal viability at the request of woman and not for any risk to maternal health or fetal disease<sup>1</sup>.

In Pakistan the termination of Pregnancy is not legalized, because our religion does not permit this. In recent years abortion laws have been liberalized in many countries<sup>2</sup>.

Complication of illegal abortion accounts for a large number of maternal mortality and morbidity. An estimated 15,000-200,000 women all over the world die every year following induced abortion<sup>3</sup> and 50,000 women die every year because of its complications<sup>4</sup>. These procedures are more often carried by non medical and untrained persons. This results in to high rate of complications<sup>5</sup>.

Lahore General Hospital is a Tertiary Care Hospital which drains a lot of peripheral area of Lahore. So the number of patients who presented with complication of induced abortion is very high.

## Aim of Study:

The aim of the study is to high light the complications of induced abortion educate the community and decrease maternal mortality rate.

## Patients and Methods:

The total number of admissions in Gynae ward during one year (Jan-Dec. 2003) were 1932 out of these 168 Patients were of septic induced abortion. All the Patients were interviewed, in case of serious patients, history was taken from relatives. A detailed physical examination was done.

## Results:

A total number of 1932 patients were admitted in one year from January-December 2003, in Gynae Ward, Lahore General Hospital. Out of those 168 patients were of induced abortion.

Incidence of induced abortion is 8.6% of total Gynae admission. Table 1 shows the age and Table 2 Parity. It shows the majority of the patients i.e. (57%) were between the age of 20-30 years, (35%) were between 30-40 years and (7.1%) below 20 years.

Table 1: Age

Age	n=	%age
Below 20 years	12	7.1
20-30 years	96	57.1
30-40 years	60	35.7

Table 2: Parity

Parity	n=	%age
0	12	7.1
1 - 4	48	28.5
>5	108	64.2

Table 3 depicts duration of Pregnancy out of 168 Patients 120 were 1<sup>st</sup> trimester and 48 were 2<sup>nd</sup> trimester abortion. Table 4 shows that most common reason for induced abortion was unwanted Pregnancy and the next common reason was social problem (poverty).

Table 3: Duration of pregnancy

Duration	n=	%age
1 <sup>st</sup> Trimester upto 6 Week	24	14.28
7 - 12 Week	96	57.1
2 <sup>nd</sup> Trimester	48	28.57

Table 4:

Reasons for Termination	n=	%age
Unwanted Pregnancy	72	42.85
Younger child too small	36	21.42
Social problem (poverty)	60	35.7

Table 5 shows the method of termination the most common method was dilatation and curettage or instrumentation (57%)

Table 5:

Method of Termination	n=	%age
D+C or instrumentation	96	57.1
Placement of cotton swab	24	14.28
Oral or injectable	48	28.57

The most common complications were bleeding and pain (57%) and (43%) presented with peritonitis, 7.1% Gut perforation and 7.1% maternal mortality. The common cause of maternal mortality was septic induced abortion leading to pulmonary embolism, renal failure and septic shock.



Table 6 shows the Presentation and Complication.

Presentation	n=	%age
Mild Symptom (Bleeding, Pain)	96	57.1
Peritonitis:	36	29
a) Localized	24	
b) Generalized	12	
Complication:	26	7.1
Gut perforation	12	
Uterine perforation	14	
Maternal Mortality	12	

Table 7:

Mode of treatment	n=	%age
Conservative treatment	24	14.28
E+C	108	64.28
Exp. Laparotomy	36	22
a) Subtotal Hysterectomy		
b) Gut repair		

**Discussion:**

It is impossible to get an exact estimate of the number of illegally induced abortions. The evidence of complication due to induced abortion is best available index. Majority of these are induced out side the hospital by untrained person under unhygienic conditions leading to high rate of maternal complications.

The incidence of induced abortion is 8.6%. A study by Zareen (1998)<sup>6</sup> and Zaidi al<sup>7</sup> incidence is comparable. A study by Asma Gul<sup>8</sup>, the reported incidence is 13.65% which is quiet high. The decrease incidence is due to opening of new hospital in vicinity of Lahore General Hospital and better contraceptive services.

Out of 168 admission majority of Patients (57.1%) were between age of 20-30 years. It is comparable to study from Ethiopia<sup>9</sup> where (61%) of women were between age of 20-25 years. But it is in contract to study from Pakistan<sup>8</sup> where majority (47.29%) were between the age of 31-40 years. In 72% of cases duration of Pregnancy was first trimester and (28%) of cases were of 2<sup>nd</sup> trimester. It was because either they realized late that they have conceived or it took time to locate an 'appropriate' person to terminate.

The most common reason for termination of Pregnancy was unwanted Pregnancy (42.85%). In some case the younger child is too small that they cannot look after the new baby. In few cases patients were unmarried, widow or divorced so there is a great need for effective contraceptives and need for better sex education. In few cases reason was that they could not afford this pregnancy so they should be taught that Islam does permit postponement of pregnancy but strictly forbids elective termination<sup>10</sup>.

The most common method was D+C or instrumentation, 2<sup>nd</sup> common is use of oral and injectable

medicine and 3<sup>rd</sup> is the placement of local swabs by untrained persons. So there is need to increase literacy rate and impact health education and contraceptive services should be available at the door step. Government should arrange refresher courses regarding complications of induced abortion for traditional birth attendants, lady health visitors and nurses.

Some patients came in state of shock, few presented with peritonitis. This is similar to study conducted at Nigeria<sup>11</sup>. Some Patient developed oligura and renal failure. This is comparable to study conducted in Turkey<sup>12</sup>. In our study maternal mortality rate was (7.1%). It is near to study reported from Faisalabad (5.5%) and (5.6%) Bangladesh.

So the induced abortion conducted by unskilled personals result in needless and very high mortality and morbidity, tremendous strain on limited health resources and inexcusable human suffering. So there is intense need of better health and sex education, family planning services and propagation of religion knowledge to reduce maternal morbidity and mortality.

**References:**

1. Abortion, Cunningham FG et al Williams Obstetric 20<sup>th</sup> ed. 1997: 579-605
2. Health laws and regulation Abortion Int. Digest Health Logist. 1979: 30-30.
3. World Health Organization Youth and reproductive health. The health of youth facts for action. Geners World Health Organization 1985.
4. Tinker, Anne G. Women's Health Proceeding of Conference 1998, 11-12.
5. Tayyab S, Samed JN illegally induced abortion. JCPSP Vol. 6(2): 104-106.
6. Zareen A. induced abortion Pakistan Postgraduate Medical Journal Vol. 9 Oct.-Dec. 1998: 242-244.
7. Zaich (s) Mastoors Material death in induce abortion JCPSP 1993 : 3 : 20-3.
8. Asma Gul Material Morbidity and Mortality with criminally induced abortion. Annals of King Edward College Vol. 7 No. 1 Jan.-March 2001.
9. Machbo-T, T Sadic A Sir month study of different aspect of induced abortiön (165-72) Med-J 1993.
10. Al Quran Verse No. 31 Chapter No. 15 Surah No. 17 (Bani Israeel).
11. Konje TC, Obsession KA Health and economic consequence of septic induce abortion Int. J. Gynnecol Obstet 1992, 37: 193-7.
12. Utas C, Yalcindag C, Acute renal failure in kontras Anatolia Dialysis Nephrology Transplant 2000 : 15 : 152-15.
13. Bashir A, Cheema MA Maternal Mortality the Gynecologist 1999: 1-6.