Recurrent Induced Abortion – Still A Prevalent Problem

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Induced abortion is one of the major health problems and leading cause of maternal mortality. In Pakistan 11% of maternal deaths occur due to unsafe abortion. In this one year study 431 patients were evaluated. Various aspects of induced abortion were noted. Awareness about contraception and method used for termination of pregnancy alongwith maternal mortality and morbidity were assessed. Effects of marital status, age and parity were compared. Access to safe abortion is essential and technically feasible. It should be provided in combination with good quality, family planning services to both men and women. Adequate and high quality contraceptive counseling at school level. Sex education should be imparted. Though the cause of induced abortion are complex, inter-related but almost always preventable.
Key words: Induced abortion, maternal mortality

Every minute in this world 380 women become pregnant, 190 face unplanned and unwanted pregnancy, 40 women have an unsafe abortion[1]. WHO estimates that amongst the five major causes of maternal deaths induced abortion accounts for ¼ of these deaths. In this study the various aspects of illegally induced abortion were analyzed, so that preventable contributory factors can be rectified to reduce maternal mortality.

Patients and methods

There were 431 patients who were evaluated with abortion related complications from January 1999 to December 1999 in Department of Obstetrics and Gynaecology, Jinnah Hospital, affiliated with Allama Iqbal Medical College, Lahore. Of 431 patients 390 were identified as spontaneous and 41 as illegally induced abortion. A record of patients age, education, marital status, gestational age, status of person providing the illegal services for termination of pregnancy and method used and knowledge of contraception, overall maternal morbidity and mortality was noted.

Results

The total incidence of induced abortion was 9.51%. In this study 37 married and 4 single women were involved. Thirty two were multiparous with parity more than 4, primigravidas were 3. Six patients were nulliparous. Age incidence was bimodal with in higher age group in both late teens (11) and rest of 30 were between 20-40 years. Thirty two pregnancies were terminated within the 1st trimester and more than 16 weeks in 9 cases. Complications found following induced abortion were retained products of conception in 15 cases, 10 required laparotomy (8 had uterine perforation, 2 had bowel injury along with uterine perforation) 7 had post abortal haemorrhage, 1 had septisaemic shock and died, one had vesicovaginal fistula, 5 had pelvic abscess and 2 had extensive vaginal and cervical tears.

In most cases herbal sticks, cotton swabs in some drugs were used for local insertion. Twenty one cases were induced by dais, 5 by LHVs, 12 by nurses and 3 by doctors were also involved.

In the study period the total number of maternal deaths were 5 in which 1 was due to induced abortion.

The cause of death was mainly perforation and sepsis. She was admitted in irreversible septicaemic shock, who despite all the measure could not be resuscitated.

Discussion

Maternal mortality is a sensitive indictor of status of women, their access and adequacy of the health care system in responding to their needs.

In Pakistan, each year more than 5 million women become pregnant and approximately 15% of total (0.7 million)are likely to develop acute obstetrical complications.

Early marriages and teenage childbearing are prevalent in Pakistan. According to PDHS (Pakistan Demographic Health Survey 1990) teenage fertility rate is 15.7% in the country. In adolescent girls, the body is not physically ready for pregnancy and delivery and is more prone miscarriages, complications during pregnancy and maternal deaths. Unsafe abortions are another health hazard and are of the leading causes of maternal mortality. In Pakistan the studies have shown that 11% of maternal deaths occur due to abortions.

In our country approximately 30,000 women die each year due to pregnancy and childbirth related causes. The society should analyze the causes of death of women in the childbearing age and such tragedy should not happen. Leaving aside the deaths there are 20 other who suffer from disabling and life long injuries related to pregnancy and childbirth. It is also estimated that only 1 in 20 women who develop complications reach a health facility where emergency obstetric care is available.

UNICEF, progress of Nations 1976, estimated that

out of 585,000 maternal deaths occurring globally, 75,000 are the result of unsafe abortion. About 80,000 women suffer each year from injuries of fistulae.

In a prospective cohort study the cumulative incidence of 2nd induced abortion was 3.7% at the end of 1st year. At the first abortion variables predicting a risk of repeat abortion were age, occupation risk of being pregnant as a result of contraceptive failure[1].

Septic complications related to induced abortion performed by nongynaecolgists were more common. Instrumentation was commonly performed in the homes, chemists and poorly equipped private clinic. In Nigeria the complications were severe and maternal mortality was 8.4%.[2].

Drug like misoprostol is safe, inexpensive method and leads to few complications and consequent shorter hospital stay[3].

Eighty nine patients stated that they would choose a medical rather than a surgical method for termination of pregnancy. In a randomized, prospective study it is found that abortion is also associated with high incidence of psychological benefits, whichever method is used[5].

In the USA the abortion services are performed in 69% of cases in clinics, and only 7% in hospitals. Other than 1% who have an abortion are hospitalized for the procedure[6].

In a survey of USDA abortion providers shows that access to services have the following barrier related to distance, gestational limits, costs and harassment, 98%, perform abortion at 8 weeks from the last menstrual period and only 31% at 21 weeks.

The effects of marital status, age and parity on the choice of termination of pregnancy was noted. The prospect of single parenhood was the strongest determination for choosing abortion independent of age and parity. In all ages of married women the abortion tendency increases more with parity than age[8]. In a study conducted at Stockholm the use of contraceptives at the time of conception.

The sequlae of spontaneous and post abortal PID carry significantly elevated risks of dysparaunia and chronic pelvic pain[10].

Conclusion

Most maternal deaths result from poor health which starts at birth versus during adolescence and becomes critical following termination of pregnancy.

The cause of childbirth related deaths are multiple, complex interrelated and almost always preventable. The fact that women have total control for household affairs, but limited control over their reproductive lives. Globally complications of unsafe abortion affect thousands of women each year. It accounts for 100,000 deaths annually about 2 in 10 maternal deaths mainly in poor countries where abortion remains illegal[11].

Access to safe abortion is both essential and technically feasible and should be provided in combination with good quality family planning services. Both women as well as men need wide range of high quality, dispensable contraceptive counselling. They need to be able to obtain information, counselling about methods especially affected through sexual education started at secondary school level. To reduce repeat abortion a woman's post abortal family needs must not be neglected.

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