COMPLICATIONS AND MANAGEMENT OF UNSAFE ABORTION

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ABSTRACT

Objective — *To determine the frequency of unsafe abortion and its morbidity and mortality in patients presenting at Civil Hospital Karachi*

Study design — *Descriptive study.*

Place & Duration of study — *Department of Obstetrics & Gynecology, Unit III Civil Hospital Karachi, from 1st January 2001 to 31st December 2005*

Patients and Methods — *All patients with history of induced abortion were admitted. The particulars related to each case like age, marital status, parity, reason for requesting abortion, place and expertise of person carrying out the procedure and outcome were recorded. Once patient arrived in our unit detailed examination was done and relevant investigations sent. After primary resuscitation and optimization, the patients were managed according to their complications in collaboration with general surgical department*

Results — *Fifty nine mostly young ladies with age range of 17 to 47 years and mean age of 30.76 years, presented with complications of induced abortion. Fifty four patients were married and 5 were single mothers. Fourteen patients (24%) were nullipara and remaining 45 (76 %) were having 5 or more children. Only 7 out of 59 patients were booked cases, who underwent elective therapeutic medical termination of pregnancy (for foetal congenital anomalies in 5 cases and maternal grade III cardiac disease in 2 cases) They had no complication. Fifty two patients presented with induced and unsafe abortion. They were referred cases, and had multiple complications. Two patiens were brought dead and one patient died during pre-operative resuscitation. Out of remaining 49 patients, five (10%) were managed conservatively, 25 (51%) had re-evacuation and 19 (39%) underwent exploratory laparotomy. Ileal perforation was found in 5 cases. These were treated by primary repair and resection & anastomosis (2 cases each) and ileostomy in 1 case. Sigmoid perforation was found in 3 cases and managed by colostomy. Repair of uterine perforation only was done in 4 cases. Hysterectomy was performed in 4 patients. In three patients peritoneal toilet was also done. Overall mortality was 9.6 % (n-5)*

Conclusions — *Our data shows high morbidity & mortality associated with induced unsafe abortion in the form of prolonged hospital stay, multiple blood transfusions, laparotomies, hysterectomies that compromises the obstetrical future of young patients.*

Key words — *Abortion, Induced abortion, Unsafe abortion. Complications.*

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INTRODUCTION:

Induced abortion (IA) is defined as the elective termination of pregnancy at or before 28th week of gestation by surgical or medical means. It is one of the most frequent gynecological procedures. It is associated with few

complications when performed in safe condition.[1] WHO defines unsafe abortion as a procedure for terminating an unintended pregnancy carried out either by person lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both.[2]

The number of induced abortions declined worldwide between 1995 & 2003, from nearly 46 million to approx. 42 million. About one fifth pregnancies worldwide end in abortion.[3] For every 1000 women of childbearing age (15-44), 29 had IA in 2003 verses 35 in 1995 worldwide.[2] A woman's likelihood of having abortion is similar whether she lives in a developed or developing region. In 2003, there were 26/1,000 women aged 15-44 in developed countries compared with 29/1,000 in developing countries.[3]

Even though induced abortion carries a lower mortality risk than that of delivery itself, it is not so in every setting. The situation is quite different in developing countries, where there is high incidence of unsafe induced abortions, reflecting evident social and economical problems.[4,5] An estimate of 38-50% of all pregnancies is unintended despite general increase in the use of modern contraceptive methods from 6% -24% in Pakistan. Most of these unintended pregnancies result in higher number of induced abortions per year. It is calculated to be 45.5 million in 1995, 44% of these are performed under illegal conditions.[6-9] 26% of all the pregnancies and 50% of unwanted pregnancies end in induced abortion and 78000 women die as a result.[8-11] This study was undertaken to find out causes, modes of induced abortions and morbidity and mortality resulting out of it.

PATIENTS AND METHODS:

This descriptive study was carried over a period of 5 years from January 2001 to December 2005 in Obstetrics & Gynaecology Department, Unit III of Civil Hospital Karachi. All patients with history of induced abortion were admitted. The particulars related to each case like age, marital status, parity, reason for requesting abortion, place and expertise of person carrying out the procedure and outcome were recorded. Once patient arrived in our unit detailed examination was done and relevant investigations sent. After primary resuscitation and optimization the patients were managed according to their complications in collaboration with general surgical department.

RESULTS:

The total number of Gynaecological admissions during 5 years period was 3459. The total number of abortions were 1157. The over all frequency of abortion was 34.42 %. There age ranged from 17 years to 47 years, mean age being 30.7 years. Most of the patients were married and only 5 were single. Fourteen 1(24 %) patients were nullipara and 35 (59 %) had 5-10 children.

The total number of induced abortions was 59 (5.09%). Referred cases were 52 (88%) while booked cases were 7 (12%). These 7 patients underwent therapeutic medical termination of pregnancy (TOP) for fetal congenital anomalies in 5 (8.4%) and maternal grade III cardiac disease in 2 (3.3%) cases. All these cases were 2nd trimester terminations and had no complication as a result of procedure.

Out of 59 patients with induced abortion, 52 (88%) had some surgical intervention and were referred to civil hospital Karachi with complications, such as perforation, hypo-volaemic shock, septicemia, DIC. There was overlapping of clinical presentation as given in table I.

Table I Induced Abortion referred cases. n=52

Morbidity & Mortality	No. of pts	Percentage
Blood Transfusion	36	61
Perforation	23	44.2
Hypovolaemic Shock	17	32.6
Septicemia	12	23
DIC	7	13.4
Faecal Peritonitis	5	9.6
Expired	5	9.6

Five (10.2 %) patients were managed conservatively by antibiotics and blood transfusions. Twenty five (51%) patients had their uterus re-evacuated. In 19 (38.7%) patients exploratory laparotomy was done and general surgeon was involved. Five patients (10%) had ileal perforation. Two of these were treated by primary repair. In 2 cases resection & anastomosis was done. Ileostomy was made in one case. Sigmoid colon was found perforated in 3 patients and managed by colostomy. Three patients had pelvic abscess/ peritonitis so drainage and peritoneal toilet done. Four patients each underwent uterine repair and hysterectomy. The mean hospital stay was 7-14 days. Five (9.6%) patients died. Two mothers were brought dead with intestine hanging out of vagina, the other 2 with intestine visible at vagina were brought in moribund condition, one of them died before any surgery, 2nd died of septicemia 36 hours after colostomy. The 5th patient died of hypovolaemia / septic shock.

DISCUSSION:

The majority of women faced with an unwanted pregnancy seek help from friends, go to traditional healers or the ubiquitous wise women, or find and take the abortifisent. This may be successful or may result in major complications like hemorrhage, shock, infections / sepsis, perforations, organ failure, chronic pelvic inflammatory disease, infertility or even death. The poor and unlawful practice by nurses, doctors and traditional healers in private set up where hygiene standards are low and expertise lacking, major morbidity and mortality results.

The worldwide unsafe abortion rate was unchanged between 1995 & 2003 (15/1000). The overall abortion rate declined, but the proportion of unsafe abortion has increased from

44% to 47%.[13,14] Worldwide, 48% of all abortions are unsafe. More than 95% of abortions in Africa and Latin America, and 60% of abortions in Asia (excluding Far East) are performed in unsafe circumstances.[14] In Australia the total first abortion rate is 29% while in Nigeria the abortion rate is 18-25/1000 of known pregnancies.[12] TOP under legal umbrella or illegal, all are associated with complications and even death. The mean age of our patients was 30.7 years matching with a study carried out in Pakistan and India.[16,17] where most of the sufferers were older women, in contrast to western studies where majority are teenage girls.[18,19] 91.5% of our patients were married and grand multipara. This correlates well with other studies in Pakistan,[16,20] whereas western studies show mostly single nullipara mothers.[18,19]

The commonest complication which we encountered was blood loss that required transfusion in 61% cases and hypovolaemic shock in 32.6 %. This is also common in legal abortions 1.5- 8.5/1000.[13] The second common complication is incomplete abortion which is 51.02 % in our series matching with 42.8% as reported in a study carried in west of Pretoria.[25] The most drastic of the complications is uterine perforation with or without intestinal involvement. In our series, we had 44.2 % of uterine perforations. These perforations were either alone in 8 (16 %) cases or associated with ileal injury in 5 (10 %) cases and sigmoid injury in 3 (6 %) cases, this matches with other studies.[16,21,25,,26.]

The most tragic result of unsafe abortion is death. We had 9.6 % mortality as compared to 7.5 % in a study carried at Peshawar and 2.2 % in a study at USA.[23,18] Sex education has neither increased the contraception rate nor decreased the incidence of TOP.[19] The reasons why women do not use contraceptives, are concerns about possible health risks and various side effects.[24] In spite of contraceptive awareness, TOP is still in advance.[19, 24]

CONCLUSIONS:

This data shows that morbidity & mortality of induced abortion is 88% and 9.6% respectively. The patients had laparotomy, colostomy, hysterectomy along with prolonged hospital stay and the obstetrical future of the patient was compromised. Therefore we recommend use of effective contraceptive methods to help reduction of unwanted pregnancy.

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