Original Article

COMPLICATIONS AND TREATMENT OF ILLEGALLY INDUCED ABORTION

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ABSTRACT

Objective: To detect and treat complication of illicit abortions along with status of abortionist and method used by them. **Study Design:** Descriptive study. **Setting:** Department of Gynae and Obstetrics, Allied Hospital, Faisalabad. **Period:** March 2002 – February, 2003. **Material and Methods:** 50 patients selected either married or un-married and evaluated for illicit induced abortion performed by untrained personnel and methods used by them. **Results:** Out of 50 patients, 45 were married and 5 were unmarried. The reasons for termination were illegitimate pregnancy in 7 cases, decreased spacing in between pregnancy in 32 cases and grand multiparity in 11 cases. In 37 patients dilatation & curettage was used as method for termination of pregnancy. In remaining 13 methods used were metallic sharp instruments, medicines (herbal/allopathic) and IUCD insertion. 37 patients presented with acute abdomen ended up in emergency laparotomy. 9 patients were treated by curettage only. 2 patients were managed conservatively. 5 patients died due to septicaemia. **Conclusion:** Illicit induced abortion is a major public health issue. Results highlight the magnitude of the induced abortion and its consequent morbidity. Further more, it also indicate that health care providers, irrespective of legality issues, provide such services on demand. Illicit induced abortion and its complications can be avoided with better and easy provision of contraceptive measures and family planning resources. **Key words:** Illegitimate pregnancy, Multiparity, IUCD, Curettage.

INTRODUCTION

Abortion for some equates with "murder of the unborn child"[1]. In our societies, no matter the legal, moral or cultural status of abortion, there will be some women who desperately seek to terminate an unwanted pregnancy, in almost all societies; it is the poor and young who disproportionately suffer the consequences of illegal abortion. It is estimated that approximately 15,000 unwanted pregnancies that are terminated every day by induced abortion, one third are performed under unsafe condition.[2] WHO has coined a new term "unsafe abortion" characterized by lack or inadequacy of skills of providers, hazardous techniques and unsanitary facilities. Abortion is not legalized in Pakistan, but the Fourth common Wealth Medical Conference (1974) recommended abortion to save the lives of mothers.[3] Sepsis is introduced during the induction of abortion in unhygienic surroundings with unsterilized instruments and risk of dying from sepsis after illegal abortion is fifty times greater then after therapeutic induction.[4] Abortion laws are more strict in Pakistan, Bangladesh, Burma, Laos and Sri Lanka where it is illegal except to save women's life. Complications of poorly performed illegal abortion estimated to account for approximately 20 percent of all maternal deaths or a figure probably in excess of 1,00,000 deaths annually.[5]

WHO estimates that 2000 million pregnancies occur globally each year, out of them 53 million are induced abortions of which 20 million are unsafe abortions. 9.5% of them take place in developing countries, half of them in Asia, about 1/3rd being in South Asia. More than 200,000 women die all over the world following unsafe abortion 50,000 women die each year because of its complication.[6] According to WHO, based on four studies carried out from 1961 to 1983, 2 – 12% of maternal deaths in Pakistan are

due to complications of abortion. WHO, 1995.[7] No one knows exactly how many women die each year as a result of complication of pregnancy; induced abortion and childbirth. Most of the women who die are poor, reside in remote area and their deaths are accorded little importance. Hence there is tendency to underestimate the gravity of situation.[8] Maternal mortality ranges in Pakistan between 10 – 12% and main reason for these deaths are haemorrhage & sepsis.[9, 10]

PATIENTS & METHODS

It is a descriptive study (non interventional) conducted on 50 patients in department of Gynae & Obstetrics, Allied Hospital during the period from March 2002 to February 2003. Convenience sample (non probability sample) technique was used. Patients were analyzed thoroughly regarding detail history and clinical examination, method used for termination of pregnancies, complications and type of management. All patients whether married or unmarried with diagnosis of illicit induced abortion performed by untrained personnel were included in this study.

All patients with diagnosis of inevitable, missed, complete, incomplete, recurrent or spontaneous abortion along with therapeutic induced abortion performed by trained personnel were excluded from the study. A questionnaire was used in this study to collect the data.

The following outcome were measured: maternal age, parity, duration of gestation, marital status, status of abortionist, methods used for termination of pregnancy, reason for termination and complication encountered during termination. All the relevant data was compiled on a master chart. Data analysis was done by using computer software devised with statistical package for social sciences (SPSS).

RESULTS

Out of 50 patients who presented with illegally induced abortion most of them were married and above 30 years of age, only 5 patients were nulliparous and unmarried. The reasons for termination were illegitimate pregnancies in 7 cases, (14%) decreased spacing in between pregnancy in 32 cases (64%) and grand multiparity in 11 (22%) women. The factors which were common among all women were reported to be poverty, unwillingness of male partner to use contraceptive devices, helplessness and method failure.

Most of the abortions were performed in first trimester, (76%) the longest gestational period at which the abortion was done was at 26 weeks. In under developed countries such as Pakistan, back street abortionist play key role. In our study TBA's were the most commonly sought health care provider (50%), though LHVs (30%) and nurses (20%) were other health care providers women resorted to.

Dilation & Curettage offered to majority of the patients (70%), per vaginal use of herbal or allopathic medicine in 10% other means of intervention e.g. tip of wire, knitting needle and sticks reported by 14% of patients. In only 3 cases the mode of induction was IUCD insertion. (Table No.1)

Complication rate remain always high in septic abortion. 37 (74%) women presented with acute abdomen, ended up in emergency laparotomy. Out of them some presented with generalized peritonitis and few with septic shock. Emergency laparotomy was done in collaboration with surgeons, uterine perforation was found in 12% cases where as in 20% patients associated gut injuries were present. One patient presented with uterine perforation along with ureteric injury which was missed during surgery. She was diagnosed post operatively when sampling of her peritoneal drainage bag was done, which came out to be urine, her urine output was not satisfactory post operatively. Her renal function test was normal. She was then referred to urology department where per cutaneous Nephrostomy was done. There was one case of gangrenous uterus which ended up in hysterectomy. She was an unmarried girl. Women presenting with peritonitis (18%), were managed by prescribing broad spectrum antibiotics followed by exploratory laparotomy and drainage of pelvic abscess. (Table No.2)

During their stay in hospital curettage followed by Exploratory laparotomy (74%) remain the treatment of choice. In 9 women curettage was the only treatment done. 2 patients were managed conservatively. (Table No.3)

In this study 5 (10%) maternal deaths occurred. All these women were admitted in grade 3 sepsis, 2 were unmarried. Intensive resuscitation was given to all of them, one died before any surgical intervention. In our set-up it is very difficult to estimate the actual data because of miss reporting as well as under reporting and most of the time only the patients with life threatening complications reach the tertiary care hospitals for treatment.

Table 1:
Various Methods Used for Termination of Pregnancy

Method Used	No. of Cases	%
Dilation & Curettage	35	70
Intra Uterine Intervention (wire, Knitting needle, stick etc.)	7	14
Medicine used (Oral/per vaginal)	5	10
IUCD placement	3	06

Table 2:
Complications Encountered During Termination

Complications	**No. of Cases**	**%**
Septic shock along with peritonitis	17	34
Only Peritonitis	9	18
Uterine Perforation with bowel trauma	10	20
Uterine Perforation	6	12
Other viscera involved (ureteric injury)	1	02
Acute Renal failure	2	04

Table 3:
Treatment Offered During Hospital Stay

Type of Treatment	**No. of Cases**	**%**
D & C followed by laparotomy	37	74
Only D & C	9	18
Conservative	2	04
D & C followed by dialysis	2	04

DISCUSSION

A study of 50 cases of induced abortion at Allied Hospital, Faisalabad showed an alarming picture of malpractice and maternal morbidity and mortality. The frequency of induced abortion in this study is high in married, middle aged, multiparous women belonging to low socioeconomic class. Pregnancy was unwanted in majority of cases. This study is comparable to a similar study at department of obstetrics and Gynaecology, conducted at Services Hospital Lahore, the corresponding figures were (80%), and most of them were multiparous.[11]

A study was performed at Civil Hospital, Karachi, 37 cases amongst the total abortions were illegally induced, out of 37, 13 cases were induced by unskilled personnel called dais (not trained TBAs) and trained medical personnel were responsible for 24 cases of whom 10 were performed by TBAs/nurses/LHV while 14 were carried out by doctors.[12] Our results are comparable to this study but with one difference. None of the doctor was responsible for inducing abortion in our study.

The diversity of health care providers sought and methods used, reported by women seeking abortion in our study is similar to those reported in the international literature. However, self termination by introduction of objects was not reported in our study but frequently reported in studies from African countries.[13]

The clinical causes of maternal mortality and severe morbidity consequent to induced abortion in countries such as Pakistan and some countries in Latin America where abortion is illegal, include sepsis, hemorrhage and visceral trauma.[14]

In our study maternal mortality is 10%. Sepsis and peritonitis remain the main causes. At University College Hospital Ibadon a study of 230 cases of illegally induced abortion showed that peritonitis was the commonest complication and maternal mortality was 8.3%.[15]

In a study conducted at Lady Willington Hospital, Lahore induced abortion (18.5%) was the third major cause of maternal death. Inoedemhe et al who conducted a study of intestinal injury following induced abortion. They constituted 2% of all cases. 10 patients were with terminal ileal injury and 6 with colonic. Colonic injuries were predominantly encountered in the first trimester.[16]

One study from Karachi has highlighted that educated women are more conscious of their family size and

birth spacing and they are more likely to seek termination of unplanned pregnancy. [17]

In present series majority of patients presented with acute complications e.g. perforation of uterus (18%) intestinal injury (20%) including sigmoid colon, rectum and small intestine.

In summary our results highlight the magnitude of the induced abortion rate and its consequent morbidity. Furthermore, our results indicate that health care providers, irrespective of legality issues, provide such services on demand.

CONCLUSION

In countries like Pakistan where abortion is illegal and unmet need for family planning is high resorting to a clandestine abortion to terminate an unwanted pregnancy is the most likely recourse that couples resort to as a method of choice to achieve desired family size. Recent FIGO meeting have given high priority to the topic although significant changes in local priorities to develop effective interventions are yet to come. As in all other branches of medicines prevention is better than cure, illegally induced abortion and its complications can be avoided with better provision of contraceptive measures and family planning resources.

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