Section: OBG

Original Research Article

UNSAFE ABORTION: LEADING CAUSE OF DEATH AND MORBIDITY

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Abstract

This study aimed to determine how often women with complications from unsafe abortions attended a tertiary care hospital. This study was conducted on women who had terminated their pregnancy at or before 22 weeks gestation. In this study, 50 (21.7%) of the 230 women who met the inclusion criteria had undergone unsafe abortions and were hospitalized with the complications that resulted from them. 82% of women (n=41) had abortions due to unintended pregnancy. Doctors performed 18 (36% of all terminations), Lady Health Visitors (18%), untrained birth attendants (20%), and nurses (8) performed four (8%) of all terminations. 28 (56.0%) women underwent dilatations and evacuations, while 18 (36.0%) used a Laminaria tent before evacuation. A total of 27 women (54.0%) experienced complications, including uterine perforation and gastroenteritis. After incomplete abortions, 13 (26.0%) women had hemorrhage. In total, two (4.0%) women lost their lives. The majority of terminations are performed by healthcare providers. A refresher course and a workshop on safer methods is necessary to prevent maternal mortality.

INTRODUCTION

Despite the fact that abortion is a significant cause of morbidity and mortality in world, it remains a critical public health issue.[1] Pregnancy termination without medical supervision occurs under unhygienic conditions by unskilled individuals. Many women in India resort to unsafe methods of abortion because of restrictive abortion laws, societal stigmas, and limited access to safe and legal abortion services.[2]

In addition to immediate health effects, unsafe abortion has long-term effects as well. In addition to hemorrhages, infections, perforations of the uterus, injuries to internal organs, and long-term reproductive health problems, unsafe procedures can lead to serious morbidity. As a result of unsafe abortions,[3] numerous lives are lost, families and communities suffer devastating consequences, and maternal mortality is on the rise.[4] Developing effective public health interventions requires understanding the impact of unsafe abortion on morbidity and mortality. Policymakers, healthcare providers, and advocacy groups can minimize the risks associated with unsafe abortions by identifying the underlying factors and consequences.[5]

The aim of this study is to examine the health risks women face, the societal and cultural factors influencing the problem, the challenges obtaining safe abortion services, and their implications for reproductive healthcare policies, in order to provide an overview of the morbidity and mortality rates caused by unsafe abortions. Educating policymakers and stakeholders about this issue is intended to reduce the burden of unsafe abortions, protect women's health, and ensure their reproductive rights.[6]

MATERIALS AND METHODS

In light of available data and research objectives, a retrospective analysis or a cross-sectional study was designed. Medical records, hospital databases, and mortality data from relevant sources were reviewed in a retrospective analysis. To gather information on unsafe abortions, healthcare providers and women of reproductive age were surveyed. Systematic sampling is essential for ensuring representative results. A random sample of healthcare facilities in different regions are selected for this study. In addition, a representative sample of reproductive-age women were surveyed in a population-based survey.[7]

The study design determines how data are collected. Retrospective analyses conducted by reviewing medical records and databases for information such as unsafe abortion cases, complications, and maternal deaths. Women or healthcare providers involved in the care of women who have experienced unsafe

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abortions were given structured questionnaires to answer in a cross-sectional study.[8] The factors contributing to unsafe abortions explored through interviews or focus groups.

Morbidity and mortality caused by unsafe abortion were assessed based on a variety of variables. Women's sociodemographic characteristics, access to healthcare services, contraception use, and availability of safe abortion services are included in these factors, including number of unsafe abortions, complications (e.g., hemorrhage, infection, perforation of the uterus), maternal deaths, and maternal deaths.[9] Data collection was conducted in a confidential manner with informed consent obtained from all participants. In order to calculate frequencies, proportions, and measures of association from quantitative data, statistical software such as SPSS or R was used. Morbidity and mortality rates was summarized using descriptive statistics. In order to identify themes and patterns related to unsafe abortions, qualitative data was transcribed, coded, and analyzed thematically.[10]

RESULTS

50 (21.7%) of the 230 abortions observed over the study period resulted from unsafe abortions. There were 50 women in the study, each with a mean age of 26.50 ± 6.98 years. A total of 50 patients were analyzed with 24 (48.0%) having one to three children; 10 (20.0%) having four or more; and 16 (32.0%) were nulliparous. There were 34 married patients (68.0%) and 16 unmarried patients (32.0%). Among the 50 patients, 26 (24.4%) were uneducated and 24 (76%) were not educated [Table 1].

At the Taluka and Basic Health Unit levels, Lady Health Visitors provide primary care and births instead of surgical procedures. Birth attendants do not perform abortions besides attending home deliveries. Women were evacuated after spontaneous or induced abortions that were incomplete by LHVs (n= 18, 36%) and doctors (n= 18, 36%). The procedure was performed by four women (8.0%) [Table 2]. The procedure was performed by nurses for only ten (20.0%) of the women who went to it.

In most cases, termination was accomplished by instrumentation. There were 28 (56.0%) women who underwent dilation and evacuation (D&E). Additionally, 18 (36.0%) women were evacuated with Laminaria tents and 4 (8%) with Foley catheters. Among the women surveyed, eight (16.0%) were in the 13-22 week range, while the rest (84.0%) were within the 12 week range [Table 2].

The number of women who terminated their pregnancies, or 82 percent (25 married and 16 unmarried) changed between the years 1984 and 1990. One (2%) women died due to incompletely induced abortions in an unhygienic setting resulting in complications such as sepsis and perforation. Thirty-eight (76.0%) of the patients were treated for various complications associated with attempted abortions, and twelve (24.0%) were treated for complications associated with induced abortions.

The ultrasounds of 13 patients (26.0%) revealed retained products of conception during their examination. Among the major complications, 15 (30.0%) women sustained uterine perforations, and 12 (24.0%) women suffered gastrointestinal injuries. Four women (33.3%) had resection anastomosis, five (41.7%) had primary closure, and three (25.0%) had colostomies. Injurious ischemic conditions resulting in the intestine appearing inside the vagina were observed in 6 patients (50%) and 3 patients (25%) with perforations of the ileal walls. There were eight (16.0%) women who developed septicemia. A total of four (8%) women with intact missed abortions underwent hysterectomy following evacuation.

Table 1: In these 50 cases of unsafe abortion complications, we described the demographics of the patients.

Feature	N (%)	
Age		
15 to 25 years	18	(36%)
26 to 35 years	20	(40%)
>36 years	12	(24%)
Parity		
Nulliparous	16	(32%)
1 to 3	24	(48%)
4	10	(20%)
Status of marriage		
Married	34	(68%)
Unmarried	16	(32%)
Education Status		
Illiterate	26	(52%)
literate	24	(48%)

Table 2: Procedure termination procedures, providers, and reasons (n = 50).

Factors	N (%)
Health care providers	
LHVs	18 (36%)
Nursing	10 (20%)
Doctors	18 (36%)
Others	4 (8%)
Reason for visiting Health care providers	

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Unplanned pregnancies for MTP	41 (82%)
Incomplete abortion	9 (18%)
Methodology	
Fabricated history	28 (56%)
Evacuation of the Laminaria tent	18 (36%)
Evacuation of a Foley catheter	4 (8%)
Termination of pregnancy	
Complications associated with attempted abortions	38 (76%)
Complications associated with spontaneous abortions	12 (24%)

DISCUSSION

Women are at severe health risk from unsafe abortions. There is a greater likelihood of complications where there is no medical supervision, sterile conditions, or appropriate equipment. Hemorrhage (excessive bleeding), sepsis (infection), uterine perforation, organ damage, and long-term fertility problems are some of the complications associated with this procedure. Health and quality of life can be negatively impacted by these complications. The main cause of maternal mortality is unsafe abortions. It is highly likely that women will experience life-threatening complications due to a lack of trained healthcare providers and access to safe abortion services.[11] Families and communities are devastated by maternal deaths. Societal and cultural factors are also involved in the discussion of unsafe abortion. Women do not seek medical help for abortion due to strong social stigma surrounding it. A challenging topic to address openly is abortion because of cultural norms and religious beliefs that influence attitudes toward it.[12]

In India, abortion services are not accessible or legal in a safe manner. There is a lack of trained providers and inadequate healthcare facilities as a result of restrictive laws, social stigma, and inadequate healthcare facilities. Access to safe abortion services is difficult for many women, especially those from marginalized communities. There is an urgent need for comprehensive reproductive health policies and reforms to address the morbidity and mortality associated with unsafe abortion.[13] In addition, health providers need to be trained in safe abortion techniques and given access to safe and legal abortion services. In order to reduce the harm caused by unsafe abortions, policy changes should prioritize women's reproductive health and rights. Standards and guidance: When it comes to unsafe abortions, it is crucial to consider national and international standards and guidelines.

World Health Organization (WHO) promote access to reproductive healthcare and provide guidelines on safe abortion practices.[14] In order to reduce the morbidity and mortality rates associated with unsafe abortions, policies and practices must be aligned with these international standards. There is a need to address legal, social, cultural, and healthcare system factors in relation to morbidity and mortality associated with unsafe abortions. India can promote women's reproductive rights, provide comprehensive health services, and raise awareness to reduce the adverse health consequences associated with unsafe abortions and ensure the well-being of its women by promoting their reproductive rights,[15,16] providing comprehensive healthcare, and improving women's awareness.

CONCLUSION

There is a high prevalence of unsafe abortions in India, mainly due to a lack of reliable, legal abortion services. It is common for women to use untrained individuals to assist them, which can lead to complications. Women are at risk of health problems related to unsafe abortions. There are many risks involved in pregnancy, such as severe bleeding, infections, perforations of the uterus, organ damage, sepsis, and long-term reproductive health issues. It is possible for these risks to escalate rapidly without adequate medical supervision, resulting in long-term health consequences or even death. There has a high maternal mortality rate due to unsafe abortions. The risk of fatal complications is higher for women who undergo unsafe procedures. The high mortality rate associated with abortion is directly related to insufficient healthcare facilities, the lack of access to safe abortion services, and the stigma surrounding abortion in society.

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REFERENCES

1. World Health Organization. The prevention and management of unsafe abortion. Report of a Technical Working Group. Geneva: WHO; 1993.
2. Okonofua FE, Shittu SO, Oronsaye F, Ogunsakin D, Ogbomwan S, Zayyan M. Attitudes and practices of private medical providers towards family planning and abortion services in Nigeria. Acta Obstet Gynecol Scand 2005;84(3):270–80.
3. Henshaw SK, Singh S, Haas T. The incidence of abortion worldwide. Int Fam Plann Persp 1999;25(Suppl): S30–8.
4. Sedgh G, Henshaw S, Singh S, Ahman E, Shah IH. Induced abortion: rates and trends worldwide. Lancet 2007;370(9595):1338–45.
5. World Health Organization. Unsafe abortion: global and regional estimates of incidence of unsafe abortion and associated mortality in 2000. Geneva: WHO; 2004.
6. Ahman E, Shah I. Unsafe abortion: worldwide estimates for 2000. Reprod Health Matters 2002;10(19):13–7.
7. Khan S. Abortion: a major contributor to maternal ill health. J Pak Med Assoc 2005;55(7):269.
8. Oye-Adeniran BA, Umoh AV, Nnatu SN. Complications of unsafe abortion: a case study and the need for abortion law reform in Nigeria. Reprod Health Matters 2002;10(19):18–21.
9. Rehman A, Fatima S, Gangat S, Ahmed A, Memon IA, Soomro N. Bowel injuries secondary to induced abortion: a dilemma. Pak J Surg 2007;23(2):122–5.

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10. Khan Sharmeen Ali. Legal advisor, Pfizer Pharmacuticals. SZABIST Law Review March 2006;2(1).
11. Bhutta SZ, Aziz S, Korejo R. Surgical complications following unsafe abortion. J Pak Med Assoc 2003;53(7):286–9.
12. Ramachandar L, Pelto PJ. Abortion providers and safety of abortion: a community- based study in a rural district of Tamil Nadu, India. Reprod Health Matters 2004 Nov;12(24 Suppl):138–46.
13. Lodhi SK, Khanum Z. Maternal mortality at Lady Willingdon Hospital, Lahore. Ann King Edward Med Coll 2002;8(4):286–8.
14. Rahim R, Shafqat T, Faiz NR. An analysis of direct causes of maternal mortality. J Postgrad Med Inst 2006;20(1):86–91. Available at: http://www.pakmedinet. com/9425.
15. Siddique S, Hafeez M. Demographic and clinical profile of patients with complicated unsafe abortion. J Coll Physicians Surg Pak Apr 2007;17(4):203–6.
16. Tayyab S, Samad N. Illegally induced abortion: a study of 37 cases. J Coll Physicians Surg Pak 1996; 6:104–6.

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