

Original Article

Outcome of Unsafe Abortion Using Medical Methods in Rural Community

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Abstract

Background: Unsafe abortion is one of the most important causes of maternal morbidity and mortality in our country. Misuse of medical methods for termination of unwanted pregnancy can cause serious maternal health injury.

Objective: This study is aimed to assess the outcome of unsafe abortion by injudicial use of medical methods.

Material and Method: The cross sectional study was carried out in the department of gynecology and obstetrics of Jahurul Islam Medical College & Hospital, Kishoregonj from November 2018 to October 2019. Total 65 patients (both inpatient and outpatient) of unsafe abortion caused by using medical method were included in this study.

Result: The maximum outcome of this study shows that 84.61% patients were admitted with incomplete abortion. After proper management at the hospital, 85% were cured and 15% were improved and out of danger.

Conclusion: Unethical use of medical methods can cause devastating outcome for a woman. Rational use of these drugs and awareness regarding all type of contraceptive methods can improve the condition.

Key words: Unsafe abortion, Medical methods, Outcome.

Introduction

Unsafe abortion is defined as a procedure for terminating an unwanted pregnancy either by persons lacking necessary skills, or in an environment lacking the minimal medical standards or both (WHO).¹

Medical methods of termination of pregnancy have become most popular nowadays due to their availability, easy administration and cost effectiveness. Most commonly used drugs are Mifepristone and Misoprostol. These drugs are widely prescribed by unskilled persons or used by patient themselves for termination of unwanted pregnancies.

Six out of ten unintended pregnancies end in an induced abortion.² Every year 68,000 women die of unsafe

abortion, making it one of the leading causes of maternal mortality (13%). Among women who survive from unsafe abortion, 5 million of those suffer from long term health complications.³ It is one of the most neglected problems of health care in developing countries.⁴

In early pregnancy (up to 9 weeks), medical regimens of 200 mg Mifepristone and 800 µgm Misoprostol have been endorsed by Royal College of Obstetrician and Gynecologist (RCOG) as an effective and appropriate method of termination of pregnancy.⁵

Due to availability of these regimens, most of the cases take it themselves or unskilled persons prescribe these without supervision to terminate unwanted pregnancies. As a result, these women suffer from severe lower abdominal cramps, prolonged irregular per vaginal bleeding, sepsis; sometimes, in severe cases, ruptured uterus also occurs. This study is aimed to determine outcome of unethical use of medical methods for unsafe abortion.

Material & Methods

Cross sectional study was carried out in the Department of Gynecology and Obstetrics of Jahurul Islam Medical College & Hospital, Kishoregonj, Bangladesh from November 2018 to October 2019.

Total 65 patients attending in the Department of Gynecology and Obstetrics (both inpatient and outpatient) who had used medical methods by

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untrained persons or unregistered clinic or at home at a gestational age more than 9 weeks but less than 22 weeks.

Result

This study was undertaken with an objective to assess the outcome of unsafe abortion by using medical methods. Total 65 cases of unsafe abortion were included.

Table – I
Demographic characteristics of the study patients

| Demographic characteristics | | Frequency | Percentage (%) |
|-----------------------------|----------|-----------|----------------|
| Age (years) | <= 20 | 13 | 20% |
| | 21 - 30 | 33 | 50.8% |
| | 31 - 40 | 18 | 27.7% |
| | 40 < | 1 | 1.5% |
| Socioeconomic condition | Low | 6 | 9.2% |
| | Middle | 55 | 84.6% |
| | High | 4 | 6.2% |
| Educational status | Primary | 38 | 58.5% |
| | HSC | 20 | 30.8% |
| | Graduate | 7 | 10.8% |

Table I shows that 33 (50.8%) of total 65 patients belong to age groups of 21 - 30 years and most of them 55 (84.6%) came out from middle class family of who, 38 (58.5%) had completed their primary education.

Table – II
Drugs used for unsafe abortion of the study patients.

| Drugs | Frequency | Percentage (%) |
|-----------------------------------|-----------|----------------|
| Mifepristone | 5 | 7.7% |
| Misoprostol | 11 | 16.9% |
| Both (Mifepristone & Misoprostol) | 49 | 75.4% |

Table II yields that 49 patients (75.4%) took both drugs (Mifepristone & Misoprostol).

Table – III
Outcome of unsafe abortion of the study patients

| Outcome | Frequency | Percentage (%) |
|---------------------|-----------|----------------|
| Incomplete abortion | 55 | 84.6% |
| Hemorrhage | 27 | 41.5% |
| Hypovolemic shock | 14 | 21.5% |
| Septic abortion | 8 | 12.3% |
| Renal insufficiency | 3 | 4.6% |
| Ruptured uterus | 1 | 1.5% |

Table III demonstrates that admitted patients had following complications: incomplete abortion - 55 (84.6%); hemorrhage - 27 (41.5%); hypovolemic shock - 14 (21.5%); and, others 14 (18.4%).

Table – IV
Treatment of complications

| Treatment | Frequency | Percentage (%) |
|------------------------|-----------|----------------|
| Dilatation & Curettage | 55 | 84.6% |
| Blood transfusion | 14 | 21.5% |
| Antibiotic therapy | 8 | 12.3% |
| Laparotomy | 1 | 1.5% |

Table IV shows that about 55 (84.6%) patients had undergone dilatation, evacuation and curettage.

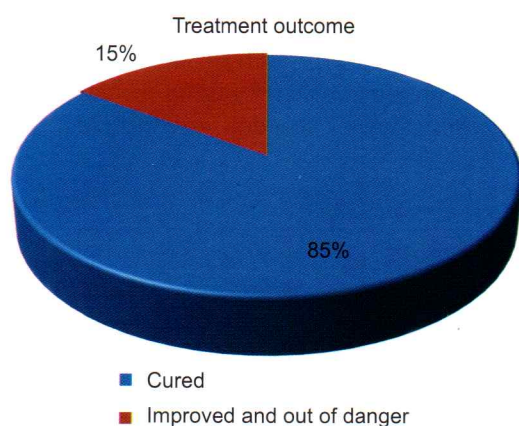


Fig.-1: Treatment outcome

Figure 1 showed that 85% patients had completely cured while 15% patients had improved and out of danger.

Discussion

Millions of women seek induced abortion worldwide. When it is successful and complete, it remains secret and if complicated, gets highlighted due to their management at hospital level. The hospital data represents just tip of the iceberg⁶.

Total 65 patients underwent unsafe abortion by using medical methods at home or unregistered clinic are included in this study. 33 patients (50.8%) belong to age 21-30 years, 55 patients (84.6%) come from middle class family and 38 patients (58.5%) completed their primary education.

Among 65 cases in this study, 49 patients (75.4%) took Mifepristone 200 mg and Misoprostol 200 µgm 4 tablets buccally. After unsafe abortion, patients were admitted in this hospital with following complications: incomplete abortion - 55 (84.6%); hemorrhage - 27 (41.5%); hypovolumic shock - 14 (21.5%) septic abortion - 8 (12.3%); renal insufficiency - 3 (4.6%); ruptured uterus - 1 (1.5%).

As those patients who took medical regimen for abortion are of more than 10 weeks of pregnancy, about 55 patients has undergone dilatation, evacuation & curettage. 14 patients needed blood transfusion which can also cause health hazards and 8 patients needed

antibiotic therapy for septic abortion. Due to ruptured uterus, 1 patient has undergone laparotomy. Lack of family planning & knowledge and misuse of medical regimen for abortion not only causes economic hazards but also increase the chance of morbidity and mortality.

Unsafe abortion can cause many complications including pelvic sepsis; septicemia; hemorrhage; renal failure; ruptured uterus. If expert and emergency treatment for these is not available, women can die. It has been observed that various complications and sufferings can occur in spite of proper treatment. In this study, 85% patients completely cured while 15% patients improved and out of danger.

Conclusion

The availability of Mifepristone and Misoprostol and, misuse of these drugs (terminates unwanted pregnancies) lead to serious maternal health injuries and increased death rates. Implementation of law for rational use of medical methods and community awareness for consistent and correct use of modern contraceptive methods can improve this condition.

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