

A CASE REPORT: UNSAFE ABORTION

Jaspinder Kaur¹, Kawaljit Kaur²

¹ Punjab Institute of Medical Sciences, Jalandhar, Punjab, India

² BD Arya Girls College, Jalandhar cantt., Punjab, India

Correspondence to: Kawaljit Kaur (virk.khokhar@yahoo.com)

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ABSTRACT

Unsafe Abortion constitutes a major cause of maternal morbidity and mortality in developing countries. It is randomly practiced though exact statistics is not available due to lack of cooperation from concerned parties. Complications occur in a large portion of these cases which ultimately require tertiary care. This case report of complications associated with an unsafe abortion highlights the need for raising the awareness among women and healthcare providers regarding education on contraception and availability of safe and legal abortions with better access to abortion and post abortion services.

KEY-WORDS: Unsafe Abortion; Contraception; Legal Abortions

Introduction

Unsafe abortion is defined as the terminating an unintended pregnancy either by individuals without the necessary skills or in an environment that does not conform to minimum medical standards, or both.^[1] Every year around 580,000 women die due to the complications of pregnancy and delivery according to World Health Organization (WHO) statistics.^[1] There is an annual rate of around 50 million abortions worldwide, one-third of which are 'unsafe'.^[1,2]

World Health Organization estimates that 25 to 50 percent of the 500,000 maternal deaths that occur every year results from unsafe abortion.^[3] About half of all deaths from unsafe abortion are in Asia, and most of the remainder (44%) are in Africa.^[4] Up to 50% of women who have unsafe abortions are hospitalized for complications.^[5]

There is limited information on abortion related maternal deaths in India.^[6] A conservative estimate places the number of abortion-related deaths in a year in India at 15,000-20,000.^[7] The official figures indicate that unsafe abortion accounted for 9% of maternal deaths in the year 1998.^[8] However, evidence from facility-based studies suggests that abortion-related

complications account for 25-30% of maternal deaths taking place in hospitals.^[9]

Abortion-related mortality represents only a fraction of abortion-related complications; however, many more women experience life-threatening and other morbidities. The complications were severe in one third of abortion attempts among rural women and one sixth of attempts among urban women.^[10] The most frequently reported abortion-related morbidities are menstrual irregularities, backache, and excessive bleeding.^[9,11] Little data exist on chronic abortion-related morbidities, including pelvic inflammatory disease, secondary infertility and the risk of future ectopic pregnancy.^[9]

However, despite the liberalization of abortion services since the early 1970s, access to safe abortion services remains limited for the vast majority of Indian women, particularly in rural areas. An overwhelming proportion of induced abortions (6.7 million annually as per indirect estimate) take place in unauthorized centers, which provide abortion services of varying degrees of safety.^[7] This case report describes the women who had unsafe abortion at unauthorized center which had resulted in uterine perforation and chronic abdominal pain before seeking for treatment at a tertiary center.

Case Report

A 30 yr old Para2 female was admitted through Emergency Department at Punjab Institute of Medical Sciences, Jalandhar (Punjab, India) with chief complaint of fever and abdominal pain, maximum while passing of urine. She gave a history of evacuation of missed abortion 30 days back. This was attempted as an unsafe abortion by an unskilled and illegal attendant. The patient had continuous abdominal pain since the procedure date. On admission, patient was hemodynamically stable. However, on abdominal examination, rebound tenderness was present in lower abdomen. Vaginal examination revealed 6-8 weeks uterine size with fragile and irregular posterior wall of uterus and palpation of tender and irregular mass in posterior fornix. Clinically, pelvic hematoma was suspected due to perforation of uterus from unsafe abortion. Patient was investigated thoroughly. Laboratory work-up was not significant.

However, sonographic examination observed a sign of 7.6 × 4.5 × 6.7 cm pelvic hematoma posterior to uterus. Irregularity at fundus of uterus was seen with the suspicion of 2.7cm rent at fundus. No free fluid in peritoneal cavity was seen. For further confirmation of sonographic findings and to rule out intestinal perforation, a CT scan with intravenous and oral contrast was done which revealed a sign of large well defined mixed attenuation mass 9 × 9.3 cm posterior to uterus extending into right adnexal area. Fat plains between mass and uterus were lost. No signs of small or large bowel obstruction or perforation were seen. Colpotomy and drainage of pelvic hematoma under short general anaesthesia was done. 200 gm of old clots with 250 ml of dark blood was drained while doing the procedure. No bowel or omental adhesions were found. Post-operative drain was kept in posterior fornix for 4 days. Vaginal swab had shown growth of *Klebsiella*. However, blood and urine culture had reported no growth of any organism. Intravenous antibiotics were given with supportive care both pre-operatively and post-operatively. Peritonitis was recovered. Post-operative period was uneventful. The patient had recovered gradually and was discharged in a satisfactory position. Case was reported to the concerned authority.

Discussion

According to World Health Organization^[12], in every 8 minutes a woman in one of the developing nations will die of complications arising from unsafe abortion, making it one of the leading causes of maternal mortality (13%). In contrast, in developed countries where abortion is performed legally and 'safely', maternal mortality rate is very low. For example mortality rates in Canada 0.1, Holland 0.2, England 0.4, Denmark 0.5, USA 0.6 and Scotland 0.1 per 100,000 legal abortions.^[13]

Although abortion services in India were liberalized more than three decades ago, the vast majority of women continue to seek and receive abortion services from unqualified providers. As a result, many women die or suffer serious life-threatening complications. A host of factors notably lack of awareness of the legality of abortion services, limited access to safe services, poor quality of services and gender roles and norms lead women to seek services from untrained providers. In the Indian context, where the preference for sons is particularly strong, the practice of second trimester sex-selective abortions is becoming widespread.^[14] Uterine perforation, bleeding, injury to bladder and bowel, sepsis, shock and death are immediate complications of unsafe abortions^[15] which occur as a result of low resource setting including factors such as lack of sterile equipment, use of sharp or inappropriate objects. Unsafe abortion has also been associated with long-term adverse conditions, including vesicovaginal fistula, rectovaginal fistula, bowel resection, chronic pelvic inflammatory disease (PID) & infertility.^[15]

While women of all age groups seek abortion in India, a recent review suggests that the majority of those seeking abortion are in the age group: 20-29 years.^[9] A substantial number of adolescents, both married and unmarried, also seek abortion services. The vast majority of women seeking abortion in India are married.^[9] Unmarried adolescents, women who are illiterate and those living in rural areas are perhaps more prone to major abortion complications because they seek late abortions or use the services of unqualified abortion providers.^[6,9,10,16]

This case had reported an illiterate rural woman of low socioeconomic scale who had the history of deliveries of previous two male live births at home by unskilled attendant revealed that due to lack of awareness of the legal status of abortion and the facilities where abortion services are legally provided had seek her to undergo abortion from untrained and unqualified providers. Economic constraints may have compelled woman, particularly who was poor and dependent on others, to seek services from unqualified providers which has been reported by other researchers.^[10,11,17]

Conclusion

This shows a strong need for efforts to promote awareness of the dangers of unsafe abortion practices and the gestational age at which safe abortion can be obtained. Multisectoral efforts need to be vigorously pursued to increase the accessibility of safe abortion services to hitherto un-served or under-served areas and population groups. Mostly ethical, religious and political obligations prevent discussion on health values to prevent maternal deaths from illegal abortions. Therefore we need to initiate a discussion among women and healthcare providers regarding education on contraception and availability of safe and legal abortions and post abortion services.

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