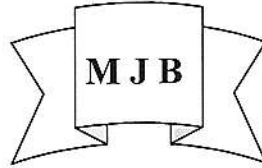


Unsafe Termination of Pregnancy

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Abstract

A retrograde study of 16 ladies with induced abortion due to unwanted pregnancy for many reasons was made. All patients were admitted to hospital because of various complications and were treated accordingly.

The main aim of the study was to decrease the number of unsafe termination of pregnancy and give advice and proper contraception as prevention of unwanted pregnancy. We notice a clear drop in the number of such cases because of the presence of family planning centers.

الخلاصة

تمت دراسة ارتجاعية لستة عشر سيدة تعرضن الى اجهاض غير المأمون (إجهاض متعمد لحمل غير مرغوب فيه) لاسباب مختلفة اجتماعية ، اقتصادية واسباب اخرى. ادخلت جميع الحالات الى المستشفى لغرض العلاج لاصابتهن بمضاعفات عديدة. كانت الغاية الاساسية من هذه الدراسة هو منع او تقليل الاجهاض الغير مأمون وذلك باعطاء النصيحة والمشورة قبل حصول الحمل الغير مرغوب فيه. ونظراً لافتتاح مراكز تنظيم الاسرة والصحة الانجابية في عموم انحاء القطر فقد لوحظ قلة في مثل هذه الحالات وذلك بعد توفر وسائل منع الحمل المتاحة مما يثبت جدوى عمل هذه المراكز .

Introduction

It is estimated that approximately one out of every four pregnancies in the world is terminated by induced abortion, making this perhaps the most common method of reproduction limitation. (2)

In the U.S.A estimates of the number of criminal abortions performed prior to recent developments in the low ranged from 0.25 to 1.25 million a year.

The number of legal abortions now being performed in this country approximates one abortion per four live births. In general, the risk of death from legal abortion is lowest when performed at 8 menstrual weeks or sooner. (3)

Since the passage of the abortion act (1967) the number of patients requesting termination of pregnancy referred to

psychiatrist has declined sharply.

This is because the patient's social circumstances can now taken into account in making decision about termination.

Before 1967 act many patients exaggerated their misery and made threats of suicide simply to get what they wanted .

The number of induced abortion in USA has continued to increase yearly, unsafe termination of pregnancy is one of the most important causes of maternal death. Although the interval after termination of pregnancy may be variously defined by different states and countries, the majority accept 42days. (4)

In pregnancy termination, first -

trimester procedure, usually suction or sharp curettage. (5)

In second trimester, the overall complication rate (any method) three to four times higher than first trimester, as surgical method

(D & C) is.>=

- Quicker, equally safe in experienced hands incidence of bowel injury, perforation of the uterus are higher than induction of labor.

While other methods as vaginal prostaglandin E2or IM prostaglandin F2a, the complications include hyperthermia, bronchoconstriction, tachycardia and gastrointestinal distress. (6)

Material And Methods

A retrograde study of 16 ladies with unsafe termination of unwanted pregnancy was done. In which termination was done because of many causes mainly illegal and social. The age of the patients range between 15 to 45 years while the parity from 1 to 4 except

one patient who was nulliparous.

The termination of pregnancy was done by different methods as =>

In 12 case = the termination was done by midwives and untrained personal by doing curettage for them. (7)

2 cases = had personal attempt of termination either by carrying heavy weight or by putting pressure on the back or the abdomen.

The rest 2 cases = refuse to tell the events.

All these patients were admitted to Babylon Hospital for maternity and children, treated by intravenous fluid, blood transfusion and heavy antibiotics after taking high vaginal swab and doing complete investigations including blood culture. Examination under anesthesia was done to all patients and treated accordingly. (8)

Results

The results of our study shown in these tables =>

Weeks of gestation	number
6weeks (ectopic gestation)	2
8 weeks	7
12 weeks	5
14 weeks	1
20 weeks	1
Total number of patients	16

The presentation of the patients (as a complication of the unsafe termination of their unwanted pregnancy) were =>

Presentation	Number
Retained tissue (placenta or fetus)	4

Perforation of the uterus	4
Bowel injury	2
Septicemia	6
Total	16

Examination under general anesthesia was done to all patients and treated accordingly as =>

Treatment	Number
Evacuation of the uterus after antibiotics cover	4
Laprotomy and suturing	6
Medical (heavy antibiotics)	6
total	16

Follow up

Follow up of all patients for 2 years after discharging from the hospital was done (9). All patients survive except one-died 5 days after the operation because of perforation of the uterus with multiple bowel injuries and septicemia. (10)

From those 15 ladies who survive, 5 patients suffer from secondary infertility.

Discussion

Infection may occur with missed abortion and with incomplete abortion- especially that resulting from inexpert mechanical interference or from inadequate surgical evacuation in the first trimester.

The history of preceding of criminal abortion may be withheld, although evidence of lower genital tract

injury is suggestive the commonest organisms are Escherichia coli, streptococci (haemolytic, non haemolytic and anaerobic), staphylococcus aureus, rare organism include clostridia will welchii, cl tetani and cl. Prffingens. Though the infection is usually confined to the uterine cavity , it may spread to other pelvic organs and to the general circulation. The clinical signs are those of an infection and an abortion process, associated with an offensive vaginal discharge and lower abdominal pain. The cervix may remain closed. Vaginal and cervical swabs and blood and urine cultures, are taken for aerobic and anaerobic bacteriology. The treatment is antibiotic therapy IM or in sever cases I.V therapy should be considered ampicillin , cephalosporin, metronidazol and or tetracycline or chloramphanicol or gentamicin. The

uterus should be evacuated as soon as possible after antibiotic therapy has commenced.

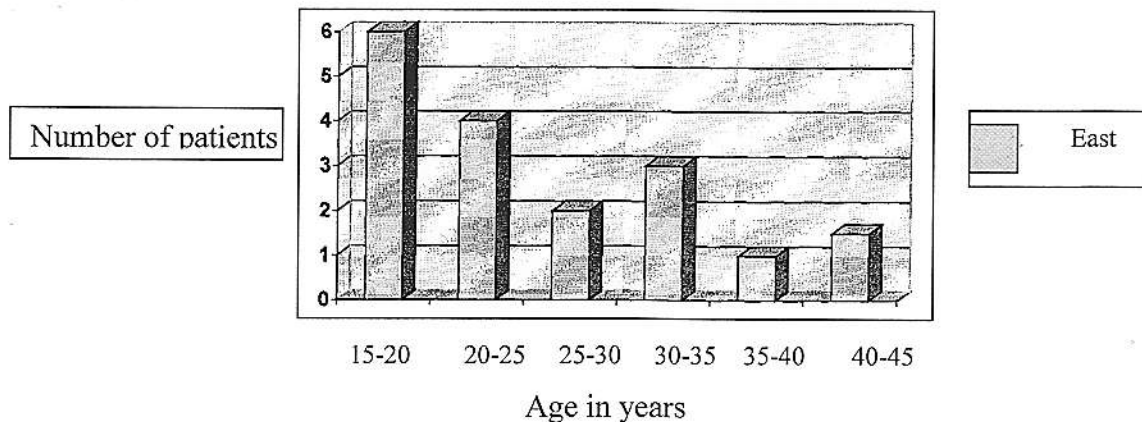
Care must be taken to avoid excessive curettage which will result in perforation of uterus or Ashermans Syndrome.

A rare but important complication is endotoxic shock, Gram negative organisms can directly affect small blood vessels to causes circulatory collapse and can also cause disseminated intravascular coagulation with micro thrombi in the kidneys, liver and lungs and general coagulation deficiency. The patients is transferred to an intensive care unit for urgent treatment include immediate intravenous injections of penicillin , gentamicin, and metronidazole , large doses of hydrocortisone as well as digoxin and diuretics has been advocated. Intravenous fluids (including blood if necessary) are given. The central venous pressure being the main guide. Urine

flow should be maintained at 30-60 m/h. metabolic acidosis can be corrected with bicarbonate. Sever renal cortical damage may necessitate dialysis. The uterus is evacuated only after the patient's general condition has been stabilized. Shock may also result from the exotoxins of microorganism.

The clostridial infections are particularly likely to produce haemolysis and kidney damage. (11)

In our study on unsafe termination of unwanted pregnancy, the gestational age at the time of pregnancy termination mainly was between 6 to 12 weeks as compare with other studies (3) that showed that the mean gestational age at the time of pregnancy termination was 9.2 weeks, and the gestational age at termination was longer for black women and women with limited education. The peak age for induced abortion in our study was between 15- 25years as shown in this graph =>



While in other studies (3) shown that the peak age for induced abortion was 18 years for white women and 21 years for black women. Also the other studies shown that the termination was performed by suction curettage in about 92.8% while in our study the termination which was performed by suction curettage was about 74.3% while by other methods (as carrying heavy weight or putting pressure on the abdomen or the back) was about 25.7%.

The complication was reported in all our cases and these complications include septicemia, perforation of uterus, bowel injury and secondary infertility, while in other study abroad (2) the highest complication rates were associated with hysterotomy and hysterectomy.

Conclusion

We are rapidly approaching the time that the regulation of reproductive function achieve or not achieve

pregnancy can be the choice of the women. At the time, women elect to control the destiny of their own reproductive function.

Recommendation

1. Sex education and prevention of illegal sexual relation.
2. Encourage early marriage.
3. Spacing and timing of pregnancy.
4. Prevention of unwanted pregnancy by using proper contraceptive measures.
5. If pregnancy accidentally occur, good counseling
6. about continuation of pregnancy should be made and explanation of the risk and the complications of the unsafe termination. (12)

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