

Unsafe Abortion for unwanted Pregnancies: A Preventable Health Hazard Leading to Maternal Mortality

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Abstract

Unsafe abortion is critical public health problem and one of the risk factor contributing to maternal deaths. An abortion is labelled as "Unsafe" when it is carried out either by an untrained or unauthorized person lacking the necessary Medical qualifications or in an unhygienic environment that does not conform to minimal medical standards, or both¹. The authors report the case of a young adult female, who died due to complication of self-induced unsafe abortion. The authors aim to highlight the risk and fatality associated with unsafe abortion and also the fact that despite so much public awareness programmes female are still being exposed to dangerous abortion methods which leads to life-threatening condition of the woman and even fatality as in this case. The Medical facilities with appropriate equipment, trained staff at a reasonable cost, Post Delivery/Post abortion family planning counselling and awareness about contraceptive use may be helpful and useful in addressing the issue.

Keywords: Self-induced abortion, Unsafe Abortion, MTP Act 1971, MTP (Amendment) Bill 2020.

Introduction

An abortion is labelled as "Unsafe" when it is carried out either by an untrained or unauthorized person lacking the necessary Medical qualifications or in an unhygienic environment that does not conform to minimal medical standards, or both¹. Any woman with an unwanted pregnancy who cannot access or be allowed safe abortion under MTP rules is at risk of unsafe abortion. Women living in low socioeconomic class are more likely to have an unsafe abortion. Deaths and injuries are higher when unsafe abortion is performed later in pregnancy.² Globally, 55.7 million abortions occurred yearly between 2010 and 2014 out of which 45.1% were unsafe.³ Ten women reportedly die due to unsafe abortions every day in India.⁴ The authors report the case of a young adult female,

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who died due to complication of self-induced unsafe abortion. The authors aim to highlight the risk and fatality associated with unsafe abortion and also the fact that despite so much public awareness programmes female are still being exposed to dangerous abortion methods which leads to life-threatening condition of the woman and even fatality as in this case.

Case Report

We report the case of a young adult female who presented to the Emergency Department of a tertiary care hospital in Delhi in evening with complaints of restricted neck and mouth movements. She was conscious, oriented and was having stable vitals at the time of admission. She was having history of an episode of fever 4 days back which relieved with medications and difficulty in opening the mouth since one day. The patient was subsequently evaluated by ENT, Dental and Medicine departments of the same Hospital and was found to have tonic contraction of body. Bilateral plantar reflexes were decreased. No abnormality was detected in rest of the investigation and clinical findings. She was then referred to the Neurology Department of a nearby Hospital Specialized for "Brain Mind Problems and their Solutions" where Motor weakness and tonic clonic contractions were

noted. She was further referred to the All India Institute of Medical Sciences (AIIMS), New Delhi. The patient was taken by the Husband on next day Morning with complaints of fever, headache, altered sensorium and abnormal contraction of body. Patient was intubated and on detailed history it was revealed by her husband that patient had been involved in self induced abortion one month back. There were no traumatic injuries, such as bruising, haematoma or lacerations.

An ultrasound examination revealed the presence of products of conception and a bedside urinary pregnancy test was positive. The patient was managed with the tentative diagnosis of Septic abortion/ tetanus with septic shock. Blood investigations revealed increased ALP & AST enzymes, increase in value of parameters of coagulation profile, C-reactive protein, Interlukin-1 and Pro-calcitonin. The patient survived for one day and died on the morning of subsequent day. Though no foul play/ allegation was alleged by the relatives but still a Medicolegal case was made due to suspicion of self induced abortion by non-therapeutic means and a Medicolegal Autopsy was conducted,

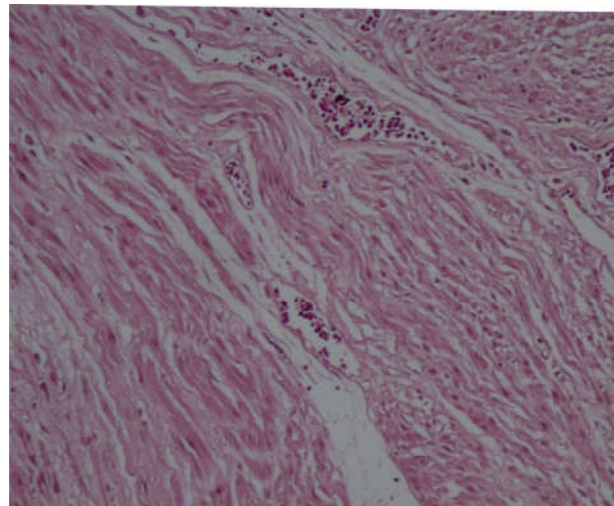
Post-mortem examination

Patient was thin built and pale. The subcutaneous tissues were also pale. No external injury was present over the body. Brain and Lungs were pale and odematous and about 200-300ml of straw fluid present in pleural cavity on each side suggestive of pulmonary edema. Petechial haemorrhages present over the epicardial surface of heart. About 800 ml of yellowish ascitic fluid present in the peritoneal cavity. Liver and gallbladder were pale and adherent to the surrounding structures. All other solid abdominal visceral organs were pale. Uterus was enlarged weighing 214 gms and measuring 11x12x4 cm.

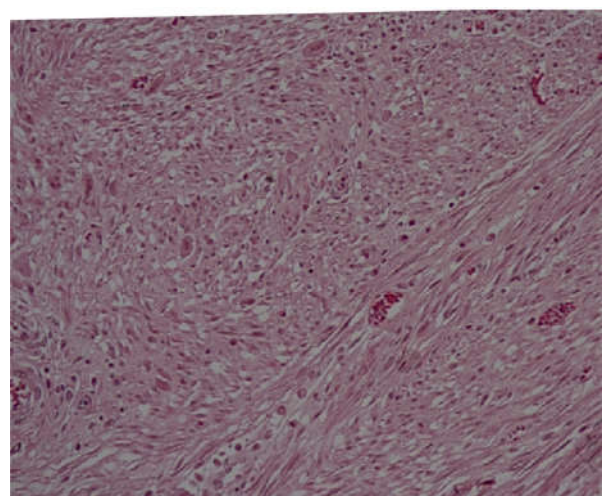
Endometrium was thickened and pale. Thickened necrotic placental remnants were present over the fundus (Image-1). Toxicology report was negative for common poisons and drugs. The histopathology of uterus showed pale placental remnants, Endometrium and myometrium shows hyperplastic and hypertrophic changes with multiple foci haemorrhages present all over uterus (Image-2). Section of Ovary shows corpus leutem cyst attached with leutinized tissue.



Fig. 1: Thickened Endometrium with necrotic placental remnants over the fundus.



10 x Resolution



20 X Resolution

Fig. 2: Uterine Histopathology showing hyperplastic myometrium.

Discussion

Unsafe abortion is critical public health problem and one of the risk factor contributing to maternal deaths. Major reasons for self-induced abortions are strict provisions of MTP ACT, socioeconomic problems, social stigma, minor age pregnancy, poor accessibility to quality healthcare services for MTP, easy access to quacks and misleading information. Women, including adolescent girls, with unwanted pregnancies often resort to unsafe self-induced abortion due to fear of society or are unable to access safe abortion facility due to MTP Act rules^{1,2,5}. The deceased in the present case was a married woman for twelve years with three living children. Though no proper history could be elicited from the relatives, the authors assume that she must have got pregnant accidentally but couldn't take MTP as per the existing legal provisions and resorted to self induced abortion. Another reason may be that the patient belonged to low socioeconomic strata and instead of going to any registered Medical Practitioner she would have taken advice from some quacks/unauthorised person and resorted to self-induced abortion.

Women are exposed to harmful effects on their health and body even life-threatening complications like haemorrhage, infection, injury to the genital tract and internal organs^{1,2,5,6}. Unsafe abortions are extremely dangerous when they involve ingestion of caustic substances or untrained persons use dangerous methods such as insertion of foreign bodies, or use of traditional concoctions. They are less safe, when done using outdated methods like sharp curettage even if the provider is trained or if women using tablets do not have access to proper information or to a trained person if they need help.⁷

In the reported case, the patient and the husband didn't provide the correct history when they first presented to the two hospitals. Only when the patient was admitted in AIIMS, New Delhi and her condition deteriorated then only the husband revealed to the doctors about self induced abortion. The timely revelation would have led to the proper treatment and could have saved the life of the patient. In this case elevation of liver enzymes coagulation profile, C - reactive protein, Interlukin-1 and Procalcitonin confirms the diagnosis of sepsis. The organs of the deceased were pale. The Elevation of liver enzymes reflect the haemolytic process as well as liver involvement.^{8,9} The cause of death was concluded for Medicolagl purpose as Multiple organ failure due to complications of Abortion.

In India, voluntarily terminating a pregnancy is only allowed under the provisions of Medical Termination of Pregnancy Act, 1971 (MTP act) by registered medical practitioners. Any abortion outside of the purview of the act is considered as Criminal Abortion^{10,11} and is a criminal offence under the Indian Penal Code, 1860 (IPC).¹²

The termination can only be carried out only if the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health; or there is a substantial risk that if the child were born, it would suffer from such physical or mental abnormalities as to be seriously handicapped. The MTP Act does not allow even the pregnant woman to terminate the pregnancy at her will and pleasure^{10,11,12}.

The choice and liberty of woman to terminate the pregnancy as a part of her rights and the obligation of the state to protect life of the foetus, has been a debatable issue not only in India but across the world. In present MTP act there is provision of termination of pregnancy by a married woman due to failure of contraceptive method or device, up to 20 weeks in the case of failure of contraceptive method or device. The proposed MTP (Amendment) Bill 2020, Passed in Lok Sabha on 17 Mar 2020 relaxes the strict provision of MTP Act including allowing of unmarried women to terminate a pregnancy because of contraceptive failure and increase the upper limit for termination from 20 to 24 weeks for certain categories of women.¹³

Conclusion

Unsafe abortion is an easily preventable but an important cause of maternal mortality. Though there are continuous Public health awareness programmes run by Central and State Governments including NGO's even at peripheral level but still a gap exists and should be abridged to overcome cultural and social misconceptions which restrict women from receiving proper health care in such cases. The Medical facilities with appropriate equipment, trained staff at a reasonable cost, Post Delivery/Post abortion family planning counselling and awareness about contraceptive use may be helpful and useful in addressing the issue.

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