

Types of Abortion and its Consequences- A Study of 100 Cases in Mymensingh Medical College Hospital

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Abstract

Original Research Article

In this study attempts made to show the types of abortion and their consequences admitted in Mymensingh Medical College Hospital (MMCH) in the year 2019. For this study 100 patients of abortion were selected on a random pattern. Special importance has been given on finding out the incidence and prevalence of abortion with respect to their age, socio- economic status, and parity. Then attempts have been made to find out aetiology. Some suggestions have been given as to what could be done to reduce the incidence of abortion. Some reflection of the effect of abortion on mortality has also been highlighted. The mode of management of abortion patients in MMCH has also been analysed with their outcome. In this study it has been seen that around 47.8% of gynaecology patient are of abortion. Though majority is of spontaneous abortion, septic abortion patients are the most critical ones. The majority of cross section of patients is illiterate and very poor. These are the patients who come to the hospital after complications have taken place. All these can be saved by improving socio economic condition, education, finally planning and modernization of existing laws of the land relating to abortion.

Keywords: Spontaneous abortion, septic abortion, aetiology.

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INTRODUCTION

Human Reproduction is relatively inefficient only 57% of all conception advances beyond 20 weeks. Those lost 75% occur before implantation and only 25% are clinically recognizable. There is also a good side in it because spontaneous abortion is also nature's way of getting rid of abnormal conceptus. In practice we deal with pregnancies aborted after implantation.

The word Abortion comes from Latin word "Aboriri" meaning failed to be born. Abortion may be defined as Loss of pregnancy before the foetus is potentially capable of survival independent of the mother. The WHO defined abortion as "The expulsion or extraction from its mother of foetus or an embryo weighing 500g or less" It usually corresponds to gestation age of 20 -22 week [1]. But in our country the facilities of resuscitation has not yet been developed as much as to the level at which of a pre-term baby before

28 weeks can survive so we still consider the term abortion up to 28 weeks of gestation.

In Bangladesh approximately half of the admissions of major urban hospitals are due to complications of abortion [3]. In our country the abortion related death was found to be 21% of total maternal death [4]. In years 1992-94 abortion related death was 14.8% in our country [5]. In another study it was seen that mortality due to abortion account one third of the pregnancy related deaths [6].

Non-therapeutic abortion is officially illegal in Bangladesh. However, MR (Menstrual Regulation) is considered to be method to establish non-pregnancy. The procedure is allowed up to 10 weeks since the last menstrual period. Total estimated number of hospitalized abortion patients in Bangladesh in 1996 was about 90,800, of who almost 14,000 were treated in

teaching hospitals, 13,800 in district hospitals, 33,200 in thana hospitals and 29,800 in voluntary facilities [1]. Nationally, 21,000 (about 23%) are estimated to have been treated as outpatients, while the remainder was treated as inpatients [6].

In Mymensingh Medical College Hospital (MMCH) 2154 patients were admitted in the gynaecological unit. Of which 1006 (47.8% were abortion patients during 2019. In MMCH in the year 2019, 9 patients died due to abortion related complications out of 108 that is 8.33%. Not only for mortality but also for maternal morbidity abortion is a major cause. Women who survive an unsafe abortion may suffer chronic pelvic pain, chronic pelvic inflammatory disease, and infertility. They face a greater risk of ectopic pregnancy, premature delivery, and other adverse health consequences in the future.

The mortality is usually caused by induced abortion or patients who came to us in critical condition.

The same is the picture in Latin America, Romania, Philippines some Latin American cities abortions account for over half of maternal deaths. In Romania unsafe, illegal abortions were responsible for 86% of maternal deaths. But it fell to 40% when abortion was legalized [7].

Threatened Abortion

Intrauterine bleeding occurs before 20th completed weeks with or without uterine contraction, without expulsion of product of conception and without dilatation of the cervix. Pregnancy continues, cervix remains closed, slight bleeding or cramping may be noted.

Inevitable Abortion

Intrauterine bleeding occurring before 20th weeks with continuous and progressive dilatation of the cervix, but without expulsion of product of conception.

Incomplete Abortion

Expulsion of some but not all product of conception before 20th weeks of gestation. Retained tissue within uterus evidently continued bleeding, a patulous cervix and an enlarged boggy uterus cramps are usually present but not so severe. Bleeding is persistent and is often severe enough to constitute frank haemorrhage.

Complete Abortion

Expulsion of the entire product of conception before 20th completed weeks of gestation. Slight bleeding may continue for a short while. After passing the complete conceptus there was cessation of pain as well as termination of brisk bleeding.

Missed Abortion

The embryo or foetus dies in utero before the 20th weeks of gestation but the product of conception is retained. Missed abortion is manifested by loss of symptoms of pregnancy and a decrease in uterine size. Pain and tenderness unusual. There may be brownish vaginal discharge.

Septic Abortion

When any type of abortion is complicated with infection, the condition is known as septic abortion. Fever and generalized pelvic discomfort may indicate infected abortion. Often manifested by malodorous discharge from vagina and cervix, pelvic abdominal pain, marked supra pubic tenderness signs of peritonitis, tenderness of movement of uterus and cervix, fever 100-105°F, although hypothermia accompanies endotoxic shock, jaundice due to haemolysis or oliguria secondary to septicaemia. Trauma to the cervix or upper vagina may be present if it is induced abortion.

Habitual Abortion

It is defined as three spontaneous pregnancy wastages before the 20th week of gestation with a foetus weighing less than 500g.

Induced Abortion

Deliberate termination of pregnancy in a manner that ensures that the embryo or foetus will not survive. It may be therapeutic or non-therapeutic. It is estimated that approximately one out of every four pregnancy in the world is terminated by induced abortion [9].

Therapeutic Abortion

It is one, which is induced for legally acceptable and medically approved indications. This term is applicable when a pregnancy is terminated because it endangers the mother's life or health (physical or mental) or because there is reason to believe that the foetus is grossly abnormal.

Non-therapeutic Abortion

It is the deliberate interruption of a pregnancy for non-medical reason.

OBJECTIVE

General Objective

Find out proportionate incidences of different types of abortion along with their consequences

Specific Objective

- Find out the consequences of abortion cases observed during the hospital stay.
- Find out various clinical presentations as seen in different types of abortion attended in hospital.

METHODOLOGY

The study conducted upon 100 patients admitted in MMCH of abortion in year 2019. Diagnosis was made by careful history taking; physical examination and relevant investigation cases were randomly selected irrespective of their types. Mymensingh medical College Hospital is a tertiary level hospital. Most of the patients come here from different places of Mymensingh directly or as referred cases. A large bulk of patients comes here with complications. The department of Obstetrics and Gynaecology has two units with alternative admission

day. In the year 2019 a total number of 2154 patients were admitted in gynae, among them 1006 (47.8%) were abortion cases of different types.

Diagnosis was confined by history of clinical feature and investigation the characteristics of all patients in relation to their age, marital status, obstetrics history, duration of pregnancy, socio economic status cause of current abortion and consequences were ascertained.

RESULTS

Table I: Number of different types of Abortion cases Admitted in MMCH in 2019

Type of Abortion	Number of patients	Percentage (%)
Incomplete	733	72.80
Septic	125	12.40
Missed	78	7.70
Threatened	30	2.90
Inevitable	40	3.90
Habitual (Among all)	78	7.75
Total	1006	100.00

In the above table we see, in the between January 2019-December 2019 total number of 2154 patients were admitted in gynae 1006 were of abortion. Out of the 1006 the varieties of abortion cases mentioned in the table highest percentage of cases were of incomplete abortion (72.8%). As most patients needed immediate management and due to limitation of beds the patients were managed with minimum

available investigation and disposed as early as possible.

Diagnosis was confined by history of clinical feature and investigation the characteristics of all patients in relation to their age, marital status, obstetrics history, duration of pregnancy, socio economic status cause of current abortion and consequences were ascertained.

Table II: Detailed Classification of Abortion (N=100)

Classification of Abortion	Number of patients	Percentage (%)
Incomplete	73	73
Septic	12	12
Missed	8	8
Inevitable	5	5
Threatened	2	2
Habitual (among all)	7	7

On detailed classification of 100 cases randomly selected 73 % were incomplete abortion, 12% were septic abortion, 8% were missed abortion, 5%

were inevitable abortion, 2% were threatened abortion. Among all 7% was habitual abortion.

Table III: Consequences of Abortion

Consequences		Number of Patients	Percentage (%)
Shock	Haemorage	20	20
	Endotoxic	5	5
Haemorage	Attended with severe per Vaginal Bleeding	30	30
	During Operation	5	5
Injury to Uterus and Cervix	Iatrogenic Perforation	2	2
	Induced Perforation	1	1
Incomplete D&C		2	2
Infection		12	12
Evidence of PID		5	5
Anaemia		70	70
Death		2	2

Complication ranging from mild to severe can arise as a result of abortion. More than one complication can arise in a patient .70% patients had anemia, 25% were presented with shock, 35% had

haemorrhage, 3% had uterine injury, 2% had incomplete D&C. Infection was in 12%. 5% had evidence of PID.

Table IV: Distribution of Parity of Patients (N=100)

Parity	No of Patients	Percentage (%)
0 Child	14	14
1 Child	20	20
2 Children	20	20
3 Children	10	10
4 Children	11	11
5 or More Children	25	25
Total	100	100

14 % of the patients had no child, 20%, had a single child, 20% had two children, 10% had three children and 11 % had four and 25% had five or more.

Table V: Distribution of Cases by Use of Contraceptive (N=100)

Use of contraceptive	No of Patients	Percentage (%)
Used at Sometime	46	46
Not used at all	56	56
Total	100	100

46% cases had used contraceptives at some time and 56 had never used any contraceptive.

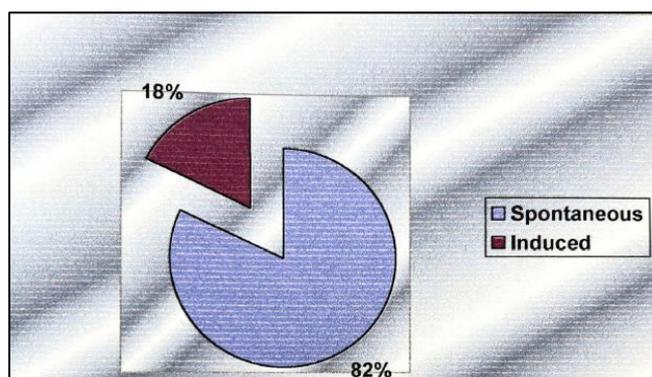


Figure I: Major Types of Abortion as a Percentage of Total Number of Abortion Cases Selected

Out of 100 cases of abortion 82 were spontaneous and 12 cases were induced .All the patients of Induced abortion were unwanted pregnancy.

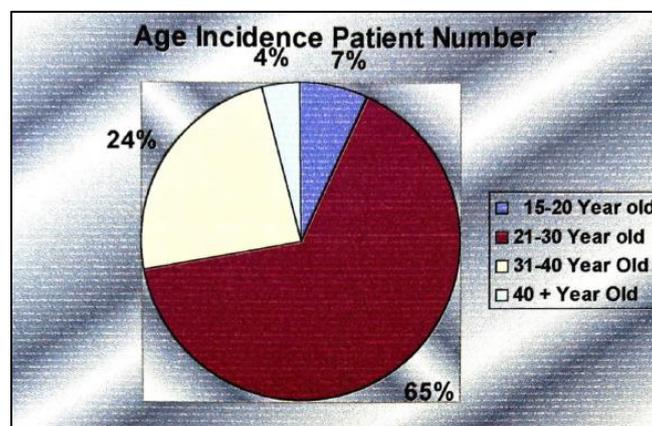


Figure II: Age Incidence

Most of the patients were admitted in their third decade of life cycle 65%. Next was fourth decade

24%. 7% were in 2nd decade, 4% were_ in fifth decade.

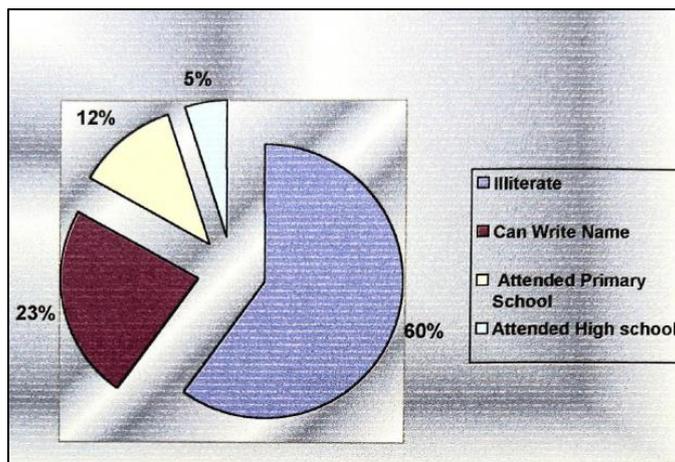


Figure III: Educational Status (N=100)

Most of the patients were illiterate (60%). Only 23% could write their names, 12% attended primary school, and the rest 8% went to High school.

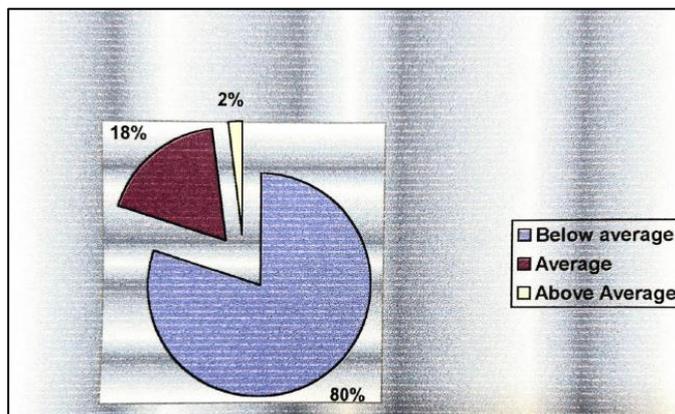


Figure IV: Distribution of Cases based on Socio-economic Conditions (N=100)

Most of the patients were from poor socio-economic status of below average group (80%), 18% had come from average group and only 3% came from high socio -economic condition.

DISCUSSION

In this study, it was found that abortion and it related complications constituted 47.8% of all gynaecological admissions in MMCH.

73% of the cases were incomplete abortions and corresponds with an earlier study done in Osmani Medical College Hospital, Sylhet but is lower than a study done earlier on urban hospitals [6]. This lower rate may be due to the fact that lots of private clinics are being established around MMCH.

Septic abortion in this series was 12% it is lower than the rate mentioned in the report of in 1990 [7] but slightly higher than a report done in MAG Osmani Medical College Hospital, Sylhet [5] which was

11%. 8 % cases of this study were missed abortion, 5% were inevitable abortion, and 2% were threatened abortion. Only 7% were habitual abortion. Among all the patients 98% were married, 1% was unmarried and 1% widow. The 2 patients, who conceived out of wedlock, were both patients of induced abortion. This may not be the true statistics because most of the conception outside wedlock are concealed and seek the help of private clinics.

Out of all the cases 82% were spontaneous and 18% were induced by various methods. 65% of the patients are in 21-30yrs age group and most of them are multipara. 60% of them are illiterate and 80% of them are of very low socio- economic status. This may explain why most of the patients came to the hospital too late with complications [8]. These patients sought help of the hospital authority when they had nowhere else to go or their condition was so grave that the village quacks could do little for them [9].

In this series two patients of abortion died within 24 hrs of admission, one was in shock and died within 15 minutes and the other was in endotoxic shock and died within 12hrs of admission, this mortality rate does not reflect the mortality rate due to abortion as it is a random study. In the year 2019, 108 patients died in MMCH due to pregnancy related causes and nine were due to abortion which means 8.33% of the total maternal mortality was due to abortion [10]. The cases were either due to septic abortion or irreversible shock due to haemorrhage. They came to the hospital at a very late stage. In MMCH abortion is the 3rd leading cause of Inaternal mortality.

In this study 46 patients used contraceptive occasionally while the other 54% never used any form of contraceptive. Many did not know the correct use of contraception. The number of the unintended pregnancy was more than 20%. 18% of them had induced and the other 2% had spontaneous abortion.

The study in Peru (1991-92) showed that 20% patients had unintended pregnancies of whom 35% were contraceptive users and 26% were dependent on traditional methods [11].

In Colombia and Mexico, the abortion rate has decreased with the increase in use of modern methods of contraception [12]. In Sri Lanka method used for abortion were substandard and carried substantial risk of complication, thus jeopardising the lives of women. With the emergence of Menstrual Regulation, the rate of septic abortion has decreased throughout Sri Lanka [13].

CONCLUSION

In Mymensingh Medical College Hospital in the year 2019. Here we deal with two groups of patients- one group with the problem of spontaneous abortion of wanted pregnancy and the other group with induced abortion of unwanted pregnancy. The first group who had spontaneous abortion of wanted pregnancy was easy to treat because they came in relatively early stage. But it was hard and in many cases it was impossible to find out the aetiology of the abortions. So after treating then they were advised to attend G.O.P.D. for further management and pre-conception counseling. The second group who came with induced abortion with was difficult to treat as they came in a critical condition. They are the group that contributes to maternal mortality and morbidity. They needed good counseling.

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