

# Complications & Contributing Factors Leading to Induced Miscarriages by Untrained Persons in Patients Presenting in a Tertiary Care Hospital

NAZISH KHALID, REHANA KANWAL

Department of Obstetrics & Gynaecology, Surgimed Hospital, Lahore

Correspondence to Dr. Nazish Khalid, Senior Registrar Email: dr\_nazishkhalid@yahoo.com (0300-4115880)

## ABSTRACT

**Objective:** To determine the frequency of complications in patients with induced miscarriages by untrained persons presenting in a tertiary care hospital and to detect the frequency of contributing factors leading to induced miscarriages by untrained persons.

**Study design:** Cross-sectional study

**Place & duration:** July 2012 to December 2012, Department of Obstetrics & Gynaecology, Jinnah Hospital, Lahore.

**Material & methods:** Sample size of 160 cases is collected with 95% confidence level, 4.5% margin of error and taking expected percentage of gut injuries i.e., 92% (least among all complications) and contributing factors leading to induced miscarriages by untrained persons.

**Results:** Majority of the patients i.e. 39.38% (n=63) between 26-30 years of age, mean and SD was calculated as 28.34±4.51 years, 47.5% (n=76) were recorded with >4 paras, 66.88% (n=107) had sepsis, 24.38% (n=39) had haemorrhage, 22.5% (n=36) had uterine perforation and 13.13% (n=21) had gut injuries, illiteracy was the most common factor leading to induced miscarriages by untrained persons i.e., 64.38% (n=103), 31.88% (n=51) subjects had poor economic status, and 42.5% (n=68) failed to get husband's approval.

**Conclusion:** The frequency of complications i.e. sepsis, uterine perforation, haemorrhage and gut injuries and contributing factors leading to induced miscarriages i.e., illiteracy, poor economic status and failure to get husband's approval is high among patients with induced miscarriages by untrained persons. However, it is also required that every step should have their surveillance in order to know the frequency of the complications and contribution factors leading to induced miscarriages.

**Keywords:** Unsafe miscarriage, complications, contributing factors.

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## INTRODUCTION

Unsafe abortion, a major public health problem worldwide, is responsible for 13% of maternal mortality and causes 70,000 maternal deaths every year, 99% of which occur in developing countries. In Pakistan, it contributes significantly unavoidable illness and death studies document that when women who have had unsafe abortions do reach health facilities, they commonly suffer from a range of post abortion complications—incomplete abortion, haemorrhage or excessive bleeding, trauma to the reproductive tract or adjacent anatomical areas, sepsis (bacterial infection) and a combination of these complications.

## PATIENTS & METHODS

The study design was cross sectional and was done in the Gynae Unit II of Jinnah Hospital. Sample size of 160 cases is calculated with 95% confidence level, 4.5% margin of error and taking expected percentage

of gut injuries i.e., 9.2% (least among all complications and contributing factors leading to induced miscarriages by untrained persons. The sampling technique was non-probability purposive sampling. Female patients of child bearing age presenting in emergency department of Jinnah Hospital Lahore with complications of unsafe miscarriages by untrained persons as per operational definition were included while patients with history of spontaneous miscarriage were excluded from the study.

After obtaining approval from ethical committee of the hospital, patients fulfilling the inclusion criteria were recruited from emergency department, Jinnah Hospital Lahore. Informed consent was taken – the relatives accompanying the patients were interviewed in case of the patients were unable to give the proper history and specific questions regarding methods of abortion, place and level of maternity service. Detailed clinical assessment of the patient was done and variables like septicaemia, uterine perforation, gut injuries and haemorrhage was recorded. Basic

demographic information was obtained including age, parity, etc. Information was recorded on performa designed for the study. Then frequency of factors contributing that includes illiteracy, poor economic status and failure to get husband's approval.

The information collected was entered in SPSS version 13. The demographic information like age, parity was presented as sample statistics. Mean and standard deviation (SD) of numerical data like age was calculated. The qualitative data like sepsis, uterine perforation, haemorrhage and gut injuries and the factors leading to induced miscarriages that is illiteracy, poor economic status and failure to get husband's approval was analyzed by calculating frequency and percentages.

## RESULTS

A total of 160 patients fulfilling the inclusion/exclusion criteria were enrolled to determine the frequency of complications in patients with induced miscarriages by untrained persons presenting in a tertiary care hospital and to determine the frequency of contributing factors leading to induced miscarriages by untrained persons.

Distribution of the patients according to age shows majority of the patients i.e. 39.38% (n=63) between 26-30 years of age, 28.13% (n=45) between 18-25 years, 24.37% (n=39) between 31-35 years and 8.12 (n=13) between 36-40 years of age, mean and SD was calculated as 28.34±4.51 years.

Distribution according to parity was done, where majority of the patients were recorded with >4 paras i.e. 47.5% (n=76), 35.62% (n=57) were between 3.4 pars and only 16.885 (n=27) between 1-2 paras. Frequency of complications was recorded 66.88% (n=107) had sepsis, 24.38% (n=39) had haemorrhage, 22.5% (n=36) had uterine perforation and 13.13% (n=21) had gut injuries. Illiteracy was the most common factor leading to induced miscarriages by untrained persons i.e. 64.38% (n=103), 31.88% (n=51) subjects had poor economic status, and 42.5% (n=68) failed to get husband's approval.

## DISCUSSION

Unsafe abortion<sup>1</sup> a major public health problem worldwide, is responsible for 13% of maternal mortality and causes 70,000 maternal deaths every year, 99% of which occur in developing countries.<sup>4</sup> In Pakistan, it contributes significantly to unavoidable illness and death studies document that when woman who have had unsafe abortions do reach health facilities, they commonly suffer from a range of post abortion complications – incomplete abortion, haemorrhage or excessive bleeding, trauma of the

reproductive tract or adjacent anatomical areas, sepsis (bacterial infection) and a combination of these complications.

We planned this study to increase awareness in females, couples and in our community regarding the complications of unsafe miscarriages by untrained persons and also highlight the contributing factors prevented in our community.

The results of the study reveal that majority of the patients i.e., 39.38% (n=63) were between 26-30 years of age, and common age was calculated as 28.34±4.51 years 47.5% (n=76) were with >4 paras, 66.88% (n=107) had sepsis, 24.38% (n=39) had haemorrhage, 22.5% (n=36) had uterine perforation and 13.13% (n=21) had gut injuries while, illiteracy was the most common factor leading to induced miscarriages by untrained persons i.e. 64.38% (n=103), 31.88% (n=51) subjects had poor economic status, and 42.5% (n=68) failed to get husband's approval.

The results of the study are in agreement with the study conducted by Barkole A, who showed illiteracy in 59%, prevalence of poverty and poor economic status plays an important role in determining kind of abortion they obtained.

While another study by Khan A<sup>5</sup> reveals that 29% of poor women have a surgical procedure performed by a medically trained professional compared with 59% of non-poor women and while 30% of poor women use traditional methods of abortion herself and self induced.

Greater proportion of women had not discuss their decision to have an abortion with anyone and don't have their husband's or partner's approval i.e. 49% and unprotective coitus in unmarried was 10% being strong det.

Two more studies in Bangladesh<sup>1</sup> and Australia<sup>2</sup> demonstrates that access to education for a woman in lower socio-economic group is a major problem – Health educators have described the importance of literacy and have proposed strategies to make health information accessible to literate patients. Women with more education are notably better able to take control of their own sexuality – more education is associated with better health outcomes.

Hussain R and co-workers reveal complications associated with unsafe abortion such as sepsis in 79%, haemorrhage 20.9%, uterine perforation 30.2%, gut injuries 93% and acute renal failure 1%. These findings are also constant with the findings of the current study mentioned above.

Socioeconomic, cultural and psychological pressure constituted the background as to why women felt forced to terminate their pregnancy. Prevention of unwanted pregnancies must always

give the highest priority and attempts should be made to eliminate the need for abortion.

## CONCLUSION

The frequency of complications i.e. sepsis, uterine perforation, haemorrhage and gut injuries and contributing factors leading to induced miscarriages i.e. illiteracy, poor economic status and failure to get husband's approval is high among patients with induced miscarriages by untrained persons. However, it is also required that every setup should have their surveillance in order to know the frequency of the complications and contribution factors leading to induced miscarriage.

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