

Maternal Mortality from Unsafe Abortion in the Niger Delta. A Five-Year Review

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ABSTRACT

Introduction: Since the dawn of history, women who became Pregnant against their will have been known to employ various means to procure abortion. This attitude respect no culture, religious or political boundaries. It also cuts across age, parity and social class. An estimated 70,000 women die globally as a result, with the majority occurring in the developing world.

Material and Methods: The study is a five-year retrospective review of all cases of unsafe abortions managed at the University of Port Harcourt Teaching Hospital, Rivers state, Nigeria between January 1, 1985 and December 31, 1990.

Results: During the period under review, there were 12,127 deliveries and 159 maternal deaths; the maternal mortality rate was 1304.46/100,00. Unsafe abortion and its complications ranked fifth accounting for 9.43%. Abortion induced during the second trimester was responsible for more death (55.85%), and sepsis was the major cause of death. More than half of them (53.85%) were adolescent school girls. Many of the induced abortions (46.15%) were carried out by using native herbal preparations, leaf stems and roots.

Conclusion: In view of these observations, the provision of facilities for the early termination of unwanted pregnancies by trained individual in safe circumstances is advocated. In order to do this, restrictive abortion laws in Nigeria need to be relaxed. In addition, the inclusion of sex education in secondary school curriculum and extension of appropriate contraception service to school girls that need them should be allowed.

Keywords: unsafe abortion, maternal mortality, Niger Delta,

for 22 to 30% of all maternal deaths, in comparison to the worldwide estimate of 13%.⁷ It has been suggested that complications of induced abortion may be responsible for nearly a third of maternal deaths in West African countries.^{4,6,8}

In addition to maternal deaths, between two million and seven million women who survive unsafe abortion each year sustain long term morbidity; chronic disabilities, sepsis, haemorrhage requiring blood transfusion, uterine and bowel perforation, pelvic abscess, endotoxic shock and renal failure. Long term sequel include ectopic pregnancy, chronic pelvic pain and infertility with grave implications for future reproductive health of the woman.^{1,9}

What is particularly worrisome about the scenario of unsafe abortion is that these deaths or disabilities are occurring in spite of the fact that the world has safe, effective and affordable means of preventing unwanted pregnancy. Moreover, there also exist safe and effective means of inducing abortion.^{1,10}

The aim of this review is to highlight the factors associated with fatal cases of induced abortion at the University of Port Harcourt Teaching Hospital and to proffer solution to the problem.

MATERIAL AND METHODS

This was a retrospective review of induced abortion cases as seen at the University of Port Harcourt Teaching Hospital, Rivers state, Nigeria over a five year period (January 1, 1985 – December 31, 1990).

Permission was obtained from the ethics and research committee of the hospital. The names of all patients with abortion and their hospital numbers were obtained from the gynaecological ward as well as the accident and emergency unit. The clinical case records of all these patients were retrieved from the records department and cases of induced abortion were selected from the poll.

The total deliveries, maternal deaths and number of gynaecological admissions during the period of review were also obtained. Information were collected on their socio demographic characteristics, methods used, pattern of clinical presentation and outcome. Due to cultural and religious

INTRODUCTION

Contraception and sex education are effective in preventing unwanted pregnancies. However, when they fail, as they sometime do, there ought to be legal institution framework for early termination of unwanted pregnancy in safe circumstances.¹

Unsafe abortion remains one of the most neglected sexual and reproductive health problems in developing countries despite its important contribution to maternal morbidity and mortality.² More than a third of about 205 million pregnancies that occur annually are unplanned and about 22% of all these pregnancies end in unsafe abortion. Lack of access to family planning results in some 76 million unplanned pregnancies in developing countries, with 19% ending in induced abortion of which 11% are unsafe.^{3,4}

Reliable data on the incidence of unsafe abortion are generally lacking, especially in countries like Nigeria where access to abortion is legally restricted⁵, however, about 20,000 deaths from unsafe abortion is estimated to occur in Nigeria annually.⁶ In Ghana, the rate of unsafe abortion is about 31 per 1000 women and abortion related deaths are responsible

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beliefs in our society, permission for autopsy is not often obtained, thus the diagnosis and circumstances surrounding each death are derived from a brainstorming session during the monthly departmental maternal mortality reviews.

Among the fifteen patients that died as result of complications of induced abortion only thirteen case notes could be traced and they formed the basis of this analysis.

STATISTICAL ANALYSIS

The information obtained was coded and transferred onto a proforma already designed for the study. Data analysis was carried out using the Statistical Package for Social Sciences (SPSS) version 21 software.

RESULTS

During the period under review there were 12,217 deliveries at UPTH. During the same period, there were 159 maternal mortalities, 15(9.43%) were due to complications of induced abortion. However, only thirteen case notes could be retrieved.

Table 1 shows the socio-demographics characteristics of the patients.

More than half of the patients 7 (53.84%) were below the age of 20, 7(53.84%) were secondary school girls. Unemployed Full time housewives, accounted for 4(30.76%) of the patients that died. No woman with higher education, who was gainfully employed, was noted among the victims. More parous women 7(53.84%) died from induced abortion than nulliparous women.

It is remarkable that medical doctors performed less of the abortions 4(30.76%) that resulted in death Table 2. (46.15%) of the patients used herbal preparation, Roots and leaf steams. 6(46.15%) of the patients died within 24 hours of admission to the hospital. Table 3.

Table 4 shows that septicaemia, pelvic abscess and acute renal failure were the three leading causes of death occurring in 38.46%, 23.07%, and 15.38%, of the patients respectively

DISCUSSION

Unsafe abortion threatens the lives of a large number of women and constitute a major public Health issue.¹¹

In this study, the age group, 15-25 years were mostly affected, this is similar to findings from recent studies.^{1,2,12} An increase in the prevalence of premarital sex and the unmet need for contraceptives among this group is very high. The unmet need for contraceptives is due to several factors; including cost, availability, deep-seated cultural values, provider bias and perceived risks of side effects among others.^{12,13}

The review also revealed that marital status, educational qualification and unemployment are important socio-demographic factors contributing to illicit abortions.^{1,14} While 61.53% of the patients were unmarried, 46.15% were nulliparae, about 53.8% were secondary school students. These findings are similar to other recent works which showed that unsafe abortions are predominantly a problem of adolescents, nulliparae and students.^{1,14,15} Single women who seek contraceptive services face the obstacles of social and cultural restriction which makes it difficult for them to obtain effective contraception.^{1,16} Evidence suggests that educated women generally have access to safe abortion services no

	No of patients (n=13)	%
Age		
Less 15	3	23.07
15-20	4	30.77
21-25	3	23.07
26-30	2	15.38
31-35	0	0
Above 36	1	7.69
Parity		
0	6	46.15
1-4	4	30.76
Above 5	3	20,07
occupation		
Secondary school student	7	53.84
House wives	4	30.76
Not stated	2	15.38
Marital status		
Single	7	53.84
married	4	30.76
divorce	1	7.69
unstated	1	7.69

Table-1: Socio-demographic characteristics of patients

Method	No of patient	Percentage
Insertion of herbal preparation/stem by native doctor	6	46.15
Surgical induction by a doctor	4	30.76
Surgical induction by a nurse	1	7.69
Unstated	2	15.38
Total	13	100.00

Table-2: Method of termination of pregnancy

Duration of stay	No of Patients	Percentage
Less than 24 hours	6	46.15
2 days	3	23.07
3 days	1	7.69
17 days	2	15.38
25 day	1	7.69
Total	13	100.0

Table-3: Duration of Hospital stay before death

Complication	Number	Percentage
Septicaemia	5	38.46
Pelvic abscess	3	23.07
Acute renal failure	2	15.38
Gangrenous uterus	1	7.69
Genital sepsis	1	7.69
Haemorrhagic shock	1	7.69

Table-4: Causes of death

matter the legality, while it is the poor uneducated that resort to unsafe illegal abortion. In our environment unwanted pregnancy is a social stigma especially for unmarried girls who are still in school. The fear of interruptions in education often drives them to seek for induced abortion as demonstrated from our findings.¹⁷

Unsafe abortion occurs mostly in areas where the abortion-

law is restrictive or liberalized but access to safe abortion is denied. As a consequence, safe abortion services cannot be obtained in public health institutions. Moreover, Information about the abortionist is often withheld and this encourages the proliferation of unskilled practitioners. Majority of identified abortionist in this study and others after it were quacks and non-medical persons.^{1,18,19}

In this study, 46.15% of the patients died within 24 hours of admission to the hospital. This suggest that late presentation is a bad prognostic index. This is because induced abortion is illegal and usually performed secretly, patients who develop complications tend to present late when severely ill or in a moribund state.^{19,20}

Complications arising from induced abortions are the principal cause of maternal mortality associated with unsafe abortion. In this study, fifteen maternal deaths were recorded from complications of unsafe abortion and this constitutes 9.43% of maternal deaths during the period under review. This was within the range reported for maternal deaths from illegal abortion in some other Nigerian studies.^{19,22}

Although the complications that follow unsafe abortion are often multiple, Septicemia is the major complication and the leading cause of death in these patients. It is similar to findings from other parts of Nigeria.^{19,23} This could be attributed to the fact that majority of the induced abortion in this study were carried out by medically unqualified personnel in substandard environment using non sterile instruments. Late presentation may have been contributory, this is because induced abortion is illegal, secretly performed, patients who develop complications tend to present late.¹⁹

Our findings may not be an accurate reflection of the true picture of maternal mortality from unsafe abortion in Nigeria as many of the victims prefer to patronize private hospital and clinics rather than public hospitals to ensure privacy and avoid societal condemnation and stigma.

CONCLUSION

Unsafe abortion has shown no decline in numbers and rates, our study has shown that induced abortion is a major contributor to maternal mortality in Nigeria as has been widely documented. Most of its victims are single, adolescent school girls. Efforts directed at reducing unintended pregnancy by comprehensive family planning programs, Education of our youths on the dangers of unsafe abortion, liberalization of abortion law and training and retraining of medical personnel on post abortion care will reduce the problem.

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