

Septic abortion due to illegal practices: where do we stand in 2022?

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Abstract

Abortion is the removal of a 500g or less embryo or foetus from its mother when it is incapable of surviving on its own (WHO).

Septic abortion refers to any abortion that is connected to clinical signs of infection in the uterus and its contents. We in India are still unable to reach most of the couples belonging to low socioeconomic class or those who are illiterate with our family planning services. Due mostly to illegal abortions, septic abortion continues to be the largest cause of maternal death in the developing countries. Here is a case of septic abortion who was near miss mortality due to illegal practices.

Key words- Septic abortion, uterine infection, illegal practices, WHO guidelines of abortion

Introduction

Unsafe abortion causes between 4.7 and 13.2% of maternal fatalities each year.¹

According to estimates, we are losing 30 women for every 100,000 in developed countries due to unsafe abortions. This figure increases to 220 fatalities per 100 000 for the same in underdeveloped countries.² According to estimates from 2012, 7 million women worldwide need medical care each year for problems related to unsafe abortions.³

According to estimates from 2006, post-abortion care in underdeveloped nations cost the health systems US\$ 553 million annually due to complications from unsafe abortions. A further US\$ 922 million in income was lost by households due to the long-term harm caused by unsafe abortion. Nations and health systems might save a lot of money if modern contraception and high-quality induced abortion were more generally available.^{5,6}

Evidence proves that limiting the access to abortions does not decrease the number of abortions⁷; Although, it has an impact on whether women's and girls' have access to safe and respectable abortions. In comparison to nations with less stringent rules, those with very restrictive abortion laws had a much greater percentage of unsafe abortions.⁸

Content

WHO response

In addition to providing information on abortion care, abortion management (including miscarriage, incomplete abortion, induced abortion, and fetal death), and post-abortion care, also WHO provides worldwide technical and policy recommendations on use of contraception to prevent unintended pregnancies. A revised, unified guideline on abortion

care was released by WHO in 2021. It contains all of the organization's guidelines and best practise statements for the three areas that are crucial for provision of abortion care: clinical services, law and policy, and service delivery.

The Global Abortion Policy Database is also maintained by WHO. Comprehensive information about abortion laws, regulations, health standards, and recommendations for every nation is available in this interactive online database.

On request, WHO offers technical assistance to nations so they may develop their national programmes and policies for safe abortion care, contraception and tailor sexual and reproductive health recommendations to particular contexts. A monitoring and evaluation system for high-quality abortion care is also being developed.

The HRP (UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction), which conducts research on abortion regulation, abortion stigma, clinical care as well as implementation of research on community and health systems approaches to providing quality abortion services, is sponsored by WHO. Additionally, it tracks the costs and repercussions of unsafe abortion on a worldwide scale.

Case presentation

A 35 year old, G6P5L5 presented in the EM with Breathlessness, fever and PV bleeding since 3 days with positive urine pregnancy test. Patient and relatives strongly denied consumption of MTP pills or Dilatation and Evacuation, but had a positive urine pregnancy test and Beta hcg value was 942.39mIU/ml. When examined, the patient had fever of 100 °F with generalised lower abdominal discomfort, a palpable enlarged uterus(14-16 wks size). Pelvic exam on inspection revealed minimal bleed with greenish white discharge and on Vaginal examination os admitting tip of finger and bilateral fornices free and non tender. Ultrasound report revealed a bulky and heterogenous uterus with Retained products of conception.

In due course in the Emergency Dept, patient developed hypotension, was anaemic requiring blood transfusion, antibiotics in view of ?septic shock like features and emergency Gynaecological intervention.

Discussion

In the obstetric dept, patient was hospitalised, and broad spectrum antibiotics were started for an incomplete septic abortion. After stabilising the patient, Dilatation and evacuation of uterine contents was done. Histopathology of surgically evacuated products showed fragments of decidua and occasional degenerated chorionic villi, secretory endometrium, and blood clots. Patient later developed pulmonary complications and ascites, so was intubated. She was kept in the ICU for 3 weeks and developed nosocomial infections, pleural effusion,

pulmonary emboli and tracheostomy was done. She recovered after a complete month and was discharged.

Summary

High expenses, stigma towards both people seeking abortions and healthcare providers, and healthcare professionals who refuse to perform abortions out of personal conviction or religious conviction are all obstacles to obtaining a safe and respectful abortion. Further access is hampered by restrictive rules and regulations that are not medically necessary, such as those that criminalise abortion, impose waiting periods, offer biased counselling or information, require third-party authorization, place limitations on the types of providers or medical facilities that can perform abortions.

Practical Pearls

To ensure that everyone requiring abortion care have access to it, several steps are required at legal, community levels and health system. The following three factors form the basis of a favourable environment for comprehensive, high-quality abortion care:

- observance of human rights, with a favourable legal and political environment;
- the accessibility and availability of information; and
- a easily accessible, supportive, affordable, and efficient healthcare system.

Various factors are essential for a functioning health system, including:

- universal health coverage
- reliable supply of quality, affordable medical products and equipment;
- evidence-based policies;
- Ensuring that a sufficient number of healthcare professionals, representing a variety of specialties, offer abortion treatment to patients within easy reach;
- the provision of abortion care through a range of methods, such as in-center care, self-care methods and digital interventions, enabling for options based on the pregnant person's beliefs and preferences, the resources at hand, and the local and national context;
- Ensuring that health professionals are educated about how to interpret laws and regulations governing abortion, offer respectful and safe abortion treatment, and encourage informed decision-making;
- Ensure that stigmatisation of health professionals is minimised and supported; and
- offering contraceptives to stop unwanted pregnancies.

Availability and accessibility of information implies:

- information on abortion and contraception techniques that is accurate, objective, and supported by evidence; and
- provision of evidence-based comprehensive sexuality education;

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