

# UNSAFE ABORTIONS: GLOBAL HEALTH ROUNDS OCT. 7, 2019



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# UGANDA'S BASIC INFORMATION



- About 241,000 square kilometers with population density of 183 people per square kilometer
- Current population estimate is > 40M people
- Maternal mortality 343 per 100,000 live births (2015)
- Fertility rate is an average of 6 pregnancies per woman
- Grouped as low income country by world bank



# OUTLINE



- Definition
- Magnitude
- Clinical presentation
- Investigations
- Treatment options
- Complications
- Going forward



# DEFINITIONS AND KEY FACTS



- *Abortion* is ending pregnancy from which ever cause before fetal viability
- *Unsafe abortion* is induced abortion done below requisite skills or in environment that does not meet minimum medical standards
- In Uganda legal abortion is highly restricted
- Church influence very important factor
- Unmet demand for contraception remains key concern
- Unsafe abortion is highly stigmatized



# MAGNITUDE.



- Prevalence of abortion is 10-15%
- Unsafe abortion mostly done in secrecy hence likely use of harmful abortion practices
- Unsafe abortion is characterized with delayed care seeking
- Physician density is 0.1 per 1000 population
- Nurse/mid-wife density is 1.3 per 1000 population
- Unsafe abortion Post Abortion Care, costs health care system: \$14 M USD annually



# CLINICAL PRESENTATION



- Variable picture depending on time of presentation and the extent of complications
- Female in reproductive age
- History of amenorrhea
- History of deliberate termination of pregnancy
- Lower abdominal pain of variable degrees
- Vaginal bleeding of variable degree



# CLINICAL PRESENTATION



- Altered level of consciousness
- Fever, acute abdomen, mal-odour p/v discharge
- Unstable vital signs
- Vaginal examinations: foreign bodies, products of conception, lacerations
- Intra-abdominal organ injury on laparotomy



# INVESTIGATIONS



- Depends on availability, may be none in some settings
- Blood work-up possible
- Urine exam
- Imaging, depends on availability
- Others depend on clinical presentation, cultural sensitivity of physician





# TREATMENT



- Depends on clinical presentation, may need immediate resuscitation
- Done in line of comprehensive post abortion care
- Both surgical and pharmacological options are used
- Manual Vacuum Aspiration (MVA) now replacing Dilation and Curettage (D&C).
- Oxytocin and prostaglandins commonly used drugs
- Family Planning services, Tetanus vaccine offered



# TREATMENT

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- Anti D immunoglobulin in some facilities
- Other sexual reproductive health services
- Psychosocial aspects
- Advocacy on law, cultural norms and faith aspects



# COMPLICATIONS



- Maternal morbidity, hemorrhage, infections, poisoning, genital lacerations and perforations
- Infertility
- Maternal mortality
- Cessation from education, career path
- Economic loss



# GOING FORWARD



- Access to safe and legal abortion to be viewed as fundamental right for women
- Women have had abortions before, will continue to do so, irrespective of the prevailing laws, religious proscriptions and social norms
- What do you suggest?

