STUDY ON SEPTIC ABORTION IN A RURAL MEDICAL COLLEGE

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SUMMARY

About 2 decades have passed since the liberalisation the abortion law. Unfortunately rural centres still continue to get a good number of cases of septic abortion with a death rate of 20%. Of the patients treated,46% were between 21-30 years of age, 58% were para 3 & above,74% were married & 32% had one or more induced abortions in the past Rural women accounted for 74% of the total cases the educational status revealed that 64% & the rest had only primary schooling. History of introduction of stick was present in 80% cases, infection was present in 36% cases.Aerobes accounted for 80% of septic cases. It was curious that 40% did not want any more children & the rest wanted to space the birth of the next child, yet 78% did not practice any contraception. The existence of the liberal MTP law was not known to 60% of our cases, and the rest of the 40% avoided seeking advice at the hospital for fear of enforced concurrent contraception.

INTRODUCTION

Criminal abortion has been one of the major causes of maternal death throughout the world until the 1950's. The aim of liberalizing abortion laws has been to reduce morbidity and mortality oresing out of the performance of induced abortions in unhygienic surroundings.

The effect of the abortion act was miraculous in developed countries. In England & Wales there was an acceleration in the decline of maternal deaths from abortion after

Accepted for Publication : 20/3/91

one decade of passing the act to a minimum of 7-4/- million maternity cases in 76-78 (Howie 1988)

In our country almost two decades have passed after passing the Act. Unfortunately, there is no appreciable reduction in either the number of criminal abortions or deaths from such abortion. Sepsis is directly responsible for death in most of the cases. Incidence of septic abortion and maternal death from abortion is still high in India viz. 15-25% (Dutta'88) 20-25%(Daftary'88).

North Bengal Medical College is one of the three medical colleges in rural Bengal. It is situated 14 Km. away from district town Siliguri. We receive good number of cases of septic abortion with 20% death rate. We therefore decided to study such cases and tried to probe into the cause of such high mortality rates.

MATERIAL & METHOD

This study is based on the data of 50 cases of septic abortion admitted at the hospital over a period of 9 months from 1.1.90-30.9.90. During the same period there were 1525 deliveries, 250 cases of M.T.P. and 61 cases of maternal deaths. Out 50 cases of abortion, there were 10 deaths.Details of these cases have been analysed and presented.

Results and Analysis

Age : Analysis of these cases revealed that 20% of our cases were under the age of 20 years, 46% between 21-36 years, 32% between 31-40 years and 2% over the age of 40.

Parity : Twenty percent of the cases were multiparae and 36% were para IV and above.

Marital Status : Unmarried women accounted for 22% of cases and widows for 4%.

Resident Status : Women from rural background accounted for 7% of cases.

Educational Status : Illeterate women accounted for 64% of cases.

Family Income : The income per month was less than Rs.1,000/-in 82% of cases.

Grades of Infection : The infection was mild in 20% of cases, moderatly severe in 44% of cases and fulurinant in 36% of cases.

Causative Organisms : Cultures collected at the time of admission revealed aerobes in 86% of cases and mixed aerobic and anaerobic infections in 14% of cases.

Duration of Pregnancy : There were equal number of 1st trimester and 2nd trimester MTP's i.e. 25 each in this series.

Abortifacient Agent : In 80% of women an unhygienic stick.

Treatment : Conservative management sufficed in 36% of cases, minor surgical evacuation was required in 50% of cases and 14% required major laparotomies.

DISCUSSION

Distribution of age has revealed that maximum number of patients were in 3rd decade of life. There were 20% teen-agers & all of them were unmarried.

Analysis of parity had reflected that 58% of patients were para 3 & above.

Marital status of the patients has showed that 74% of these women were married. It is also an interesting finding that 32% of these married women had one or more abortion in the past.

It was observed that 74% of these women were rural & 64% of them were illiterate where 34% had only primay schooling for 2-4 years.

Annual family income of 82% was upto Rs.1000/-per annum.

While studying period of pregnancy when abortion was induced we found equal number of women in frist & midtrimester.

Fig. 1& 2 Pariental abcess from utrine perforayion burst out sponta neously

In search for causative organism we received culture report in 60% of cases. Out of these aerobic organism was responsible for 86% infection & mixed infection was responsible for the rest 14%. Similar observation was made by Usha Rani & Chakravarti (88).

Our finding was very interesting about mode of induction. We got definite history of introduction of stick in 80% of cases. We could recover the stick in 15 cases. In one of these it was about to perforate the skin after preforating uterus; it was visible an inch below umbilicus. In 94% cases the help of a quack was sought for.

It was observed that Gr.III infection was present in 36% which included all deaths.

Prognosis was good in 70% cases there were 20% death rate and 10% had residual P.I.D. on follow up from 3-6 months. Dutta (88) & Daftary (88) have mentioned death rate as 15-25% & 20-25% respectively.

A curious observation was made by us that 40% of these patients did not want any more child whereas 60% wanted to postpone it; yet 78% did not practice any contraceptive. method.

An enquiry about knowledge and attitude had revealed that 60% had expressed their ignorance about the Act whereas 40% had admitted that they had avoided hospital deliberately as they did not like laparotomy or concurrent sterilisation or cuT insertion

CONCLUSION

From the study it was clear that we failed to get the desired effect mostly due to lack of public awareness and knowledge about both M.T.P. Act as well as F.P. meth-

ods. It was also evident from discussion with the patients that even though they wanted to avail of hospital services they could not do so due to difficulty in communication. Many of them of mentioned about easy availability of quack at their door-step.

The only solution therefore to this is to increase motivation about family planning methods and simultaneous increase of awareness of M.T.P. Act. We should also make an attempt to extend the service at their door step in at the peripheral centres. If necessary specialist from nearing rural hospital should go to the S.H.C. to perform these operation once a week. or once every fortnight. "Nanya Pantha Vidyate Ayanaya" there is no other way to save lives of our mothers, who want to get rid of unwanted pregnancy but do not know the proper method & cannot reach the proper place.

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