

## MATERNAL MORTALITY DUE TO SEPTIC INDUCED ABORTION

P. REDDI RANI ● A. BUPATHY ● S. BALASUBRAMANIAN

### SUMMARY

Maternal Mortality due to septic induced abortion remains very high in our country. Majority of these women were in the age group of 20-30 years and abortion was induced by means of Kutchi or Fetex Paste by quacks or Dais. Sepsis was the commonest cause of death and nearly half the patients died within 48 hours after admission indicating the delay in reaching the Hospital. Easy access to M T P and contraceptive services and increasing the awarness of people to morbidity and mortality of septic induced abortions will help in saving a lot of young women.

### INTRODUCTION

Though Medical Termination of Pregnancy was legalised in our country in 1972, Septic Induced Abortion is still a major cause of maternal morbidity and mortality. Complications of illegal abortion account for a large number of maternal deaths in developing countries Population Report (1980). It is very common among rural, illiterate, poor women who are ignorant of MTP and contraceptive devices. They resort to

termination of pregnancies using primitive techniques like kutchi or paste under septic conditions by local dais and quacks. This results in increased incidence of sepsis, trauma and haemorrhage. The real magnitude of illegal abortions and other complications are very difficult to estimate as only those patients with life threatening complications reach the hospitals for management

### MATERIALS AND METHODS

Retrospective analysis of case-records

*Dept of Obstet. & Gynae. J.I.P.M.E.R Pondicherry.  
Accepted for Publication on 11.1.96*

of patients admitted to the hospital with septic induced abortion over 8 years (1986-93) was made. Maternal mortality rate was calculated and causes of deaths were carefully analysed in each case.

#### OBSERVATIONS

Total of 358 patients were admitted to the hospital during this period with complications arising out of septic induced abortions, out of which 34 women died who form the study group. Nineteen of these were in the age group of 20 - 30 years. Six were unmarried and were less than 19 years of age.

In twentyfive women abortion was induced by using a kutchi by either a quack or dai. In three women abortion was induced using fetex paste by G.P. All the three were admitted with renal failure.

In 26 of these patients (76.47%) Grade III sepsis was present. Surgical intervention was carried out in 18 patients two of whom had bowel injury. In the remaining 16 no surgery could be done due to poor general condition, five of whom also had tetanus. Septicemia was the commonest cause of death in 24 women (70.58%). Five women died

TABLE I  
METHOD OF SEPTIC INDUCED ABORTION

METHOD	DONE BY	NO
KUTCHI	DAI / QUACK	25
FETEX PASTE	G.P	3
D & E	G.P.	5
DRUGS	NURSE	1
TOTAL		34

TABLE II

CAUSE OF DEATH	NO (%)
SEPTICEMIA	19 (55.9)
SEPTICEMIA WITH ARF	5 (14.7)
TETANUS	5 (14.7)
A R F	4 (11.8)
PULMONARY EMBOLISM (A R F = ACUTE RENAL FAILURE)	1 (2.9)

TABLE III  
HOSPITAL STAY

TIME INTERVAL TO DEATH	NO (%)
< 24 HOURS	12 (35.3)
24 - 48 HOURS	4 (11.8)
48 HOURS - 7 DAYS	7 (20.5)
> 7 DAYS	11 (32.4)

because of tetanus (Table II) 47% of deaths occurred within 48 hours after admission (Table III).

#### DISCUSSION

In spite of liberalisation of MTP act in India, incidence of illegal abortions is high resulting in high morbidity and mortality (Meenakshi et al, 1995). During the study period there were a total of 88 maternal deaths out of whom 34 (38.6%) were because of septic induced abortion (SIA). Lopez et al (1986) reported that 50% of maternal deaths were due to SIA in their series. Bhaskar Rao et al (1977) also reported that septic abortion contributed to 25% of maternal mortality. Women in the age group of 21-30 years constitute a majority resulting in loss of valuable life at an early age (Konar et al, 1973). Similar trend was seen in our study. SIA were done by quacks in 74% of our cases using kutchi and the remaining were done by General Practitioners using Fetex paste and D&C. Archibong (1991) reported similar practice from Nigeria. Kamala Jayaraman & Parameswari (1988) reported that 69%

of SIA were done using calotropis stick and medicated creams and majority of these women were in the 2nd trimester of pregnancy. Septicemia and shock were the commonest causes of death accounting for 60-80% of deaths (Agarwal & Chandrawati, 1988). Renal failure was the cause of death in 7 to 15 % of cases because of fetex paste (Jayaraman Parameswari 1988). In addition to the above tetanus was the cause of death in 14.7% of patients in the present series. Majority of patients reported to the hospital 7-10 days after illegal abortion. Grade III sepsis was present in 76% of patients at admission, 47% of these patients died within 48 hours after admission.

Septic induced abortion is still a major problem in our country. Apart from liberalisation of MTP, health and sex education, easy access to MTP and contraceptive services, early diagnosis and treatment of abortion complications, will go a long way in reducing the maternal mortality and morbidity because of septic induced abortion.

## REFERENCES

1. Agarwal, S. and Chandrawati. : *J. Obstet. Gynec. India.* 35 : 123, 1985.
2. Archibong, E. I. : *Int. J. Gynec. Obstet.* 34: 261, 1991.
3. Bhaskara Rao, K.E. and Mallika, P.E. : *J. Obstet. Gynec. India.* 27 : 876, 1977.
4. Jayaraman K V. and Parameswari, T. : *J. Obstet. Gynec. India.* 38 : 389, 1988.
5. Konar, M., Saha, K., Lalui, D. : *J. Obstet. Gynec. India.* 23 : 437, 1973.
6. Lopez, J.A., Deshmukh, K.K. : *J. Obstet. Synec. India.* 36 : 411, 1986.
7. Meenakshi, Sirohiwal D., Sharma D., Gulati N. : *J. Obstet. Gynaec. India.* 45 : 186, 1995.
8. *Population Reports - Series. F.* 7 : 105, 1980.