

Original Article

Study of Abortion in Tairunnessa Memorial Medical College, Gazipur

DOI: dx.doi.org



Rowshan Ara Begum¹, Shilpi Saha², Mahbuba Rahman³, Naireen Sultana⁴, Farzana Islam Khan⁵

Received: 08 Aug 2022

Accepted: 13 Aug 2022

Published: 15 Aug 2022

Published by:

Sher-E-Bangla Medical College,
Barishal



This article is licensed under a
[Creative Commons Attribution 4.0
International License](https://creativecommons.org/licenses/by/4.0/).



ABSTRACT

This descriptive type of cross-sectional study was conducted to find out the commonest type of abortion, its causes & how can we prevent complications of abortion. This study was carried out in a private medical college, outside Dhaka city, with a sample size of 150 during the months of August 2018 to March 2019. Abortion is common in 25-30 years age group (42%), in primigravida(57%) & in 1st trimester(75%). Incomplete abortion is common 86% & it occurs spontaneously 83%. The common complication of abortion is retained product in 8% of cases.

Keywords: Primigravida, D&C (dilatation & curettage), Induced.

(The Planet 2022; 6(1): 208-211)

1. Associate Professor, Tairunnessa Memorial Medical College & Hospital, Gazipur Bangladesh
2. Assistant Professor, Uttara Women's Medical College Hospital, Dhaka, Bangladesh
3. Associate Professor, US Bangla Medical College Hospital, South Rupshi, Bangladesh
4. Associate Professor, Tairunnessa Memorial Medical College & Hospital, Gazipur Bangladesh
5. Assistant Professor, Tairunnessa Memorial Medical College & Hospital, Gazipur Bangladesh

INTRODUCTION

Interruption of pregnancy before the age of viability with or without expulsion of product of conception is called abortion (before 28wks of pg). Seventy-five percent of abortions occur before the 16th wk and of those, about seventy-five percent occur before the 8th wk of pregnancy^[1]. Abortion is a global problem of social health and of demographic significance. There are about

19 million unsafe abortions every year. The complication of abortion is one of the 5 leading causes of maternal mortality and constitute 13% of all maternal death globally^[2]. The issue is drawing increasingly close attention to health problems because, in Bangladesh, approximately half of the admission to hospitals are due to complications of abortion^[3]. Bangladesh is still governed by

the penal code since 1860, where induced abortion is still illegal unless the woman is in danger [4]. In 1976, the Bangladesh National population policy unsuccessfully attempted to legalize abortion in the first trimester [5]. 1/4th of maternal deaths are due to complications of induced abortion. It has been estimated that every year 8,00,000 abortions are being performed in the country and at least 8000 women are dying from abortion-related complications each year [6]. Since, 1979, MR has been the favored alternative to induced abortion, and it is legally permitted because pregnancy can't be established. In 2012, the drug admission for Bangladesh legalized the combination of mifepristone +misoprostol for medical abortion [7]. According to an article by the Guttmacher Institution, which studied the rural district of Matlab, illegal abortion is becoming increasingly prevalent despite the availability of safer methods of fertility control [8]. The United Nations estimated that in 2000, the abortion rate was 4/1000 women aged 15-44. According to research done by the Guttmacher Institute, an estimated 456,000 unsafe abortions are done in Nigeria/per year [10]. Abortion accounts for 40% of material deaths in Nigeria, making it the second leading cause of maternal mortality in the country. In the USA, 3 out of 10 women have an abortion by the time they are 45 years old.

METHODS

This cross-sectional study was carried out in the department of Obs and Gynae, Tairunnessa Memorial Medical Collage and Hospital, during the period of 1.8.18 to 1.3.19 among 150 cases of abortions, the study aimed to find out the types of abortion which were commonly found in this institution, what type of treatment was given to them, and what are the post-abortion complications.

RESULTS

Table 1: Distribution of patients according to age

Age group	Number	Percentage
15-20	18	11.0
21-25	49	32.3
26-30	63	41.6
31-35	15	9.9
>35	5	3.3

Table – 1 . Shows that majority of abortions occur (41.6%) among the age group 25 -30 years, followed by 32.3% occurring in the 21-25 years age group. Only about 12% of abortions occurred among those over 30 years of age.

Table 2: Distribution of patients according to parity (n=150)

Parity	Number	Percentage
Primigravida	87	57.4
Multigravida	63	41.6

Table – 2 revealed that abortion occurs more commonly among Primigravida. 57.4% of the women coming for abortion were Primigravida cases, while 41.6% were multigravida cases.

Table 3: Distribution of patients according to the duration of pregnancy (n=150)

Duration in Weeks	Number	Percentage
<13 weeks	113	74.6
13-28 weeks	37	24.4

Table 3 shows the majority of abortions occurred in 1st trimester. About 75% of the abortions happened within <13 weeks of

pregnancy, while the remaining 24.4% had an abortion after 13 weeks of pregnancy.

Table 4: Distribution of patients according to the type of abortion (n=150)

Abortion Type	Number	Percentage
Incomplete	130	86
Complete	1	6
Missed	15	9.9
Septic	3	1.9
Inevitable	1	0.6

Table 4 revealed that more patients came with incomplete abortion (86%) compared to missed abortion (9.9). 1.9% of cases were of septic abortion

Table 5: Distribution of pt according to nature of abortion (n=150)

Abortion Nature	Number	Percentage
Spontaneous	127	83.8
Induced	33	21.8

It was observed that 83.8% of the abortions were spontaneous, while 21.8% were induced.

Table 6: Distribution of patients according to mode of treatment (n=150)

Treatment Method	Number	Percentage
Surgical (D&C)	125	82.5
Medical	25	16.5

82.5% of the abortions were conducted surgically, through D&C (Dilation and curettage) method, while the remaining 16.5% had medical abortions.

Table 7: Distribution of patients according to complications (n=150)

Complications	Number	Percentage
Shock	8	5.2
Septicemia	5	3.3
Incomplete D&C	12	7.9
No Complications	125	83.3

The majority (83.3%) had no major complications after abortion, while 7.9% had incomplete D&C, 5.2% had shock, and 3.3% had septicemia.

DISCUSSION

Abortion in Bangladesh is illegal in most situations, but MR is often used as a substitute. Bangladesh is still governed by the penal code from 1860, where induced abortion is illegal unless the woman is in danger. According to an article by the Guttmacher Institute, which studied the rural district of Matlab, illegal abortion is becoming increasingly prevalent despite the availability of safer methods of fertility control. In 2014, it was estimated that between 523,808 and 76,269 abortions occurred per year in Bangladesh. In this study, abortion was commonly found among 25 – 30 years old women, (41.6%) and then 20 – 25yrs (32.3). Abortion occurred more in the multipara and 1st trimester (74.6%) commonly than in the 2nd trimester (24.4). In this medical college, the incidence of an incomplete abortion (86%) is highest than missed (9.9%) abortion (82.5%) and only 16.5% were treated by medical treatment

Limitations of The Study

The study was conducted in a single hospital with a small sample size. So, the results may not represent the whole community.

ACKNOWLEDGEMENT

Thanks to Almighty Allah for giving me the opportunity & providing me with sufficient energy and patience to carry on this study. I would like to express my greatest gratitude & whole-hearted respect to pro. Dr. Nahid Sultana, Head of the Department of Obs & Gynae, Tairunnessa Memorial Medical College, for her inspiring guidance, and constant supervision. I would like to thank the Principal of this medical college & my heartfelt thanks to all the respondents who helped us by providing their valuable opinion and unconditional time in this study.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. 2013. *DC Dutta's Textbook Of Obstetrics. 7th ed. New Delhi: Jaypee Brothers Medical Publishers, pp.294-301.*
2. Parenthood P. Official site [Internet]. Planned Parenthood. [cited 2022Jul31]. Available from: <https://www.plannedparenthood.org/>
3. Coleman PK. Abortion and mental health: quantitative synthesis and analysis of research published 1995–2009. *The British Journal of Psychiatry.* 2011 Sep;199(3):180-6.
4. *Menstrual regulation and unsafe abortion in Bangladesh [Internet]. Guttmacher Institute. 2017 [cited 2022Jul31]. Available from: <https://www.guttmacher.org/fact-sheet/menstrual-regulation-unsafe-abortion-bangladesh>*
5. *Country profile [Internet]. ASAP. [cited 2022Jul31]. Available from: <https://asap-asia.org/country-profile-bangladesh/>*
6. Akhtar HH, Khan TF. *A bibliography on menstrual regulation and abortion studies in Bangladesh. Bangladesh Institute of Research for Promotion of Essential & Reproductive Health and Technologies (BIRPERHT); 1996.*
7. Zaidi S, Begum F, Tank J, Chaudhury P, Yasmin H, Dissanayake M. *Achievements of the FIGO initiative for the prevention of unsafe abortion and its consequences in South-Southeast Asia. International Journal of Gynecology & Obstetrics.* 2014 Jul;126:S20-3.
8. Hossain A, Maddow-Zimet I, Singh S, Remez L. *Menstrual regulation, unsafe abortion and maternal health in Bangladesh [Internet]. Guttmacher Institute. 2016 [cited 2022Jul31]. Available from: <https://www.guttmacher.org/report/menstrual-regulation-unsafe-abortion-and-maternal-health-bangladesh>*
9. *World population policy 2009 publication [Internet]. United Nations. United Nations; [cited 2022Jul31]. Available from: <https://www.un.org/en/development/desa/population/publications/policy/world-abortion-policies-2013.asp>*
10. Ogbu R. *Illegal abortion in Nigeria: The cringing reality.*