

The Management of Abortions at the Maternity Regional Hospital of Saint Louis from 2013 to 2015

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Abstract

Objectives: The objectives were to determine the prevalence of abortions at CHR Saint Louis and define the epidemiological profile of patients.

Methodology: This was a cross sectional study descriptive of abortion cases registered in the Obstetrics and Gynecology Service Hospital Saint Louis. Study ran from 1 January 2013 to 28 February 2015, or 26 months. We included all patients carrying a pregnancy of less than 22 weeks and who has an abortion. The variables studied were the socio-demographic characteristics, age of pregnancy, care mode, complications, and counseling chosen contraceptive method. We used the EPI6info Version 3.5.3 software and the R Version 3.0.2 software for data analysis.

Results: During our study period, we recorded 893 cases of abortion. The average age of patients was 28.7 ± 7.6 to extremes of 14 and 53 years. Patients were married in 819 cases, or 91.7%. The management mode was dominated by MVA in 628 cases, followed by electric aspiration in 239 cases and a dissection in 23 cases. We recorded 15 cases of complications in type hemorrhages, or 1.6%. The counseling PF was done in 98.3% and was the chosen type pills in 484 cases against 189 cases in the injections.

Conclusion: Support for abortion is common in the service, post morbite abotrum is less.

Keywords: Abortion; Contraception; Saint louis

Introduction

An estimated 500,000 women die each year worldwide due to causes related to pregnancy [1]. The complications of abortions account for 13% of maternal deaths according to WHO [2]. The majority of these deaths occur in developing countries, and this concerning several parameters related to the precarious economic situation, remoteness from specialized medical centers for a certain segment of the population, difficult working conditions. The complications of abortions are responsible for 8% of maternal deaths recorded in health facilities providing emergency obstetric care [3]. The frequency of spontaneous abortions is not well known, on average 8% of pregnancies end in miscarriage [4]. Our research contributes to a clinical and epidemiological study of abortions in the maternity ward of the Regional Hospital of St. Louis. The specific objectives were to: define the profile of patients with abortion at the maternity hospital of Saint Louis, assess the management of abortions, evaluate the prognosis of patients.

Methods

This was a descriptive cross-sectional study on abortion cases supported in the Obstetrics and Gynecology department of Regional

Hospital of St. Louis. Study ran from 1 January 2013 to 28 February 2015, or 26 months. We included in the study all patients carrying a pregnancy under 22 weeks of amenorrhoe who submitted abortion inevitable. We did not include patients presenting abortion and whose management is done outside of the hospital of St. Louis; and that carry a pregnancy over 22 weeks of amenorrhoea. We had studied the socio-demographic characteristics (age, place of origin, education level, occupation, marital status, gravidity, parity), the arrival time of the patient, age of pregnancy, type supported, complications, counseling and nature of the chosen contraceptive.

For each quantitative variable, the average is surrounded by its standard deviation. For qualitative variables, we calculated the percentages as well as the 95%.

Results

Socio- Demographic

Age: Figure 1 shows the patients according to their age group. The average age of patients was 28.8 ± 7.6 years. The median was 28 years at the extremes of 14 and 52 years. The age group 26-35 years was the most represented 39.7%.

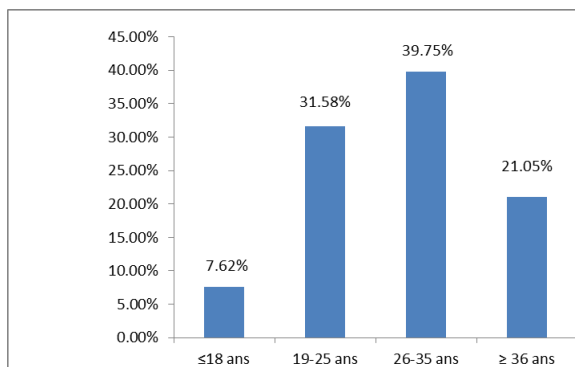


Figure 1: Distribution of patients who have an abortion by the age group at the maternity of Saint Louis 2013-2014 (N=893).

Gravidity and parity: The mean gravidity was 3.4 ± 2.2 . The median was 3 with extremes of 1 and 13. Three of 4 patients were under 5 gestures. The mean parity was 2.1 ± 2.04 . The median was 2 with a range of 0 and 12. One patient in four was nulliparous. Patients were mainly married cases or 91.71%.

Clinical data: Operating admission according were evacuated in 11.2% of cases. Table I represents the time of admission to motherhood. They were admitted in our service for the majority of cases between 8 am and 16 hours with a 56.4% rate (Table 1).

Arriving time	Effective	Percentage(%)
8H-16H	504	56.4
16H-20H	169	18.9
20H-8H	220	24.6
Total	893	100

Table 1: Distribution of patients with evacuation of the Regional Maternity Hospital Saint from 2013 to 2015 according to the time of arrival (N=893).

Age of pregnancy: Abortion occurred mainly cases before 14 weeks. Table 2 shows the patients by age of pregnancy.

Age of pregnancy	Effective	Percentage (%)
6 SA	187	21
10 SA	426	47.7
14 SA	177	19.8
18 SA	103	11.5
TOTAL	893	100

Table 2: Distribution of patients by age from pregnancy to motherhood of St. Louis from 2013 to 2015 (N=893).

Types of abortion: Abortion was spontaneous guy in 99.6% of cases. It is noted that 4 cases of induced abortion (Figure 2).

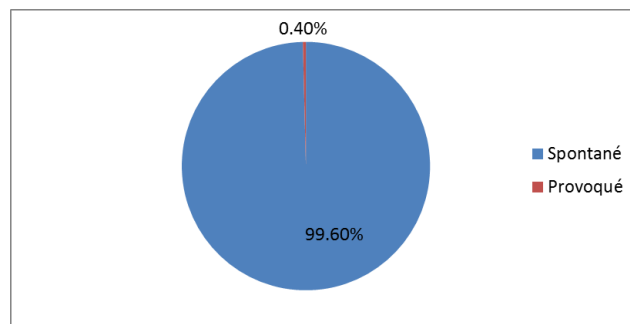


Figure 2: Distribution of patients by type of abortion at the maternity hospital, Saint Louis 2013 to 2015 (N=983).

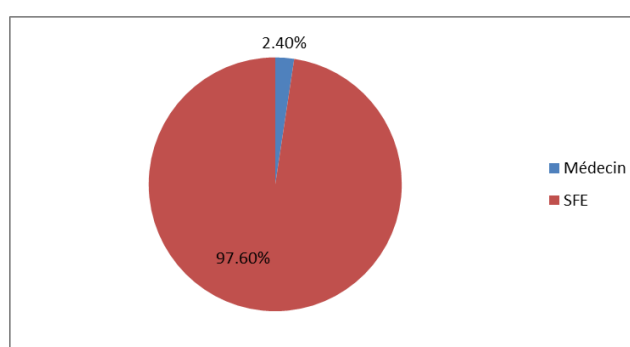


Figure 3: Distribution of patients according to the operator to support the Regional Maternity Hospital Saint Louis from 2013 to 2014 (N=893).

- Support Modality
- Patients received either a manual vacuum aspiration (MVA) or a power vacuum or a dissection. The technique was performed by a midwife in 97.6% of cases. (Figures 3,4).
- 4 shows the support arrangements. MVA was performed in 70.3% of cases.
- Complications noted after treatment were represented by bleeding in 15 cases, or 1.7%. And they had received compression therapy and monitoring
- Contraception after abortion

Type of Contraception	Effective	Percentage (%)
Depo-Provera	189	21.2
Pills	484	54.2
Any	220	24.6
Total	893	100

Table 3: Distribution of patients according to the type of contraception after abortion in the maternity of the Regional Hospital of Saint Louis from 2013 to 2015 (N=893).

The counseling was done in all cases. Table 3 shows the contraceptive method chosen by the patient after counseling. A contraceptive method was chosen in 95% cases.

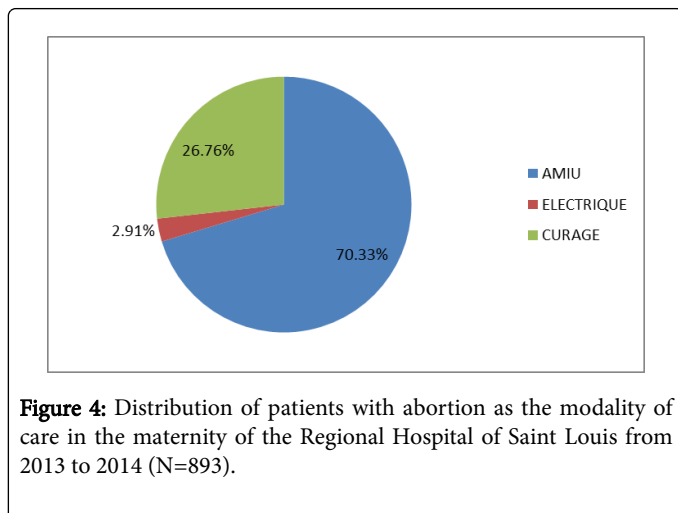


Figure 4: Distribution of patients with abortion as the modality of care in the maternity of the Regional Hospital of Saint Louis from 2013 to 2014 (N=893).

Discussion

The predominance of young women could be explained by the fact that they are usually immature and moreover often poor and illiterate. Pregnancy is not properly supported. It also exists in sub-Saharan Africa, contributing factors such as rural-urban migration and its corollary of moral laxity, very widespread practice of contraception in the population. By marital status of patients; it appears that the vast majority of patients in our series had married women is 91.7%. The singles represented 7.7% of cases. There were only 5 or divorced women to 0.6%.

Spontaneous abortion is concerned especially married women and that caused was the prerogative of Singles. These characteristics are similar to those found by Tapsoba Burkina [5,6] and Binkin in Mali [7] which were respectively 83.6% and 90% of spontaneous abortions among young women [8,9].

They were evacuated in 11.2% of cases. The majority of patients had come of them even 88.8% of our series. The patients were admitted between 8 am and 16 hours in 56.4% of cases. This can be explained by the fact that the majority of patients do not live near the hospital and the means of transport are not always available at night forcing them to wait for morning to come to the consultation.

We find a high frequency of spontaneous abortions (95.5%) compared to induced abortions that were only 4 cases in the series is 0.45% of the Maternity of St. Louis. This difference could be explained by the fact that many cases of induced abortions were not notified and are not documented in the service. The lack of dialogue between adults and adolescents promoted by the culture that considers issues of sexuality as taboo. Voiced by teens as "exaggerated severity of the parents" correct and reliable results in a lack of information and a curiosity to satisfy the prohibited acts. This can lead to consequences such as unwanted pregnancies and illegal abortions. To escape the heavy social consequences for the girl's mother and her family, girls tend to consider abortion as they fall pregnant. Under pressure from boys, girls may terminate an unwanted by fear of the reaction of the family and social disapproval pregnancy.

The use of healers or abortionists is a socio-cultural fact which poses safety problems of abortion. This also justifies a low rate of induced abortions in our series during the study period. In our study the Uterine Manual Vacuum Aspiration (MVA) was 70.33% as required for essential treatment of abortions. MVA is an effective and safe method for the treatment of abortions. It is nowadays the method of choice in the early stage in the post-abortion care because of its advantages over other methods. In addition to a fast and complete evacuation of the uterus, MVA reduces the hospital stay reduced to a few hours and health spending [10]. An absence of complications is noted in 98.3% of cases explaining the spontaneous abortion in the majority of the series. The only complications found are related to haemorrhage and they accounted for only 1.7% of the series.

This frequency is lower than that of El Al Kabarity and 1985 in Egypt, Kizza and Rogo 1990 Kenya found 9% and 8.7% respectively, but higher than that of Mohamed and Al 1992 in Zimbabwe found 0.3%. Complications are rare in MVA as evidenced by our results and those of the literature [11]. Counseling has been a valuable input in choosing a contraceptive method. A well conducted counseling helps the patient to choose a safe and effective contraceptive method avoiding the blow the occurrence of new unwanted pregnancy. Counselling offers the opportunity to support women to explore their feelings about abortion, to evaluate the ability to cope, manage anxiety and make informed decisions. It is a vital part of care that shifts the focus of PAC services of a aspectcuratif towards a more preventive aspect [12].

In our series 95% of patients have agreed to use a contraceptive method after abortion.

Our results are comparable to those reported by studies on post-abortion contraception in 2006 in Diourbel (86.5%), Kaolack (92.2%) and Sokone to 94.9% [13].

We found a prevalence of pill use 54.2% of cases. This is explained by the availability and ease of administration of the pill compared with other contraceptive methods, including the IUD, injection, implant insertion which requires little training. This is lower than in 2002 TRAORE who finds 79.9% [14,15].

Conclusion

The results of this study allow us to confirm that the Postabortion Care is a public health need in Saint Louis. The early management of cases of abortion improves the prognosis of patients. Optimizing the management requires a good reference against reference system. Strengthening the capacity of health care providers and the service pack at the health districts in the region will improve the quality of care.

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