

# A Case of Illegal Septic Abortion Leading to Maternal Mortality

<sup>1</sup>Neharika Malhotra, <sup>2</sup>S Sirsam, <sup>3</sup>SA Inamdar

<sup>1</sup>Senior Resident, Department of Obstetrics and Gynecology, Jawaharlal Nehru Medical College, Sawangi, Wardha, Maharashtra, India

<sup>2</sup>Associate Professor, Department of Obstetrics and Gynecology, Jawaharlal Nehru Medical College, Sawangi, Wardha Maharashtra, India

<sup>3</sup>Professor and Head, Department of Obstetrics and Gynecology, Jawaharlal Nehru Medical College, Sawangi, Wardha Maharashtra, India

**Correspondence:** Neharika Malhotra, Senior Resident, Department of Obstetrics and Gynecology, Jawaharlal Nehru Medical College, Room No. G-14, New PG Hostel, Near Acharya Vinobha Bhave Hospital Sawangi (Meghe), Wardha, Maharashtra India, Phone: 09561479437, e-mail: dr.neharika@gmail.com

## Abstract

A 26 years old female G3P2L2 with a previous LSCS done 10 months back, with 15 weeks twin gestation and history of criminal abortion by quack with a wooden stick brought to us in a moribund state with complaints of high grade fever with severe pain in abdomen associated with nausea and vomiting that morning. Clinical examination revealed incomplete abortion with features of sepsis. After evaluation a diagnosis of septic abortion was established based on the clinical presentation and biochemical parameters. This case is being reported for the increased incidence of illegal unsafe abortions in rural India despite legalizations of abortion.

**Keywords:** Septic abortion, Illegal, Maternal mortality.

## INTRODUCTION

A septic abortion is a spontaneous, therapeutic or artificial abortion complicated by pelvic infection. A septic abortion is a result of an unsafe abortion defined as the termination carried out by a person lacking necessary skills or in an environment lacking minimal medical standards or both.<sup>1</sup>

Septic abortion is primarily a cause of maternal mortality and morbidity in developing countries. In India 12% of maternal deaths are still attributed to septic abortions.

Despite of legalization of abortions only 10% of all abortions are registered or legal in India.<sup>2</sup> The lack of education and social taboos still loom large in a rapidly progressing country.

A study on illegal abortion in rural areas, conducted by the Indian Council of Medical Research (ICMR) revealed that the extent of illegal abortion (13.5 per 1,000 pregnancies) in comparison with legal abortion (6.1 per 1,000 pregnancies) was still quite high and the trend in the past 17 years (1972-1989) could not show a tendency for illegal abortion to decline (ICMR, 1989).<sup>3</sup>

## CASE REPORT

Mrs. ABC, 26 years old female, residing at Karanja, Wardha was admitted to our hospital on 22nd June 2009 at 3:24 pm with complaints of high grade fever with severe pain in abdomen associated with nausea and vomiting since morning. Patient was brought by husband in a delirious state. Patient was disoriented to time, place and person.

No historical details were forthcoming at the outset.

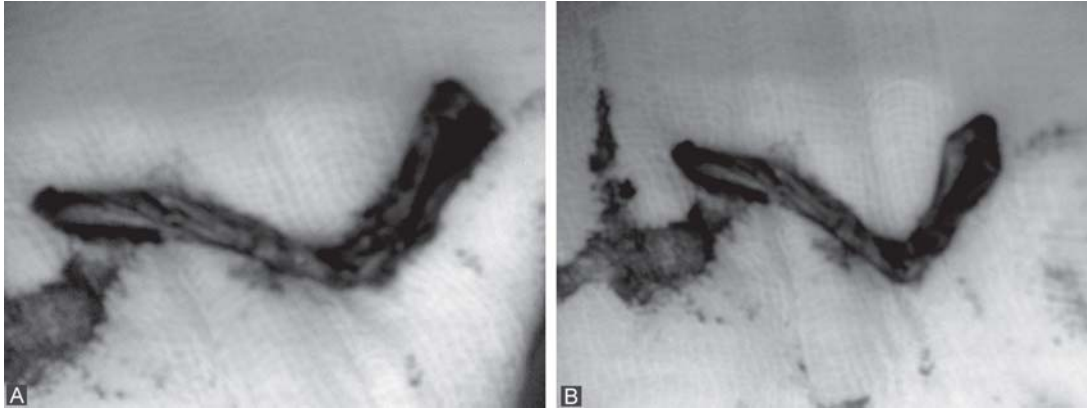
Patient was married for last 6 years. She was Para 2 living 2 with a previous LSCS done 10 months back for fetal distress. Patient was thin built, poorly nourished with severe pallor. No cyanosis, clubbing or any lymphadenopathy. On general examination—patient was febrile with a temperature of 103°F, a feeble pulse and tachycardia. Blood pressure recorded was 90/60 mmHg in right hand in supine position. Abdominal examination revealed a uterine size of 14 to 16 weeks.

On per abdominal-vaginal examination a uterus of 16 weeks, anteverted and anteflexed present per speculum examination showed bleeding through os, with foul smelling offensive discharge and a foreign body seen in vagina. A wooden stick of length 8 cm and a width of 1 cm were seen inserted in the cervical os, which was removed gently. cervical os dilated up to 1.5 cm and products of conception felt in the canal.

After this thorough examination, husband was once again questioned regarding history and he then revealed attempt of abortion done previous night by a quack at Karanja district, which was done by a wooden stick (Figs 1A and B). The reason given out by husband for clandestine abortion being failure of contraception and economic reasons. Immediately a medico-legal case was made out, police informed and a social worker was involved in the case.

Patient was then taken to the ICU and immediate concurrent resuscitation and investigations done.

Hemoglobin: 8 gm/dl, TLC: 22,000/mm<sup>3</sup>, platelets appeared adequate on smear. Serum electrolytes were deranged and serum



**Figs 1A and B:** Wooden stick shaped like dilator for artificial abortion

Bilirubin levels increased mildly. All other investigations like blood culture, Widal's, VDRL, Urine culture and vaginal swab were sent. Two unit of whole cross matched blood were arranged. Patient was started on broad spectrum 3rd generation cephalosporins and volume replacement done with Ringer Lactate/Normal Saline 0.9%. Urgent bedside ultrasound revealed a twin pregnancy of 15.2 weeks with intrauterine fetal demise.

Oxytocics, 5 units' Pitocin in drip at a rate of 10 drops/min was started. Patient aborted a male fetus of 100 gm at 6:30 pm and the second male fetus at 6:55 pm. Placenta did not abort spontaneously. After increasing pitocin drip and waiting for one hour patient was shifted to operation theatre for suction evacuation.

Repeat investigations were sent at this time which revealed a Hb of 7.4 gm/dl and a TLC of 25,000/cmm and platelet count of 80,000/cmm

USG guided suction evacuation was done. Placenta was found completely adherent with suspicion of placenta accreta and patients was bleeding profusely. Removal of placenta was tried by ovum forceps. Two units blood transfusions were started and completed with Romobag forced pressure methods.

Oxytocics such as injection Prostodin and pitocin drip of 20 units in saline started. Bleeding P/V continued and patient started deteriorating hemodynamically. Patient was managed by active

energetic hemodynamic support. Since platelets were found to be of 40,000/cumm value, single donor platelet unit was transfused urgently.

Next early morning patient became breathless and showed features of ARDS. Despite energetic ventilatory support and inotropics on timed IV fluids, patient deteriorated and succumbed to her state of illness on 23 rd June 2009. Cause of death being: Irreversible septic shock with ARDS due to septic criminal abortion.

## DISCUSSION

Complications from unsafe abortions if untreated, could lead to morbidity or death. The best way to prevent unsafe abortions is to reduce the unmet need for contraception and make safe abortion services accessible to women at an affordable cost. Postabortion counseling and follow-up for contraception and morbidity reduction needs to be strengthened. ICMR focuses its research activities on the study of women's knowledge, attitude and practice regarding abortions and to investigate abortion seeking behavior related to unwanted pregnancies and improving medical methods for termination of first and second trimester pregnancy.

Despite experiencing an induced abortion in the last pregnancy, one-third women came for a repeat abortion within one year (Table 1). In spite of experiencing an induced abortion

**Table 1:** Consecutive induced abortion and use of family planning methods

Time interval between previous abortion to current pregnancy (months)	Used FP method (n = 67)	Not used any FP method (n = 24)	Total women having consecutive abortions (n = 91)
0-6	7	3	10
7-12	12	9	21
13-18	3	1	4
19-24	10	3	13
>24	35	8	43

in the last pregnancy, 24 women (26.3%) did not use any family planning method while the methods frequently used were withdrawal (29.7%), condom (16.5%) rhythm (4.4%) alone or in combination (10%). The other methods were oral pills (6.7%), Intrauterine contraceptive device (IUD) (1%), tubal ligation (1%) and vaginal cleaning (4.4%). To prevent unplanned pregnancy majority of the women who had incomplete knowledge of Cu-T or oral pills, relied on methods like withdrawal, rhythm that have no ill health effects and hence did not opt for modern effective methods.

## **CONCLUSION**

A case of G3P2L2 with 15 weeks pregnancy with twin gestation with septic criminal abortion brought to us in a state of sepsis.

Though abortion has been legal in India for more than 35 years now, we the doctors of rural India still face problems of illegal abortions done by Quacks. This was a case of maternal mortality due to illegal septic abortion. Failure of education, social taboos and not reaching of services to masses is a major

problem in our country. This case highlights our failure to provide services of safe abortions to women living in rural areas. It is necessary to change legal and other barriers to secure medically safe abortions. We should provide training for MTP services at peripheral levels. Dais, midwives, interns, medical officers and ANM staff must be trained.

The consequences of unsafe abortions on women's health and well-being need to be acknowledged by everybody in the society and actioned.

## **REFERENCES**

1. Ashmen E, Seth I. Unsafe Abortion. Global and regional estimates of incidence and associated mortality: WHO, Geneva 2004;1.
2. Das V, Agarwal A, Mishra A, Deshpande P. Septic abortion .J Obstet gynecol India. May-June 2006;56(3):236-39.
3. Indian Council of Medical Research (ICMR). Illegal abortion in rural areas: A task force study; Indian Council of Medical Research, New Delhi 1989.