

# Study of various factors associated with septic abortion

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## Abstract

**Introduction:** Unwanted pregnancy has been a problem of mankind from time immemorial. The WHO has estimated that on the Indian subcontinent 15-24 unsafe abortions take place in every 1000 women aged 15-49, even after 40 years of the implementation of medical termination of pregnancies in India **Aims and objective:** to study the incidence and various factors associated with septic abortion. **Materials and method:** The present study was conducted in department of obstetrics and gynecology at Government General Hospital and Sangameshwer Hospital, Gulbarga. All the cases of abortion reported were enrolled in the study. Cases of septic abortion were studied in detail. After stabilization of patients' detailed history regarding name, age, parity, marital status and gestational period were inquired and record. **Results:** Out of the total 327 cases of abortion septic abortion was observed in 36 cases thus the incidence of septic abortion was 11.01%. Majority (61.11%) of the patients suffering from septic abortion were 21 to 30 years old. 27.78% were from Urban and 72.22% were from rural area and 72.22% were married. Septic abortion incidence was highest in less than 8 weeks of gestation (47.22%). Incidence of septic abortion was more common among multipara (30.56%), followed by Grand multiparas (27.78%) and nullipara (25%). **Conclusion:** The incidence of septic abortion in Government General Hospital Gulbarga was 11.01%. Septic abortion was common in younger married women residing in rural area and seen most commonly in first trimester and multi parous women.

**Key Word:** septic abortion, incidence.

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## INTRODUCTION

In India each year about 1, 25,000 women die from pregnancy related causes.<sup>1, 2</sup> At least 1/5th of these deaths are caused by induced abortion, sepsis being one of the causes. Unwanted pregnancy has been a problem of mankind from time immemorial. The WHO has estimated that on the Indian subcontinent 15-24 unsafe abortions take place in every 1000 women aged 15-49, even after 40 years of the implementation of medical termination of pregnancies in India<sup>3</sup>. In the majority of cases the infection occurs following illegal induced abortion but

can occur even after spontaneous abortion. Abortion was legalized in our country through MTP act in 1971, still the incidence of septic abortion ranges from 2 – 10%.<sup>4,5</sup> Illegally induced abortion is a major cause of death among women of the reproductive age group. Abortions induced by untrained birth attendants or dais, lady health visitors; or paramedics in dark rooms end up in sepsis, perforation of the uterus, peritonitis and acute renal failure (oliguria/anuria). Once interference is done infection starts as endometritis involving endometrium and any retained products of conception. If not treated, infection spreads further into myometrium and parametrium. Parametritis progress into peritonitis. The patient may develop bacteremia and sepsis at any stage of septic abortion. Pelvic inflammatory disease is the most common complication of septic abortion and delayed treatment permits the infection to progress to bacteremia, generalized peritonitis, pelvic abscess, disseminated intravascular coagulopathy, adult respiratory distress syndrome, septic shock, renal failure and death.<sup>6,7,8</sup> Thus the present study was undertaken to study the factors associated with septic abortion.

### AIMS AND OBJECTIVE

To study the incidence and various factors associated with septic abortion.

### MATERIALS AND METHOD

The present study was conducted in department of obstetrics and gynecology at Government General Hospital and Sangameshwer Hospital, Gulbarga. All the cases of abortion reported during March 1994 to March 1996 were enrolled in the study.

Cases of septic abortion were diagnosed by using following criteria.

History of abortion with

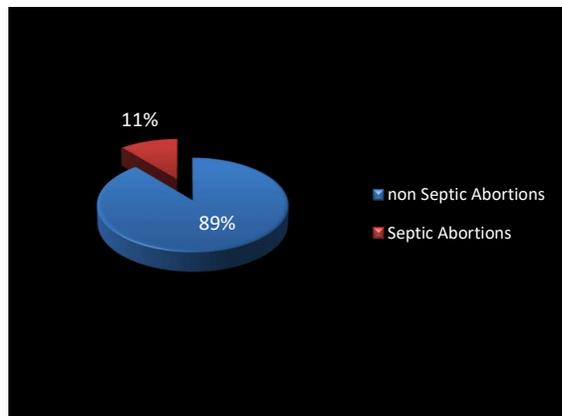
- Febrile reaction of 100.40 0 F for 24 hours
- Purulent vaginal discharge
- Lower abdominal pain
- Tachycardia or Tachypnea

Thus total 36 patients of septic abortion were diagnosed in the study duration. All the patients were initially stabilized by collecting brief information. Then detailed history regarding name, age, parity, marital status and gestational period were inquired and record. Mode of termination of pregnancy and the person performing the abortion was elicited. The onset of complaints, duration and progress were noted. History of foul smelling discharge per vagina, pain in lower abdomen, vomiting, fever, diarrhea, frequency, dysuria and oliguria were also enquired. A detail general examination including build, nutrition, pallor, jaundice, edema, dehydration, pulse, B P, temperature, respiration, breast, lymph nodes were examined and the relevant findings were recorded. A routine examination of cardiovascular, respiratory, Central nervous system was made and relevant findings were also noted. Per virginal examination was done in all the patients. Presence of any foul smelling discharge, bleeding, laceration of the vaginal wall and cervix, foul smelling products of conception and presence of any foreign body was also looked for.

### RESULTS

**Table 1:** Incidence of septic abortion

Type of abortion		No.	%
Spontaneous Abortions	Missed Abortions	39	11.93
	Threatened Abortions	30	9.17
	Incomplete Abortions	251	76.76
MTP		07	2.14
Septic Abortions		36	11.01



**Figure 1:** Incidence of septic abortion

It was observed that there were total 327 cases of abortion in the duration of study. Among them incomplete abortion was the most common (76.76%). Out of the total 327 cases of abortion septic abortion was observed in 36 cases thus the incidence of septic abortion was 11.01%.

**Table 2:** Demographic factors associated with septic abortion

	No. of Cases	Percentage
Age	< 20 yrs	8 22.22
	21-30yrs	22 61.11
	31-40yrs	6 16.67
Religion	Hindu	31 86.11
	Muslim	5 13.89
Area	Urban	10 27.78
	Rural	26 72.22
Marital status	Married	26 72.22
	Unmarried	7 19.44
	Widow	3 8.33

It was seen that the youngest patient was 13 years and oldest was 40 years. Majority of the patients suffering from septic abortion were 21 to 30 years old (61.11%). In the present study 86.11% were Hindus and 13.89% were Muslims. 27.78% were from Urban and 72.22% were from rural area. This shows that facilities are not reaching the population properly in rural area. In this study 72.22% were married, 19.44% were unmarried and 8.33% were widow.

**Table 3:** Distribution of patients according to duration of gestation and parity

Duration of Gestation	No.	Percentage
Up to 8 weeks	17	47.22
9-12 weeks	11	30.56
13 - 20 weeks	7	19.44
More than 20 weeks	1	2.78
Parity	Nullipara	9 25.00
	Para 1	6 16.67
	Multipara	11 30.56
	Grand multipara	10 27.78

The study showed that septic abortion incidence was highest in less than 8 weeks of gestation (47.22%); it was followed by 9 to 12 weeks of gestation (30.56%). Incidence of septic abortion was more common among multipara (30.56%), followed by Grand multiparas (27.78%) and nullipara (25%).

## DISCUSSION

The present study was conducted to study the incidence and associated factors with septic abortion. In the present study incidence of septic abortion was 11.01%. The incidence of septic abortions varies from one country to another. Though all the septic abortions are not illegal; most of them are criminally induced. Similarly all illegal abortion is not septic. The incidence of septic abortion in present study was inconsistent with the study done by Gita Ganguly<sup>9</sup> (10.6%) and V. Kamala Jayaram<sup>10</sup> (10.3%). Septic abortion was most commonly (61.11%) observed in 21 to 30 years age group. Similar age group incidence was also reported by Gita Ganguly *et al*<sup>9</sup> and Philips *et al*. In the present study 86.11% were Hindus and 13.89% were Muslims. It was observed that 72.22% were from rural area. Ratna Sanyal *et al*<sup>11</sup> and Kamala Jayaram *et al*<sup>10</sup> also observed majority of the patients with septic abortion were from rural area. This showed that facilities were not reaching the population properly in rural area. In this study 72.22% were married, 19.44% were unmarried and 8.33% were widow. Similar observations were also reported by Panjabi Janaki *et al*<sup>12</sup> and K. Bhaskar Rao *et al*<sup>13</sup>. This suggests that contraception were not utilized by married people and medical facilities were not reaching properly. The incidence was highest in less than 8 weeks of gestation (47.22%); it was followed by 9 to 12 weeks of gestation (30.56%). i.e majority (77.78%) of patients was in first trimester. Robert *et al*<sup>31</sup> (65.8%) and K. Bhaskar Rao *et al*<sup>13</sup> (60.4%) also observed first trimester patients with septic abortion in their study. Incidence of septic abortion was more common among multipara (30.56%), followed by Grand multiparas (27.78%) and nullipara (25%). Thus incidence of septic abortion was more in multiparous

women which was similar to study quoted by Gita Ganguly *et al*<sup>9</sup>.

## CONCLUSION

The incidence of septic abortion in Government General Hospital Gulbarga was 11.01%. We also conclude that septic abortion was common in younger married women residing in rural area and seen most commonly in first trimester and multi parous women.

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