

# ABORTION

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# INTRODUCTION


- unsafe abortion has large economic costs since the incomplete procedure creates a need for subsequent interventions and hospital care.
- The risk of complications and death from unsafe abortion is inversely related to the provider's skill, conditions for performing the procedure, and availability of appropriate equipment. Some unsafe abortions are self-induced; the consequences in these cases also depend on whether the person seeks medical care. Social stigma, legal threats, and fear can prevent individuals from accessing postabortion care, which is a critical aspect of saving lives.

# COMPLICATION

- **Death** — Each year between 4.7 and 13.2 percent of maternal deaths can be attributed to abortion. In resource-abundant regions, it is estimated that 30 women die for every 100,000 unsafe abortions. That number rises to 220 deaths per 100,000 unsafe abortions in resource-limited regions and 520 deaths per 100,000 unsafe abortions in sub-Saharan Africa. Death due to abortion varies by country, with rates as disparate as 1 to 41.9 percent; however, these numbers are subject to underreporting.
- **Hemorrhage** — Hemorrhage is the most common complication of unsafe abortion, and may result in hypovolemic shock, coagulopathy, and death. Hemorrhage may be related to lacerations of the vagina, cervix, uterus, or adnexal vasculature; uterine infection; and/or atony. Retained products of conception are a common cause of uterine infection and atony.

- **Infection** — Infection related to unsafe abortion is caused by retained products of conception, trauma, and nonsterile techniques. If untreated or inappropriately treated, infection can lead to sepsis, septic shock, organ failure, disseminated intravascular coagulation, and future sterility. Patients may present with one or more of the following signs and symptoms any time from minutes to days after the procedure: abdominal and/or pelvic pain, malodorous discharge, fever and chills, bleeding or spotting, and uterine or adnexal tenderness.
- **Incomplete abortion** — Incomplete abortion is more common in self-induced abortion or abortion by an untrained provider, at later gestational ages, in the presence of uterine anomalies, or with distorting uterine pathology (eg, uterine leiomyomas). Patients generally present with bleeding or infection.

- **Trauma** — Insertion of a foreign body is a common cause of abortion-related trauma. In addition to injuries to the genital tract, perforation can result in trauma to the bowel and other internal organs. Ingestion of chemical agents can also cause trauma.
- Vaginal and cervical lacerations generally present with overt vaginal bleeding; however, internal bleeding can mask the total estimated blood loss. Lacerations to the cervix and lateral uterus are particularly dangerous due to the risk of lacerating one of the vessels in the parametrial space. A vaginal or cervical laceration should be suspected in the setting of heavy vaginal bleeding with firm uterine tone.
- Uterine perforation is the most common upper genital tract injury. Other sites of trauma from perforation include the fallopian tubes, ovaries, bowel, rectum, and bladder. Presenting signs and symptoms include vaginal bleeding, hemodynamic instability, and sepsis. In addition, the provider may suspect perforation based on findings during the procedure (eg, visualization of a laceration or internal organ, feeling an instrument perforate tissue, ability to insert instruments deep into the patient).

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- **Chemical burns or drug toxicity** — Patients who have used or been administered oral, parenteral, or local drugs or toxic substances for abortion induction or assistance in surgical abortion may have a variety of presentations, including local damage to the vagina or signs of renal or liver toxicity.
  - **Failed procedure** — An ongoing pregnancy may result from a botched abortion at an early gestational age.



# stop



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