

INDUCED ABORTIONS RECORDED «SPONTANEOUS» IN HOSPITAL ADMISSION

By

Prof. Dr. KHALIL EL KASHLAN (Dr. P.H.)

Assist Prof. Dr. GAMAL EL KHOLI (M.Ch, Cairo)

Dr. HEND A. EL-DEEB (M.D. Tanta)

*From the Department of Obstetric & Gynecology and
Public Health. Tanta Faculty of Medicine*

INTRODUCTION

The incidence of induced abortion is very difficult to define in all countries, especially where induction is not legalized (Teitze, 1970). Hamilton (1940) tried by interviewing with patients to divide the cases of abortion into definitely induced abortion, definitely spontaneous & various intermediate groups. She was convinced that many patients claiming to suffer from spontaneous abortion had actually induced it.

In Tanta University Hospital we received 141 cases of septic abortion during the year 1973 (El Kholi et al 1974). Beyond doubt, all were induced outside the hospital ; but all refused to confess. This situation forced us to choose El Galaa Maternity Hospital at Cairo to carry on this work. Patients at Cairo could be easily convinced that the interview has no relations to law or authorities. The aim of this work is to find the incidence of induced abortion among cases admitted to hospital as spontaneous. The work extends to clinch the methods, complications & justifications of the induction. We also tried to conclude how contraception can reduce or prevent this type of abortion.

MATERIAL & METHODS

The work was carried on 388 cases of consequent abortions admitted to El-Galaa hospital at Cairo. Each case was questioned separately assuring her that this is a research work with no relation what so ever to law or authority. After this discussion-which took in average 30 minutes for each patient the cases were divided into two groups 241 cases (62.4%) were spontaneous & 147 cases (37.6%) were induced. Full clinical & gynaecological examination was performed to find the dura-

tion of pregnancy, type of abortion & any serious complications. Personal, family, obstetrical histories were also recorded in details for all cases.

RESULTS
TABLE 1.
Age Distribution of Aborted Females

Age group in Years	Spontaneous abortion		Induced abortion	
	No.	%	No.	%
— 19	1	0.4	8	5.4
20 —	7	2.8	12	8.1
25 —	8	3.2	78	51.9
30 —	102	44.2	32	21.6
35 —	95	38.1	10	7.2
40 —	23	9.2	4	2.7
45 — 50	5	2.1	3	2.1
Total	241	100	147	100

Table (1) shows the age distribution of aborted females in the two groups. The maximum incidence of abortion occurs below the age of 35 years. The difference between the two groups is statistically significant ($Z = 4.82$) meaning that induced abortion occurs mostly at a younger age than spontaneous abortion.

TABLE 2.
Marital Status of 388 cases of abortion

Marital Status	Spontaneous abortion		Induced abortion	
	No.	%	%	No.
Married	218	90.7	35	23.7
Recently divorced	13	5.2	49	35.4
Recently separated	10	4.1	45	33.3
Not married	—	—	18	7.6
Total	241	100.0	147	100.0

Table II. Shows the marital status of the two groups : 90.7 of all cases of spontaneous abortion are married while 23.7 of cases of induced abortion are married. The difference between the two groups is statistically significant ($z = 7.24$).

TABLE 3
Number of living children belonging to women
with spontaneous & induced abortion

No of living Children	Spontaneous abortion		Induced abortion	
	No.	%	No	%
0	6	2.4	4	2.7
1	5	2.1	61	43.8
2	11	4.5	42	30.2
3	32	13.3	25	13.1
4	22	9.3	11	7.5
5	98	40.6	4	2.7
6	42	17.5		
7	8	3.3		
8	6	2.4		
9	9	3.8		
10	2	0.8		
Total	241	100	147	100

The number of living children belonging to the women of the two groups is tabulated in table III. The number of living children in cases of induced abortion did not exceed five (100 %) while in spontaneous abortion 72.2 % have between one to five children & 27.8 % have more than five children. The difference between the two groups is statistically significant ($z = 5.36$).

TABLE IV.
Stages of abortion in 388 cases of spontaneous
& induced abortions.

Stage of abortion	Spontaneous abortion		Induced abortion	
	No.	%	No.	%
Threatened	122	45.4	58	40.9
Inevitable	85	34.1	67	46.3
Incomplete				
Complete	39	17.6	8	4.8
Missed	7	3.1	3	1.8
Septic	4	1.8	11	6.6
Total	241	100	147	100

Table IV shows that the stages of abortion differ in the two groups. In cases of induced abortion the incidence of both inevitable incomplete & septic abortions are higher than in cases of spontaneous abortion ($Z = 2.33$ & 3.42 respectively). Actually the four cases of septic abortion put under spontaneous are most probably induced but the patients refused to confess.

TABLE V
Complications present in 388 cases of abortion

Complications	Spontaneous		Induced	
	No.	%	No.	%
No complications	224	92.6	105	72.5
Shock	4	1.8	14	9.2
Perforation	—	—	1	0.6
Severe bleeding	9	3.8	15	9.8
Sepsis	4	1.8	11	7.3
Death	—	—	—	0.6
Total	241	100	147	100

Table V shows the complications encountered in the two groups. The incidence of complications is more in induced abortion. The difference is statistically significant ($Z = 3.02$). The immediate complications associated with induction of abortion were sever haemorrhage ; 13 cases (9.8%), sepsis : 11 cases (7.3%), shock : 14 cases (9.2%) perforation, one case & death one case. In spontaneous abortion complications encountered were haemorrhage, 9 cases (3.8%). Sepsis : 4 cases (1.8%) with no deaths or perforation.

TABLE 4.
Duration or Pregnancy in 388 cases of abortion

Duration of pregnancy In weeks	Spontaneous		Induced	
	No.	%	No.	%
8 —	208	86.2	141	97.9
12 —	31	12.4	16	2.1
20 & more	3	1.4	—	—
Total	241	100	147	100

Table 4 shows the duration of pregnancy in the two groups. It shows that 97.9% of induced abortion occur before 12 weeks and only 2.1 % occur after 12 weeks, while in spontaneous abortion 13.8 % occur after 12 weeks. The difference is statistically significant ($Z = 2.09$).

The commonest method of induction was intrauterine contraceptive devices i.e. lippes loop (62 cases 44.4 %), Elembark was used in 56 cases (36.2%) while in 28 cases (18.8%) it is difficult to define the method. In one case (0.6%) quinine in big doses was used.

The causes of induction was enough number of children & financial burden : 35 cases (23.7%), recently broken home : 44 cases (68.7%) & illegal pregnancy : 18 cases (7.6%).

Eighty-six cases of spontaneous abortion (35.7%) and 109 cases of induced abortion (74.1 %) did not use any contraceptive. One hundred & three cases (42.7%) of spontaneous abortion & 20 cases 13.5% of induced abortion were receiving the pills and stopped it because of side effects, after this pregnancy occurred. Twenty five cases (10.3%) of spontaneous abortion and 17 cases (11.5%) of induced abortion used I.U.C.D. for variable periods & was removed because of irregular uterine bleeding. Twenty seven cases (11.1 %) of spontaneous abortion and one case (0.6 %) of induced abortion were reporting to conventional methods of contraception yet the current pregnancy occurred due to abuse of contraception by the patient herself in most cases.

DISCUSSION

The incidence of induced abortion & consequent maternal mortality & morbidity has fallen dramatically in the last decade (Tietze, 1972). Reported mortality from abortion has declined from 9.1 to 0.5/100,000 women, 15—44 years of age in the U.S.A. (Lucus, 1972). This is explained by the wide spread and availability of contraception & legalization of abortion (Calderone, 1958).

The majority of abortions in many parts of the world are carried out for social indications and in countries where abortion is fairly easy to obtain & the available evidence suggests that it is more common among the lower social classes & is indeed often used as a method of birth control (Moore, 1970). In recent years while the number of medical indications of abortion has been shrinking (Guttmacher, 1954) progressively more abortions have been performed for social & socio-economic indications (Romer, 1967 & Teitze 1967). In our series, the causes of induction are recently broken homes in 68.7 % of cases &

illegal pregnancy in 7.6% of cases while 23.7% are happily married, yet they induced abortion as a method ; of birth control. This is not strange since induction of abortion is the most common method of birth control. The most common method used for induction of abortion in this series was lippes loop, introduced in a family planning center. This denotes that loops are applied in these centers without serious examination of the attendants. The most common duration of pregnancy in the series is (8—12 weeks) which could be easily discovered by any gynaecologists. This favours our routine application of the device menstruation to avoid inducing abortion for women denying missed periods.

Contraception available, will reduce abortion & this may depend heavily on the stage of family planning development of the country (Brackett 1970). If contraception is not completely successful the disappointed may turn to abortion & so societies tend to pass through phases with contraception initially producing increases in abortion, eventually followed by decreases as contraception becomes more expertly practiced & effective and replaces abortion to a large extent (Moore 1970).

Actually abortion is more expensive to society than contraception and wide spread use of proper contraceptive methods is less costing to any community (Teitze 1970). Whatever the side effects & complications may be contraceptives are safer to a woman's health than pregnancy, abortion and labour (Teitze 1970). Our study shows that about 40% of abortions admitted to hospital could be reduced if contraception is expertly practiced.

To reduce the frequency of illegitimate pregnancy many physicians are broadening their concept of preventive medicine to include contraceptive advices & counselling to the unmarried (Perkin 1970). This point is very difficult to discuss in our traditional community especially that in our series they represent only 7.6% of cases of induced abortion.

The questions of legalization of abortion in our country is beyond discussion since our religion places a great value on the dignity of man and the worth of human life and never allows abortion by human interference.

CONCLUSION AND SUMMARY

The study of 388 cases of «Spontaneous» abortion admitted to Galaa Hospital at Cairo found that 147 cases (37.6%) at least were induced outside the hospital. They came to the hospital to complete the

abortion or because of complications. Methods of induction and complications were discussed. Expert practice of contraception could prevent induction of abortion and could reduce about 40% of cases admitted to hospital in abortion.

REFERENCES

1. BRACKETT, J. W. (1970) : Studies in Family planning, 53 :
2. CALDERME, M. S. (1958) : Abortion in United states, Hoeber-Harper, New York P. 180.
3. EL-KHOLI G. Y. (1974) : Under publication.
4. GUTTMACHER, A. F. (1954) : Abortion in America first ed. Beacon Press, New York, pp. 12—21.
5. HAMILTON, V. C. (1940) : Am. J. Obstet. Gyna. 39, 19.
6. LUCAS, R. (1970) : Abortion : Legal, Medical & Religions Aspects, first ed. Hoeber-Harper, New York P. 96.
7. MOORE, E. C. (1970) : Studies in Family planning 53 : 7
8. PERKIN, G. W. (1970) : In Caldero e, M. S. (Edit.). Family planning, second ed., Williams & Wilkins & Co, Platimore, P. 3.
9. ROEMER, R. (1967) : Am. J. Pub. Health, 57, 1966.
10. TEITZE, C. (1967) : Am. J. Pub. Health 57, 1923.
11. TEITZE, C. (1970) : Studies in Fam. Planning, 53, 2.
12. TEITZE, C. (1970) : In loane, R. B. (Edit.). Abortion, changing views & practice, Second ed. Grune and Stratton, New York P. 165.

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