

Research Article**Instant Septic Induced Abortion Complications and Its Associated Factors****¹Munazza Noor, ²Madeeha Javed,****and ³Zohaib Iftikhar**¹Sir Ganga Ram Hospital²THQ Hospital Hasilpur³Jinnah Hospital Lahore**ABSTRACT****Objective:** To describe risk factors and complications of septic abortion.**Work Design:** A descriptive study**Location and Duration:** From June 2016 to 15 December 2016, at services Hospital, Lahore in Unit 2 Department of Obstetrics and Gynecology.**Methods:** We indicated that patients who had intentionally low-level narratives agreed to the proforma to be interviewed after receiving the reasons for abortion and method of inducing abortion, their status in particular and verbally informed consent, age, marital status, conjugate, socioeconomic status. Later, the severity and prognosis of management of complications administered to the patient was observed.**Results:** A total of 50 women with an induced abortion history during the study. (N = 20), (n = 47), 40%, 94% and 94% of the married and the lower middle class, respectively. In the past 48% of women (n = 24) had no history of abortion and 54% of women (n = 27) had their pregnancies with their pregnancies 6-10 weeks. Forty percent of the women (n = 20) reported that the cause of the abortion could not be met by more children, and 28% had contraceptive failure (n = 14). In 40% of cases (n = 20), abortion was performed by Dais and instrumentation was the most commonly used method in 68% (n = 34). The most common posterior abortal complications encountered during this study were internal organ lesions (n = 12), 66% (n = 33), 54% (n = 27), sepsis, 24% bleeding. D and E (n = 34) were the preferred methods for treatment, followed by peritoneal lavage (16%, n = 8), uterine repair (10%, n = 5).**Conclusion:** By improving the education and social status of women, improving family planning services, mass health education and legal sanctions related to abortion and early identification of complications, the frequency of miscarriages and related complications can be reduced and can be referred to the hospital to reduce mortality**Keywords:** Risk factors, septic abortion, emergency complications.**INTRODUCTION**

Without evidence of life, WHO (1977) reported that a fetus (defined as a shot or an extract) of at least 500 grams (legal description, UK) equivalent to about 20-22 weeks of pregnancy or end-of- can be, natural abortions are abortion caused by intentional parasites, interruptions are not caused, compounds caused. Induced abortion can be legal (on a therapeutic basis) or illegal. It is made for medical reasons involving dangerous living conditions for pregnant women or abnormal chromosomal fetuses. It is illegal when these two problems are not found and the patient's request is

made. Immediate complications include low bleeding, sepsis and internal organ lesions, and there are distant complications, pelvic ectopic pregnancy, inflammatory disease and psychological issues. More than half a million deaths per year of global maternal mortality statistics and 98% of maternal deaths occur in developing countries. WHO estimates that 10 to 20 million women have the average secret abortion history every year raising their lives. Abortions are legalized in developed countries. These abortions are usually performed

according to the septic conditions of untrained persons with sharp bar, hair pin or knitting needles, which cause life-threatening complications. In Pakistan, it is estimated that 37% of all pregnancies estimated to be treated in public and private hospitals due to abortion and complications of 890,000 willingly (15-19,000 women aged 29-19 years) and 197,000 each year are undesirable. (6.4 / 1000 women aged 8 to 15-49). Septic abortion is an infection of the uterus or its contents and extensions. Sometimes hematogenously spreads to the vital organs that result from the temperature increase associated with the pelvis, peritoneal cavity and aggressive or purulent vaginal discharge, low abdominal pain and abdominal sepsis and clinical susceptibility. Any abortion can produce a septic sequel, but the sepsis results are much more severe when exaggerated. The reasons for the search for an abortion are different socioeconomic concerns (poverty, lack of parent support and interruption of education or unemployment), family preferences (including maternity postponement), problems with partnership or double, rape or incest after pregnancy, inadequate access to contraception and the failure of the contraceptive, and others, may show a very young or elderly age or health reasons to have a baby. your pregnancy will affect your health or your baby's condition.

METHODOLOGY

This target group was admitted to all patients with a history of low or complication, which were admitted for the abortion From June 2016 to 15 December 2016, at services Hospital, Lahore in Unit 2 Department of Obstetrics and Gynecology. The sample size is 50 willingly low to meet inclusion criteria. gestational amenorrhea (such as gestational age, calculated from last menstrual period or corresponding to urine report) or gestational amenorrhea (such as tachycardia, fever, All patients with suspicion of abortion or maltreatment, malodorous vaginal discharge, stubborn vaginal bleeding, study involving spontaneous abortion or abortion treatment were

excluded from the study. In the case of septic abortion induced by the inclusion criteria, all patients who were referred to the study by OPD or ER were included in the study, a detailed history was taken and verbally informed that the specific proforma was entered after consent was obtained. age, marital status, parity details, socioeconomic status poor (<Rs 3000 / month) 2) lower middle class (Rs 6000 / month). 3) methods of incentive, intellectual and intellectual stimulation of the upper middle class (Rs> 6000 / month) of the abortion's upper middle class (Rai> 6000 / month) were specifically ordered and monitored for the last menstrual history and during the application and detailed history, general systemic and specific physical After the examinations were done, we calculated the exact history of the pregnancy and the clinical and complications. The study was recommended when reference, abdominal and pelvic examination, serum electrolytes, renal function test, blood and urine culture sensitivity and abdominal X-rays were required as well. Treatment options include hemodynamic stability, anemia correction, antibiotic coverage, and correction of coagulation failure in selected cases and according to the patient's condition. Surgical treatment extends from uterine drainage to uterine repair to uterine repair, end-to-end repair of intestinal lesions, colostomy, pelvic abscess drainage, and hysterectomy. Analysis of the data was done with SPSS version 11.0.

RESULTS

Of the 50 females, 62% (n = 31) were in the 21-30 age group, 38% (n = 19) were in the 31-40 age group. The mean age was 28.8 + 4.9 years. Of the 50 women, 94% (n = 47) were married and 6% (n = 3) were women. The majority of 58% (n = 28) of the women were in the lower middle class, followed by the equal number of the poor and the middle class (n = 11). In my study, the induced abortus was common in 40% (n = 20) large-sized rats as shown in Table I, and most of the 48% (n = 24) of the women had no abortion history in Table II below .

TABLE - I: PARITY STATUS. (n = 50)

Parity status	(%)	n = ()
Nulliparous	(6%)	3
Para 1-2	(34%)	17
Para 3-4	(20%)	10
Para >	(40%)	20

TABLE - II: HISTORY OF ABORTION AND DISTRIBUTION OF GESTATIONAL AGE. (n = 50)

No abortion	%	n= ()	Gestational Age (Weeks)	(%)	n= ()
0	(48%)	24	6-10	(54%)	27
1	(34%)	17	11-15	(38%)	19
2	(10%)	5	16-20	(8%)	4
3	(4%)	2			
4	(4%)	2			

54% (n = 27) of 50 females completed their 6-10 week pregnancies shown in Table III. 30% (n = 15), 22% (n = 15) of the women's health visits and 11% of the doctors and 8% (n = 4) by self-induced women for abortion. Instrumentation was applied for termination in 68% (n = 34) of patients, followed by intravaginal drugs in 18% (n = 9) and oral drugs in 8% (n = 4). 8% (n = 4) / needle and 2% (n = 1) injections were used. Hemorrhage was the most common complication after abortion in 66% (n = 33), sepsis 54% (n = 27), uterus 18% (n = 9) and intestinal injury 6% (n = 3) (n = 2) and renal insufficiency in DIC, and 32% (n = 16). (Table 5) 32% (n = 16) women had more than one complication medical treatment because the first treatment was performed and all cases were tested. D & E was the most commonly performed procedure in 68% (n = 34) of surgical treatment, with peritoneal lavage (n = 8) in 16% and uterine repair in 10% (n = 34). Hysterectomy in 6% (n = 3), bowel repair in 6% (n = 3) and pelvic abscess drain in 2% (n = 1) Of the women, 78% (n = 39) had a good recovery, 18% (n = 9) improved in delayed women due to wound infection, 2% (n = 1) due to Sepsis, DIC. 2% (n = 1) of the women applied to the nephrology department due to renal failure.

TABLE - III: REASONS OF ABORTION AND COMPLICATIONS OF ABORTION. (n = 50)

Reason of abortions	(%)	n = (50)	Complication	(%)	n = (50)
can't afford further child	(40%)	20	Hemorrhage	(66%)	33
failure of contraception	(28%)	14	Sepsis	(54%)	27
Separated from husband	(16%)	8	Uterine injury	(18%)	9
Complete family	(10%)	5	Gut injury	(6%)	3
Unknown	(4%)	2	Renal failure	(4%)	2
Illegitimate pregnancy	(2%)	1	DIC	(2%)	1
Total	100%	50			

DISCUSSION

Induced abortion is the leading cause of morbidity and mortality in women of childbearing age. Abortion in countries like Pakistan is illegal and the need for family planning is high, the most likely source of the choice method to reach the unwanted / unplanned pregnancy couples in the hidden abortion remedy is the most likely source of the desired family size until the end. 50 females, 62% (n = 31) were in my study and in the 21-30 age group, 38% (n = 19) in the 31-40 age group. The average age was 28.8 + 4.9 years, which was significantly different from Dhillon BS et al's study in India (29.2 + 5.7). For this reason,

the low fertility tendency is more prevalent in the middle aged reproduction age (13-45 years). parity is similar to the results of studying time, at the same time showing that lower attempts are associated with a direct increase with increasing frequency. There has been a low rate of abortion among married women in the last 20 years. This abortion rate has been shown in this study as high as almost similar married women (94%), and a study by Bhattacharya S. et al. Found abortion increasing in situ support. The high incidence of unmarried adolescents in the study by married woman Mitsunaga TM and colleagues was probably due to premarital sex A negative attitude

towards youth shows that it is the end of cultural and religious norms that prevent an open discussion of sexual issues between adults and Nigeria. In my study, the frequency is higher in the low frequency socioeconomic group (78%) than in the low middle class (56%), which is comparable to (80%) (50%). Low abortion-induced frequency in poor class may depend on legends related to family restriction and contraception. Many women consider abortion as a contraceptive method.

This is supported by the fact that in our study, in most cases the cause of the abortion (40%) was due to the fact that more children were not allowed and only 28% had no birth control. These results are comparable to the study, and apparently for the majority of women who have had a safe abortion, as the results of the end-work show, it is probably the only method of family planning. The government needs to organize a refresher course of low complications for traditional midwives, health care workers and nurses.

Completion with the most severe complications and mortality rates was performed by unskilled personnel and the method of measurement was used in women for this purpose. sepsis (54%) and visceral lesions were higher in the follow-up study (66%) than in the other women (18% uterus, 6% bowel lesion).

Reported in most such developing countries, complications related to abortion as intestinal lesions, the frequency is increasing at an alarming rate. reported as a low complication, ranging from 5% perforation to 18% of all complications related to abortion, in the literature. Among all complications, the most dangerous bowel injury. Among the women who have used abortion methods of criminality, they lead to a significant number of deaths, which are mostly happening. However, as with other iatrogenic surgical problems, many cases have not been reported due to medical legal consequences.

Because of our social and religious factors, there is a guilty delay in referring these patients, which further complicates the situation.

CONCLUSION

Abortions induced by sepsis are more prevalent in our society due to multiple social, economic or personal reasons. It is the main cause of maternal morbidity and mortality. Improving the social and educational status of women can be controlled by the timely dispatch of health workers and traditional birth attendants to tertiary hospitals in the event of training and complications.

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