

Second trimester abortion service at a provincial public hospital

Ram NareshPandit, Murari Thakur

Department of Obstetrics and Gynaecology, Provincial Hospital Janakpurdham, Nepal

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ABSTRACT

Aims: To determine the demographic and clinical profile of clients receiving second trimester abortion service at a provincial hospital.

Methods: This is a retrospective study of second trimester abortion service provided at Provincial Public Hospital Janakpurdham at southern part of Nepal from 2014 to 2017. Data were collected from hospital record and analysis performed using MS Excel.

Result: There were 144 cases who received second trimester abortion service in four years. Annual clients' number linearly increased from 16 to 54. Nearby people were the maximum clients. Majority (85%) were multiparous and of early second trimester (12-15 weeks, 71%). Common indication recorded was mental health (83%) but lacks verification. Intervention method was combined (56%) and contraception of choice was DMPA (44%).

Conclusion: Demand of second trimester service is increasing every year. Indication of abortion needs to be scientifically verifiable. Injectable hormonal contraception is preferred by clients.

Keywords: abortion, client profile, second trimester

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INTRODUCTION

Second trimester of pregnancy covers up to 28 weeks of pregnancy but the extrauterine viability fetus is considered from 20-22 weeks onwards only.¹ Thus the second trimester abortion covers 12 to 22 weeks in this study. About 33 % are unintended pregnancies and about 20% of them end in induced abortion.² Globally, the incidence of second trimester termination of pregnancy is about 10% and they are the cause of a vast proportion of abortion related complications.^{3,4} Despite of high access to first-trimester services, the rate of second-trimester procedures remains relatively stable over time, indicating an ongoing need.⁵

The Government of Nepal initiated second-trimester abortion training in 2007.⁶ In spite of legalizing abortion and making safe abortion available at an affordable price at accessible distance to almost everyone the unsafe abortion, especially second trimester abortion is still a major health problem in Nepal.^{7,8}

Provincial hospital Janakpurdham is the referral hospital in the Province-2. We have studied the demographic and obstetric profile of clients, indications, methods, complications and contraceptive method after second trimester abortion.

METHODS

This retrospective study was carried out at Provincial Hospital Janakpurdham. Medical records of all cases of second trimester abortions from 2014 to 2017 were included in the study. Record was kept on the register consisting of Client Personal Profile provided by Government of Nepal.⁹ Data were collected and descriptive analysis was done from MS Excel.

RESULTS

Number of clients per year was in increasing trend with highest being 54 in 2017 [Figure-1].

CORRESPONDENCE

Dr Murari Thakur

Provincial Hospital Janakpurdham, Province No 2, Nepal

Email: murarithakur45@gmail.com; Mobile: +977-9849042616

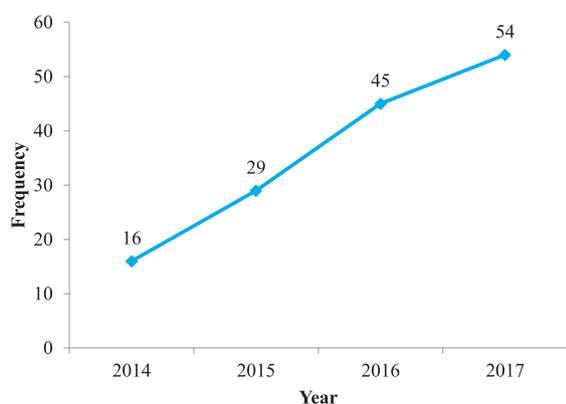


Figure-1: Annual distribution of second trimester abortions

Almost 90% of the clients were from 20-35 years age group with 2/3rd at 20-24 years; and 39% were illiterate clients [Table-1].

Table-1: Demographic profile of clients receiving second trimester abortion service (n=144)

Parameters	N	Percentage	
District	Dhanusa	107	74.3
	Mahottari	23	16.0
	Sirha	5	3.5
	Sarlahi	4	2.8
	Sindhuli	3	2.1
	Saptari	1	0.7
	Rautahat	1	0.7
Caste	Dalit	6	4.2
	Janjati	5	3.5
	Madhesi	122	84.7
	Muslim	4	2.8
	Others	7	4.9
Age group in years	15-19	10	6.9
	20-24	46	31.9
	25-29	48	33.3
	30-34	35	24.3
	35-39	4	2.8
	40 +	1	0.7
Education	Illiterate	57	39.6
	Primary level	22	15.3
	Secondary level	61	42.4
	Higher secondary+	4	2.8

Most of the clients were multiparous (78.5%) at early second trimester (71%) [Table-2].

Table-2: Obstetric profile of clients (n=144)

Parameters	N	Percentage	
Weeks of gestation	12-15 ⁺⁶	102	70.8
	16-19 ⁺⁶	36	25.0
	20-22	6	4.2
Parity	Nulliparous	12	8.3
	Multiparous	113	78.5
	Grandmultiparous	19	13.2

Indications for abortions were mental health condition in 83.3% and fetal anomaly in 16.7% but their details were not available. Medical method of intervention was in 43.7% and combined (medical + surgical) method was used in 56.3%. In complication part, incomplete abortion was in 7 (4.9%) and excessive bleeding in 3 (2%) of cases.

Only 13% deferred to use post-abortion contraception and maximum clients chose injectable hormonal contraception (DMPA) followed by Condom and oral combined pills (COC) [Table-3].

Table-3: Choice of post-abortion contraceptive method (n=144)

Contraceptive methods	N	Percentage
DMPA	63	43.8
Condom	26	18.1
COC	24	16.7
IUCD	6	4.2
Implant	4	2.8
Minilap	2	1.4
(None)	19	13.2

DISCUSSION

In this study the annual incidence of second trimester abortion seemed to be in increasing trend. This could be the result of safe abortion awareness programs of Ministry of Health. This also indicates the belief and attraction of clients toward abortion care service of government hospital. However, it is difficult to generalize the result as this study includes the data from single hospital.

Provincial hospital Jananakuprdham is situated in Dhanusa district so most patient belonged to this

district. Most of the clients were under 30 years of age, poor literacy rate and multiparous which are similar to the findings of Karkiet al¹⁰ and Shrivastva et al.¹¹

In this study maternal mental health was major indication for second trimester abortion which was similar to that of Karkiet al¹⁰ but contrary to that of Anderson N et al¹², Boyd PA et al¹³ and Shaffer BL et al¹⁴ where majority had some anatomic or genetic anomalies of fetus. Similarly Shrivastva et al¹¹ also had different result where unwanted pregnancy due to various reasons was major indication. Verifiable data were not available for the recorded indications such as diagnosis of mental health and fetal anomaly. Thus the verification of these indications is required to have the valid data.

In this study most of the clients underwent medical induction followed by dilatation and evacuation (56.25%) that is similar to the reports of Karki et al¹⁰ and Chhetri et al.¹⁵ However these studies have

not mentioned about the complications occurred during the procedure but we observed that few cases had retained POC and excessive bleeding leading to blood transfusion.

Most client in this study opted for Inj DMPA as post abortion family planning method followed by condoms and oral pills. However permanent methods were not much preferred. This was different from that observed by Karkiet al¹⁰ and Chhetri et al.¹⁵

CONCLUSIONS

There is increasing demand of second trimester abortion service every other year. Majority of clients were in between 20 and 30 years and multipara. DMPA followed by condom and oral pills were the preferred methods of post-abortion contraceptives. There is lack of verifiable indications like mental health and fetal anomaly.

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