Against Unsafe Abortion

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SAVING WOMEN'S LIVES

NEED TO STRENGTHEN HOSPITAL RESOURCES FOR MANAGEMENT OF COMPLICATIONS OF ABORTIONS IN NEPAL

"UNSAFE ABORTION IS PREVENTABLE, TIMELY REFERRAL AND TREATEMENT OF ABORTION COMPLICATIONS SAVE LIVES OF THOUSANDS OF WOMEN"

Unsafe abortion is one of great neglected problems of health care in developing countries and a serious concern to women during their reproductive lives (WHO, 1998). Complications due to unsafe abortions arc major causes of death find disability among women in Nepal. In this country, thousands of women arc admitted in hospitals with abortion related complications.

A study conducted by CREHPA in 1999 at 5 major hospitals outside the valley showed that abortion related admissions account for between 20% and 48% of the total obstetric and gynecological patients. In the Thapathali Maternity Hospital (Kathmandu) alone, the proportion of abortion complication cases is as high as 61% [Figure 1).

Figure 1. Abortion cases as percentage of total obstetric & gynecological admissions in selected major hospitals

Thapthali Maternity Hospital - 61
Gandaki Regional Hospital - 49
Bheri Zonal Hospital – 47
Chitwan District Hospital – 46
Bigunj Maternity Hospital – 25
Koshi Zonal Hospital – 20

Source: CREHPA, 1999.

ABORTION RELATED COMPLICATIONS REQUIRE HIGHER LEVEL OF TREATMENT AND EXPENSES

Most women with complications from unsafe abortions are admitted at hospitals at critical conditions (severe trauma, perforation of uterus, infection, septic shock and severe hemorrhage). Consequently, they require higher level of care and large amount of money for the treatment.

Management of Abortion Complications Severely Drains Finite Hospital Resources

The cost of treating women for abortion related complications can be substantial. In some developing countries in which abortion is illegal, as many as two out of every three maternity beds in large urban public hospitals are taken up by women hospitalized for treatment of abortion complications, and upto one-half of obstetrics and gynecology budgets are spent on this problems.

Source: The Alan Guttmacher Institute, 1999

The 1998 hospital-based study conducted by CREHPA revealed that the large majority of abortion patients needed higher doses of antibiotics (73%), evacuation (68%) and blood transfusion (55%). One in six women required to undergo laparatomy operations. Over half of them (55%) occupied hospital beds for 3-7 days or even more. The costs of treatment ranged from Rs 1500 to over Rs. 10,000 (Average Rs. 3912 or US$62). (Table 1).

Table 1. Types of treatment required, duration of hospitalization and cost of treatment for induced abortions in five zonal hospitals outside valley

Types of treatment required	
Higher doses of antibiotics	73%
Evacuation	68%
Blood transfusion	55%
Laparatomy	16%
No. of days hospitalized Up to 3 days	
45% 4-6 days or more	55%
Cost for treatment Upto Rs. 1500	36%
Rs 1501 - Rs. 3000	27%
Rs. 3001 - Rs. 5000	9%
Rs. 5001 - Rs. 10,000	18%
Above Rs. 10,000	9%
Average cost of treatment	Rs. 3912 ($62)

Source: CREHPA. 1998

HOSPITAL RESOURCES NEED STRENGTHENING TO MANAGE POST-ABORTION COMPLICATIONS

The treatment of abortion complications in hospitals uses a disproportionate share of scarce hospital resources, including hospital beds, blood supply, medication, access to operating theatres, anesthesia and medical specialties (WHO, 1997).

In the six hospitals under study, beds for obstetric and gynecological patients were often overloaded. As these hospitals receive large number of referral cases of abortion

complications, the existing equipment, manpower and logistics of these hospitals were reported to be insufficient to manage such cases. Manual Vaccum Aspirations (MVA) were available in only 2 out of 6 hospitals studied. Lack of manpower was one of the major reasons for under utilization of the MVA unit in one of the hospitals.

Experience from Maternity Hospital, Kathmandu shows that provision of MVA units in the hospitals is effective for providing services in lesser time and at low cost (Padhey et. al., 1996).

Table 2 illustrates the range of additional equipment and human resources required by the six major hospitals under reference for management of abortion related complications.

Table 2. Additional Equipment and Human Resources Required by the Six Hospitals under Study for Management of Abortion

	Number of Hopitals
Dilation and Curettage set	All
Dilation and Evacuation set	All
MVA & VA sets	5
Separate Unit	All
Support Staff	All
Doctors and Staff Nurses	All
Bed	All
Anesthetist	All
Family Planning Counselor	All
Training on Post Abortion Management	All

Source: CREHPA, 1999.

"Most of the time, the gynecologists arc in the operation theatre or in the Out Patient Department. The nurses are too busy in the ward. There is no one to attend the MVA unit all the time. At night, the MVA unit is closed. Hence, few cases are treated in the MVA unit."

- an interviewee at Gandaki Regional Hospital

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