

Editorial

Unsafe abortion is one of the major health problems in developing countries and a serious concern for women in their reproductive years. Unsafe abortion mostly ending up in septic induced miscarriages, septicemia and septic shock is a leading cause of maternal mortality and morbidity. Maternal mortality which is an indicator of prevailing obstetric care facilities in a country has risen to many folds in Pakistan in last two decades with septic miscarriages contributing to about third of total number of cases. Unwanted pregnancies, poverty, lack of availability and accessibility to contraception and contraceptive failure are some of the factors that account for the rise in the number of women seeking termination of pregnancies in unsafe conditions. Tertiary care centers across all over Pakistan are showing alarming data on ever increasing rate of women received in septic shock due to septic miscarriages . This unbelievably high numbers of induced abortions is a possible explanation for the apparent inconsistency between the persistent low levels of contraceptive Prevalence Rate (CPR) and the rapid decline in family size.

Majority of women seeking termination of pregnancy are married and they do it either to limit the family size or space pregnancies. Some seek termination of pregnancy on medical grounds or for socio economic reasons also. Contribution of septic miscarriages in young unmarried women is also increasing day by day. Multiple complex social factors are responsible for these assault cases which are outside the domain of medical practices but the unsafe abortion services by lady health visitors, midwives, traditional birth attendants and even some qualified nurses should come under strict medical scrutiny by Punjab health commission/govt. of Punjab. Apart from contributing mortality, septic miscarriages in these young married or unmarried women who have not completed their family size results in permanent cessation of fertility thus increasing economic burden on individual and community health services.

Despite restrictive laws, abortions safe or unsafe do exist in the society. Trained health professionals constitute only a small proportion of the providers who terminate pregnancies on request. Majority of unsafe abortion providers are lady Health visitors, nurse/midwives and dais. This is a point to ponder as almost all Post Abortion Care trainings are given to doctors and not to the actual providers who currently offer this service. Improved and standardized medical termination of pregnancy has lead to very few number

of terminations carried out surgically in developed world. Awareness of these methods will also decrease the gravity of situation in Pakistan. Addressing the issues of married women, availability and uptake of contraceptive services at the grassroots level, general awareness of abortion laws in community and training of health care providers in conducting safe miscarriages, promoting and educating medical terminations will improve situation. Print and electronic media can play vital role in this regard. Strict litigation against quackery practices and parents undergoing terminations for spacing should come into place. Religious scholars should also contribute to betterment of situation by acknowledging that life of a human being is as sacred in islam.

Dr. Mubashra Naz
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