

Self induction of abortion with instrumentation

In underdeveloped countries, where abortion is still illegal and not easily accessible, the number of unsafe abortions is soaring, as are the associated complications. However, in developed countries, where termination of pregnancy is legal and freely accessible, unsafe methods are uncommonly seen and reported. We report one such case of self induced abortion with instrumentation that presented to an accident and emergency department in the United Kingdom.

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Case study

A woman, 33 years of age, and 7 weeks pregnant, presented to an accident and emergency department with lower abdominal pain, passage of clots and fleshy 'placenta-like' mass. She was gravida 6 with previous two full term pregnancies and three terminations of pregnancy. This pregnancy was not planned and she was awaiting an appointment for medical termination. The patient did not give a convincing history at first, but on further questioning, she admitted inserting a knitting needle into her womb through the vagina several times on three different occasions.

On examination, she was afebrile and haemodynamically stable. Her abdomen was soft, nontender with no signs of peritonism. Speculum examination showed slight bleeding without any injury to the vaginal wall or cervix. Vaginal examination revealed patulous os with bulky uterus, nontender fornices and no adnexal mass.

Full screening for infection was carried out and she was started on antibiotics. A transvaginal ultrasound scan showed no evidence of a gestational sac and minimal amount of blood clots within the uterine cavity. The patient was counselled on the implications of unsafe abortion, contraception and future fertility. Her pain and bleeding settled and she was discharged the following day. An out patient appointment in 6 weeks was made, but she did not attend the clinic for follow up.

Women have been having abortions, legal or illegal, since time immemorial¹ mostly for social and economic reasons. Unsafe abortion is a common finding in underdeveloped countries where women are denied reproductive rights. However, in a developed country, where facilities for safe abortion are readily available, unsafe and self induced methods are rarely seen and reported.

Various methods of unsafe abortion have been reported. In the pre-penicillin era, instrumentation or introductions of fluid into the uterus caused fatalities.² These methods still prevail, with women attempting instrumentation into the uterus per vagina and rarely, per abdomen.³ There are also a number of reported cases where quinine,⁴

misoprostol,⁵ over-the-counter medicines, livestock droppings, detergent and herbal medicines⁶ have been used as abortifacients. Unsafe abortion can lead to morbidity and mortality. Complications range from minor infections to death; the more common being bleeding, infection, uterine perforation and peritonitis.⁷

The question still stands: despite termination of pregnancy being a legal procedure in developed countries, why do women still opt for self induced unsafe methods for termination of a pregnancy?

A lack of awareness of the associated complications and psychosocial state may be reasons why women choose unsafe methods of abortion. It is a difficult task to identify which women fall into such categories, however an effort should be made to avoid the implications

of unsafe abortion at the primary health care setting where women approach for contraception and/or counselling on abortion. Therefore, the importance lies in educating and making women aware not only of the safe legal methods of termination of pregnancy, but also of the complications that could follow unsafe procedures.

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