MISOPROSTOL AND INDUCED ABORTION IN ACCRA, GHANA

Maya, Ernest Tei¹; Mumuni, Kareem²; Samba, Ali ²; Adanu, Richard MK³
Organizations: 1: Ridge Regional Hospital, Accra, Ghana; 2: Korle-bu Teaching Hospital, Accra, Ghana; 3: School of Public Health UG, Accra, Ghana
Significance/background

• Unsafe abortion contributes significantly towards maternal morbidity and mortality in Ghana

• Autopsy reports have revealed that abortion related causes are the leading cause of maternal mortality constituting 30% of deaths

• Misoprostol is seen as an important medication in obstetric practice and making it easily available for use is seen as one of the most important measures to reduce maternal mortality in sub-Saharan Africa
• Misoprostol however has been blamed for the increase in global incidence of unsafe abortion because of its low cost, convenience of use and lesser traumatic consequences

• The abortion law in Ghana is less restrictive and safe abortion is provided in some public health institutions
• However, self induced abortion is common and anecdotal information indicates that the availability of misoprostol is mostly responsible for this
• This study aims to determine the proportion of women presenting with incomplete abortion who have induced abortion, proportion who used misoprostol, sources of misoprostol and what information is given to these women
Methods

• A cross-sectional survey was undertaken

• Face-to-face interviews using structured questionnaires were conducted with 143 consecutively enrolled women presenting with incomplete abortion for MVA at the Ridge Regional Hospital from 1st July 2010 to 30th August 2010

• Information gathered included demographic characteristics, contraceptive practices at the time of the pregnancy, whether abortion was spontaneous or induced, type and source of abortifacients, route of administration and dosage
• Descriptive statistics were estimated using frequencies, percentages, means, and standard deviations.

• Bivariate analysis was performed using Chi-square tests and Student’s t tests (with significance level at 0.05).
Results

• Data of 137 is presented
  – 35% (48) reported having had induced abortion

• Respondents’ demographics:
  – Mean age of all respondents = 26.8yrs (SD 6.1)
  – Mean age spontaneous abortion= 28.7yrs (SD 6.1)
  – Mean age induced abortion = 23.4yrs (S.D 4.4)
  – Mean age misoprostol = 22.3yrs (S.D 4.4)
  – 41% nulliparous
  – Gestational ages of the pregnancies: 1 - 6 months
Induced abortion cases

- Of the 48 cases, 95.8% had procured the abortifacients by themselves / by others and self induced the abortion
- 4.2% had either a D&C or intramuscular injection
- 91.7% (44) reported they did not want the pregnancy out of which 84.1% were not on contraception at the time of the pregnancy
### Percentage distribution of abortifacient

<table>
<thead>
<tr>
<th>Abortifacients/procedure</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misoprostol</td>
<td>38</td>
<td>79.2</td>
</tr>
<tr>
<td>Oral Herbs</td>
<td>4</td>
<td>8.3</td>
</tr>
<tr>
<td>Tablets</td>
<td>2</td>
<td>4.2</td>
</tr>
<tr>
<td>D&amp;C</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>Tablets and oral herbs</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>Coke mixed with sugar</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>Intramuscular injection</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>48</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Source, dosage and route of application of misoprostol

• Drug stores/pharmacies supplied 97.4% of misoprostol
• No. of tablets used: 2 to 8 (median - 4)
• Knowledge about misoprostol use for induced abortion was significantly associated with misoprostol use (p< 0.001)
• Both the oral and rectal routes were used by all who used misoprostol
Information given to responders by suppliers of misoprostol

- Only 5.3% (2/38) were told to expect some bleeding

- No other information about the abortion process and where to seek help if needed was given
Knowledge contribution

• About a third of cases with incomplete abortion presenting for MVA had induced abortion
• Self induced abortion is very high among women with induced abortion
• Misoprostol reportedly is the commonest abortifacient used by patients with induced abortion
• Drug stores/pharmacies are the major suppliers for misoprostol

• Virtually no information on the abortion process, side effects of misoprostol and where to seek treatment in case of complications was given to clients
• There is the need for the health authorities to educate the populace on the benefits of contraceptive use, dangers of unsafe abortion and therefore the need to use safe abortion services when induced abortion is desired
Thank you