

Brief Report

TRENDS IN ABORTION IN IRAN: 1994 – 2002

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In all societies, regardless of the legal, moral, or cultural issues of abortion, there are some women who desperately seek to terminate an unwanted pregnancy.

With the growing desire to limit childbearing to one or two children, and while accessibility to effective contraception is limited, abortion is common worldwide. This hospital-based study was conducted to determine the abortion complications and outcome of pregnancy. About 78% of the 75 cases studied attempted to induce abortion through injection of prostaglandin (Prostine) but others attempted by curettage. Forty percent of females had complete abortion, 18.5% had failed abortion, and the remaining had incomplete abortion.

The use of prostaglandin alone has been replaced by curettage, but it succeeds in terminating pregnancy in just 40% of the cases.

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Introduction

Approximately, 26 – 30 million legal abortions and an estimated 10 – 12 million clandestine abortions are performed each year worldwide.¹

Studies related to abortion mostly focus on patient management issues including the assessment or presenting and procedural complications, and failed abortions. Usually, hospital-based studies, which provide easy access to records are the most logical and accurate source of research into the field of unsafe abortion. Interviews with women who have had induced abortions are another way of investigating this topic.² In this regard, a descriptive, hospital-based study was conducted in 2002 at Taleghani Teaching Hospital affiliated to Shaheed Beheshti University of Medical Sciences, Tehran, Iran.

Patients and Methods

The Gynecology Research Committee of the Obstetrics and Gynecology Department of the

University approved the proposal of this study.

The questionnaire used for the study contained questions about gestational age, parity score, complications, procedures done for abortion, counseling, and on-going pregnancy.

Results

Approximately 75 females were interviewed who had attempted to induce abortion and who were admitted to the clinic or hospital. The mean age of the subjects was 30 (range: 17 – 47) years. The parity score in most cases was two, followed by a score of zero. The mean gestational age was 8.5 (mode: 7) weeks of conception. Recent contraception was withdrawal method in 44% of cases. Twenty-one percent of women had received counseling from physicians or other medical personnel, concerning the technique for abortion, after having decided to attempt an abortion. Additionally, 37% of women had consulted non-professional persons for getting advice on abortion technique.

The technique for abortion was medical in 78% of cases and was carried out with two intramuscular injections of 0.25 mg of prostaglandin (Prostine). One case had injected 5 vials of prostaglandin. The remaining 22% of the women had performed curettage.

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Table 1. Trend in abortions in Iran, 1994 – 2002.

Parameter	1994	2002
Number of cases	135	75
Mean age and range (yr)	31(15 – 48)	30 (17 – 47)
Gestational age at abortion (wk)	9 ± 1	8.5
Main procedure for abortion	Curettage	Medical abortion
Serious complications	Septic shocks (2%)	Acute renal failure (1 case)
Maternal deaths %	1.35%	0
Failed abortions	2%	18.7%

There were complications in some of the cases interviewed. Fortunately, no maternal deaths occurred, although one case received an overdose of prostaglandin and was admitted to the intensive care unit due to gastrointestinal and pulmonary (hemoptysis) bleeding for two days with subsequent acute renal failure. Systemic side effects including nausea, vomiting, diarrhea, and lower abdominal cramps were seen in 61% of the cases. Forty-four percent of the cases experienced massive vaginal bleeding. In 41.3% of the cases a complete abortion occurred, while 18.7% of the cases experienced failed abortions or on-going pregnancies and were later discharged from the hospital.

Complete abortion occurred in 12 of the 16 cases who used curettage method, as compared to 18 of 59 cases who received prostaglandins ($P < 0.001$).

In this study, 44% of couples used withdrawal method and 37% used no method of contraception. Unintended pregnancy was a key factor associated with induced abortion in this group.

Discussion

In another study conducted in Tehran teaching hospitals in 1994,³ most women attempted abortion through curettage in unsafe conditions and at advanced gestational age. In that study, three septic shocks (2%) leading to two maternal deaths (1.35%) occurred (Table 1). It seems that the medical approach has improved abortion outcome and is less hazardous for patients. However, many incomplete abortions still occur. In countries, where abortion is performed legally, through the use of mifepristone (RU 486) and misoprostol (prostaglandin E_1), abortions are complete in 98% of cases.⁴

Approximately 40% of the women had

consulted physicians after deciding to attempt abortion. Health professionals and providers are not required to perform abortion against their ethical principles, but regardless of their personal feelings about the ethics of terminating a pregnancy, they have a responsibility to those women who are desperately asking for terminating their pregnancies and to help these patients with emergency contraception and postabortion care.

Services including emergency contraception kits and postabortion counseling can be provided in family planning clinics in hospitals. Future contraception should be discussed with each patient and the chosen method of contraception should be initiated immediately following the abortion.

Which clinics should help couples who experience failures in their chosen contraceptive methods? Health authorities can design effective interventions, i.e. demand for better family planning systems. Health policy makers can assess the hospital costs of incomplete abortion and complications by documenting the time and resources (human and material) consumed by the treatment of such complications and comparing them with the costs of other medical and family planning services.

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