

WHO SISTEMATIC REVIEW ON MATERNAL
MORBIDITY AND MORTALITY

INDUCED ABORTION

Issues on the gathering and analysis of data

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MATERNAL MORTALITY

DEFINITION:

- 42 days and 1 year postpartum or
- Regardless of the cause of death

METHODS:

- National Statistics
- •RAMOS
- Sisterhood methods
- •Surveys
- Verbal Autopsy

- •Estimates,
- Large sample size
- •Wide confidence intervals

WHO Systematic Review On the Epidemiological Evidence For Maternal Morbidity and Mortality 1997-2002

- Search for the best data
- •All sources, with different methods
- Calculate global accurate data

MATERIALS AND METHODS

- Systematic Search
- •Electronic data bases,
- •Regional WHO databases
- •Ministries of health
- •Internet search
- •Hand and reference search
- Personal contacts
- Critical Appraisal

Extraction of data into formularies

MATERIALS AND METHODS

- Data quality assessment

 Estimate Vs actual count, definition, confirmation
- •General information

 Country, Study period
- Characteristics of the study

 Type of design, sampling, data source, unit of measurement, demographic characteristics, place of abortion.
- •Specific quality data
 Gestational age, legal status, safe Vs unsafe

RESULTS

137 Articles regarding induced abortion

58% Medium quality
37% From developing Countries

TO BE PUBLISHED



RESEARCH ON ABORTION EPIDEMIOLOGY

• LEGAL AND MORAL ISSUES

UNDEREPORTING
 Official registration
 Survey

Houzard S, et al. Analysis of the underestimation of induced abortions in a survey of the general population in France. Eur J Contracept Reprod Health Care. 2000 Mar;5(1):52-60

RESEARCH ON ABORTION

Aproaches:

- Illegal abortion provider survey
- Complications statistics
- Mortality statistics
- Self-reporting techniques
- Experts' estimates

MEASUREMENT

ABORTION RATE

abortions/1000 women aged 15-44

ABORTION RATIO

abortions/100 known pregnancies

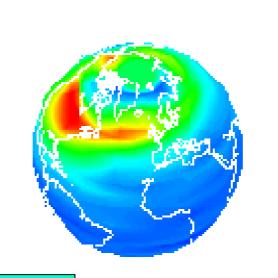
• TOTAL FIRST ABORTION RATE (TFAR)

Proportion of women who experience an induced abortion during their total reproductive life

ABORTION INCIDENCE AROUND THE WORLD - QUICK FACTS

RATE:

35 per 100.000 women aged 14-45



RATIO:

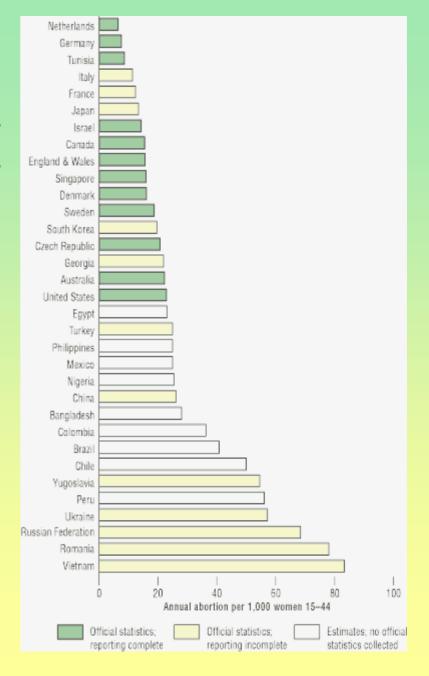
26%

of all known pregnancies

LOWEST RATE Western Europe 11 HIGHEST RATES
Eastern Europe 90
Cuba 77
Vietnam 83

FUTURE RESEARCH

• WHY ARE THERE WIDE VARIATIONS ON THE INDUCED ABORTION RATE BETWEEN COUNTRIES?



LEGAL STATUS

Not closely correlated with abortion rate

South America:

37

Developing countries:

34



North America:

22

Developed Countries:

39

Romania case:

No increase in birthrate after change in legislation in 1966

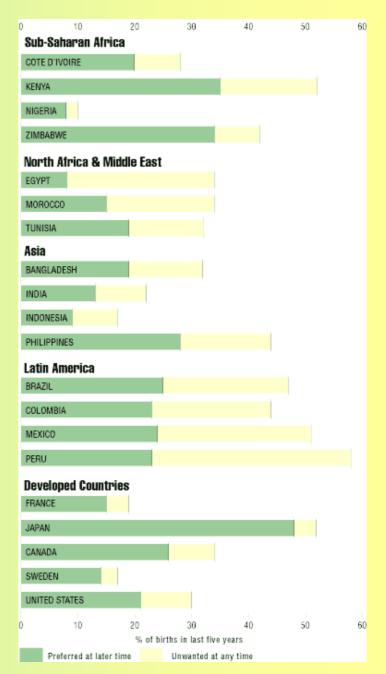
FERTILITY RATE AND CONTRACEPTION AVAILABILITY

- Increased availability of contraceptive methods result in lower abortion rates
 - Bulgaria
- Increased use of modern methods result in lower abortion rates
 - China
- Rapid decrease in fertility rates result in increased abortion rates
 - Cuba, Denmark, Netherlands, USA

FREQUENCY OF UNWANTED PREGNANCY

38-50%

50% End up in abortion





Why is Mortality Rate Due to Abortion so Dispair?

ABORTION RELATED DEATHS	
Region	Deaths per 100,000 abortions
Developing	330
Africa	680
South and East Asia	283
Latin America	119
Developed	0.2- 1.2



What can be done to reduce the incidence of induced abortion?

Increase a contraception to reduce unwanted pregnancy

And to reduce the mortality rate from induced abortion?

Reduce unsafe abortions

CONCLUSIONS

- •There are multiple techniques to assess MMR, a systematic review will provide reliable data.
- •Epidemiological research on induced abortion poses special challenges. The determinant factors for the wide range of abortion rates around the world are mainly those related to unwanted pregnancy.
- •Unsafe abortion and unmet needs for contraception are critical issues in the reduction of induced-abortion-related maternal mortality rate.