Complications of abortion
Aims

✓ To recognise an abortion

✓ To learn how to perform a manual vacuum aspiration

✓ To learn how to recognise and manage a septic abortion

✓ To achieve competence in those skills
Clinical types of abortion

• Spontaneous
  – Threatened
  – Inevitable
  – Incomplete
  – Missed
  – Complete

• Induced
  – Termination of pregnancy
  – Unsafe abortion
Safe and unsafe abortions

• Safe abortion
  – temperature $<37.2\, ^\circ\text{C}$,
  – Pulse $<90$ beats per minute,
  – Respiratory rate $<20$ per minute,
  – Uterus $<12$ weeks in size,
  – POC not foul smelling,
  – Haemoglobin $>10\text{g/dl}$
  – No clinical signs of infection
  – No system or organ dysfunction or failure
  – No suspicious findings on evacuation of the uterus

• Unsafe abortion
  – Anything else!

• Level of Treatment
  – Safe abortion
    • MVA at CHC/Level 1 institution
  – Unsafe abortion
    • Level 1 with theatre facilities (provided no organ system dysfunction)
    • Level 2 or 3
Performing MVA

• See DVD/CD
Indications for evacuation in theatre

- Uterus larger than 14 week size
- Septic abortion
- Very anxious patient

unstable pt
hb < 8
signs of interference - mx as septic
incomplete
Septic abortion
Recognition

✓ Fever: temperature > 38 °C
✓ Warm extremities
✓ Fast breathing
✓ Increased maternal and fetal heart rate
✓ Altered mental state
✓ Low BP
✓ Septic shock
✓ Tender lower abdomen
✓ Cervix open with a foul smelling discharge
Principles of management

✓ ABCs
✓ In all start iv fluids
✓ Use fan and tepid sponge to decrease temperature if necessary
✓ In all start iv antibiotics
✓ Assess all organ systems for signs of impairment or failure
✓ Remove source of infection (evacuate uterus/ remove uterus)
✓ Support all organ systems
✓ Treat other suspected causes
Organ system evaluation

• Big 5
  – CNS – Glasgow coma scale decreased
  – Resp – Tachypnoea, Oxygen Sat <90%
  – CVS – tachycardia; shock
    • (septic shock – BP not respond to fluid bolus)
  – Liver – abnormal liver enzymes
  – Renal – decreased urine output, urea and creatinine raised

• Forgotten 4
  – Endocrine – glucose reduced
  – GIT – bowel sounds absent (acute abdomen)
  – Haemotogical – Haemoglobin, platelets, white cell count
  – Immune – HIV status, temperature

• Core 1
  – Genital system – uterine size, abdominal tenderness, cervix open, foul smelling discharge
Indications for hysterectomy

- Single organ system failure with uterus 16 weeks or more (size)
- Two organ system failures
Parenteral antibiotics

- Cephalosporins preferred but may not be readily available or expensive
- Combination of
  - Ampicillin 2g iv 6 hourly plus
  - Gentamicin 5 mg / kg iv every 24 hours plus
  - Metronidazole 500 mg iv 8 hourly

is a good option
RECAP

✓ Recognition of abortion
✓ Types of abortion
✓ How to perform a MVA
✓ How to recognise septic abortion
✓ How to assess a woman with a septic abortion
✓ Principles of Management