

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 °C,
 - Pulse <90 beats per minute,
 - Respiratory rate < 20 per minute,
 - Uterus <12 weeks in size,
 - POC not foul smelling,
 - Haemoglobin >10 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 $> 38\text{ }^{\circ}\text{C}$
- ✓ 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)
 - Haematological – 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 hourlyis a good option

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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**