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**Incomplete Abortion From Tertiary Hospitals Of
Karachi, Pakistan**

FINAL REPORT

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CHAPTER ONE

Introduction

Like many other countries abortion policies are restrictive in Pakistan where induced abortions are allowed only when there is a danger to mother's life. Because of such restrictions, clandestine abortions occur, which adds substantially to maternal morbidity and mortality.

Complications of unsafe abortion are one of the causes of maternal deaths. Most of the countries have programs to reduce maternal mortality due to causes other than complications of unsafe abortion. Most women with induced abortion presenting to hospitals suffer from incomplete abortion, which, if left untreated, could lead to maternal death due to infection or hemorrhage. Especially in developing countries this care is often provided in a crises atmosphere, where important steps to avoid further urgencies are often neglected or wanting. For example appropriate surgical treatment, blood transfusion, prompt referral and post abortion family planning counseling are often neglected at the place of care.

Rationale

Information on post abortion care is limited from tertiary hospitals of Pakistan, especially on post abortion family planning care. We selected four tertiary hospitals to conduct this study whose objectives were

- 1 To assess the pattern of morbidity resulting from induced abortion in the patients coming to these hospitals
- 2 To assess the quality of care provided to such patients

- 3 To obtain information on health seeking behavior of patients prior to reaching to study hospitals
- 4 To assess post abortion family planning abortion services

This report presents the results from a descriptive study of women who presented at public and private sector hospitals for treatment of complications of incomplete abortion

CHAPTER TWO

Methods

This study was conducted in four tertiary hospitals of Karachi. Two of these hospitals were government facilities, the third hospital was a large semi-government hospital and fourth hospital was a private hospital. All these hospitals generally cater to the poor and mid-income population of the city having services of gynecologists facilities to conduct major operations, blood transfusions and ambulance service. These hospitals also serve as referral facilities for other small hospitals of the city.

Questionnaire Development

The basic design of the questionnaire was adopted from the questionnaire used for another study on unsafe abortions which was conducted in squatter settlements of Karachi¹

In collaboration with two gynecologists of the city relevant changes were incorporated in the community-based questionnaire. This was then field tested on two in-patients with history of abortion. During these interviews we felt that the flow in the questions for capturing health seeking behavior of the patients before reaching the hospital was inadequate. For example, we were not being able to elicit number of health care providers woman contacted before reaching the study hospital, what treatment and / or complications encountered etc. So, we decided to conduct in-depth interviews on in-patients admitted with the diagnosis of abortion in the hospitals to elicit this information and consequently to incorporate it into our finalized questionnaire. We conducted 10 in-depth interviews which assisted us in the finalization of our questionnaire.

¹ Please see report on Determinants of Induced abortion from squatter settlements of Karachi

This questionnaire was then pre-tested on an additional 25 in-patients with abortions six of whom were cases of induced abortion. The themes incorporated in the questionnaire were

- 1 Demographic information
- 2 Reproductive history
- 3 Health seeking behavior prior to reaching the index hospital²
- 4 Services provided in the index hospital
- 5 Family planning services
- 6 Cost of treatment at the index hospital

Field Sites

Four public and private hospitals catering to the low and middle income population of the city were selected for conducting this study. These were

- Civil Hospital (Public)
- Sobrajh Medical Hospital (Public)
- Zia - uddin Hospital (Private)
- Liaquat National Hospital (Semi private)

These hospitals were selected on the bases of

- 1 Large daily in-patients load in department of obstetrics and gynecology and
- 2 The major referral facilities for other small hospitals of the city

² a separate section was developed for women with confirmed induced abortion and reasons for opting for an induced abortion

Training

Doctors were selected to conduct the interviews. Before pre-testing of the questionnaire one day intensive in-house training was given to these doctors to familiarize them with the questionnaire. Field training was conducted during pre-testing phase where principal investigator and field supervisor accompanied interviewers to the hospitals where interpersonal communication and asking sensitive questions and taking women in confidence were demonstrated to them.

Initially, we decided to conduct these interviews at the hospitals other than the ones from which we would be collecting our final data in order to decrease the chances of contamination. But due to few patients admitted with a diagnosis of abortion [spontaneous or induced] and accessibility issues we decided to conduct pre-testing in our identified study hospitals. However, during this process we noticed that there was a very rapid turnover rate of the patients (most spontaneous abortions patients not staying longer than six hours) so the probability of contamination was minimized for our actual study subjects.

Field Work

All identified cases of incomplete abortions who were admitted irrespective of abortion status from June 1st to July 31, 1998 were recruited for the study.

We were able to collect information on 218 patients during this duration of two months. We started to collect data simultaneously from the index hospitals (Table 1). These cases were mostly self-referred to the hospitals with different complications. Out of 218 patients, 17 cases of induced abortions with complete information were identified.

Information on two additional patients of induced abortion was either lost or remained incomplete. Reasons for the incomplete information on the two cases were

1. A patient died immediately after admission before any help was offered to her as her *gut* was lying outside the body on arrival
2. A patient in moribund condition was referred from one of our study hospital to another tertiary hospital (also in our study) but did not reach to the referred hospital

Official permission from each of the hospitals were sought before conduct of the study and head of the respective units were informed. Information from the patients was taken after treatment and when the patient was capable of giving informed consent. Utmost care was taken to conduct these interviews in privacy despite being difficult on certain occasions.

Data Quality Assurance

Data quality assurance was provided by the field supervisor who not only monitored collection of data on daily basis but also edited the forms daily. Since patient turnover was very rapid special instructions were given to the interviewers for getting complete information on patients on first sitting only.

Data Entry and Processing

Once coding was completed and verified, data was double entered by two different data entry operators using data entry program of EPI INFO version 6. The two sets were validated. Discrepancies identified were eliminated through recourse to the original questionnaire.

Problems Identified During Field work

- Law and order situation in the city prevented us to identify more cases of abortion within our time frame of eight weeks due to decreased patient load in the study hospitals
- The frequent firing incidences in the nearby areas of study hospitals resulted in daily data monitoring hazards but this lasted only for approximately two weeks. However due to instructions given earlier to record complete information at first sitting, very few information was found missing for those forms which were completed

Definitions

We have classified abortion³ as

- *Threatened abortion*, Bleeding from the placental site, but not severe enough to terminate pregnancy
- *Inevitable abortion* Slight bleeding, with open cervix on examination and patient complaints of pain. Bleeding is retro-placental and the ovum is already dead
- *Incomplete abortion* The fetus and membranes are expelled but some product of conceptus remains attached and bleeding continues
- *Missed abortion* The retention of a dead ovum with history of amenorrhoea
- *Septic abortion* Any abortion which becomes infected
- *Therapeutic abortion* A termination of pregnancy carried out under the provision of the abortion act of Pakistan

For the purposes of our study we have re-classified abortion⁴ into two categories

Govan ATD Hodge C Callender R Gynecology illustrated Churchill Livingstone Edinburgh London Melbourne and New York 1987 pp 419-429

- *Certainly Induced* when the woman herself reports inducing the abortion or when there is an evidence of trauma or of a foreign body in the genital tract
- *Spontaneous abortion*, when none of the conditions necessary for “certainly Induced” abortion are present this includes threatened, inevitable, incomplete missed and therapeutic abortions as described above

1 ⁴ Adapted from Huntington D Nawar L Hassan OE et al The post abortion caseload in Egyptian Hospitals A descriptive Study Int Fam Plann Perspect 1998 24(1) 25-31

CHAPTER THREE

Results

Amongst 218 cases of abortions presenting to the index hospital, majority of the patients on first encounter with the doctor were diagnosed as incomplete abortion (61.9%), and missed abortion (25.1%). Only 1.8 percent (n=4) of patients were diagnosed as cases of induced abortion. This diagnosis was based on suspecting it on clinical examination by the doctor and getting confirmation by patient retrospectively or patients volunteering the information (Table 2). Later, while interviewing the patients for our study, an additional 13 cases of induced abortion were identified. Hence amongst 218 cases of abortions presenting to these four hospitals of Karachi, 7.7 percent (17/218) were 'certainly induced' cases of abortion. For the purpose of analysis and discussion all the abortions other than 'certainly induced' will be termed as "spontaneous abortion".

Most of the women (99.5%) were in marital union at the time of interview, only one woman reported recent separation from the husband. Mean age of the patient with spontaneous abortion was 27.6 (± 5.7) years, while the mean age of patients opting for induced abortion was 28.6 (± 4.2) years. The difference amongst these two groups of women was not statistically significant. The mean number of live births reported by patients with spontaneous abortion were 2.5 (± 2.3), while women who reported an induced abortion had 4.3 (± 2.2) live births (Table 3).

The majority of the women belonged to ethnic group Mohajirs (63.6%) who are the immigrants from Bangladesh and India, followed by Sindhis (18.3%) and Punjabis (11.5%). Ninety seven percent of the patients were Muslims. Over all surprisingly 63.7 percent of the women admitted with abortion were literate. Amongst women who reported spontaneous abortion 8 percent (16/201) were gainfully employed while only 4 percent (4/17) of the patients who reported induced abortion were gainfully employed (p-value 0.4) (Table 4).

Very few patients (1.3%) reported having previously induced an abortion. Among the 201 women identified as “spontaneous abortion”, two women mentioned having two induced abortions previously, whilst one woman reported having three induced abortions prior to the index pregnancy. However, amongst women who were identified as “induced abortion” two women each reported a previous induced abortion too.

Reproductive history

Total number of pregnancies reported by these 218 women were 943. Sixty one percent (n = 578) of these pregnancies ended as live births, 2.5 percent (n=25) as still births, 35.9% (n=339) as abortions. One pregnancy ended as ectopic pregnancy. Out of 339 abortions 7% (n=24) were induced abortions.

Over all, eighty one percent of the women identified their pregnancy by missing their monthly periods, nineteen percent of the women felt nausea and vomiting. Women who got their pregnancy confirmed (65.5%), mentioned urine examination (87.4%), ultrasound (46.8%), and physical examination by health provider (18.8%) as methods to confirm their pregnancy⁵ (Table 5).

The professed reasons for seeking health care among the 115 women who sought care for reasons other than confirmation of pregnancy, were “*bleeding vaginally*” (95.7%), and *leaking membranes* (2.6%). Health providers contacted were doctors (93.8%), nurse/midwife (3.5%), and dais (2.7%). Their major reasons for coming to our study hospitals were vaginal bleeding (80.7%) and spotting (11.5%) (Table 6).

⁵ Percentages does not add to 100 percent because of multiple response N = 143

Health seeking behavior

Spontaneous abortion (Table 7)

Before coming to the study hospitals, those women (n = 201) who had spontaneous abortions sought health care from various health care providers for example doctors nurses, and dais Thirty eight percent of the women consulted at least two health care providers, 5 4 percent consulted three health care providers One women visited one of the study hospitals four times before her abortion was completed

During these visits to various health care providers, multiple treatment regimens were provided Most frequently prescribed medicine by dais were surprisingly oral allopathic medicines injections and drips Nurses prescribed oral allopathic medicine, intravaginal placement of allopathic medicine and intra-muscular injections Doctors prescribed oral medicines, intra- muscular injections, injections in vein, drips, blood transfusions, D & C, intra-amniotic F2 α , and Foly's induction

Multiple complications were faced by these women as a result of these treatments Most of the women reported heavy vaginal bleeding (20 8 %), generalized weakness (17 4 %), pain in abdomen (15 9 %) (Table 7)

Induced abortion

For women who had an induced abortion (n= 17), nine women first consulted their husbands before making an attempt for induction Two of the women either took their own decision or went to a doctor for advice (Table 8) Reasons of termination of this pregnancy were "too many children" (4 / 17), ill health of the mother (4 / 17), unemployment of the husband and short spacing (4/17)

All 17 women made more than one attempt to terminate pregnancy prior to coming to index hospital. For first attempt four women consulted dais, three went to nurses, one went to a homeopathic doctor and nine went to allopathic doctors to seek abortion. All 17 women came to index hospitals as second health care providers.

Various treatments to induce abortion given by dais were oral indigenous medicine, intravaginal placement of indigenous medicine, injections, drips, and D&C. Nurses and midwives prescribed oral allopathic medicines, injections and drips. Doctors prescribed oral allopathic medicines, injections and drips, Foly's induction and D&C. The complications which these patients were presented to the study hospital were heavy vaginal bleeding (58.8%), pain in abdomen (47%), generalized weakness (41.1%) (Table 7).

Index hospital care (Table 9 & 10)

Over all, ninety five percent of the patients had to take some kind of transport to reach the study hospitals, only a small percentage (3.2%) of patients walked to these facilities. The mean duration of stay in the hospital for spontaneous abortion patients was 2.8 (\pm 2.6) the range being from a minimum of one day to maximum of 30 days. One patient diagnosed as ectopic pregnancy stayed for 30 days.

The mean duration of stay for induced abortion patients was 3.6 (\pm 5.2) days range being from a minimum of one day to maximum of 23 days. Longer duration of stay was for one patient who diagnosed as septic induced abortion.

For all patients main complaints at the time of admission were amenorrhoea (99.5%), vaginal bleeding (95%), and pain in abdomen (76.6%). Two patients were brought unconscious to the emergency treatment room. Mean systolic pressure recorded at the

time of first encounter of the patient was 109 (\pm 13) mm Hg and mean diastolic pressure of 71 (\pm 11) mm Hg (Table 11)

Eighty two percent of the patients were seen by a physician within an hour after reaching the hospital, another 15 percent of the patients were seen between one to two hours. Eighty five percent of the patients on admission were explained about the medical treatment which the patients were to receive

Although 88 % of the patients exhibited mild to moderate bleeding upon admission 7.3 percent had severe blood loss⁶. A small number of patients (4.6 %), had no signs of bleeding on vaginal examination. All patients with severe bleeding were seen in less than an hour by the doctor on arrival to the hospital emergency room

The diagnosis of "induced abortion" was made by the physician in one case as a small "wooden stick" was removed during vaginal examination. Other three women who were diagnosed as cases of induced abortion on first encounter with the doctor volunteered this information. No cases of cervical trauma were reported (Table 12). Amongst the 76% of women who complained of abdominal pain (165/218) at the time of admission to the hospital, nearly 50 percent (82/165) were not given any medication to lessen the pain in emergency, 35 % (58/165) were given some kind of treatment, remaining patients could not recall any intervention. Regarding post abortion care at home after being discharged from the hospital, only 38.5 % of the patients were counseled

Treatment offered in the index hospitals

Multiple treatment regimens were prescribed for the patient after being seen for the first time by the doctor. Most frequently suggested treatment were D&C (90.0 %), a

⁶ Severity of the blood loss was judged subjectively by the attending physician as mild + moderate ++ and severe +++ Same grading has been used for our analysis purpose

combination of drips and injections (91.2%), antibiotics (70.1%), and blood transfusion (8.2%)

After the establishment of final diagnosis most of the patients had surgical procedure (94%) done, nearly always dilatation and curettage, in only one patient suction curettage was performed. Another five percent of the patients were managed without any surgical intervention (Table 13)

Investigations performed

Blood and urine examination were performed routinely on all patients. Hemoglobin (Hg) level was performed in 89 percent of the cases, mean hemoglobin level identified in these women was 9.8 (± 1.8) gms%. Range of Hg was between 4 gms% to 15 gms%. High vaginal swab was not performed in any patient even though two cases had initial diagnosis of septic abortion.

Family Planning (Table 14)

Overall approximately 33 percent of the women reported using family planning methods before conceiving this pregnancy. Forty nine percent of the women wanted to use family planning method after this abortion. But interestingly only 27 percent (59/218) of the women were actually given post abortion family planning counseling by the doctors or nurses in the index hospitals.

For women who were admitted with an induced abortion 52.9% (9/17) were using family planning methods before conceiving this pregnancy. Eighty-eight percent (15/17) of these women were willing to use family planning methods after this abortion and approximately 53% of these patients were counseled for post-abortion family planning. While women who had spontaneous abortion 31.3% (63/201) were using family planning methods before conceiving the index pregnancy. Approximately 46 percent (92/201) of these women showed willingness to use family planning methods after the abortion. Interestingly, as compared to patients with induced abortion only 24.9% (50/201) were counseled about post-abortion family planning (p-value = 0.02).

We did not obtain information on methods of family planning used from patients with spontaneous abortion but all of the nine women who reported use of family planning methods prior to induced abortion were using temporary methods of family planning (Table 15). Mean duration of use of family planning methods before conceiving the index pregnancy was 16.4 (\pm 11) months.

When women, both with spontaneous and induced abortion, were asked about their opinion regarding provision of post-abortion family planning counseling for patients who were admitted with same complaints as theirs, nearly 62 percent of the women answered affirmatively, and 23 percent did not agree with the suggestion. Another 14.7 percent of the women remained indifferent.

Cost of care (Table 16)

The average cost incurred during the stay in the hospital does not include the costs of medical staff, and facilities used for the management of the patient. The cost mentioned here only is the amount spent by the patient till she remained in the hospital for her treatment.

Most of these hospital expenses were paid by their spouses (83.9%)

Average cost incurred to abortion patients with diagnoses other than induced abortion was Rs 2,826 (\pm 4,096), range was Rs 100 - 30,700, median was Rs 1,100

(approximately \$ 49⁷) Approximately 68 percent of the women who had spontaneous abortion thought that expenses were more than their expectations, 27.6 percent thought expenses were equivalent to their expectations

For women who were confirmed cases of induced abortion, average cost incurred to a patient was Rs 1,700 (\pm 1,819), ranging from Rs 200 - Rs 5,400 (\$ 29) Approximately 59% of the women with induced abortion thought expenses to be more than their expectations, while 29 percent felt that expenses were as expected

⁷ At a conversion rate of Rs 58 per dollar

CHAPTER FOUR

Discussion

From various hospital based studies from Pakistan we have information on women contributing to maternal mortality amongst patients admitted to the hospitals with various obstetrical and gynecological causes. A case of induced abortion is identified in a hospital setting only if a woman presents with extreme conditions like perforated uterus, signs of trauma, septicemia, or a foreign body is retrieved. Many of the patients are treated as cases of spontaneous abortion. No efforts are made by the health personnel to know whether bleeding was induced in such patients. During our study we made a deliberate effort to ask every woman whether the admitted diagnosis of abortion was 'induced'. Out of 17 women only four women were identified with an admitting diagnosis of induced abortion, the remaining 13 women confided on in-depth questioning. Hence, the degree of under-reporting (76.4%) is substantial.

Our findings of over-all only 27% of "abortion" patients being counseled for post-abortion family planning is an area of major reproductive health concern. Only 25 percent of women with spontaneous abortion and 53 percent with induced abortion were counseled for post-abortion family planning, though a substantial number of women (94% of induced abortion and 59.2 percent of spontaneous abortion patients) showed their interest in using a family planning method post-abortion. This reflects lack of linkage between in-patient gynecological / obstetrical services and out-patient family planning services as these two services are generally run separately in these hospitals. We suggest better coordination amongst these two very important reproductive health services.

For women who had induced abortion, majority of them (9/17) were using temporary methods of family planning prior to conceiving this unwanted pregnancy. Thus method failure (53%) is substantial and suggests introduction of concept of emergency contraception amongst the potential users of temporary methods of family planning. We

therefore we suggest that emergency contraceptive methods such as morning after pills (Postinor) and insertion of IUCD should be made available from pharmacies, near by health centers and with private practitioners of the area

The type and severity of the symptoms amongst patients presenting with spontaneous abortion and induced abortion were notably the same (for example mild to moderate vaginal bleeding, and abdominal pain) [Table 11] The reason could be that some of the spontaneous abortion patients, in reality were induced abortion but did not report as induced abortions on in-depth interview, or this could be the real situation reflecting that generally our women do not use “dangerous” procedures to induce abortions However the information that we have collected is insufficient to make any valid conclusion regarding the methods used to induce abortions

More research work is also needed to distinguish patients as induced or spontaneous who come to the hospitals with incomplete abortion as doctors on initial examination were able to identify only four women as induced abortion cases We find it important because women who already had an induced abortion are significantly (77%) more at risk of having another induced abortion (for two of our induced abortion patients this index induced abortion was a repeat abortion) and consequently are most in need of appropriate post abortion family planning counseling, especially for choice of methods and emergency contraception

The wide spread use of dilatation and curettage in incomplete abortion is, we feel, another issue which needs to be addressed Much safer and cost effective method of vacuum aspiration is being widely used in various developing countries with excellent results We therefore, suggest that instead of using D & C, the much safer method of vacuum aspiration be used

In summary, post abortion family planning counseling is not provided to the majority of the women being admitted with the diagnosis of abortion to the hospitals. Most of the patients who presented with induced abortion were using temporary methods of family planning before conceiving this pregnancy. Commonly conventional method of dilatation and curettage is used to evacuate uterus.

Suggestions

- Post abortion family planning counseling should be provided to every abortion patient
- Patients with induced abortions especially should be provided with appropriate post abortion family planning counseling with appropriate method choices and they should also be introduced to the concept of emergency contraception
- A change to vacuum aspiration as a method to evacuate uterus should be adopted

Table 1 Distribution Of Patients Presenting To Tertiary Hospitals Karachi 1997
n = 218

Name of the Hospitals	Number	Percentage
Civil Hospital Karachi	80	36.6
Sobrajh Medical Hospital	76	34.8
Zia -uddin Medical Hospital	55	25.5
Liaquat National Hospital	7	3.2

Table 2 Hospital Diagnosis at the time of Discharge, Tertiary Hospitals Karachi 1998

Hospital diagnosis	Number	Percentage
Incomplete abortion	135	61.9
Threatened abortion	6	2.8
Complete abortion	2	0.9
Inevitable abortion	9	4.1
Missed abortion	57	26.1
Septic abortion	2	0.9
Induced abortion	4	1.8
Ectopic Pregnancy	1	0.5
Therapeutic abortion	2	0.9
Diagnosis according to our criteria		
Spontaneous abortion	201	92.2
Certainly induced abortion	17	7.7

Table 3 Characteristics of patients, Tertiary Hospitals Karachi, Pakistan 1998
(n = 218)

Characteristics	n	Percent	Range within sites
Abortion Patients interviewed	218	100	
Number of Induced abortion Patients	17	7.7	1 - 9
Mean age of the patients with spontaneous abortion	27.6 ± 5.7	NA	26 - 28
Mean age of the induced abortion patients	28.6 ± 4.2	NA	23 - 31
Number of live births in patients with spontaneous abortion*	2.6 ± 2.3	NA	1.7 - 3.5
Number of live births induced abortion patients*	4.3 ± 2.2	NA	1 - 8

Table 4 Characteristics of the Study Population , Tertiary Hospitals
Karachi, Pakistan, 1998 (n=218)

Characteristics	n	Percentage
Ethnicity		
Punjabis	25	11.5
Mohajirs	138	63.3
Pathans	15	6.9
Sindhis	40	18.3
Religion		
Muslim	212	97.2
Christian	4	1.8
Hindu	2	0.9
Education Status of Respondent		
Illiterate	79	36.2
Literate	139	63.7
Education Status of Husband		
Illiterate	53	24
Literate	165	76
Occupational Status of the Respondent		
Gainfully Employed	20	9.2
House wife	198	90.8
Marital Status of Respondent		
Currently married	217	99.5
Separated	1	0.5
Duration of marriage		
< 1	18	8.2
1- 9	114	52.2
10 - 19	72	33.0
20 +	14	6.4

Table 5 Methods For Confirmation Of Pregnancy, Tertiary Hospitals Karachi Pakistan, 1998 (n= 143)

Methods*	Number	Percentage
Urine Examination	125	87.4
Ultra Sound	67	46.8
Physical examination by doctor	23	16.0
Physical examination by Nurse/ midwife	0	0
Physical examination by Dai	1	0.6

Table 6 Reasons For Contacting Health Facility, Tertiary Hospitals Karachi Pakistan, 1998 (N = 218)

Responses	Reason* %	Major Reason %
Vaginal bleeding	91.7	80.7
Pain in abdomen	57.3	0.5
Leaking	5.0	3.2
Spotting	4.1	11.5
High grade fever	2.7	0.5
Foul smelling discharge	1.8	0
General weakness	1.3	0.9
Others**	1.8	2.7

* Does not add to 100 percent because of multiple responses

** two cases of missed abortion one case of leaking membrane, one case of absence of fetal movements two cases on lower back ache one case to terminate pregnancy as bleeding was initiated from some where else

Table 7 Complications Faced By Women Before Coming To Index Hospitals
Tertiary Hospitals, Karachi 1998 (n=218)

Complications	Spontaneous abortion n = 201		Induced abortion n= 17	
	n	Percentage	n	Percentage
Heavy vaginal Bleeding	42	20.8	10	58.8
Light vaginal Bleeding	26	12.9	7	41.1
Spotting	3	1.4	0	0
Pain in abdomen	32	15.9	8	47.0
High grade fever	8	3.9	3	17.6
Foul smelling vaginal discharge	3	1.4	1	5.8
General weakness	35	17.4	7	41.1
Hospitalized	1	0.4	0	0.0
Headache	5	2.4	2	11.7
Others	1	0.4	?	
				?

* Percentages does not add to 100 percent due to multiple response

Table 8 Descriptive Frequency Of About Abortion Informant
Tertiary Hospitals Karachi Pakistan, 1998 (n = 17)

Persons	Number	First Person Contacted
Husband	9	52.9
Husband's elder brother's Wife	1	5.9
Own mother	1	5.9
Own decision	2	11.8
Doctor	2	11.8
Friend	1	5.9
Mother in law	1	5.9

Table 9 Transport Used To Access Health Facility Tertiary Hospitals
Karachi, Pakistan 1998 (n = 218)

Transport	Number	Percentage
Walked	7	3.2
Public transport	138	63.3
Private transport	70	32.1
Others ¹	3	1.4

1 brought in an ambulance

Table 10 Service Provision To Hospital Patients, Tertiary Hospitals Karachi, Pakistan 1998 (n = 218)

Service	Number	Percentage
<u>Waiting Time</u>		
Less than one hour	179	82.1
1 - 2 Hours	33	15.1
2 - 4 Hours	3	1.4
4 - 5 Hours	2	0.9
More than 6 hours	1	0.5
<u>Explained medical treatment to the patient</u>		
Yes	186	85.3
no	32	14.7
<u>Measures taken to lessen Pain¹ before commencement of D&C²</u>		
Yes	58	35.2
No	82	49.7
Don't know	25	15.2
<u>Treatment to lessen Pain during D&C</u>		
Yes	175	90.2
No	19	9.8
<u>Counseled about Post Treatment care at home</u>		
Yes	84	38.5
No	116	53.2
Don't Know	18	8.3

1 Those who experienced pain n=165

2 n=194

Table 11 Presenting Symptoms At The Time Of Admission, Tertiary Hospitals Karachi, 1998 (n= 218)

Presenting Symptoms	Number	Percentage
<u>Amenorrhoea</u>		
Yes	217	99.5
No	1	0.5
Pain in abdomen		
Yes	167	76.6
No	51	23.4
Vaginal bleeding		
Yes	207	95.0
No	11	5.0
Loss of consciousness		
Yes	2	0.9
No	216	99.0
Presenting Signs	Number	Percentage
Anaemia¹		
Mild	71	32.6
Moderate	88	40.4
Severe	9	4.1
Absent	23	10.6
Abdomen		
Tender/ tense	18	8.3
Guarding present	6	2.8
Mass palpable	1	0.5
Normal	193	88.5

n=191 due to information not recorded in the patient's file

Table 12 Gynecological Findings In Patients With Abortion, Tertiary Hospitals Karachi, Pakistan, 1998 (n = 218)

Gynecological Examination	Number	Percentage
Vaginal Bleeding		
Mild	99	45.4
Moderate	93	42.7
Severe	16	7.3
Absent	10	4.6
Height of Fundus		
Less than 12 weeks	186	85.3
>12 weeks	32	14.7
Cervical Os		
Open	133	61.0
Closed	85	39.0
Tears	0	0
Fornix		
Clear	212	97.2
Mass palpable	3	1.3
Tender	0	0
Others	3	1.3
Foreign body identified		
Yes	1	0.4
No	217	99.5

Table 13 Treatment Prescribed At First Encounter With The Patient, Tertiary Hospitals Karachi 1998 (n= 218)

Treatment	Number	Percentage
At first encounter with the patient*		
Blood Transfusion	19	8.7
Drips only	60	27.5
Drips and Injections	199	91.2
Antibiotics	153	70.1
Dilatation and Curettage	196	89.9
Oral medicines	4	1.8
Foly's Induction	7	3.2
Intra amniotic F 2 α	1	0.4
Bed Rest	1	0.4
Final treatment given		
Dilatation and curettage	204	93.6
No surgical intervention	11	5.0
Suction curettage	3	1.3

* Multiple responses percentage does not add to 100 percent

Table 14 Knowledge And Attitude About Family Planning, Tertiary Hospitals Karachi Pakistan 1998 (n = 218)

Knowledge	Number	Percentage
FP use before this abortion		
Yes	72	33.0
No	146	67.0
Want FP use after this abortion		
Yes	107	49.1
No	104	47.7
Don't Know	7	3.2
Counseled about Post abortion Family Planning		
Yes	59	27.1
No	159	72.9
Patients perception about FP counseling in hospital to other women with abortion		
Yes	135	61.9
No	51	23.4
Don't Know	32	14.7

Table 15 Methods Of Family Planning And Duration Of Use Amongst Patients With Induced Abortion Tertiary Hospital Karachi 1998 (n=9)

Methods Used	Duration of use in months
Oral pills	
Woman 1	12
Woman 2	12
Condoms	
Woman 3	3
Woman 4	4
Woman 5	9
Woman 6 and 7	24
Woman 8	36
Withdrawal method	
Woman 9	24

Table 16 Index Hospitals Expenses Tertiary Hospitals Karachi, Pakistan 1998 (n = 218)

Expenses	n= 201 Spontaneous %	n= 17 Induced %
Expenses paid by		
Husbands	83.9	70.5
In- Laws	5.5	5.9
Parents	6.4	17.6
Government	0.4	0
Employer	6.8	5.9
Self	1.3	0
Others	1.3	0
Hospital Expenses were		
More than expectations	67.8	58.8
Less than expectations	3.0	5.9
According to expectations	27.6	29.4
Indifferent (paid by company)	1.5	5.9

Table 17 Information About Patients With Induced Abortion, Tertiary Hospitals Karachi, 1998 (n =17)

	Number	Percentage
Vaginal Bleeding		
Mild	7	41.2
Moderate	5	29.4
Severe	5	29.4
Absent	0	0
Height of Fundus		
Less than 12 weeks	15	88.2
>12 weeks	2	11.8
Cervical Os		
Open	13	76.5
Closed	4	23.5
Tears	0	0
Fornix		
Clear	14	82.4
Mass palpable	1	5.9
Tender	0	0
Others ¹	4	11.8
Foreign body identified		
Yes	1	5.9
No	16	94.1
Procedures performed		
No surgical intervention	3	17.6
Dilatation and curettage	14	82.3
Suction curettage		

¹ others include clots in the fornices

Table 18 Health Seeking Behavior Of Patients, Tertiary Hospitals Karachi 1998
(n=218)

For Spontaneous Abortion n = 201					
Providers					
	Doctor	Nurse	Da1	Homeopa thic	Total
First treatment sought	196	4	1	0	201
Second treatment sought	75	3	0	0	78
Third treatment sought	11	0	0	0	0
Fourth treatment sought	3	0	0	0	3
For Induced Abortion n = 17					
First treatment sought	9	3	4	1	17
Second treatment sought	17	0	0	0	17

APPENDIX A

Questionnaire

SHEET 1
PREGNANCY OUTCOME TABLE

11 Total number of live births

A Pregnancy # start with the first pregnancy	B Pregnancy outcome	C Sex of the child	D Present age if child living			E Age at death		
			D	M	Y	D	M	Y

B Outcome

C Sex of the child

D & E age of the child

1 Live birth

1 Male

1. In days if child is less than one month of age

2 Still birth

2 Female

2. In months if less than 1 year of age

3 Abortion

3 NA

3. In completed years if one year or more than one year of age

97. Not applicable.

A. FAMILY INFORMATION				
#	Questions and Filters	Coding categories	Skip to	Answers
<i>Refer to sheet 1. Check the woman's total number of children and confirm by saying "As I understand, you have ---- sons and ---- daughters born alive."</i>				
Q1	Do you have any children who do not live with you?	1 Yes 2 No	Q4	
Q2	How many of your sons are alive but do not live with you?	97 Not applicable		
Q3	How many of your daughters are alive but do not live with you?	97 Not applicable		
Q4	Have you ever given birth to a child who was alive at the time of birth but died later?	1 Yes 2 No	Q7	
Q5	How many sons died?	97 Not applicable		
Q6	How many daughters died?	97 Not applicable		

B: Socio-economical Information				
Q #	Questions and filters	Coding categories	Skip to	Answers
Q7	What is your husband's education status?	1 Illiterate 2 Can read news paper only 3 Can read news paper and can write a letter 4 Has not completed primary 5 1-4 class 6 5-10 classes 7 11-12 classes 8 Graduate and post graduate 9 Technical diploma		
Q8	What is your education status?	1 Illiterate 2 Can read news paper only 3 Can read news paper and can write a letter 4 Has not completed primary 5 1-4 class 6 5-10classes 7 11-12 classes 8 Graduate and post graduate 9 Technical diploma		
Q9	What is the main language that you speak at home?	1 Urdu 2 Baluchi 3 Sindhi 4 Hindko 5 Brohi 6 Persian		

		7 Punjabi 8 Pushto 9 Saraiki 10 Gujrati 11 Kathiawari 12 Memoni 13 Others (Specify)		
Q 10	Do you own the house you live in?	1 Yes 2 No, live on rent 3 No, office accommodation 4 Others (Specify)		
Q 11	Do you own a radio/cassette player?	1 Yes 2 No		
Q 12	Do you own a TV?	1 Yes 2 No		
Q 13	Do you own a grinder/blender?	1 Yes 2 No		
Q 14	Do you own a refrigerator?	1 Yes 2 No		
Q 15	Do you own a washing machine?	1 Yes 2 No		
Q 16	Do you own a cycle?	1 Yes 2 No		
Q 17	Do you own a motor bike/scooter?	1 Yes 2 No		
Q 18	Do you own a sewing machine?	1 Yes 2 No		
Q 19	Do you own a pedestal/ceiling fan?	1 Yes 2 No		
Q 20	Do you own an iron?	1 Yes 2 No		
Q 21	Do you own a VCR?	1 Yes 2 No		
Q 22	Do you own a car?	1 Yes 2 No		
Q 23	Do you work to earn money?	1 Yes 2 No		
Q 24	What kind of job you do? (write exact occupation)	97 Not applicable		

Q 25	Do you earn a regular income?	1 Yes 2 No		
Q 26	What amount do you earn per month? (Please take exact amount)	97 Not applicable		
Q 27	What amount does your husband earn per month? (Please take exact amount)	98 If husband is not earning		Rs

ABORTION INFORMATION QUESTIONNAIRE

We are grateful for your cooperation and willingness to help us. We would like to know in detail about the abortions you had, your experience will help us to understand this problem more deeply. We would like to assure you that whatever information you will give us will be kept confidential and will not be disclosed to anyone. We have no intentions to make any judgments or blame anyone. Your cooperation is highly appreciated.

Q#	Questions and filters	Coding Categories	Skip to	Answers
Q 28	For how long have you been married? (note response in years)			
Q 29	What was your age at the time of marriage? (note age in years)			
Q 30	After how many months/ years of being married your first child (live birth) was born?	97 Irrelevant (specify)		
Q 31	You have told us that you had -----abortions, how many of these abortions were spontaneous? (look back at the pregnancy outcome sheet and say the numbers of abortion)	91 None		
Q 32	How many of these abortions were Induced?	91 None		

FOR INDEX ABORTION

Q#	Questions and filters	Coding Categories	Skip to	Answers
Q 33	How did you know that you are pregnant? (One response only)	1 Menses were overdue or late 2 Felt nausea /vomiting 3 Felt dizzy 4 When movements were felt 5 Others (specify)		
Q 34	Did you get your pregnancy confirmed?	1 Yes 2 No		
Q 35	How did you get your pregnancy confirmed? (Take multiple responses)	1 By urine examination 2 By ultrasound 3 By physical examination by doctor 4 By physical examination by nurse/midwife 5 By physical examination by Dai 6 By physical examination by others (specify)		
Q36	Did you consult any health provider for this pregnancy?	1 Yes 2 No		
Q37	Whom did you consult?	1 Doctor 2 Nurse/ midwife 3 Dai 4 Others (Specify)		
Q38	What was the reason for contact?	1 Started to bleed 2 Had abdominal pain 3 Had leaking 4 others (specify)		
Q39	For what medical problem did you come to the ----- hospital? (name the hospital) (List all possible)	1 Heavy vaginal bleeding 2 Light vaginal bleeding 3 Leaking 4 Spotting 5 Pain in the abdomen 6 High grade fever 7 Foul smelling discharge 8 Abdominal rigidity \ 9 tenderness 10 General weakness 11 Shock 12 Others (specify)		

Q40	What was the major problem (One response only)	1 Heavy vaginal bleeding 2 Light vaginal bleeding 3 Spotting 4 Pain in the abdomen 5 High grade fever 6 Foul smelling discharge 7 Abdominal rigidity \ tenderness 8 General weakness 9 Shock 10 Others (specify)		
Q41	How long have you been suffering from this problem before you came to this hospital?	1 < than 1/2 day 2 1/2 day to one day 3 One to two days 4 Two to three days 5 More than three days 6 Don't know		

Information about health seeking behavior

Now we are going to ask for certain information about the problem you had for this pregnancy and health providers you contacted We would encourage you to give every detail of the process you went through before reaching this hospital. We assure you that any information given will be kept confidential and will not be disclosed individually

For interviewers

Please reassure the patient about the confidentiality of the information and encourage her to tell you the details of process she went through The number of providers she contacted, treatment given, and any health problem faced before reaching this hospital

Go to Sheet 2

SHEET 2

Information about health seeking behavior						
Sr No	A Provider	B Treatment Given (Take multiple responses)	C Outcome of treatment	D any complications of the treatment given	E Type of complications (multiple response)	F Measures taken
1						
2						
3						
4						

Coding for Sheet 2

A	B	C	D	E	F
1 Dai	1 Oral allopathic medicines	1 Successful	1 Yes	1 Heavy vaginal bleeding	1 Consulted another provider
2 Nurse\midwife LHV	2 Oral Indigenous medicines/concoctions	2 Failed	2 No	2 Light vaginal bleeding	2 (Specify)
3 Doctor	3 Intravaginal placement of allopathic medicines			3 Spotting	3 Came to Civil Hospital
4 Other (specify)	4 Intravaginal placement of indigenous medicines			4 Pain in abdomen	4 Came to Zia -ud-din Hospital
	5 Injections in muscle			5 High grade fever	5 Came to Liaqat - National Hospital
	6 Injections in vein			6 Foul smelling vaginal discharge	6 Came to Sobraj Medical Hospital
	7 Drips			7 Abdominal rigidity/tenderness	7 Remained in the hospital
	8 Drips & Injection			8 General weakness	8 Told to go home
	9 Blood transfusion			9 Hospitalized	
	10 D&C			10 Others	
	11 Nothing just referred			97 Not applicable	
	12 Others (Specify)				
	13 Don't know				

Information About Hospital

Now we will be asking you certain questions about your experience in the hospital about. All the information will be kept confidential.

1. CIVIL HOSPITAL
 2. SOBRAJ HOSPITAL
 3. ZIA-UD-DIN
 4. LIAQAT HOSPITAL

Q42	How did you get to the Hospital?	1 Walked 2 Public transport 3 Private Transport 4 Other (specify) 5 Don't know		
Q43	How much time did it take you to get to the hospital from your home?			_____ / D / Hr / Min
Q44	How much time you had to wait from your arrival at the hospital until you were first seen by the doctor?	1 Less than one hour 2 1-2 hours 3 2-4 hours 4 4-5 hours 5 \geq than 6 hours 6 Don't know		
Q45	Did some one from medical staff described the medical treatment you were going to receive?	1 Yes 2 No 3 Don't know		
Q46	What treatment was given to you for your problem? (List all possible)	1 Oral medicines 2 Injectables 3 Drips 4 Drips with Injectables 5 D&C 6 Surgery (specify) 7 Others (specify)		
Q47	Were you having any pain in the abdomen when you came to the hospital?	1 Yes 2 No 3 Don't know		

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Q48	What was the pain like?	1 Light pain 2 Moderate pain 3 Severe pain 4 Don't know 97 Not applicable		
Questions 49 to 51 are for the patients who had D&C				
Q49	Were you given any thing to make the pain less before you were taken to the operation theater for D & C?	1 Yes 2 No 3 Don't know 97 Not applicable		
Q50	Were you having any pain when you were being treated in the theater ?	1 Yes 2 No 3 Don't know 97 Not applicable		
Q51	While you were in the theater for D & C were you given some medicine to lessen the pain ?	1 Yes 2 No 3 Don't know 97 Not applicable		
Q52	Did the doctor or nurse give you any information about how to take care of yourself once you get home?	1 Yes 2 No 3 Don't know		
Q53	While you are in the hospital has some one talked to you about family planning?	1 Yes 2 No 3 Don't know		
Q54	Would you like to have some one talk to you about family planning while you are in the hospital?	1 Yes 2 No 3 Don't know		
Q55	Do you think most women treated for same problem like yours would like to receive family planning information while in the hospital?	1 Yes 2 No 3 Don't know		
Q56	Were you using any method of family planning before conceiving this pregnancy?	1 Yes 2 No 3 Don't know		
Q57	Would you like to use any method of family planning now?	1 Yes 2 No 3 Don't know		

Q58	Who paid for the services you received at the Hospital? (List all the responses)	1 Husband 2 In-laws 3 Own Parents 4 Government 5 Employer 6 Others (Specify) 7 Don't know		
Q59	What amount of money was paid / spent ? (note this at the time of discharge)			Rs
Q60	Do you think this amount was	1 More than what you expected 2 less than what you expected 3 Equivalent to what you expected		
Q61	How many days did patient stay in the hospital? (Write response in days)			

Abortion morbidity information from case sheet (First examination)				
	Question	Coding	Skip	Response
Q62	Date of admission			\ \ d m y
Q63	Time of admission			am pm
Q64	Amenorrhoea	1 Yes 2 No		
Q65	Pain in abdomen	1 Yes 2 No		
Q66	Vaginal bleeding	1 Yes 2 No		
Q67	Loss of consciousness	1 Yes 2 No		
Q68	LMP			\ \ d m y
Q69	BP			mm Hg
Q70	Pulse/ minute			
Q71	Respiratory rate /minute			
Q72	Temperature at the time of admission			
Q73	Anemia	1 Mild (+) 2 Moderate (++) 3 Severe (+++) 4 Absent		
Q74	Cyanosis	1 Present 2 Absent		
Q75	Jaundice	1 Present 2 Absent		
Q76	Edema	1 Present 2 Absent		
Q77	Dehydration	1 Present 2 Absent		

Abortion morbidity information from case sheet (First examination) Examination by the doctor				
Q #	Examination done		Skip to	Answers
Q78	CVS	1 Nothing abnormal detected 2 Pathology identified(specify)		
Q79	Resp system	1 Nothing abnormal detected 2 Pathology identified(specify)		
Q80	CNS	1 Nothing abnormal detected 2 Pathology identified(specify)		
Q81	Abdomen	1 Tender/tense 2 Guarding present 3 Fluid present 4 Gut sounds sluggish/not audible 5 Mass/haematoma palpable 6 Nothing abnormal detected		
Vaginal Examination				
Q82	HOF	1 Not palpable 2 < 12 weeks 3 >12 weeks		
Q83	Cervical Os	1 Open 2 Closed 3 Tears 4 Others (specify)		
Q84	Fornices	1 Clear 2 Mass palpable 3 Tenderness present 4 Others (specify)		

Q85	Vaginal bleeding	1 Mild + 2 Moderate ++ 3 Severe ++++ 4 Absent		
Q86	Any foreign bodies identified during vaginal examination	1 Yes (specify) 2 No		
Q87	Signs of manipulation	1 Yes 2 No 3 Retrieval of foreign body		
Q88	Provisional Diagnosis	1 Incomplete abortion 2 Threatened abortion 3 Complete abortion 4 Inevitable abortion 5 Septic abortion 6 Missed abortion 7 Others (specify)		
Q89	Treatment suggested (Multiple response)	1 Blood transfusion 2 Drip 3 Drip & Injection 4 Antibiotics 5 D & C 6 Other (specify)		
Q90	Procedures performed	1 Managed conservatively (no surgical intervention) 2 Dilatation and evacuation 3 Hysterectomy performed 4 Repair of perforation 5 Additional major surgery performed (Specify) 6 Others (Specify)		

Investigations chart

Investigations	Result
Blood	
hemoglobin	
TLC	
ESR	
Urine D/r	
WBC	
Albumin	
Glucose	
RBC	
Cast	
Culture and sensitivity:	
HVS (high vaginal swab)	
Urine	

Interviewers perceptions

		Codes	Skip	Response
A	Impression of the interviewers	1 Spontaneous 2 Induced 3 Not sure		
B	Confirmed by RMO	1 Yes 2 No 3 Not clear		
C	Confirmed by supervisor	1 Yes 2 No 3 Not clear		
D	Final Diagnosis	1 Incomplete abortion 2 Threatened abortion 3 Complete abortion 4 Inevitable abortion 5 Septic abortion 6 Missed abortion 7 Others (specify)		

ID Code -----/-----/-----

**G INDUCED ABORTION QUESTIONNAIRE (SPECIFIC)
FOR LAST INDUCED ABORTION**

We will be asking you more detailed questions about induced abortions you had. We assure you that we have no intentions to make any judgments or blame any one. All the information given by you will be strictly kept confidential and will not be disclosed. Your cooperation is highly appreciated.

At first we would like to ask about all induced abortions you had and then we will ask more in detail about this abortion.

Instruction for Interviewer

For more than one abortion please fill Sheet No3 about the all successful and unsuccessful attempts first and then complete questionnaire for index abortion till Q95 Then fill Sheet No4 on number of attempts taken for last index abortion Lastly complete the rest of the questionnaire according to the successful or failed attempts as told by the respondent Explain to the respondent that this is the way you are going to ask for the information

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ID Code: -----/-----/-----

Sheet 3

Previous Induced abortions excluding index abortion

IA #	A	B	C				D				E	F	H	I	J	K
from first abortion	Age of mother (in yrs)	Total No of children at the time of abortion	Eldest child's				Youngest child's				Last abortion Provider	Last Method used	FP use before IA	FP use after IA	Reasons for abortion	Complications if any after abortion
			d	m	y	sex	d	m	y	sex						
1																
2																
3																
4																

Codes

A Age of mother in years

B Include also those children who are not alive presently but were born alive

01 None

C&D Age of child In days if less than one month

In months if \geq to 1 month but less than one year

In months and years if \geq 1 but less than 2 years

In years if \geq 2 years

97 Not applicable

Sex 1 Male 2 Female

E 1 Doctor 2 Nurse/ midwife 3 Dai 4 Self 4 Any other (specify)

F

- 1 Home remedies(choanay ajwan gajar kay beej etc)
- 2 Injections
- 3 Herbs (kara)
- 4 Oral tablets (specify)-----
- 5 Intravaginal placement of medicines(local medicine by dai,tablets,stick)
- 6 D&C
- 7 Don't Know
- 8 Any other (specify)-----

G & H

- 1 Yes
- 2 No

I

- 1 Too many children
- 2 Short spacing
- 3 Poverty
- 4 Working woman
- 5 Family Conflict
- 6 Spousal conflict
- 7 Don't want to continue
with present marriage
- 8 Jobless husband
- 9 Health of mother
- 10 Other (Specify)

K

- 1 Fever
- 2 Heavy vaginal bleeding
- 3 Light vaginal bleeding
- 4 Spotting
- 5 Infertility
- 6 General weakness
- 7 Hospitalized
- 8 Death
- 9 Any other (Specify)
- 99 Don't know
- 97 Not applicable

6/6

**G. INDUCED ABORTION QUESTIONNAIRE (SPECIFIC)
FOR PRESENT INDUCED ABORTION**

Now we will asking some detailed questions about this pregnancy. We assure you that every information given will be kept confidential. We are not concerned about having abortion is good or bad, or what religion says We are concerned about the health of the mother, and sufferings through which a mother goes. We appreciate your cooperation.

	Questions and filters	Coding Categories	Skip to	Answers
Q91	Whom did you consult first to discuss termination of this pregnancy ? (Take one response)	1 Husband 2 Friend 3 Neighbor 4 mother-in-law 5 Elder sister in law 6 Own mother 7 Own sister 8 Health worker 9 Doctor 10 Nurse/midwife/LHV 11 Dai 12 Self decision 13 Others (specify)----- 99 Do not remember		
Q92	What was the main reaso for terminating this piegnancy ? (Take single response only)	1 Too many children 2 Short spacing 3 Grown up children 4 Poverty 5 Working lady 6 Jobless husband 7 Husband is addicted to drugs 8 Ill health of mother 9 Conflict with in-laws/ husband 10 Illegitimate child 11 FP method failure 12 Others(specify) 99 Don't know		
Q 93	Were you using any family planning methods before conceiving this pregnancy?	1 Yes 2 No		
Q 94	For how long have you been using this method continuously before conceiving this piegnancy?			

<u>Q 95</u> 	What was the last method you were using? (one response only)	1 Oral Pill 2 IUD 3 Diaphragm/Jelly/Foam 4 Condom 5 Injection 6 Norplant 7 Other Method (Specify)		
<u>Q 96</u> 	Are you planning to use any method of family planning after this abortion?	1 Yes 2 No		

Information about attempts taken for present abortion

# of Attempts	A Self	B (out come for A)	C Dai	D (Out come for C)	E Mid wife/ Nuise	F (Out come for E)	G Doctor	H (Out come for E)	I Any other
First attempt									
Second attempt									
Third attempt									

Please follow manual of instruction

A, C, E, G 1 = Yes 2 = No (if "2" ask for other number of attempts till out come is successful)

B, D, F, H 1 = Successful 2 = Failed 3 Just consulted did not take treatment

For B, D, F, OR H please go the relevant section of Form "H" According to the provider

H. 1 Self Attempt

Q#	Questions and filters	Coding Categories	Skip to	Answers
Q 97	What were the various methods you used to terminate this pregnancy? (List all possible responses)	1 Home made oral concoctions 2 Herbal concoction taken orally 3 Jumps from height 4 Lift heavy objects 5 Eating food with hot properties 6 Oral allopathic medicine 7 Indigenous oral medicine 8 Intravaginal placement of allopathic medicine 9 Intravaginal placement of indigenous medicine 10 Intravaginal placement of stick 11 Intravaginal instrumentation 12 Others (specify)----- 97 Not applicable 99 Don't know		
Q 98	What was the last attempt made?	Please use the codes given in Q 97		
Q 99	From where did you learn about this method? Only one response	1 Told by a friend 2 Told by husband 3 Told by mother 4 Told by mother-in-law 5 Told by a neighbor 6 Told by Dai 7 Any other (specify)-		
Q100	Did you get any health problem after this attempt?	1 Yes 2 No		

Q101	What was the nature of the problem?	1 Heavy Bleeding p/v 2 Light bleeding p/v 3 Spotting 4 Pain in Abdomen 5 High grade fever 6 Foul smelling discharge from vagina 7 General weakness 8 Others		
Q 102	Why did you prefer self termination rather than getting help from some other provider?	1 Ease of access 2 Low cost of termination 3 Matter of confidentiality 4 Safety of methods used		
Q 103	What was the total cost incurred for the methods used			Rs



H 2: For Induction by Dai

Q#	Questions and filters	Coding Categories	Skip to	Answers
Q 104	What were the various methods which <u>Dai</u> used to terminate this pregnancy?	1 Home made oral concoctions 2 Herbal concoction taken orally 3 Jumps from height 4 Lift heavy objects 5 Eating food with hot properties 6 Oral allopathic medicine 7 Indigenous oral medicine 8 Intravaginal placement of allopathic medicine 9 Intravaginal placement of indigenous medicine 10 Intravaginal placement of stick 11 Intravaginal instrumentation 12 Drips 13 Injectables 14 Drips & Injectables 15 D & C 16 Others (specify)----- 99 Don't know 97 Not applicable		
Q 105	What was the last attempt used by the <u>Dai</u> to terminate this pregnancy? Take one response only	Please use the same codes given in Q 104		
Q106	Did you get any health problem after this attempt?	1 Yes 2 No		

Q107	What was the nature of the problem?	1 Heavy Bleeding p/v 2 Light vaginal p/v 3 Spotting 4 Pain in Abdomen 5 High grade fever 6 Foul smelling discharge from vagina 7 General weakness 8 Others		
Q 108	Why did you prefer termination by <u>Dai</u> rather than getting help from some other provider?	9 Ease of access 10 Low cost of termination 11 Matter of confidentiality 12 Safety of methods used		
Q 109	What was the total cost incurred for methods used by <u>Dai</u> ?			Rs

ID Code -----/-----/-----

II. 3 . For Induction by Nurse\Midwife\LHV				
Q#	Questions and filters	Coding Categories	Skip to	Answers
Q 110	What were the various methods which <u>Nurse\midwife</u> used to terminate this pregnancy?	1 Home made oral concoctions 2 Herbal concoction taken orally 3 Jumps from height 4 Lift heavy objects 5 Eating food with hot properties 6 Oral allopathic medicine 7 Indigenous oral medicine 8 Intravaginal placement of allopathic medicine 9 Intravaginal placement of indigenous medicine 10 Intravaginal placement of stick 11 Intravaginal instrumentation 12 Drips 13 Injectables 14 Drips & Injectables 15 D & C 16 Others (specify)----- 99 Don't know 97 Not applicable		
Q 111	What was the last attempt made by <u>Nurse\midwife\LHV</u> to terminate this pregnancy? Take one response only	Please use the same codes given in Q 110		
Q 112	Did you get any health problem after this attempt?	1 Yes 2 No		

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Q113	What was the nature of the problem?	<ul style="list-style-type: none"> 1 Heavy Bleeding p/v 2 Light vaginal bleeding 3 Spotting 4 Pain in Abdomen 5 High grade fever 6 Foul smelling discharge from vagina 7 General weakness 8 Others 		
Q 114	Why did you prefer termination by <u>Nurse/ midwife</u> rather than getting help from some other provider?	<ul style="list-style-type: none"> 1 Ease of access 2 Low cost of termination 3 Matter of confidentiality 4 Safety of methods used 		
Q 115	What was the total cost incurred for methods used by Nurse/ midwife ?			Rs

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H. 4 . For Induction by Doctor

Q#	Questions and filters	Coding Categories	Skip to	Answers
Q 116	What were the various methods which <u>Doctor</u> used to terminate this pregnancy?	1 Home made oral concoctions 2 Herbal concoction taken orally 3 Jumps from height 4 Lift heavy objects 5 Eating food with hot properties 6 Oral allopathic medicine 7 Indigenous oral medicine 8 Intravaginal placement of allopathic medicine 9 Intravaginal placement of indigenous medicine 10 Intravaginal placement of stick 11 Intravaginal instrumentation 12 Drips 13 Injectables 14 Drips & Injectables 15 D & C 16 Others (specify)----- 99 Don't know 97 Not applicable		
Q 117	What was the last attempt made by <u>Doctor</u> to terminate this pregnancy? Take one response only	Please use the same codes given in Q 116		
Q 118	Did you get any health problem after this attempt?	1 Yes 2 No		

Q119	What was the nature of the problem?	1 Heavy Bleeding p/v 2 Light vaginal bleeding 3 Spotting 4 Pain in Abdomen 5 High grade fever 6 Foul smelling discharge from vagina 7 General weakness 8 Others		
Q 120	Why did you prefer termination by <u>Doctor</u> rather than getting help from some other provider?	1 Ease of access 2 Low cost of termination 3 Matter of confidentiality 4 Safety of methods used		
Q 121	What was the total cost incurred for methods used by <u>Doctor</u> ?			Rupees