

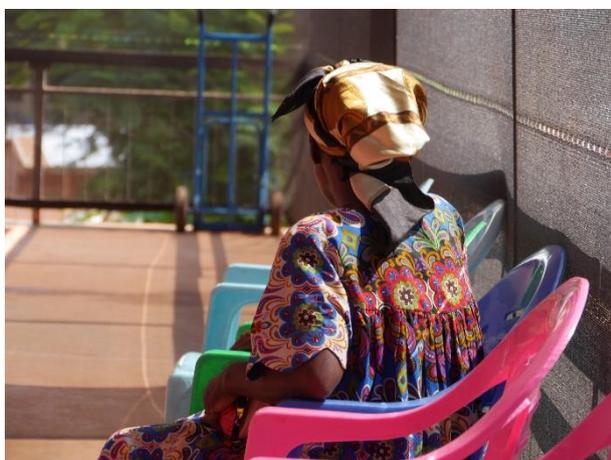
Post-abortion care needs in fragile or conflict- affected settings

A mixed method, cross-sectional study in two hospitals highlights the critical importance of quality post-abortion care to address high abortion-related morbidity and mortality in these settings.

Abortion complications more severe than in stable settings

This research aimed to describe and estimate the burden of all abortion complications and factors associated with severe morbidity among women admitted for postabortion care (PAC) in two referral facilities in Nigeria and Central African Republic (CAR).

Findings showed that women experienced more severe abortion complications compared to results of similar studies in more stable settings. Potential contributing factors include delays in accessing post-abortion care, low access to contraceptive and safe abortion care, and increased food insecurity leading to iron deficiencies and chronic anaemia. Results highlight the need for greater access to high-quality contraception, safe abortion care and post-abortion care in fragile and conflict-affected settings.



Woman in chair, picture taken from the back.
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Background

Abortion-related complications are among the five main causes of maternal mortality, and often the result of unsafe abortions, which are largely preventable with quality, accessible post-abortion care, safe abortion care and contraceptive services. In CAR and Nigeria, both fragile and conflict-affected countries, abortion-related complications are significant contributors to high maternal mortality rates. Limited evidence is available on abortion complications in fragile and conflict-affected settings to identify care needs and priorities to address the challenge in these settings.

How the research was conducted

A cross-sectional study using prospective medical record reviews and quantitative interviews was conducted with women presenting with abortion-related complications at two hospital facilities between November 2019 - July 2021. Qualitative interviews with women with severe complications to understand their pathways to care; facility assessments to understand their capacity to provide post-abortion care; and a knowledge, attitudes, behaviours, and practices survey of health professionals were also completed.

Key findings

- Over 500 women were included in the study from each hospital setting. In the CAR hospital, abortion complications constituted nearly 19.9% of all pregnancy-related admissions; it was lower in the Nigerian hospital (4.2%).
- Severity of abortion-related complications was high: over 50% of complications in the CAR hospital and over 65% in the Nigerian hospital were severe.
- In the Nigerian hospital, 1 in 4 women interviewed reported having tried to induce their abortion. In the CAR hospital, the figure was nearly 1 in 2, many resulting in very severe or life-threatening complications. In both settings, most women had used unsafe methods to induce their abortions.
- There was diversity in abortion attitudes and gaps in knowledge and practice related to abortion care. A low level of knowledge about WHO-recommended medication abortion regimens was observed.
- There were a range of delays in care-seeking with many women taking days to reach care after the onset of symptoms. Pathways to care were complex. Barriers to accessing care included difficulties in navigating the health care system and a lack of referral pathways.

Implications for humanitarian practitioners and policymakers

The need is high for greater access to high quality contraception, safe abortion care, and postabortion care to prevent and manage complications of abortion in fragile and conflict-affected settings. Addressing this challenge should be a high priority for donors and public health actors to reduce maternal morbidity and mortality in fragile and conflict-affected settings.

Preventing and managing underlying chronic health conditions like malnutrition and chronic anemia may reduce the lethality of abortion complications.

Attention may be needed to strengthen health services and capacities of health professionals to provide quality post-abortion, contraceptive and safe abortion care, and to improve pathways to care; recognising the complex social, cultural and legal issues that can constrain policymaking and investments for this care, in particular safe abortion and contraceptive services.

Recommendations for future research

Researchers should further quantify the burden of abortion complications in fragile and conflict-affected settings and assess the impact of increasing the provision of quality comprehensive abortion care in such contexts.

Future research should also explore underlying chronic health conditions, such as anemia, exacerbated by fragility and potentially accelerating the severity of abortion complications. Finally, settings which are perhaps less directly exposed to conflicts, but in a significant state of chronic fragility or protracted emergency should not be forgotten.

About the study team

This study is a collaborative partnership between Médecins Sans Frontières, the Guttmacher Institute, Ipas, Epicentre, and the Ministries of Health in Jigawa State, Nigeria and the Central African Republic.

The Principal Investigators were Tamara Fetters (Ipas) and Estelle Pasquier (Epicentre-MSF).

Keywords

Maternal health; abortion; postabortion care; armed conflict; humanitarian; fragile; Nigeria; Central African Republic

Articles and further reading

Project page on Elrha website:

<https://www.elrha.org/project/magnitude-and-severity-of-abortion-related-complications-and-factors-associated-with-severe-and-near-miss-events-in-four-african-humanitarian-settings/>



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<http://www.elrha.org/programme/research-for-health-in-humanitarian-crises/>