

Trend of hospital admissions due to abortion-related complications in Maranhão

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Abstract

The practice of unsafe abortion puts women's health at risk and is an important cause of maternal morbidity and mortality. Therefore, research on abortion is relevant for describing aspects related to women's reproductive health and the reduction of maternal mortality related to this cause. The aim of this study was to assess the trend in hospital admissions due to abortion-related complications in Maranhão. This ecological, time-series study was carried out using data from hospitalizations due to abortion complications in women aged 10 to 49 years from 2000 to 2014, in Maranhão. Data were collected from the Hospital Information System of the Unified Health System. The Joinpoint method was used to analyze trends according to health regions. A total of 103,825 hospitalizations for complications of abortion were analyzed, with an increase of 105% between 2000 and 2014. The average hospitalization rate for the entire period was 3.4 abortions per 1,000 women. There was a trend towards an increase in the rate of hospitalizations throughout the state, except for the São Luís health region, which showed a downward trend in the rate of hospitalization. Future investigations, especially outside the hospital environment, should be carried out to better understand the abortion practices in the state.

Key words: Abortion. Hospitalization. Women's health. Sexual and reproductive rights. Time series studies.

INTRODUCTION

Unsafe abortion is defined as a procedure to terminate an unwanted pregnancy, performed by individuals without the necessary skills and/or in an environment without adequate sanitary standards. In countries where this procedure is not permitted by law, unsafe abortion is an important cause of morbidity and mortality in women of reproductive age. It is often related to inadequate conditions for practice, cultural stigmas, and fear of legal consequences when

seeking health services¹⁻³.

In Brazil, legal abortion is allowed only in pregnancies resulting from rape, cases of pregnancy of anencephalic fetuses, and when the pregnancy presents a risk to maternal health. It is performed in health services after evaluation by the multidisciplinary team^{4,5}. The illegality of abortion practices in Brazil has not led to a reduction in the number of abortions but is related to the

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high rates of illegal abortions in the country⁶. Between 1992 and 2006, 4,007,327 hospital admissions for abortion were registered in Brazil. Unsafe abortions averaged 994,465 cases per year, with a mean coefficient of 17.0 abortions per 1,000 women of childbearing age and a ratio of 33.2 unsafe abortions per 100 live births. Despite the high frequency, there was a downward trend in the rate of unsafe abortions in the country during this period⁷.

The decline in the rate of hospitalizations due to abortion is related to the increased use of contraceptive methods and, consequently, the reduction in the number of unwanted pregnancies, as well as the use of safer abortion methods, such as misoprostol, which are associated with reduced morbidity post-abortion^{6,8}. In 2016, the National Abortion Survey, carried out in Brazil through a household survey, showed that 13% of

women between 18 and 39 years old had already had at least one abortion and that, at age 40, about one in five women had already terminated a pregnancy⁹. The number of abortions does not occur homogeneously in all social groups, with higher rates among brown/black women, with a lower education and low income. In addition, there is a difference between the different regions of the country, with the North, Northeast, and Southeast regions being identified as those with the highest abortion rates^{9,10}.

Research on abortion permeates issues related to the guarantee of sexual and reproductive rights and is essential for describing aspects related to women's reproductive health and the reduction of maternal mortality related to this cause^{3,11}. Thus, this study aims to assess the trend of hospital admissions due to abortion-related complications in Maranhão, from 2000 to 2014.

METHODS

This was an ecological, time-series study, using a secondary database of hospitalizations due to abortion-related complications in Maranhão, from 2000 to 2014.

The state of Maranhão has 19 health regions (HR), 8 macro-regions, and 217 municipalities. The number of municipalities and the percentage of women of childbearing age (10 to 49 years) by health region, respectively, are: Açailândia (8; 30.1%), Bacabal (11; 30.8%), Balsas (14; 30.1%), Barra do Corda (6; 29.6%), Caxias (7; 30.5%), Chapadinha (13; 29.5%), Codó (6; 30.3%), Empress (15; 32.1%), Itapecuru Mirim (14; 30.2%), Quarries (13; 30.9%), Pinheiro (17; 30.0%), Presidente Dutra (16; 30.3%), Rosário (12; 29.3%), Santa Inês (13; 30.0%), São João dos Patos (15; 30.0%), São Luís (5; 36.0%),

Timon (4; 31.5%), Viana (11; 30.3%), and Zé Doca (17; 30.1%)¹².

Data on hospitalization due to abortions were collected from the Hospital Information System of the Unified Health System (UHS/HIS) and population information regarding the number of women of childbearing age was obtained from the Brazilian Institute of Geography and Statistics (IBGE). Concerning the causes of hospitalization due to abortion and its complications, the 10th Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10), Chapter XV – Pregnancy, childbirth, and puerperium, was used. ICDs 000-008 were used, which correspond to the pregnancy that ended in abortion.

To calculate the abortion hospitalization

rates, the number of hospitalizations due to abortion was divided by the number of women of childbearing age and this quotient was multiplied by 1,000. The hospitalization rate for abortion was calculated for the state and health regions. For the analysis of temporal trends in hospitalization rates due to abortion, the Joinpoint method was used, with the calculation of the annual percentage change (APC) and its 95% confidence intervals (95%CI), through the SPSS program, version 18.0. An increase in the hospitalization rate was considered when the trend increased,

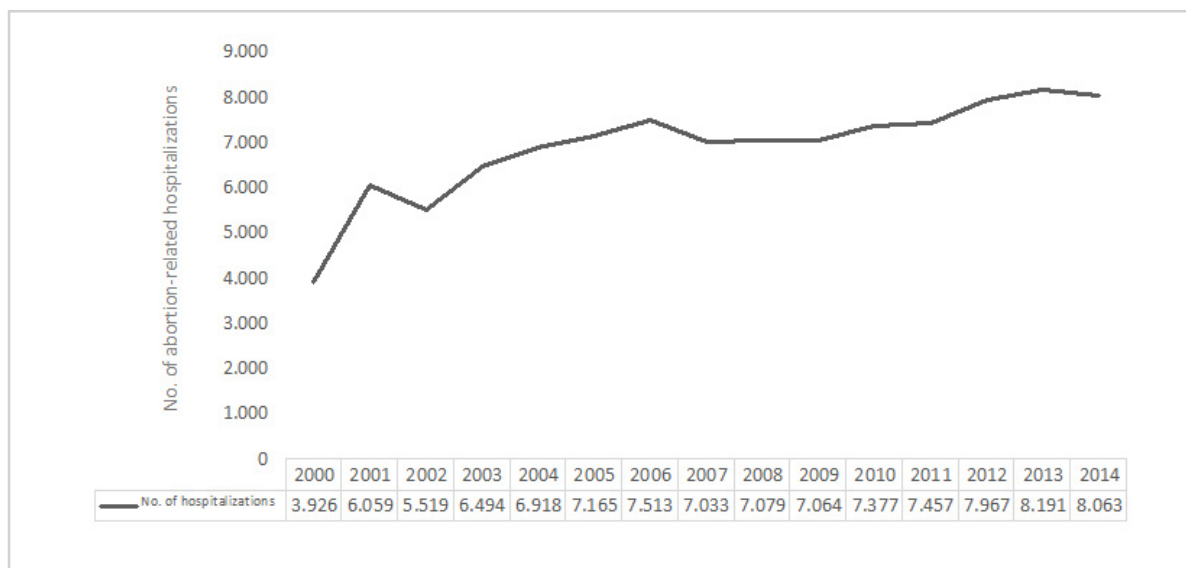
and the minimum 95%CI value was greater than zero. On the other hand, a decline in the hospitalization rate was defined as when the trend decreased, and the maximum value of the 95%CI was less than zero. Finally, stability was defined when the 95%CI, regardless of the trend, was zero¹³.

As this is a study that used publicly accessible information, there was no need to submit the project to the Research Ethics Committee, in accordance with Resolution No. 510, of April 7, 2016, of the National Health Council¹⁴.

RESULTS

Between 2000 and 2014 there were 103,825 hospitalizations of women due to abortion complications in Maranhão. There

was a 105% increase in the number of hospitalizations (3,926 in 2000 to 8,063 in 2014) in the period analyzed (Graph 1).



Source: Ministry of Health. UHS-Hospital Information System – UHS/HIS¹⁵.

Graph 1 – Number of hospitalizations due to abortion complications. Maranhão, 2000-2014.

The hospitalization rates due to abortion complications in Maranhão are shown in Table 1. Considering all the health regions examined, the highest rate was observed during the last triennium (2012-2014),

corresponding to 3.7 hospitalizations per 1,000 women of reproductive age. The São Luís health region had the highest rates for all three-year periods in relation to other health regions in the state.

Table 1 – Rates of hospitalizations due to abortion complications, by triennium and by health region. Maranhão, 2000-2014.

Health Region	2000-2002	2003-2005	2006-2008	2009-2011	2012-2014
All	2.8	3.6	3.6	3.5	3.7
Açailândia	1.1	1.5	3.3	2.5	2.5
Bacabal	0.6	0.9	2.4	4.6	4.2
Balsas	1.6	1.3	1.1	1.1	1.4
Barra do Corda	0.6	0.2	0.8	3.5	4.3
Caxias	0.1	3.7	4.8	4.4	4.9
Chapadinha	2.3	3.5	3.6	3.2	3.2
Codó	3.5	5.2	5.2	4.5	4.2
Imperatriz	0.5	1	0.8	2.7	5.4
Itapecuru Mirim	1.3	2.1	1.4	1.9	2.5
Pedreiras	1	1.2	2.4	2.9	3.1
Pinheiro	1.8	1.1	3	3.3	3
Presidente Dutra	1.9	1.8	2.3	2.4	2.2
Rosário	1.4	0.9	1.1	1.6	1.9
Santa Inês	0.7	2.3	3	3.3	3
São João dos Patos	2	2	2.3	1.7	2.5
São Luís	7.9	9.1	7.7	5.8	5.3
Timon	1.1	2.8	2.7	2.1	4
Viana	2.1	2.3	1.6	2.2	2.5
Zé Doca	0.5	0.5	0.7	1.9	2.3

Source: Ministry of Health. UHS-Hospital Information System UHS/HIS¹⁵.

There was an increasing trend in the hospitalization rate due to abortion complications when all health regions were considered (APC=+1.52; 95%CI 0.26 to 2.79), except for São Luís (APC=-4.37; 95%CI -6.39 to -2.29), which showed a downward trend.

The highest rates were observed in Bacabal (APC=+15.25; 95%CI 6.42 to 24.82), Barra do Corda (APC=+17.72; 95%CI 10.85 to 25.02), Caxias (APC=+3.91; 95%CI -1.62 to 9.76), and Imperatriz (APC=+21.79; 95%CI 16.15 to 27.72) (Table 2).

Table 2 – Trends in hospitalization rates due abortion complications, according to health regions. Maranhão, 2000-2014.

Health Region	Rate – 2000	Rate – 2014	APC (%)	95%CI	Tendency
All	2.19	3.67	+1.52*	(0.26 to 2.79)	Increase
Açailândia	2.13	2.83	+2.01	(-4.51 to 8.98)	Stable
Bacabal	0.49	4.38	+15.25*	(6.42 to 24.82)	Increase
Balsas	1.28	1.81	+0.05	(-3.86 to 3.90)	Stable
Barra do Corda	0.55	4.60	+17.72*	(10.85 to 25.02)	Increase
Caxias	0.14	5.17	+3.91	(-1.62 to 9.76)	Stable
Chapadinha	2.22	3.14	+1.14	(-1.06 to 3.38)	Stable
Codó	2.12	4.57	+0.08	(-2.73 to 2.97)	Stable
Imperatriz	0.70	5.64	+21.79*	(16.15 to 27.72)	Increase
Itapecuru Mirim	1.14	2.53	+3.96*	(0.37 to 7.68)	Increase
Pedreiras	0.52	3.19	+9.70*	(5.49 to 14.09)	Increase
Pinheiro	2.23	3.21	+4.37*	(0.06 to 8.88)	Increase
Presidente Dutra	1.28	2.65	+1.87	(-0.79 to 4.61)	Stable
Rosário	1.48	2.09	+4.13*	(0.31 to 8.10)	Increase
Santa Inês	0.44	2.65	+5.81*	(0.53 to 11.37)	Increase
São João dos Patos	1.59	2.37	+0.88	(-1.99 to 3.84)	Stable
São Luis	5.69	4.55	-4.37*	(-6.39 to -2.29)	Decrease
Timon	0.79	4.58	+5.02	(-0.41 to 10.75)	Stable
Viana	1.77	2.57	+1.14	(-1.20 to 3.53)	Stable
Zé Doca	0.32	2.22	+15.79*	(10.53 to 21.31)	Increase

APC: annual percentage change; 95%CI: 95% confidence interval. *Significantly different from 0% ($p < 0.05$).

Source: Ministry of Health. UHS Hospital Information System- UHS/HIS¹⁵.

DISCUSSION

This study presents data on hospitalizations due abortion complications in Maranhão and provides a perspective of its magnitude as a public health problem in the state. From 2000 to 2014, there was an increase in the absolute number and rate of hospitalizations due to abortion complications when considering all health regions, apart from São Luís, which concentrates the largest portion of women of reproductive age in the state.

The results found in Maranhão differ from national data. In Brazil, the number of hospitalizations related to abortions has been declining since the 1990s. A survey on abortion-related hospitalizations in the 1992-2009 period throughout the Brazilian territory observed a reduction of 41% between the first and the last year of the study⁶. Although the trend of hospitalizations for abortion has declined in Brazil, the North and Northeast

regions still have the highest rates of unsafe abortion in the country. The coefficient of unsafe abortion per 1,000 women of reproductive age (10 to 49 years) was 17.0 in Brazil and 21.6 in the Northeast region, from 1996 to 2012. Moreover, the states of Paraíba and Maranhão stood out for demonstrating a growing trend⁷.

The upward trend in hospitalization rates observed in this study may be due to some factors. Initially, it is necessary to consider the influence of the predominant sociodemographic characteristics of the population and access to effective contraceptive methods. In unfavorable socioeconomic conditions, including low education and restricted access to information on family planning, women are more likely to use contraceptive methods inappropriately, with a greater chance of experiencing unplanned pregnancies and, therefore, a higher propensity to terminate their pregnancy^{16,17}. The Northeast region, which comprises the state of Maranhão, is the second region in Brazil with the lowest number of women of reproductive age who use contraceptive methods (29.4% of women aged between 15 and 49 years)¹⁸. It is possible that, in the São Luís health region, which includes the capital of Maranhão, women have more access to family planning and contraceptive methods compared to other health regions in the state, thus, reducing the number of unwanted pregnancies. Reproductive planning activities, when properly developed, can reduce the number of unwanted pregnancies and, consequently, abortions and hospitalizations due to abortion complications¹⁹.

Furthermore, there may have been an increase in the use of more effective abortion methods²⁰. The replacement of old practices, such as the use of teas, sharp objects, and abrasive substances with the use of misoprostol, which is safer and more effective,

has led to a reduction in hospitalizations due to abortion complications⁶. It can be assumed that women in the São Luís health region may have had easier access to misoprostol and, therefore, demonstrated a decreasing trend in hospitalizations, diverging from the other health regions. Since the 1990s, misoprostol stands out as the main abortion method used in the country¹⁹. The National Abortion Survey showed that 48% of women used medication to induce abortion⁹, with misoprostol being the main medication used²¹. The use of this drug reduces abortion complications and, as a result, the number of hospitalizations⁹. If the assumption of the use of misoprostol was correct, then in these hospitalized women the medication failed completely empty the uterine²². It is known that illegally acquired misoprostol may not have the correct dose or even the presence of the active ingredient. In addition, the lack of guidance on the correct use, including its dosage and administration route, reduces the drug's effectiveness²³. Another possibility to be considered is the fact that some women continue to use more invasive methods because they are not aware of misoprostol, they cannot afford it, or because they do not know how to buy it²⁴.

The structuring of legal abortion services may also have contributed to changing hospitalization rates for abortion complications. From the year 2000 onwards, there was a greater number of specialized services for the interruption of pregnancies provided for by law, throughout the country, to assist women with pregnancies resulting from rape, anencephalic fetuses, or those who represent a risk to maternal health. In Brazil, the location of these services is found predominantly in capitals and large cities, which makes it difficult for women from rural regions with these criteria to legally interrupt pregnancy²⁵. A report carried out on legal

abortion services in Brazilian public hospitals showed that 37 public hospitals can perform this procedure. In the state of Maranhão, the only service may be found in the state capital²⁶. It is reasonable to argue that, even in cases with legal protection, the lack of services in the interior municipalities may have contributed to a greater number of hospitalizations due to unsafe abortions. In Brazil, women who are exempt from legal punishment for termination of pregnancy may still face barriers due to the invisibility of services, difficult access, and even conscientious objection from health professionals^{25,27}.

This study has some limitations. The survey data were obtained from the UHS/HIS, which includes all public hospital care, as well as care provided in the private network that are reimbursed by the Unified Health System.

CONCLUSION

The hospitalization rate for abortion-related complications was high in Maranhão, with a tendency to increase in the period studied, except in the São Luís health region, demonstrating that the reproductive needs of these women are still not adequately met.

Thus, the use of secondary data can present inconsistencies both in quantity and in the quality of information since information is used for the cause of "abortion" but does not exclusively include hospitalizations for complications due to induced abortion. In addition, due to the stigma and illegality of abortion in the country, there may be an underreporting of abortion-related hospitalizations, even though this is the cause of care. Consequently, this method may underestimate or overestimate the information analyzed. Finally, the results refer only to women who suffered complications and who needed to be hospitalized in the Unified Health System for this reason and does not contemplate women who performed clandestine abortions in private clinics or who used abortion medications that did not require hospitalization.

Other investigations, especially outside the hospital environment, should be carried out to better understand abortion practices in the state and to contribute to the organization and preparation of sexual and reproductive health services.

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