

Reducing Maternal Mortality Through the Prevention of Unsafe Abortion and Their Complications in Cameroon

Robert J. I. Leke

Faculty of Medicine and Biomedical Sciences, University of Yaoundé 1, Yaoundé, Cameroon

Introduction

Cameroon is a country in Central Africa with a population of 22 millions of which 52% is made up of women and has a surface area of 475,442 km².

Maternal mortality in this country has evolved from 454 per 100,000 LB in 1991 to 669 per 100,000 LB in 1998 and since 2011; it has remained at 782 per 100,000 LB until date.

In 1994 WHO estimated that there were 20,000,000 unsafe abortions per year in the world with about 70,000 maternal deaths from complications of these abortions.

The major direct obstetrical causes of maternal mortality are:

1. Hemorrhage (25%);
2. Infections (15%);
3. Complications of abortions (>13%);
4. Pre-eclampsia / eclampsia (12%);
5. Obstructed labor (8%).

In Cameroon, the contribution of complications of induced abortions to maternal death is about 30%.

Estimates have shown that every minute 380 women become pregnant in the world with 190 pregnancies being unwanted and unplanned and 40 women undergoing an induced abortion.

Every one minute a woman dies from complications of child birth. About 70 000 women die each year from complications of induced abortion. On the other hand, about 22% of couples in need of family planning methods do not have access to them in Cameroon.

Estimates between 2010 and 2014 show that 55.7 million abortions occurred yearly in the world of which 45% were unsafe abortions.

Besides 97% of all unsafe abortions occur in developing countries while only 12.5% of unsafe abortions occur in developed countries without abortion laws restrictions.

It is now well established that legislation on abortions associated with training, equipment and appropriate environment would lead to severe reduction in complications of abortion and even maternal death due to abortions.

FIGO member associations should create opportunities to involve other partner organizations in the strategy to reduce maternal mortality through the reduction of unsafe abortions.

Factors Contributing To Repeated Abortions

Women who have had induced abortions would tend to repeat them for the following reasons.

1. Lack of knowledge on the reproductive health needs of women by the service providers.

Publication History:

Received: October 13, 2018

Accepted: December 17, 2018

Published: December 19, 2018

Keywords:

Labia minora , Clitoral hood, Surgical techniques, Deepithelialized

1. Lack of appropriate service for high risk groups like adolescents, unmarried mothers & displaced persons.
2. Non integration of emergency services and the family planning services.
3. Rumours about complications of different methods of post-abortion family planning.

Other factors contributing to repeated abortions include: Lack of consciousness of the abortion problem and its complications and failure to meet the needs of family Planning of couples and persons in need. We must also emphasize that service providers are not well trained on matters of abortions and their complications. Despite these factors the real incidence of induces abortions is difficult to estimate in countries with very limited access to abortions because of the restrictive laws like Cameroon.

Interventions to save women's lives in developing countries

1. The professional societies of Obstetricians and Gynecologists in the countries of our region should play a major role in reducing complications of abortions through appropriate training of trainers and providers, through supervision and mentoring of providers as well as advocacy to modify the restrictive abortion laws in their different countries.

These professional societies should also involve partners both national and international to play a role in the fight against unsafe abortions by contributing in the logistics, equipment, training and financial resources.

1. Sexual and family life education given to children and adolescents must play a priority role as this would be very useful to prevent precocious sexuality and precocious marriages and thus prevent unwanted and unplanned pregnancies that would head to induced abortions and severe complications, including maternal deaths.

***Corresponding Author:** Prof. Robert J. I. Leke, Faculty of Medicine and Biomedical Sciences, University of Yaoundé 1, Yaoundé, Cameroon; E-mail: robertjleke@yahoo.fr

Citation: Leke RJI (2018) Reducing Maternal Mortality Through the Prevention of Unsafe Abortion and Their Complications in Cameroon. Int J Gynecol Clin Pract 5: 144. <https://doi.org/10.15344/2394-4986/2018/144>

Copyright: © 2018 Leke. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Appropriate Management Of Abortions

The appropriate management of abortion cases would also play a role in the reduction of maternal deaths through:

1. Immediate treatment of abortion complications
2. Ensuring good counseling after evacuation of the uterus, followed by the administration of a reliable, chosen method of post abortion contraception, preferably a long acting reversible method (LARC) which is given before the client leaves the facility. This management must be accompanied with a reduction of cost of reproductive health services and family planning services.

In appropriate management of abortions modern techniques for completing the abortion would include; MVA (for surgical technique) and misoprostol for medical technique. These modern techniques also require training and mentoring as well as being authorized by the legal code of the country concerned.

Methods to Prevent Unsafe Abortions

Appropriate management of abortions is good but the prevention of the abortions is still better. There are four methods to prevent unsafe abortions:

1. Primary prevention: Prevent all unwanted and unplanned pregnancies
2. Secondary prevention: Ensure safe and secure abortions in conformity with the laws and regulations of the country concerned.
3. Tertiary prevention: Improve the quality of abortions in techniques using MVA and Misoprotol.
4. Quaternary prevention: Ensure adequate counseling, examination and post abortion contraception which should be administered preferably before the patient leaves the facility.

Conclusion

1. Maternal mortality remains a major public health challenge in Cameroon and other African countries.
2. Abortion complications are a major cause of maternal deaths in developing countries.
3. The prevention of unsafe abortions constitutes an important step in the prevention of maternal deaths in these countries.
4. There is urgent need to modify restrictive abortion laws as a strategy to reduce maternal deaths due to complications of unsafe abortions.
5. Availability and use of Family Planning methods would contribute to reduce maternal Mortality.
6. Professional societies and partners in obstetrics and gynecology should play an important role in the reduction of Maternal Mortality in low resource countries.
7. The integration of reproductive health services in low resource areas constitutes a good strategy to optimize the use of health services and to reduce maternal deaths.

Competing Interests

The author declare no competing interests.

Reference

1. Nasah BT, Leke RJ, Doh AS, Kamdom Moyo J, Fomulu J, et al. (1991) The risk Approach for reducing maternal mortality: The Yaounde experience. Int. Journal Gynaecol. Obstet. 36: 195 - 201.
2. Sexuality and Reproductive Health during Adolescence in Africa - with special reference to Cameroon. University of Ottawa press 15: 271-279.
3. Goyaux N, Alihonou E, Diadihou F, Leke R, Thonneau PF, et al. (2001) Complications of induced abortion and miscarriage in three African countries: a hospital-based study among WHO collaborating centers. Acta Obstet Gynecol Scand 80: 568-573.
4. Nana PN, Fomulu JN, Mbu RE, Ako SN, Leke RJI, et al. (2005) A four year retrospective review of post-abortion surgical complications at the central Maternity Yaounde Cameroun. Clin Mother C Health 2: 359 -363.
5. Nasah BT, Leke RJ, Doh AS, Moyo JK, Fomulu J, et al. (1991) The risk Approach for reducing maternal mortality: The Yaounde experience. Int Journal Gynaecol Obstet 36: 195 - 201.
6. Leke RJI, Chikamata DM (1994) The tragedy of Induced Abortion in Sub-Saharan Africa. In: Contemporary issues in Maternal Health Care in Africa. Harwood Academic Publisher.
7. Zaidi S, Hassan EO, Hodorozea S, Leke RJ, Távara L, et al. (2010) International organisations and NGOs: An example of international collaboration to improve women's health by prevention of unsafe abortion. Int J Gynaecol Obstet 110: 30-33.
8. Leke RJ, de Gil MP, Távara L, Faúndes A (2010) FIGO Working Group on the Prevention of Unsafe Abortion: Mandate and process for achievement. Int J Gynaecol Obstet 110: 20-24.
9. The Access to Health Services in Rural Areas. The Cameroon Experience. Magnitude of Unsafe Abortion. Monograph on complication of Unsafe abortion Africa.
10. Tumasang F, Leke RJ, Aguh V (2014) Expanding the use of manual vacuum aspiration for incomplete abortion in selected health institutions in Yaoundé. Int J Gynaecol Obstet 126: 28-30.
11. Leke RJ (2014) Contribution of obstetrics and gynecology societies in West and Central African countries to the prevention of unsafe abortions. Int J Gynaecol Obstet 126: 17-19.
12. Njotang NP, Robert L (2017) User's Fees for Reproductive Health Activities in Yaounde.