

The Incidence of Incomplete Abortion and the Prevalence of Abortion-Related Morbidity in South African Public Hospitals, 2018

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Abstract : Background: South Africa is globally renowned for its reproductive rights framework. Despite the progressive abortion legislation, evidence points to limited access to safe abortion due to stigma, provider opposition, and lack of trained providers. Consequently, women resort to informal abortion providers and later present with incomplete abortion (ICA) at public hospitals. 20 years after the passing of the Choice for Termination of Pregnancy Act (CTOPA), we hypothesized that the incidence of ICA and abortion-related morbidity would change, influenced by access to safe abortion care and the availability of medication abortion. The aim was to generate data that could be compared with the results of similar studies conducted in 1994 and 2000. Objectives: The research objectives were to determine the number of women who presented with ICA to public hospitals, to describe their characteristics, to categorize medical complications according to severity, and to describe treatment provided to them at South African public hospitals. Methods: This is a cross-sectional retrospective medical record review study. A stratified random sample of public hospitals was selected. Data was extracted from the medical records of women who presented with incomplete abortions to sampled public hospitals in 2018. Data was captured directly into a REDCap database. To estimate the national prevalence of incomplete abortions, we used population estimates for 2018 comprising 17,199,227 women aged 12-49 years and 1,200,436 live births. Results: We found 913 medical records of women who presented with ICA to the 52 sampled hospitals. The women's mean age of 27 years, and most had a previous pregnancy. These results were similar in the three studies (2018, 2000, and 1994). A greater proportion of women admitted with a gestation between 0-12 weeks seem to be on the increase, 60.5% in 1994, 67.1% in 2000, and 73.9% in 2024. We found an ICA incidence of 362 (269-455) per 100 000 women aged 12-49 years, which was the same as the 2000 incidence of 362 (282-441) but lower than the incidence of 375 (299-451) in 1994. Signs of infection decreased over time: 79.5% in 1994, 90.1% in 2000, and 92.5% in 2018 had no signs of infection. Similarly, 95.6% in 1994, 97.1% in 2000 and 99.1% in 2018 recorded no organ failure. Conclusion: A trend of lower infection rates was observed, suggesting that women are getting safer abortions, possibly from informal providers. However, the lack of change in ICA incidence indicates that the implementation of CTOPA has failed. It is safe to conclude that the legislation has made no significant impact on women's health and rights. The implications of such failure are profound, as South Africa has not effectively implemented the act, which has important consequences for women's health and rights.

Keywords : incomplete abortion, abortion-related morbidity, safe-abortion, South Africa public health, sexual and reproductive health rights, women's health

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