

# Abortion-related Complications in a referral hospital of a conflict-affected setting in Central African Republic

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## Background

Abortion-related complications are a major cause of maternal mortality. However, research about abortion is limited in fragile/conflict-affected settings. Our study describes the severity of abortion-related complications in one MSF-supported referral hospital of Bangui in the Central African Republic.

## Methods

We utilized a similar methodology as the adapted World Health Organization (WHO) near-miss approach used in the WHO multi-country study on abortion (WHO-MCS-A), conducting a prospective medical record review of women presenting with abortion-related complications over a three-month period. We used descriptive analysis and categorized severity in four hierarchical mutually exclusive categories.

## Results

548 women were included. Abortion-related complications represented 19,9% [95%CI:18,5-21,5] of all gynaecological admissions. 3,8%[95%CI:2,4-5,8] of women had severe maternal outcomes (SMO), i.e., near-miss and deaths, 46,9%[95%CI:42,7-51,2] had potentially-life-threatening (PLTC), 17%[95%CI:13,9-20,4] had moderate and 32,3%[95%CI:28,4-36,4] had mild complications. 31% of women were in the second trimester of pregnancy and 39% reported inducing their abortions.

The facility-based abortion-related mortality index was 9,5%. Most patients had a manual vacuum aspiration procedure to treat their complications (69%) and received contraception counselling (99%). When indicated, transfusion was provided to 83% (25/30) and antibiotics to 81% (117/145) of patients. But 30% (35/115) received antibiotics when not indicated and only 8% (12/147) had their tetanus immunization status adequately managed when needed.

## Conclusions

This is the first study conducted using the WHO-MCS-A approach in a conflict-affected setting. Our data shows greater severity of abortion-related complications in this facility compared with African facilities of the WHO-MCS-A study from stable settings (2,4%[95%CI:2,1-2,6] of SMO and 7%[95%CI:6,6-7,4] of PLTC). Quality of care was high, accounting for the low mortality index compared to other facilities in Africa, though antibiotic management and tetanus prevention could be improved. The results highlight the need for greater access to quality contraception, safe abortion care, and postabortion care in this conflict affected setting.

Abortion-related complications are severe in this Bangui referral hospital. Greater access to quality contraception, safe abortion care and postabortion care are urgently needed in this conflict-affected setting.