

Original Research Article

Contraception Method Following Spontaneous Abortion in N'djamena Mother and Child Hospital

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Abstract: *Background:* Contraception means prevention of pregnancy. This one can be immediately done following the processes insuring the emptiness of the uterus. The aim of the study was to show the characteristic of patients accepting contraception and the main used contraception method after abortion. *Patients and method:* This was a prospective survey of five months from 17 July 17th to 2017 29 December 29th 2017 about contraception method following spontaneous abortion performed at N'djamena Mother and Child hospital. *Results:* 81 patients had accepted to use contraceptive method among 135 giving a frequency of 60%. The age groups of 20-24 years were more represented with 33.3%. The majority of patients had chosen the injection method (67.9%). *Conclusion:* Contraception methods are often used during spontaneous abortion. The injections methods are preferred.

Keywords: Contraception, spontaneous abortion, N'djamena Mother and Child hospital.

INTRODUCTION

Contraception means prevention of pregnancy. There are a number of different methods and it is important to choose one that best meets your needs and circumstances [1]. Abortions are circumstances allowing the prescription of contraceptive method. This one can be immediately done following the processes insuring the emptiness of the uterus. In Chad the prevalence of women using contraceptive method is 6% which corroborating with a high indices of fecundity (6.4) [2]. This situation is contrasting with the high mortality rate of 860 maternal deaths for 100000 living birth [2]. Then the way that can help to curb maternal mortality is the contraception. The management of the contraception following abortion is rare in our country.

The aim of the study was to show the characteristic of patients accepting contraception and the main used contraception method after abortion.

METHODS AND PATIENTS

This was a prospective survey of five months from 17 July 17th to 2017 29 December 29th 2017 about contraception method following spontaneous abortion performed at N'djamena Mother and Child hospital.

Patients admitted for spontaneous abortion were included. According to the African Society of Genecology and obstetrics, abortion includes the gestational age less those 28 weeks [3]. Before including the patient in our study her consent should be gotten after giving her some explanations. Patients who refused to participate and those with other diagnoses were excluded. The contraception was proposed after insuring the emptiness of the uterus (patients with complete or incomplete abortion). Studied variables were: epidemiological, clinics. Data were collected and analyzed using EPI INFO 3.5.1 software.

RESULTS

Epidemiological Aspects

All patients admitted for spontaneous abortion had received before leaving the hospital the information about contraceptive method. Only 81 patients had accepted to use contraceptive method among 135 giving a frequency of 60%.

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Table-1: Epidemiological Aspects

Epidemiological aspects	n	%
<u>Age</u>		
15 – 19	06	07.4
20 – 24	27	33.3
25 –29	24	29.6
30 – 34	08	09.9
35 –39	11	13.6
40 – 44	05	06.2
<u>Level of schooling</u>		
Primary	10	12.3
Secondary	49	60.5
university	04	04.9
Non schooled	18	22.2

The age groups of 20-24 years were more represented with 33.3%. The mean age were 24.7 ± 2.34 years. Patients with secondary level had represented 60.5%.

Table-2: Clinical aspects

Clinical aspects	n	%
<u>Terme</u>		
First trimestre	61	75.4
Second trimestre	20	24.6
<u>Type of abortion</u>		
Incomplet	55	67.9
Complet	26	32.1

The majority of abortion occurred in the first trimester of pregnancy (75.4%). Incomplete abortion had represented 67.9%.

Table-3: Type of Contraception

Types of contraception	n	%
Injection	55	67.9
Implants	11	13.6
Pills	15	18.5
Total	81	100,00

The majority of patients had chosen the injection method (67.9%)

DISCUSSION

Only 81 patients had accepted to use contraceptive method among 135 giving a frequency of 60%. This frequency is smaller than that reported by Benson in Peru in 2001 [4] noting 80% of patients that had accepted to use contraception after abortion. This proportion is higher than the national prevalence of the contraceptive use which is estimated at 6% [2]. This result can be explained by the fact that our patients are young and sexually active. The majority (60.5%) had a secondary level and had had information about contraception in the school. It had been shown that the contraception is the way to avoid pregnancy after an abortion. An ovulation period can occur in the 2nd to the 4th week that following abortion and 75% of patients will have the ovulation in the six incoming weeks [5]. Despite the term of the pregnancy and the type of abortion (complete or not), the contraception method is necessary [1]. This assertion is applicable in our context, the majority of patients had carried a pregnancy for the first trimester (75.4%) and the abortion was incomplete in 76.9%. Our attitude conform some data's that showed the contraception as the way to space the birth and is important for the women and child. After a miscarriage an induced abortion, women have to wait at less 6 month to be pregnant, which can reduce the risk of maternal anemia fetal growth restriction, miscarriage and membrane ruptured [1].

Nowadays, there are many contraceptive methods. Each method has its indications, contra indications and side's effects. The efficiencies is variable, and there is not a contraceptive hormonal method with effectiveness of 100% [5]. In Chad contraception method are under the control of the government. All methods are free in the government Health Center. The choice of patients will depend of the clinical aspects and their antecedents. Main contraceptives methods available are: injection, pills, implant, and condom and intra uterine device. In this study, the majority (67.9%) had chosen the injection method. Our result is higher than what reported by Fomsou [6] which was 58.6%. The increasing of this rate can be explained by the fact that our study was carried on immediately after

abortion and the need of contraception is high comparing with the Foumsou's study that was performed in the same city recruiting safe women.

CONCLUSION

The frequency of contraception after abortion is higher than the national frequency; the injection is the most use contraception method.

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REFERENCES

1. Planification familiale après avortement: Renforcer la composante de planification familiale des soins après avortement novembre 2012. https://www.fphighimpactpractices.org/wpcontent/uploads/2018/08/PHI_Planification-familiale-après-avortement.pdf
2. Enquete demographique et de santé du Tchad 2015.
3. Recommandations pour la pratique clinique des soins obstétricaux et néonataux d'urgence. SONU Afrique 3^{ième} édition https://www.gieraf.org/assets/images/article_41/01SONU%20AFRIQUE%203%C3%A8me%20%C3%A9dition%202018.pdf
4. Benson, J., & Huapaya V. (2002). Sustainability of postabortion care in Peru. New York: Population Council, 45.
5. WHO/RHT/97.20. Planification familiale après avortement. Guide pratique à l'intention des responsables de programmes. 95. <https://www.sagesfemmesorthogenistes.org/wpcontent/uploads/2012/07/OMSPLANIFICATIONFAMILIALE-APRES-AVORTEMENT1.pdf>
6. Foumsou, L., Dangar, G. D., Djimasra, T. O., Mémadjji, M., Mignagnal, K., & Mboudou, E. T. (2015). Problématique de la Planification Familiale dans les Hôpitaux de la ville de N'Djamena. *Revue Scientifique du TCHAD*, 1(8), 29-35.