Legalized pregnancy termination and septic abortion mortality in South Africa

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In 1996 the South African government passed new laws allowing termination of pregnancy (TOP) on demand prior to 13 weeks of gestation. In addition, TOP is permitted for socioeconomic or medical reasons for pregnancies between 13 and 20 weeks of gestation. The legislation aimed to reduce morbidity and death resulting from septic abortion related to unsafe TOP. The law states that terminations should be performed by midwives or doctors in designated licensed institutions. National implementation was delayed, with only 32% (92/292) of designated facilities functional in 2000. However, this improved to 62% (189/306) by 2003[1].

Confidential maternal death notification became compulsory in South Africa in 1997. The first national report reflected deaths occurring in 1998[2]. Triennial reports followed for the years 1999–2001 and 2002–2004[3,4]. With the recent release of the 2002–2004 report, it became possible to measure trends in deaths caused by septic abortion. The objective of the present study was to determine septic abortion mortality trends following introduction of TOP legislation. The numbers of deaths from puerperal sepsis were also tabulated (Table 1). These were used for comparison because septic abortion and puerperal sepsis are 2 types of upper genital tract infection that can occur following pregnancy. The total annual average of maternal deaths increased from 1998 to 2002–2004. Deaths related to septic abortion increased by 20.4% from 1998 to 1999–2001, but decreased by 2.2% in the period 2002–2004. Deaths caused by puerperal sepsis showed marked increases. While risk factors for septic abortion were not recorded in the national reports, information on HIV status was included in the 2002–2004 report. This was recorded in 40 cases of septic abortion and 128 cases of puerperal sepsis, with seropositivity rates of 72.5% and 68.0% respectively. The contribution of septic abortion as a proportion of all maternal deaths dropped from 3.8% to 3.4% to 2.7% in the 3 reporting periods.

Table 1. Maternal deaths in South Africa in 1998[2], 1999–2001[3], and 2002–2004[4]

Category of maternal death	Reporting period	Total deaths	Annual average	% increase on previous reporting period
All maternal deaths	1998	676	676	
	1999–2001	2777	926	37.0
	2002–2004	3406	1135	22.6
Septic abortion	1998	26	26.0	
	1999–2001	94	31.3	20.4
	2002–2004	92	30.6	− 2.2
Puerperal sepsis	1998	41	41.0	
	1999–2001	210	70.0	70.7
	2002–2004	274	91.3	30.4

Numbers of deaths related to other causes, e.g. AIDS, hypertensive orders etc are not shown.

Maternal mortality from septic abortion appears to have stabilized in recent years. This has been suggested in 2 recent South African reports[5,6], and is encouraging in the context of increases in the total number of maternal deaths. The marginal decline in deaths from septic abortion contrasts with a marked increase in deaths from puerperal sepsis. This could reflect a change to safer abortion practice resulting from the establishment of safe abortion facilities, with little change in delivery practice in South African maternity centers, both against a background of rising HIV seroprevalence. It is hoped that further expansion of TOP services in South Africa will effect a sustained reduction in maternal deaths related to septic abortion.

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