

CORRECTION

The Severity and Management of Complications Among Postabortion Patients Treated in Kinshasa Health Facilities

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Corrected September 2019

The table below replaces Table 1 on page 3.

TABLE 1. Criteria for classification of postabortion care patients

Certainly had an induced abortion (at least one of the following)

Patient reported having done something to cause the abortion
Provider reported suspecting that patient did something to cause the abortion
Provider reported evidence of trauma or foreign body in patient's genital tract

Probably had an induced abortion (both of the following)

Provider reported evidence of sepsis/peritonitis
Patient reported pregnancy was unintended†/contraceptive use at time of conception

Possibly had an induced abortion (one of the following)

Provider reported evidence of sepsis/peritonitis
Patient reported pregnancy was unintended†/contraceptive use at time of conception

Likely had a spontaneous abortion

Remaining postabortion care patients

†Mistimed or unwanted.

The table below replaces Table 2 on page 4.

TABLE 2. Medical criteria for classification of abortion-related morbidity

Signs of abortion, but no morbidity (requires all of the following)

Woman reported using misoprostol
No symptoms/signs of morbidity†
Temperature 35.1–38.9°C with no clinical signs of infection‡
Admitted for <24 hours and discharged in good health

Mild morbidity (requires all of the following)

Woman used misoprostol and was hospitalized for ≥24 hours or woman did not use misoprostol
Temperature 35.1–38.9°C with no clinical signs of infection‡
Hemorrhage not requiring blood transfusion

Moderate morbidity (requires all of the following)

Clinical signs of infection‡ with temperature 37.3–38.9°C or with no temperature information provided
No sign of shock§
No organ or system failure††
Hemorrhage not requiring blood transfusion

Severe morbidity (requires ≥1 of the following)

Death
Shock§
Organ/system failure††
Temperature ≥39°C or <35°C (hypothermia) with clinical signs of infection‡
Generalized peritonitis
Hemorrhage requiring blood transfusion

†No clinically significant bleeding (i.e., clinical intervention not required) or signs of infection.
‡Can include temperature ≥37.3°C and abdominal/uterine tenderness with or without foul smelling vaginal discharge, pelvic abscess or pelvic peritonitis. §Can manifest as a persistent systolic blood pressure ≤80 mmHg alone or a persistent systolic blood pressure ≤90 mmHg with a pulse rate at least 120 bpm, and restlessness, reduced consciousness, cold clammy peripheries, requiring administration of IV fluids. ††Can include liver failure, renal failure, cardiac arrest or failure, respiratory distress syndrome, coma or disseminated intravascular coagulopathy.

On page 3, second paragraph the highlighted text has been changed as follows:

On the basis of information from both the patient and the provider, the algorithm classifies postabortion care patients into four mutually exclusive groups (Table 1). A patient is classified as certainly having had an induced abortion if she said she had done something to cause the abortion, or if her provider reported suspecting that she had done so or finding evidence of trauma or of a foreign body in the genital tract. *A patient is classified as probably having had an induced abortion if the provider reported finding evidence of sepsis or peritonitis and if the patient reported that the pregnancy was unplanned (i.e., she had not been using a contraceptive method at the time of conception, or that she did not want the pregnancy at the time or at all); if only one of the previous occurred, the patient is classified as possibly having had an induced abortion.*

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On the basis of information from both the patient and the provider, the algorithm classifies postabortion care patients into four mutually exclusive groups (Table 1). A patient is classified as certainly having had an induced abortion if she said she had done something to cause the abortion, or if her provider reported suspecting that she had done so or finding evidence of trauma or of a foreign body in the genital tract. *A patient is classified as probably having had an induced abortion if the provider reported finding evidence of sepsis or peritonitis and the patient reported that the pregnancy was unintended (i.e., mistimed or unwanted) or that she had been using a contraceptive method at the time of conception; if only one of the previous occurred, the patient is classified as possibly having had an induced abortion.*