Family Planning History
Approximately 47% of the patients reported having used a contraceptive method in the past, lower than the 68% of ever-married women and 70% of currently married women in the 1995 Egypt DHS who had ever done so.20 Slightly less than one-fifth (17%) of the patients reported practicing contraception at the time they became pregnant. This elevated contraceptive failure rate could be an indication of using a contraceptive when a pregnancy was feared but unconfirmed. In addition, there was an obvious bias in some of the responses of postabortion patients against making statements that could indicate that the abortion was induced, due to the legal and social restrictions on abortion in Egypt. Thus, while only 38% of the patients stated that the pregnancy they had just lost was planned, about 56% reported that although the pregnancy had not been planned, it was wanted, apparently to emphasize that no actions had been taken to terminate it.

Forty-two percent of the women said they planned to begin using a contraceptive method soon after their discharge from the hospital (i.e., the near future). This proportion was slightly lower than that indicated by the 1995 Egypt DHS, in which 58% of currently married nonusers said they intended to use a family planning method sometime in the future.21 Among those who indicated that they intended to use a contraceptive method, almost one-half (48%) were provided with a method prior to their discharge. Overall, slightly less than one-quarter (23%) of the women were provided with a method before they left the hospital.

Medical Findings upon Admission
Overall, the mean duration of the women’s hospital stay was 16.7 hours, ranging from one hour to 248 hours (about 10 days). This was substantially shorter than the nationwide mean of 4.8 days for all hospitalizations, as reported by the Ministry of Health and Population.22 Despite the considerable range, there was little variation around the mean. The 95% confidence interval bracketing the mean ranged from 15.9 hours to 16.8 hours.*

The mean gestational age of the pregnancies lost by the patients in the study was 10.8 weeks, ranging from two weeks to 28 weeks. (However, the assessment of gestational age among patients with an incomplete abortion is known to be problematic.) The 95% confidence interval revealed little variation around the mean, as it ranged from 10.7 to 10.9 weeks, and a large majority of the lost pregnancies (86%) had a gestational age of 12 weeks or less.

More than three-quarters of the women were diagnosed as having an inevitable or an incomplete abortion: 44% an inevitable abortion (bleeding and a dilated cervix) and 37% an incomplete abortion (bleeding, dilated cervix and a partial expulsion of the products of conception). Approximately 14% had a missed abortion (fetal demise with delayed expulsion in addition to other signs), and 5% had a complete abortion (total expulsion of the products of conception before the 20th completed week of gestation). Complete abortions were at an average gestational age of 9.9 weeks, missed abortions were at 13.9 weeks, incomplete abortions at 10.4 weeks and inevitable abortions at about 10.9 weeks (p<.001).

Although 86% of the patients exhibited mild to moderate bleeding upon admission, the remaining 14% presented with excessive blood loss. Patients with severe hemorrhaging were about 1.3 times as likely to have traveled more than 5 km to the hospital as were patients who were admitted with mild to moderate hemorrhaging (odds ratio confidence interval, 1.0–1.5). As a consequence of their deteriorated condition, patients with extreme blood loss upon admission had a significantly (p<.005) longer hospital stay (16.6 hours) than did patients with mild to moderate hemorrhaging (14.7 hours).

The medical record form included indicators of three signs of trauma: vaginal tears, cervical tears and uterine perforation. About 1% of patients were diagnosed with one or more of these signs. In addition, 5% of postabortion patients had one or more signs of infection: fever, foul discharge, salpingitis or peritonitis.

Among patients who presented with severe complications such as excessive blood loss (14%), trauma (1%) and infection (5%), the seriousness of their condition was aggravated by the increased likelihood that they experienced more than one complication. Patients with severe hemorrhaging were also more likely to be in shock (35%) or to show one or more signs of trauma (less than 3%) than were patients with mild or moderate hemorrhaging (each less than 1%).

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*The duration of women’s hospital stays is affected by hospital policy regarding discharge, as well as by factors associated with medical treatment and the patient’s condition. Therefore, caution should be exercised in interpreting this portion of our findings.

†Two difficulties are associated with calculating gestational age of incomplete abortions. The first is that in such cases some of the products of conception have been lost, resulting in a smaller uterine size and therefore increasing the likelihood that the gestational age will be underestimated. The second difficulty concerns the definition of abortion in use by the country’s governmental authority: While the WHO recommends 28 weeks as the upper gestational limit in defining abortion (Source: WHO, Spontaneous and Induced Abortion, Report of a WHO Scientific Group, Geneva: WHO, 1970, pp. 6–7), Egypt has no officially endorsed definition of abortion. This point is relatively unimportant in the classification of postabortion patients, however, as only about 3% of pregnancies lost had a gestational age of 20–27 weeks.