

Editorial

Safe abortion care: women's and girls' lives depend on it



Every day, Doctors Without Borders (MSF) witness the consequences of unsafe abortion. In some of our hospitals, it is the cause of up to 30 percent of obstetric emergencies. Yet this devastating cost to the health and lives of women and girls is completely preventable.

It was September 2011 and I was on my first assignment with MSF. Setting foot in a busy maternity hospital in West Africa, I was completely unprepared for what I found: women arriving on death's door, with complications like heavy bleeding and septic shock. In the operating theatre, examining many of these women, I found trauma marks on the cervix, caused by objects such as sticks that had been inserted to terminate their pregnancies – examples of unsafe abortion that had resulted in horrific injury.

I realised the sheer desperation that must have driven these women to do this, and how limited their options must have been. They were willing to resort to any means to terminate their pregnancy, even while knowing the huge risk to their own life.

Some of these women needed antibiotics or a tetanus injection for infection. Others required a blood transfusion for life-threatening bleeding, or major surgery to repair perforations to their bladder, bowel or abdomen, or to remove infected tissue caused by peritonitis or an abdominal abscess. Even if these initial complications could be rectified, I knew these women

faced the danger of long-term impacts, including chronic pain, anaemia and infertility. Even if a woman simply didn't want this one pregnancy, she may never be able to have children again.

Encountering this sort of medical emergency was shocking. But I shouldn't have been surprised; I now know that unsafe abortion represents a major public health issue worldwide. At least 22 000 women and girls die from unsafe abortion each year, making it one of the top five direct causes of maternal mortality. On top of this number, an estimated seven million women and girls suffer long-term consequences from unsafe abortion. Sadly, these numbers are likely much higher – many unsafe abortions, just like the pregnancies, are not disclosed.

Safe abortion care is recognised as a medical necessity, established as part of the package of sexual and reproductive health that is considered worldwide to be beneficial to preventing mortality in women. Termination of pregnancy is a safe, effective procedure that can be accomplished by minor surgery or tablets. These tablets, a two-stage, five-pill therapy known as medication abortion, are increasingly used in MSF projects and can be dispensed as part of our outpatient care. Every safe abortion provided is an unsafe abortion averted.

Barriers to safe abortion care do not stop at shame and stigma in many societies. They include legal restrictions, economic and social obstacles and administrative hurdles. Institutional decision-makers and medical providers may also lack knowledge, fear repercussions, or object on personal grounds.

Since 1990, the baseline for the Millennium Development Goals, we have seen reductions in maternal mortality in many countries – but deaths from unsafe abortion are where we've seen the least change. This is simply unacceptable.

We must continue to push for more progress on safe abortion care worldwide: women's and girls' lives depend on it.

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