

# Preventing unsafe abortion

## fact sheet

*More than 3 million women who have complications following unsafe abortion do not receive care.*



### Key facts

- ▶ Around 22 million unsafe abortions are estimated to take place worldwide each year, almost all in developing countries.
- ▶ Deaths due to unsafe abortion account for 13% of all maternal deaths. Africa is disproportionately affected, with nearly two-thirds of all abortion-related deaths.
- ▶ Around 5 million women are admitted to hospital as a result of unsafe abortion every year.
- ▶ More than 3 million women who have complications following unsafe abortion do not receive care.
- ▶ The annual cost of treating major complications from unsafe abortion is estimated at \$680 million<sup>1</sup>.
- ▶ Almost every abortion death and disability could be prevented through sexuality education, use of effective contraception, provision of safe, legal induced abortion, and timely care for complications.

Unsafe abortion occurs when a pregnancy is terminated either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both.

The persons, skills and medical standards considered safe in the provision of abortion are different for medical abortion (which is performed with drugs alone), and surgical abortion (which is performed with a manual or electric aspirator). Skills and medical standards required for safe abortion also vary depending upon the duration of the pregnancy and evolving scientific and technical advances.

Women, including adolescents, with unwanted pregnancies often resort to unsafe abortion when they cannot access safe abortion. Barriers to accessing safe abortion include:

- restrictive laws;
- poor availability of services;
- high cost;
- stigma;
- conscientious objection of health-care providers; and

- unnecessary requirements such as mandatory waiting periods, mandatory counselling, provision of misleading information, third-party authorization, and medically unnecessary tests, that delay care.

## Scope of the problem

Based on 2008 data, WHO estimates that there are approximately 22 million unsafe abortions annually, resulting in 47 000 deaths, and more than 5 million complications such as:

- incomplete abortion (failure to remove or expel all of the pregnancy tissue from the uterus);
- haemorrhage (heavy bleeding);
- infection;
- uterine perforation (caused when the uterus is pierced by a sharp object); and
- damage to the genital tract and internal organs by inserting dangerous objects such as sticks, knitting needles, or broken glass into the vagina or anus.

Globally, unsafe abortion accounts for an estimated 13% of all pregnancy-related deaths.

In developed regions, it is estimated that 30 women die for every 100 000 unsafe abortions. That number rises to 220 deaths per 100 000 unsafe abortions in developing regions and 520 in sub-Saharan Africa.

Mortality from unsafe abortion disproportionately affects women in Africa. While the continent accounts for 29% of all unsafe abortions, it sees 62% of all abortion-related deaths.

## Who is at risk?

Any woman with an unwanted pregnancy who cannot access safe abortion is at risk of unsafe abortion. Poor women are more likely to have an unsafe abortion than more affluent women. Deaths and injuries are higher when unsafe abortion is performed later in pregnancy. The rate of unsafe abortions is higher where access to effective contraception and safe abortion is limited or unavailable.

## Complications of unsafe abortion requiring emergency care

The major life-threatening complications resulting from unsafe abortion are haemorrhage, infection, and injury to the genital tract and internal organs.

## Signs and symptoms

An accurate initial assessment is essential to ensure appropriate treatment and prompt referral for complications of unsafe abortion. The critical signs and symptoms of complications that require immediate attention include:

- abnormal vaginal bleeding;
- abdominal pain;
- infection; and
- shock (collapse of the circulatory system).

Complications of unsafe abortion can be difficult to diagnose. For example, a woman with an extra-uterine or ectopic pregnancy (abnormal development of a fertilized egg outside of the uterus) may have symptoms similar to those of incomplete abortion. It is essential, therefore, for health-care personnel to be prepared to make referrals and arrange transport to a facility where a definitive diagnosis can be made and appropriate care can be delivered quickly.

## Treatment and care

- Haemorrhage: timely treatment of heavy blood loss is critical, as delays can be fatal.
- Infection: treatment with antibiotics along with evacuation of any remaining pregnancy tissue from the uterus as soon as possible.
- Injury to the genital tract and/or internal organs: if this is suspected, early referral to an appropriate level of health care is essential.

## Access to treatment for abortion complications

Health-care providers are obligated to provide life-saving medical care to any woman who suffers abortion-related complications, including treatment of complications from unsafe abortion, regardless of the legal grounds for abortion. However, in some cases, treatment of abortion complications is administered only on condition that the woman provides information about the person(s) who performed the illegal abortion.

The practice of extracting confessions from women seeking emergency medical care as a result of illegal abortion, and the legal requirement for doctors and other health-care personnel to report cases of women who have undergone abortion, delays care and increases the risks to women's health and lives. UN human rights standards call on countries to provide immediate and unconditional treatment to anyone seeking emergency medical care<sup>2</sup>.

## Prevention and control

Unsafe abortion can be prevented through:

- good sexuality education;
- prevention of unintended pregnancy through use of effective contraception, including emergency contraception; and
- provision of safe, legal abortion.

In addition, deaths and disability from unsafe abortion can be reduced through the timely provision of emergency treatment of complications.

## Economic impact

In addition to the deaths and disabilities caused by unsafe abortion, there are major social and financial costs to women, families, communities, and health systems. In 2006, it was estimated that \$680 million was spent treating serious consequences of unsafe abortion<sup>1</sup>. An additional \$370 million would be required to fully meet the unmet need for treatment of complications from unsafe abortion<sup>1</sup>.

## WHO response

WHO provides global technical and policy guidance on the use of contraception to prevent unintended pregnancy, safe abortion, and treatment of complications from unsafe abortion. In 2012, WHO published updated technical and policy guidance on safe abortion. In 2014, WHO published a clinical practice handbook for safe abortion.

Upon request, WHO provides technical support to countries to adapt sexual and reproductive health guidelines to specific contexts and strengthen national policies and programmes related to contraception and safe abortion care.

WHO is a cosponsor of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, which carries out research on clinical care as well as implementation research on community and health systems approaches to preventing unsafe abortion. It also monitors the global burden of unsafe abortion and its consequences through periodic updates to its estimates of unsafe abortion.

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1. Vlassoff et al. Economic impact of unsafe abortion-related morbidity and mortality: evidence and estimation challenges. Brighton, Institute of Development Studies, 2008 (IDS Research Reports 59).
  2. Human Rights Committee; Committee Against Torture; Committee on the Elimination of Discrimination Against Women.



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