Dramatic decline in abortion mortality due to the Choice on Termination of Pregnancy Act

Rachel Jewkes, Helen Rees

To the Editor: The Choice on Termination of Pregnancy Act\(^1\) appears to have had a very marked impact on abortion-related mortality. This conclusion can be drawn by comparing the number of abortion-related deaths found in the Confidential Enquiries into Maternal Deaths (Department of Health 1999 and 2003)\(^2\)\(^3\) and the 2000 national incomplete-abortion survey\(^4\) with the estimates of pre-legislative reform mortality found in the 1994 national incomplete-abortion survey.\(^5\) The latter survey estimated that there were 425 (78 - 736) deaths each year in public facilities from unsafe abortion. When the survey was repeated in 2000, no deaths were detected in the 3-week data collection period in any study hospital. We could conclude that a significant decline in mortality had occurred but it was not possible to estimate the annual number of deaths accurately. The Confidential Enquiries, however, provide complete ascertainment of hospital deaths and so no estimation is needed. In the 1998 Confidential Enquiry\(^3\) 32 abortion-related maternal deaths (5.7% of the total) were found. The Second Report (1999 - 2001)\(^6\) found 40 abortion-related deaths per year. Comparison of the 1994 research estimate and the 1998 - 2001 mortality data (averaged) suggests that there has been a 91.1% reduction in deaths from unsafe abortion, with a possible range of 51.3 - 94.8% depending on the position of the true figure in 1994 within the confidence intervals of the estimate. This reduction in mortality after abortion legalisation is even greater than that reported in other countries, such as Romania, and shows that this legislation has been extremely successful in advancing women's health and rights.


Telemetric antenatal fetal monitoring

Paul C Duminy, Leon October

To the Editor: The origin of antenatal fetal heart rate monitoring (AFM) appears lost in the mists of time. Odendaal,\(^7\) in his signal thesis on cardiotocography, mentions that Leguméau de Kegadarek had first observed the occurrence of fetal heart rate decelerations in 1822, after which Von Winckel, in 1893, observed that bradycardia may be associated with poor fetal outcome. Electronic AFM has remained an integral part of obstetric practice since the early 1970s, when continuous monitoring became established and the true significance of decelerations was appreciated.

Developing communities often have inordinately high perinatal mortality and morbidity rates. This is associated with poor socio-economic conditions, malnutrition and a lack of sufficient antenatal care due to a variety of factors, including a chronic shortage of health funding, equipment and service providers. In sub-Saharan Africa there are 81 deaths per 1 000 live births compared with 14/1 000 in Europe.\(^8\)

The South African health care system provides access to all levels of health care to the community at large. At primary care level patients are cared for by trained nursing staff, and should enjoy speedy referral to specialised centres as required. This

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