

5th International Conference on

Gynecology and Obstetrics

October 08-10, 2018 | Zurich, Switzerland



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Reducing maternal mortality through the prevention of unsafe abortion and their complication in Cameroon

Cameroon is a country in central Africa with a population of 22 million inhabitants of which 51% are women. Maternal mortality in Cameroon has not followed the expected reduction as elsewhere but on the contrary it has registered an increase passing from 454/100 000 LB in 1991 to 782/100 000 live births in 2011. There has not been any significant reduction in the last years. WHO estimated in 1994 that there were 20 million unsafe abortions in the world per year with about 70,000 maternal deaths from these abortions and their complications. WHO also estimated that 50% of pregnancies resulting in abortion were unwanted hence the high number of unsafe abortions. We have estimated that in the central maternity in Yaounde (Cameroon) about 30% of maternal deaths are due to complications of abortions. In Cameroon the unmet needs for family planning are 22%. The major complications of induced abortions include haemorrhage, perforations, septicemia and intestinal trauma. Long term complications of unsafe abortion include: chronic pelvic pain, tubal obstruction, secondary infertility, ectopic pregnancies and fistulas. The major direct obstetrical causes of maternal deaths in Cameroon are: haemorrhage (24%), infections (15%), complication of abortion (about 30%), preeclampsia-eclampsia (12%) and obstructed labours (8%). The major causes of abortions in Cameroon being: lack of risk, lack of sexual education, lack of family planning, precious marriages restrictive abortion laws, insufficient trained personnel. The real incidence of induced abortions is difficult to estimate in a country with limited legal access to abortions as in Cameroon. Abortions, where they are allowed by law, can be done by medical methods (misoprostol) or by surgical methods of management like uterine aspirations (MVA). In countries where access to abortion is low, unsafe abortions by untrained persons working in inappropriate milieu result to high complications from induced abortions. This is the case of most African countries south of the Sahara and explains the high maternal mortality due to complications of induced abortions in these countries. Interventions to avoid abortion related maternal deaths would include proper management of abortion complications, increased use of family planning and post abortion FP with LARC, reduction of service costs in reproductive health services and modification of restrictive laws on abortion.

Biography

Robert J I Leke is an Emeritus Professor of Gynaecology and Obstetrics. He has 40 years of experience in teaching and practicing gynaecology/obstetrics in universities. He has completed his Graduation with specialised certificate in gynaecology and obstetrics at the University of Montreal in 1978 and also earned a Fellow of the Royal College of Canada, the same year. He has been teaching gynaecology and obstetrics since 1978. He has been Professor and Head of Gynaecology and Obstetrics at the University of Yde 1; Dean of the School of Health Sciences at University of Montagne in Bagante. Currently, he is a Provost in the School of Health and Medical Sciences at the Catholic University of Bamenda in Kumboe.

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