Measuring abortion morbidity

Hospital record abstraction

Introduction

- Every encounter between a patient with abortion and a provider of a health care generates a record
- Almost all health facilities routinely collect data on their patients
- Most frequently collected information on records include:
  - Clinical data (e.g. clinical history, presenting signs and symptoms, clinical findings, diagnosis, procedures)
  - Socioeconomic (e.g. occupation, family composition, region of residence)
  - Administrative (e.g. site of care, type of service)
  - Behavioral (e.g. whether patient complied or not)

Introduction *(cont…)*

- Some of the records are:
  - Casualty/OPD logbooks
  - Patient charts
  - Ward registers
  - Theatre logbooks
  - Procedure room logbooks
  - Periodic statistical returns

How useful is routinely collected data to measuring abortion morbidity?

- **Routinely collected data are often used to provide a rough indication of the frequency of occurrence of an abortion with the intent of applying the results to the community as a whole**

- **However, before taking this for granted, we need to ask a few other general questions:**

  - **What is the measurement objective?**
    i.e., - its scope and purpose

  - **Appropriateness of the disease**
    i.e., - the condition should be conventionally treated in health facility
    - for example, compare cancer, mental illness and abortion
    - the condition should be adequately defined
    – abortion would meet this criterion
    - no selection for hospitalization should occur
    – for example, adolescents vs adults; single vs married; rural vs urban, poor vs rich

  - **Appropriateness of the health facility and catchment area**
    i.e., - a defined pop'n with available census data should exist
    - the health facility should serve most people from the geographic area

How useful is routinely collected data to measuring abortion morbidity? *(cont…)*

- Other factors that need consideration include:
  - » is routinely collected data standardized?
  - » are all points of the SDPs where data is collected known?
  - » are we confident on the completeness of data collected?

How useful is routinely collected data to measuring abortion morbidity? *(cont …)*

- After exploring our responses to the above questions –
  - Then – **“What?”**
- Are we still holding the view that routinely collected data measures abortion morbidity?

How useful is routinely collected data to measuring abortion morbidity? *(cont …)*

- I suggest, for your consideration, that routinely collected data in most, if not all, of our facilities are far from ideal.

- Therefore, as it stands now, I DON'T find routinely collected data useful to reliably measuring abortion morbidity.

How useful is routinely collected data to measuring abortion morbidity? *(cont …)*

- What are some of the problems?
  - Lack of accurate documentation of cases
  - practical problems to abstracting the relevant information from
    - » many places
    - » many medical charts
    - » Records written by numerous health workers
  - Cases seen at different level of health facilities differ
  - Cases seen at health facilities differ from those not visiting one
  - Records themselves are often incomplete
  - Information is unstandardized from facility to facility
  - Diagnostic variability exists among different facilities and health workers

How useful is routinely collected data to measuring abortion morbidity? *(cont …)*

- Presenting signs sometimes leading to misclassification to other disease categories.
  - » For example - bleeding, shock, sepsis, peritonitis etc.,
- Compared to women who present to health facilities many more women are not admitted due to several reasons:
  - » Poor access (geographic and/or economic)
  - » Reluctance to seek care
  - » Self limiting clinical severity

Conclusion

- Although hospital records should in theory be able to identify all cases seen with abortion over a certain time period, for a variety of reasons cases are missed

- However, we can still make some use of routinely collected data to reflect abortion morbidity, such as:

    - **Abstracting relevant information related to monitoring and evaluating services renders**
        - » **number of services provided**
        - » **Cases of abortion complications treated in the facilities**
        - » **Proportion of Gyn/Obs cases due to abortion complications**

- Unless we administer special surveys, the information we abstract from hospital records, therefore, is of limited use for measuring abortion morbidity