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