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# Hospitalizations for "Other pregnancies that end in abortion". CID 00-008 in the metropolitan region of Porto Alegre

Hospitalizaciones por "Otros embarazos que terminan en aborto". CID 00-008 en la región metropolitana de Porto Alegre  
Internações por "Outras gravidezes que terminam em aborto". CID 00-008 na região metropolitana de Porto Alegre

## ABSTRACT

Abortion has become a serious public health problem, due to the high rates of obstetric death resulting from clandestine abortions practiced by women of all social classes. Objective: to characterize the profile of hospitalizations for "other pregnancies that ended in abortion" in the Metropolitan Region of Porto Alegre between 2016 and 2018. Method: A population-based, observational and cross-sectional epidemiological study using the Hospital Information System SIH / SUS, available publicly. Results: In the period from 2016 to 2018, there were 3,640 hospitalizations for "other pregnancies that ended in abortion" in the Metropolitan Region of Porto Alegre. The highest rate of hospitalizations occurred in Porto Alegre, Canoas and Alvorada (42.06%, 10.47% and 10.11%), respectively. As for the age group the majority of the women were between 20 and 29 years of age. Conclusion: It is necessary to deepen the knowledge of this reality in the region studied, for example, the reason abortions were caused and the sociodemographic conditions of these women that can elucidate the predisposing factors.

**DESCRIPTORS:** Maternal Health; Abortion; Public Health.

## RESUMEN

El aborto se ha convertido en un grave problema de salud pública debido a las altas tasas de muerte obstétrica, producto de abortos clandestinos practicados por mujeres de todas las clases sociales. Objetivo: El estudio tuvo como objetivo caracterizar el perfil de hospitalizaciones por "otros embarazos que terminaron en aborto" en Porto Alegre y en la Región Metropolitana de Porto Alegre entre 2016 y 2018. Método: Estudio epidemiológico poblacional, observacional y transversal basado en el Sistema de Información Hospitalaria SIH / SUS, disponible públicamente. Resultados: En el período de 2016 a 2018, se registraron 3.640 hospitalizaciones por "otros embarazos que terminaron en aborto" en la región en estudio. Las mayores tasas de hospitalización se dieron en Porto Alegre, Canoas y Alvorada, con 42,06%, 10,47% y 10,11%, respectivamente. En cuanto al grupo de edad, la media osciló entre los 20 y los 29 años. Conclusión: Es necesario profundizar en el conocimiento de esta realidad en la región estudiada, por ejemplo, la razón por la que se produjeron los abortos y las condiciones sociodemográficas de estas mujeres, lo que puede dilucidar los factores predisponentes.

**DESCRIPTORES:** Salud Maternal; Aborto; Salud Pública.

## RESUMO

O aborto tornou-se um problema de saúde pública a partir dos altos índices de morte obstétrica, decorrentes dos abortamentos clandestinos. Objetivo: caracterizar o perfil das hospitalizações por "outras gravidezes que terminaram em aborto" em Porto Alegre e sua Região Metropolitana entre 2016 e 2018. Método: Estudo epidemiológico de base populacional, observacional e transversal a partir do Sistema de Informações Hospitalares SIH/SUS. Resultados: No período de 2016 a 2018 foram registradas 3.640 internações por "outras gravidezes que terminaram em aborto" na região em estudo. As maiores taxas de hospitalizações ocorreram em Porto Alegre, Canoas e Alvorada, perfazendo 42,06%, 10,47% e 10,11%, respectivamente. Quanto a faixa etária, a média variou entre 20 e 29 anos de idade. Conclusão: Se faz necessário aprofundar o conhecimento desta realidade na região estudada, como por exemplo, o motivo pelo qual os abortos foram causados e as condições sociodemográficas destas mulheres, que podem elucidar os fatores predisponentes.

**DESCRITORES:** Saúde Materna; Aborto; Saúde Pública.

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**Kelly Cristina Fogazzi Rosso**

Nurse at Hospital Restinga e Extremo-Sul.  
ORCID: 0000-0003-0553-1495

**Ana Lúcia Galbarino Amaral**

Nurse. Mediator of the ApiceON Project in the State of Rio Grande do Sul. Master's student in Health Education at the Federal University of Health Sciences of Porto Alegre.  
ORCID: 0000-0001-5381-1681

**Luciana Medeiros Paungartner**

Nurse - Post Graduation in General ICU and Management of Critical Patient Intensive Care - Instituto Favoni.  
ORCID: 0000-0003-1983-1114

**Amanda Pereira Ferreira Dellanese**

Nurse. PhD in Child and Adolescent Health from the Federal University of Rio Grande do Sul. Collaborating Professor of the Integrated Multiprofessional Residence in Collective Health at the Federal University of Rio Grande do Sul.  
ORCID: 0000-0002-1515-9693

**Simone Lysakowski**

PhD student in Pediatrics at the Federal University of Health Sciences of Porto Alegre (UFCSPA). Master in Health Teaching from UFCSPA. Specialist in Teaching in Higher Education by the Pontifical Catholic University of Rio Grande do Sul (PUCRS). Specialist in Donation and Transplantation and Oncology from Universidade São Camilo. Bored at the Organ Search Organization (OPO 1) at Santa Casa de Misericórdia in Porto Alegre.  
ORCID: 0000-0003-3959-956X.

**Morgana Thaís Carollo Fernandes**

Nurse. Post-doctoral student in Child Health from the Pontifical Catholic University of Rio Grande do Sul (PUCRS), with a scholarship from the University of Toronto (UofT). Collaborating Professor of the Multiprofessional Residency in Child Health and Associate Researcher of the Extension and Research Program in Urban Health, Environment and Inequalities at the Federal University of Rio Grande do Sul (UFRGS).  
ORCID: 0000-0002-7989-294X

**INTRODUCTION**

**A**bortion is a major cause of maternal death in the world, and its greatest incidence is in developing countries. <sup>1</sup> According to the World Health Organization (WHO), 22 million abortions occur every year that are unsafe, with 47.000 women dying due to the resulting complications. <sup>2</sup>

In Brazil, unsafe abortion caused the death of 203 women in 2016, and approximately one million self-induced abortions are reported annually. <sup>3</sup> The National Abortion Survey (Pesquisa Nacional de Aborto - PNA) points out that one in five women of reproductive age up to 40 years has already interrupted at least one pregnancy throughout their reproductive life, making up 4.7 million abortions performed in 2016. <sup>3</sup> The epidemiological mortality profile of women who have abortions in Brazil is predominantly bla-

ck, young, single women who have not completed elementary school. <sup>3,4</sup>

It is believed that the causes that lead women to make this decision may be related to the socioeconomic situation, lack of partner support, domestic violence, difficulty in accessing contraceptive methods and even failure in contraception. <sup>3,5</sup> Vulnerable women represent a significant number of abortions, the stories they tell are not so much about the desire to get rid of pregnancy, but rather about the miserable social conditions that make them change their minds about bringing new lives to the world. <sup>6</sup>

As a result of the illegality of abortion in Brazil, women seek clandestine clinics with professionals who say they are qualified to commit crime, which can lead to infertility, infection and a large number of deaths <sup>7</sup>, in addition to making little known the magnitude and repercussion of the act due to underreporting of cases,

preventing the development of reliable indicators for the implementation of efficient public policies. <sup>8</sup> The fragility in the composition of hospital indicators on this theme and the lack of standardization reinforce the public health problem. The prevalence of induced abortion is not known exactly, in addition, there is no International Code of Disease (ICD) or a restricted category for induced abortion. In the Informatics Department of the Unified Health System (DATASUS), in addition to the ICD-10 spontaneous abortion and abortion for medical reasons, the category "other pregnancies that end in abortion" is available, which must be integrated for statistical accounting. <sup>9,10</sup>

Thus, the objective of this research was to characterize the profile of hospitalizations by the ICD "other pregnancies that end in abortion" in the Metropolitan Region of Porto Alegre (RMPA), between the years 2016 to 2018.

## METHOD

This is a population-based, observational and cross-sectional epidemiological study by consulting the public archives of

the Hospital Information System / Sistema Único de Saúde (SIH/SUS) available on the website [www.datasus.saude.gov.br](http://www.datasus.saude.gov.br) in the format RD5. The conference was made using the tab available from the Ministry of

Health (MH) TabNET, which crosses basic variables directly on the internet. Subsequently, the data were treated with the TabWIN tab, which allowed more advanced tabs under the obtained files.

Sociodemographic data were obtained from hospitalizations of women residing in the capital and RMPA, in the period from 2016 to 2018, with a main diagnosis of other pregnancies ending in abortion, ICD 00-008. As an inclusion criterion, all cases related to the ICD in the period under study, selected by the SIH, were selected.

As for ethical aspects, DATASUS files are public domain and available on the internet. According to Resolution 466/2012 of the National Health Council (CNS), the study is therefore not subject to evaluation by the Research Ethics Committee/National Research Ethics Commission (CEP/CONEP). The profile of women's hospitalizations was characterized by age group (without age filter) and race/color, in addition to the character of hospitalization, length of stay, expenses and deaths.<sup>11</sup>

## RESULTS

Between 2016 and 2018, 3,640 hospitalizations for other pregnancies that ended in abortion were recorded in the Metropolitan Region of Porto Alegre. It is noticed that the highest number of hospitalizations occurred in Porto Alegre, followed by Canoas and Alvorada, making up 42,06%, 10,47% and 10,11%, respectively, as shown in table 1. In these three municipalities, considering the population of each location relating to the number of hospitalizations that ended in abortion, shows that Alvorada is in first place with 0,19% followed by Canoas 0,12% and Porto Alegre 0,11%.

As for the age group, the highest frequency of hospitalizations occurred for young adults, mainly in the age group of 20 to 29 years old, corresponding to 3,638 (41,40%) of hospitalizations.

Regarding race/color, white 2,232 (64,32%) prevailed, and in 971 records, this information was not pointed out according to table 2.

Table 1- Hospitalization for "other pregnancies that end in abortion" in Porto Alegre and RMPA - RS from 2016 to 2018

| Município       | Internações | %     |
|-----------------|-------------|-------|
| Porto Alegre    | 1531        | 42,06 |
| Canoas          | 381         | 10,47 |
| Alvorada        | 368         | 10,11 |
| Cachoeirinha    | 343         | 9,42  |
| São Leopoldo    | 186         | 5,11  |
| Esteio          | 124         | 3,41  |
| Parobé          | 97          | 2,66  |
| Sapucaia do Sul | 97          | 2,66  |
| Montenegro      | 78          | 2,14  |
| Taquara         | 69          | 1,90  |
| São Jerônimo    | 65          | 1,79  |
| Novo Hamburgo   | 60          | 1,65  |
| Campo Bom       | 55          | 1,51  |
| Sapiranga       | 53          | 1,46  |
| Viamão          | 45          | 1,24  |
| Gravataí        | 40          | 1,10  |
| Dois Irmãos     | 18          | 0,49  |
| Estância Velha  | 17          | 0,47  |
| Triunfo         | 10          | 0,27  |
| Igrejinha       | 2           | 0,05  |
| Rolante         | 1           | 0,03  |
| Total           | 3640        | 100%  |

Source: Ministry of Health / Health Surveillance Secretariat (SVS) - DATASUS. Prepared by the authors.

Table 2 - Age group of hospitalizations for "other pregnancies that end in abortion" in Porto Alegre and RMPA - RS from 2016 to 2018

| Faixa Etária | Internações | %     |
|--------------|-------------|-------|
| 10 a 14 anos | 23          | 0,63  |
| 15 a 19 anos | 400         | 10,99 |
| 20 a 29 anos | 1507        | 41,40 |
| 30 a 39 anos | 1361        | 37,39 |
| 40 a 49 anos | 343         | 9,42  |
| 50 a 59 anos | 4           | 0,17  |
| Total        | 3638        | 100%  |

Source: Ministry of Health / SVS - DATASUS. Prepared by the authors.

## DISCUSSION

From the analysis, it is clear that in 1.551 (42,6%) of the cases, hospitalizations occurred in the capital. Previous research indicates that women choose to have abortions in large Brazilian capitals in order to preserve anonymity and the risk of legal punishment and also to the greater number of clandestine clinics.<sup>12,13</sup> Other studies based on SIH/SUS hospitalizations without differentiation regarding the ICD-10 of abortion, counted 1.054.242 hospitalizations, with an average rate of 2,07 abortions per 100 women.<sup>1,14,15</sup>

The age group with the highest hospitalization in this research included the ages between 20 and 29 years, corroborating with other studies that pointed out the same age cycle.<sup>3,7</sup> Due to the illegal act of abortion, the data on induced abortions were underestimated, being classified by different ways of causes, that is, also impairing the assessment of the age group. In addition, it was concluded that despite the mandatory investigation of the causes of fetal and neonatal deaths, just over half would have been carried out.<sup>16</sup>

The highest number of hospitalizations due to abortion occurred in the white race/color, representing 2.341 (64,32%) of the total number of hospitalizations, however, in contrast, previous studies observed that the highest frequency of abortions occurred, among women/black color.<sup>8,17</sup> As for the regular hospital stay, the findings are similar to previous studies of 1,5 to 2,0 days on average<sup>10,12,15</sup>, suggesting a punctual and brief hospitalization for the resolution of an abortion that begins before hospitalization.

Due to the unavailability of data regarding education, marital status, occupation, the analysis has become limited as to the crossing of data suggestive of social vulnerability, however, previous research reports that young women, with low income, with less education, black women, without partner and with a greater number of children had a higher prevalence of unwanted pregnancies.<sup>3,8</sup>

As for the character of care, hospitalizations for urgency were the most frequent 3.260 (89,56%), meeting previous research in which emergency care is in greater number. It is suggested that the greater occurrence of hospitalizations in an urgent nature, may be related to the fear of seeking hospital care, due to fear of family and society rejection, conflict due to their beliefs and the risk of being penalized for a criminal act.<sup>10,20</sup>

**The analyzed data show a sample of hospitalizations for other pregnancies ending in abortion. Such data represent a high rate considering the exclusion of spontaneous abortions and those caused by medical reasons.**

The underreporting associated with the criminalization of abortion contributes to the omission and consequent risk inherent to the act of the Penal Code, Articles 126-129, Decree-Law No. 2.848 of December 7th, 1969.<sup>14,21</sup> In the case of women in situations of abortion, the quality of this care must be carried out by an ethical posture, devoid of prejudice and discrimination, offering protection and respect for human rights.<sup>5</sup>

In previously published articles, it shows the proportion of 1 female victim of discrimination for every 3 women assisted in situations of abortion. However, the threat of complaints by health professionals to the police, prohibited by law, was present in all cases where the woman admitted the use of drugs or abortion methods.<sup>22,23</sup>

It is important to note that, according to Art. 128 of the Penal Code - Decree Law 2848/40, abortion is legal in the case of rape and sexual violence not consented, not requiring police report proving what happened. More information is needed for health professionals, who often refuse to do so for fear of the prohibition in force in Brazil and who do not fit in cases of rape, or for individual religious and ethical reasons.<sup>22,23</sup>

There are some limitations in this work due to the administrative nature of the SIH/SUS database, the potential biases resulting from these limitations are recognizable even though it is possible to obtain an overview of the situation of hospitalizations for other pregnancies that end in abortion in the RMPA in a very agile way.

## CONCLUSION

The analyzed data show a sample of hospitalizations for other pregnancies ending in abortion. Such data represent a high rate considering the exclusion of spontaneous abortions and those caused by medical reasons. It is believed that a considerable part of these hospitalizations could have been prevented had abortion not been considered a crime, a clandestine activity. The illegality of

abortion contributes to high, preventable rates of hospitalization.

It is necessary to deepen the knowledge of this reality in the Metro-

politan Region of Porto Alegre, such as, for example, the reason why abortions were caused and the sociodemographic conditions of these women who

can elucidate the predisposing factors. Research with the same theme must be stimulated even with all the challenges involved. ■

## REFERENCES

- Anjos, KF, Santos VC, Souza R, Eugênio BG. Aborto e saúde pública no Brasil: reflexões sob a perspectiva dos direitos humanos. *Saúde em Debate*, Rio de Janeiro, 2013; 37(98): 504-15.
- World Health Organization. Department of reproductive health and research. Safe abortion: technical and policy guidance for health systems. 2nd ed. Geneva (Swi): World Health Organization; 2012.
- Diniz D, Medeiros M, Madeiro A. Pesquisa Nacional de Aborto 2016. *Ciências & Saúde Coletiva*, Teresina; 2(22): 653-60.
- Machado MRA, Cook RJ. Constitutionalizing abortion in Brazil. *Rev. Investig. Const.*, v. 5, n. 3, p. 185-231, Curitiba, Dec.2018. Doi: <http://dx.doi.org/10.5380/rinc.v5i3.60973>
- Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Atenção humanizada ao abortamento: norma técnica / Ministério da Saúde, Secretaria de Atenção à Saúde, Área Técnica de Saúde da Mulher. – 2. ed. – Brasília: Ministério da Saúde, 2011. 60 p. – (Série A. Normas e Manuais Técnicos) (Série Direitos Sexuais e Direitos Reprodutivos; Caderno nº 4)
- Torres JHR. Aborto. Legislação comparada. *Rev. Epos* vol.2 no.2. RJ dez. 2011. [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S2178-700X2011000200005](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S2178-700X2011000200005)
- Santos TF, Andreoni S, Silva RS. Prevalência e características de mulheres com aborto provocado – Favela México 70, São Vicente – São Paulo. *Rev Bras Epidemiol*, São Paulo, 2012; 15(1): 123-33.
- Souza ZCSN, Diniz NMF. Aborto provocado: o discurso das mulheres sobre suas relações familiares. *Texto & Contexto - Enfermagem*, 2011; 20(4): 742-50. *FapUNIFESP (SciELO)*. <http://dx.doi.org/10.1590/s0104-07072011000400013>.
- Silva MM, Castro PM, Theisen C, Freitas HMB, Colomé JS. Problemática Do Aborto Em Santa Maria, Rio Grande Do Sul: Dados Epidemiológicos. *Disciplinarum Scientia: Série: Ciências da Saúde*, Santa Maria, 2014; 15(2): 249-59.
- Batista RQ, Koch DF, Bispo AMS, Luciano TV, Velten APC. Descrição das internações por aborto no estado do Espírito Santo, Brasil. *Rev. Bras. Pesq. Saúde*. Vitória, 2016; 2(18):79-86.
- Brasil. Resolução N° 510 de 07 de Abril de 2016. Disponível em: <http://conselho.saude.gov.br/resolucoes/2016/Reso510.pdf>
- Cardoso BP, Vieira FMSB, Saraceni V. Aborto no Brasil: o que dizem os dados oficiais? *Cad. Saúde Pública* vol.36 supl.1 Rio de Janeiro 2020 Epub Feb 21, 2020.
- Meneses GMS, Aquino EML, Fonseca SC, Domingues RMSM. Aborto e saúde no Brasil: desafios para a pesquisa sobre o tema em um contexto de ilegalidade. *Cad. Saúde Pública* 2020; 36 Supl 1:e00197918. doi: 10.1590/0102-311X00197918
- Brasil. Ministério da Saúde. Secretaria de Ciência, Tecnologia e Insumos Estratégicos. Departamento de Ciência e Tecnologia. Aborto e saúde pública no Brasil: 20 anos / Ministério da Saúde, Secretaria de Ciência, Tecnologia e Insumos Estratégicos, Departamento de Ciência e Tecnologia. Brasília: Ministério da Saúde, 2009.
- Huffnpost, Brasil. Uma mulher morre a cada 2 dias por aborto inseguro. COFEN 2018. [http://www.cofen.gov.br/uma-mulher-morre-a-cada-2-dias-por-causa-do-aborto-inseguro-diz-ministerio-da-saude\\_64714.html#](http://www.cofen.gov.br/uma-mulher-morre-a-cada-2-dias-por-causa-do-aborto-inseguro-diz-ministerio-da-saude_64714.html#)
- Kale PL, Jorge MHPM, Fonseca SC, Cascão AM, Silva KS, Reis AC, et al. Mortes de mulheres internadas para parto e por aborto e de seus conceptos em maternidades públicas. *Ciência & Saúde Coletiva*. 2018; 23(5):1577-90. *FapUNIFESP (SciELO)*. <http://dx.doi.org/10.1590/1413-81232018235.18162016>.
- Brasil. Ministério da Saúde. Protocolos da Atenção Básica: Saúde das Mulheres / Ministério da Saúde, Instituto Sírio-Libanês de Ensino e Pesquisa – Brasília: Ministério da Saúde, 2016. 230 p. : il. ISBN 978-85-334-2360-2
- Adesse L, Silva KS, Bonan C, Fonseca VM. Complicações do abortamento e assistência em maternidade pública integrada ao Programa Nacional Rede Cegonha. *Saúde em Debate*, 2015; 39(106): 694-706. *FapUNIFESP (SciELO)*. <http://dx.doi.org/10.1590/0103-1104201510600030011>.
- Gesteira SMA, Barbosa VL, Endo PC. O luto no processo de aborto provocado. *Acta Paulista de Enfermagem*, 2006;19(4):462-7. *FapUNIFESP (SciELO)*. <http://dx.doi.org/10.1590/s0103-21002006000400016>.
- Benute GRG, Nomura RMY, Pereira PP, Lucia MCSL, Zugaib M. Abortamento espontâneo e provocado: ansiedade, depressão e culpa. *Revista da Associação Médica Brasileira*, São Paulo, 2009; 55(3): 322-7.
- Brasil. Ministério da Saúde. Secretaria de Políticas de Saúde. Área Técnica de Saúde da Mulher. Assistência em Planejamento Familiar: Manual Técnico/Secretaria de Políticas de Saúde, Área Técnica de Saúde da Mulher – 4a edição – Brasília: Ministério da Saúde, 2002 150 p.: il. – (Série A. Normas e Manuais Técnicos; n.40)
- Madeiro Alberto Pereira, Rufino Andréa Cronemberger. Maus-tratos e discriminação na assistência ao aborto provocado: a percepção das mulheres em Teresina, Piauí, Brasil. *Ciênc. saúde coletiva [Internet]*. 2017 Aug [cited 2020 May 04]; 22(8): 2771-2780. <http://dx.doi.org/10.1590/1413-81232017228.04252016>
- Goes EF, Menezes GMS, Almeida MCC, Araújo TVB, Alves SV, Alves MTSSB, et al. Vulnerabilidade racial e barreiras individuais de mulheres em busca do primeiro atendimento pós-aborto. *Cad. Saúde Pública [Internet]*. 2020 [cited 2020 May 04]; 36(Suppl 1): e00189618. <http://dx.doi.org/10.1590/0102-311x00189618>.