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The Determinants of Abortion Outcomes and the Utilization of Post-Abortion Care Services at Lira Regional Referral Hospital, Northern Uganda

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Background

Unsafe abortion continues to be a significant contributor to maternal morbidity and mortality in sub-Saharan Africa, with Uganda experiencing substantial health system burdens due to abortion-related complications. Lira Regional Referral Hospital (LRRH), serving a large population in Northern Uganda, records a high number of abortion-related admissions. However, little is known about the determinants of abortion outcomes and the utilization patterns of post-abortion care (PAC) services in this setting.

Methods

A cross-sectional descriptive study was conducted at LRRH. Data were collected from 200 women admitted with abortion-related conditions using structured interviews and hospital records. Socio-demographic, clinical, and service utilization characteristics were analyzed. Statistical analysis was performed. Descriptive statistics, including proportions and percentages, were used to summarize findings.

Results

The prevalence of abortion-related admissions was 13.4%. Among these, 61.7% of the cases were classified as incomplete abortions, and 18.5% were septic abortions. Only 29.4% of the women reported having had a spontaneous abortion, while 70.6% indicated induced abortion of which 54.8% were unsafe. Socio-demographically, 58.1% of the women were aged between 18–25 years, 72.2% were unemployed, and 64.5% had only attained primary education. Clinically, 36.7% presented with hemorrhagic shock, and 22.6% had signs of sepsis. Regarding post-abortion care services, only 41.5% of the women received family planning counseling before discharge, and a mere 22.2% accepted a contraceptive method. Barriers to timely access included stigma (48.7%), lack of information (44.4%), financial constraints (36.3%), and distance to the hospital (28.6%).

Conclusions

Unsafe and induced abortions remain highly prevalent at LRRH, with young, socio-economically disadvantaged women disproportionately affected. The utilization of post-abortion care services, particularly family planning, remains low. Addressing stigma, improving community education, and strengthening access to comprehensive abortion and PAC services are vital steps toward reducing abortion-related complications and improving maternal outcomes in Northern Uganda.

Key Message

Strengthening health education, addressing social barriers, and improving access to quality post-abortion care including contraceptive services are crucial for improving abortion outcomes and reducing maternal morbidity and mortality in Northern Uganda.

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