



Unplanned Pregnancy Related to Contraception Failure in Kosti Maternity Hospital

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Background

Although rates differ between regions and countries, around 40% of pregnancies worldwide are unintended. A number of unplanned pregnancy outcomes can occur, including birth, induced abortion, septic abortion (specially with legal boundaries regarding this issue), sepsis, sever bleeding, anaemia and it consequences, maternal morbidities and mortality. Moreover, social, psychological, economic outcomes can also arise from an unplanned pregnancy. A key factor in unplanned pregnancies is contraceptive failure, numerous sociodemographic characteristics appear to influence a woman's probability of experiencing contraceptive failure.

Objectives

The study aims to investigate types of contraception and common reasons for its failure in unplanned pregnancies in Kosti Maternity Hospital, and to provide actionable recommendations to enhance contraception practices.

Methodology

The study was conducted following a descriptive methodology. A sample size of 300 participants were part of the study, constituted of women with unplanned pregnancies and using short-acting hormonal contraception (oral pills “combined progesterone+ oestrogen or progesterone only”- skin patches- injections) as it was the inclusion criteria- women using long acting, mechanical contraception, natural spacing, or other methods were excluded. The study was carried out in Kosti Maternity Hospital from the period of January 2016_ January 2017. The data was collected through interviews guided with a structured questionnaire constituting of socio-demographics, number of births, types of contraceptives used and behaviours towards it, and reasons for failure. Descriptive analysis using SPSS was done.

Results

According to the age distribution, the majority (41%) were between the ages of 26-35 followed by (36%) for the age group 36-45, then (23%) of the age group 15-25. Of all, (53.3%) graduated high school, (34.7%) passed collage, and (12%) were illiterate. Housewives (71%) were the most prevalent employment status, and (29%) were employed. (17%) had 1-2 births, (44%) had 3-5, and (39%) had more than 5 births. The highest failed contraception were oral pills with (74.3%) (distributed as (42.5%) for combined pills – (31.8%) for progesterone only pills), followed by (16.7%) for skin patches then (9%) for injections. Reasons for hormonal

contraception failure included low compliance, improper use due to lack of methods knowledge, drug interactions (antibiotics), misconceptions and lack of awareness.

Conclusion

The findings of this study highlight the need for contraception health education for communities along with trainings targeting healthcare workers particularly pharmacists for patients taking contraception tools and pills over-the-counter for better counselling about methods and drug interactions. Furthermore, in such context with low economic statuses, spread of infections, epidemics, and diseases of poverty, the use of long-acting contraception with lower failure rates would help reduce the negative outcomes of unplanned pregnancy.

Dissemination

This study was a foundation for a report for policy recommendations directed to Kosti Maternity Hospital, World Health Organization country office representative in Kosti district, and Ministry of Health Sexual and Reproductive Health department, with actionable recommendations to address contraception failure in the hospital settings by providing the long-acting contraception (Implanon) at a very low cost with free insertion and counselling sessions. The recommendations were taken into full implementation phase and was introduced in the hospital settings. Further research was planned to follow up this implementation and evaluate its impact, unfortunately COVID-19, political instability, and recent war crisis prevented the execution of the research.



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