

RESUMO - BIOÉTICA

PROPORTION OF HOSPITALIZATIONS RELATED TO ABORTION IN BRAZILIAN REGIONS, 2008-2025

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Introduction: Abortion is classified as a crime in Brazil, which leads to its clandestine performance, employing methods that often leave ovular remains, making hospitalization necessary for uterine evacuation. Objective: To describe an eighteen-year time series of hospitalizations due to abortion-related causes and compare the spatial distribution in the five macro-regions with hospitalizations for childbirth assistance. Methods: Hospitalizations paid for by the Unified Health System were surveyed for the following procedures: 0409060070 post-abortion uterine evacuation by manual intrauterine aspiration (MVA), 0411020013 post-abortion/puerperal curettage, 0310010012 assistance with childbirth without dystocia, 0310010039 normal delivery, 0310010047 normal delivery in high-risk pregnancy, 0310010055 normal delivery in a normal delivery center (CPN), 0411010026 cesarean section in high-risk pregnancy, 0411010034 cesarean section, and 0411010042 cesarean section with tubal ligation. The data was extracted from DATASUS Tabnet (Health Care), calculating the proportions of abortion-related procedures in relation to the total number of obstetric hospitalizations. Results: The proportion of abortion-related

hospitalizations decreased from 9.64% to 8.30% in Brazil during the period, reaching a negative variation of 33.62% in Roraima and an increase of 72.35% in Rio Grande do Norte. Considering the eighteen years studied, the Federative Units with the highest proportions of hospitalizations due to abortion were Roraima (11.21%), Amapá (11.19%), and Rio de Janeiro (11.14%). The states with the lowest proportions of hospitalizations were Mato Grosso do Sul (7.28%), Alagoas (7.40%), and Pará (7.69%). Conclusion: A large regional inequality was detected in the proportion of hospitalizations due to abortion in relation to the total number of obstetric hospitalizations. Unlike childbirth, which has tended towards universal hospitalization, uterine evacuations have always been a secondary procedure, to complete an attempt made with private resources outside the Unified Health System (SUS). The fact that around 10% of obstetric beds are dedicated to illegal and clandestine abortion procedures demonstrates that the prohibition has not managed to reduce the incidence of pregnancy terminations, even though the procedure code does not differentiate between spontaneous and induced abortions. Statistics on hospitalizations for abortion in Brazil do not allow for monitoring the occurrence of illicit pregnancy terminations, partly because they exclude private patients or those covered by health insurance plans.

Palavras-chave: abortion; hospitalization; curettage; inequity.