A MEDICAL STUDY OF 1000 CASES OF ABORTION IN AIN SHAMS UNIVERSITY HOSPITAL (1977)

A Thesis

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BY

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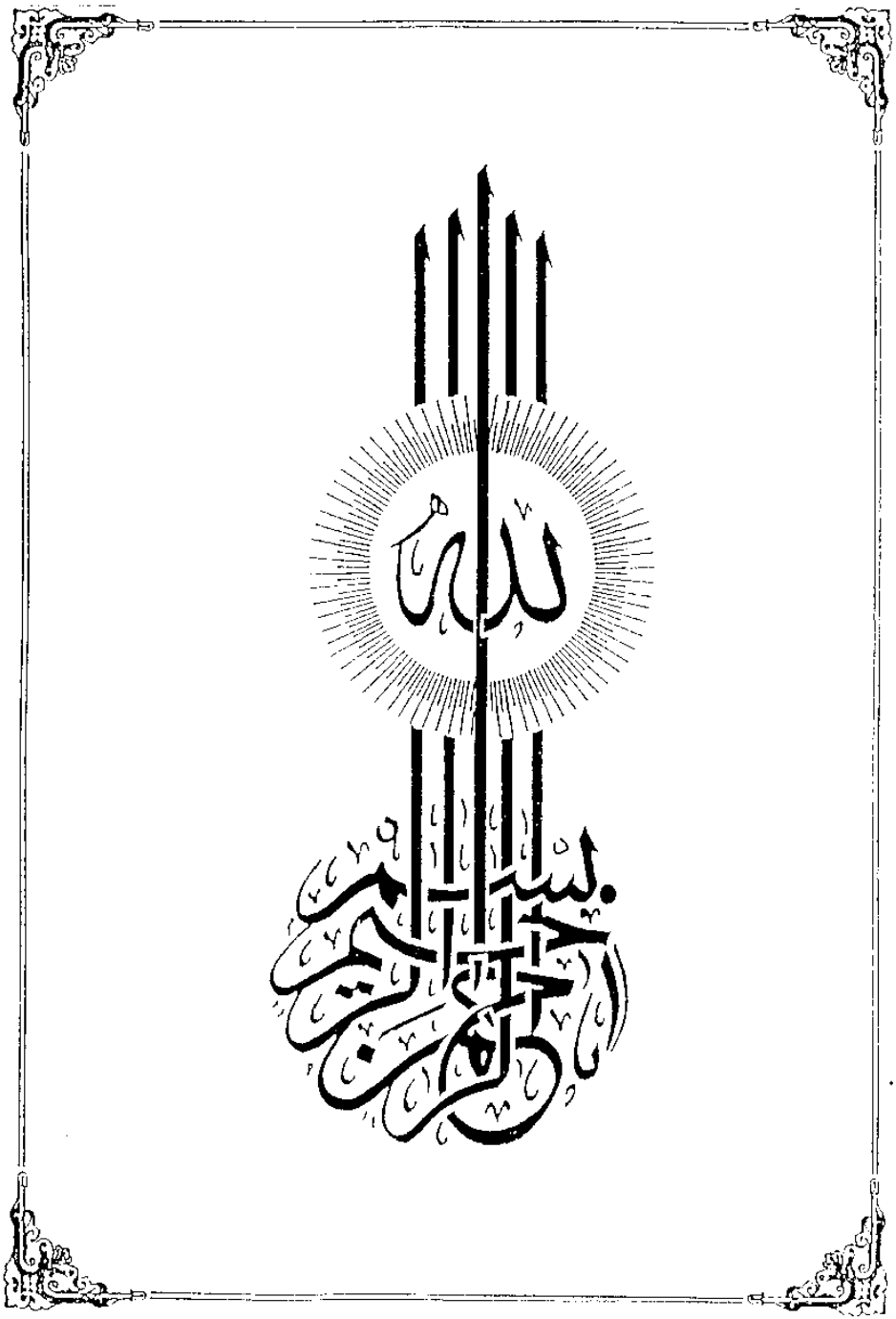

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INTRODUCTION

INTRODUCTION

Ten years ago, no one would have believed that by 1975 the abortion rate would equal one-third that of live births, the events which have been connected with such dramatic rise include right to vote, oral contraceptives, I.U.C.Ds., women's liberation movement, change in abortion laws and liberalized sterilization. Which of these factors has had the greatest impact is difficult to determine, but certainly a woman's choice to carry or reject a pregnancy must be very profound. The liberal abortion policy has important consequences for society as evidenced by experiences in Britain. It was found that the practice of criminal abortion is not eleminated, also the number of deaths and sepsis from abortion of all kinds is not greatly reduced, the deaths are shifted from the spontaneous and criminal columns to the one for legal or therapeutic abortion. There is a lowering of standards with an increase in sexual freedom and promiscuity, together with an increase in venereal diseases.

The practice of contraception is discouraged, also the illegitimacy rate is not reduced. Any reduction

in the birth rate is the result of contraception and sterilization, not of abortion. The termination of pregnancy, therapeutic or legal, is always potentially dangerous, when the indication is due to serious physical maternal disease, the risk is considerable. The morbidity rate also varies with the stage of the pregnancy at the time of its interruption. The earlier it is carried the safer is the procedure. The dangers and complications are as follows:
Haemorrhage, infection, perforated uterus, shock, retained products of conception, cervical injury and rupture of the uterus.

According to professor " Rhodes, 1972, the complications of abortion can be divided into physical and psychological, whether immediate or remote; they are appreciable in illegal abortion in which the operator may be inexperienced. These are air embolism, Fat embolism, Infected embolism, septicaemia, endocarditis, peritonitis and renal failure . Cardiac arrest from which it may occur.

The remote physical effects include amenorrhoea, sterility and chronic pelvic infection which develops in perhaps 1 - 2 % of cases.

Over dilatation of the internal cervical os may lead to subsequent habitual miscarriage and tendency to subsequent premature labour. From the psychological aspect feeling of guilt can-lead to subsequent psych-osomatic disorders such as frigidity, dyspareunia and menstrual upset . In all cases of abortion with various degrees of dilatation of the cervix many microorganisms are introduced into the uterus. This might lead to septic abortion which means a heavy and serious infection of the uterus with organisms of varying degrees of virulence and clinically associated with hightened temperature and pulse rate.

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DEFINITION:

According to English law, abortion denotes the termination of pregnancy before the twenty-eighth week, that is before the foetus is viable. After that time the process is labour. This is the traditional and legal definition but opinions, if not laws, are changing and with modern methods of resuscitation and intensive care of the newborn, foetuses less well developed often prove to be viable and are then always classified as live births irrespective of their maturity.

In any case the 28 weeks applies to the period of amenorrhoea, which means that the foetus is only 26 weeks old. Some authorities now, for scientific purposes, apply the term abortion when the foetus is expelled before the twentieth week of pregnancy. or weight less than 500 gm. In fact, a birth weight of 500 gm. usually means 22 weeks amenorrhoea and these are the two criteria now being strongly recommended for international acceptance.

Apart from other considerations, the widespread practice of legal termination of pregnancy makes it desirable to lower the age of viability.

Recent concern over the possible use of foetuses for experimentation prompted the suggestion that only a foetus weighing less than 500 gm. should be regarded as previable.

The term abortion is also sometimes loosely applied to the products of conception which are passed; strictly these are the abortus or conceptus.

Miscarriage is a synonymous term which is preferred by those who tend to regard the word abortion as implying the deliberate termination of pregnancy, criminally or legally. The term is sometimes given different meanings, thus in some clinics abortion is used to denote expulsion of the uterine content before 16 weeks of pregnancy while miscarriage signifies the same process occurring between the 16th and 28th week. (Hordern A. 1971).

In general, to laymen, the term abortion now implies criminal interference, while miscarriage denotes spontaneous interruption of pregnancy. Criminal abortion is relatively a modern term, because historically, the induction of abortion was of no legal concern to the governments of most areas.

Criminal abortion implies an abortion either attempted or produced contrary to applicable laws (Schwartze, 1968) :

The laws governing the induction of abortion have changed in recent years, however, there has been a remarkable shift in world opinion with liberalization of the abortion laws in many countries and states. The world is divided into three parts, one in which only narrowly defined medical indications permit abortion, a second in which abortion remains therapeutic but with very liberal views on the interpretation of the word"therapeutic" , and a third where pregnancy can be terminated on socio-economic grounds alone, this means abortion on request or demand.

There remains however a religious group who regard termination of pregnancy as being unacceptable in any circumstance, even if the life of the mother is seriously threatened. (Jeffcoat N.: (1975) .

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INCIDENCE:

It is impossible to compute the incidence of abortion in the country generally as the number of early abortions which are terminated spontaneously and completely cannot be determined. Also, illegal abortion and private work of induced abortion is not determined, the only means by which an approximate estimate can be made to take the ratio of known abortions to children born and was found to be :

1. Ratio of abortions to pregnancies is one to six i.e. 17 % .
2. Ratio of abortion to children is one to five i.e. 20 % .

Also it was found that 70 to 75 % of abortions occurred during the second and third month of gestation (Kerrs M., 1971.)

It has been computed that 20 % of all pregnancies end in abortion, which implies that there is one abortion to every five viable births, but it is probable that abortion is more frequent than this.

CLINICAL TYPES AND CLASSIFICATION OF ABORTION:

The following clinical types of abortion are recognized:

I. Spontaneous abortion:

1. Threatened abortion.
2. Inevitable abortion.
3. Incomplete abortion.
4. Complete abortion.
5. Missed abortion " including corneous mole".
6. Septic abortion:

Any of the above types of abortion which become complicated by sepsis although it was found that septic abortion is usually criminal abortion.

7. Habitual abortion (3 successive abortions).

II. Induced abortion:

1. Therapeutic abortion or legal abortion.
2. Criminal abortion.

As regards the classification of abortion, the best one is the Munro Kerr obstetrical classification (1971).

Aetiological classification of abortion:

Spontaneous expulsion of the ovum is nearly always preceded by its death in early weeks of pregnancy. For this reason, the consideration of the aetiology of early abortion practically resolves itself into determining the cause of the embryo's death.

In the late months the fetus is frequently born alive and other factors must be involved to explain its expulsion.

There are two common causes of early death of the embryo:

A. Pathological conditions in the zygote itself.

This exists in a very large proportion of abortions which occur in the first ten weeks of pregnancy. Many years ago, Keibel and Mall(1971) directed the attention to this fact, and the observations of all investigators even since confirm their findings. Further, Keller and Adrion (1971) analysed 305 abortions and they found hydatidiform degeneration of chorionic villi in 6.8 %. Herting and Edmonds (1971) analyzed 1027 spontaneous abortions and they found a structural abnormality in