ASSOCIATION BETWEEN INDUCED ABORTION AND THE COURSE OF A SUBSEQUENT PREGNANCY AND BIRTH

A THESIS

Submitted For Partial Fulfillment For

The Master Degree In

Public Health

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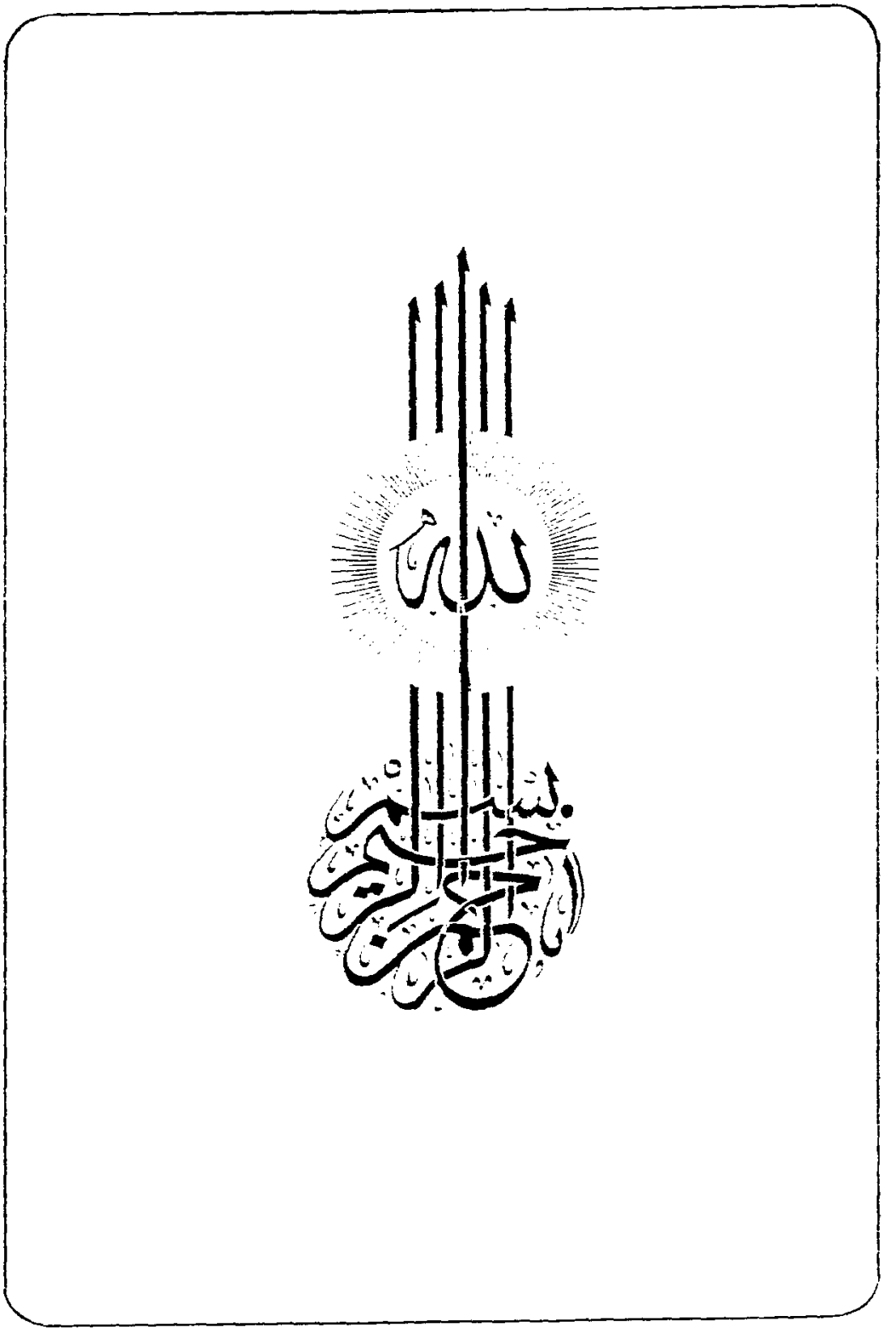
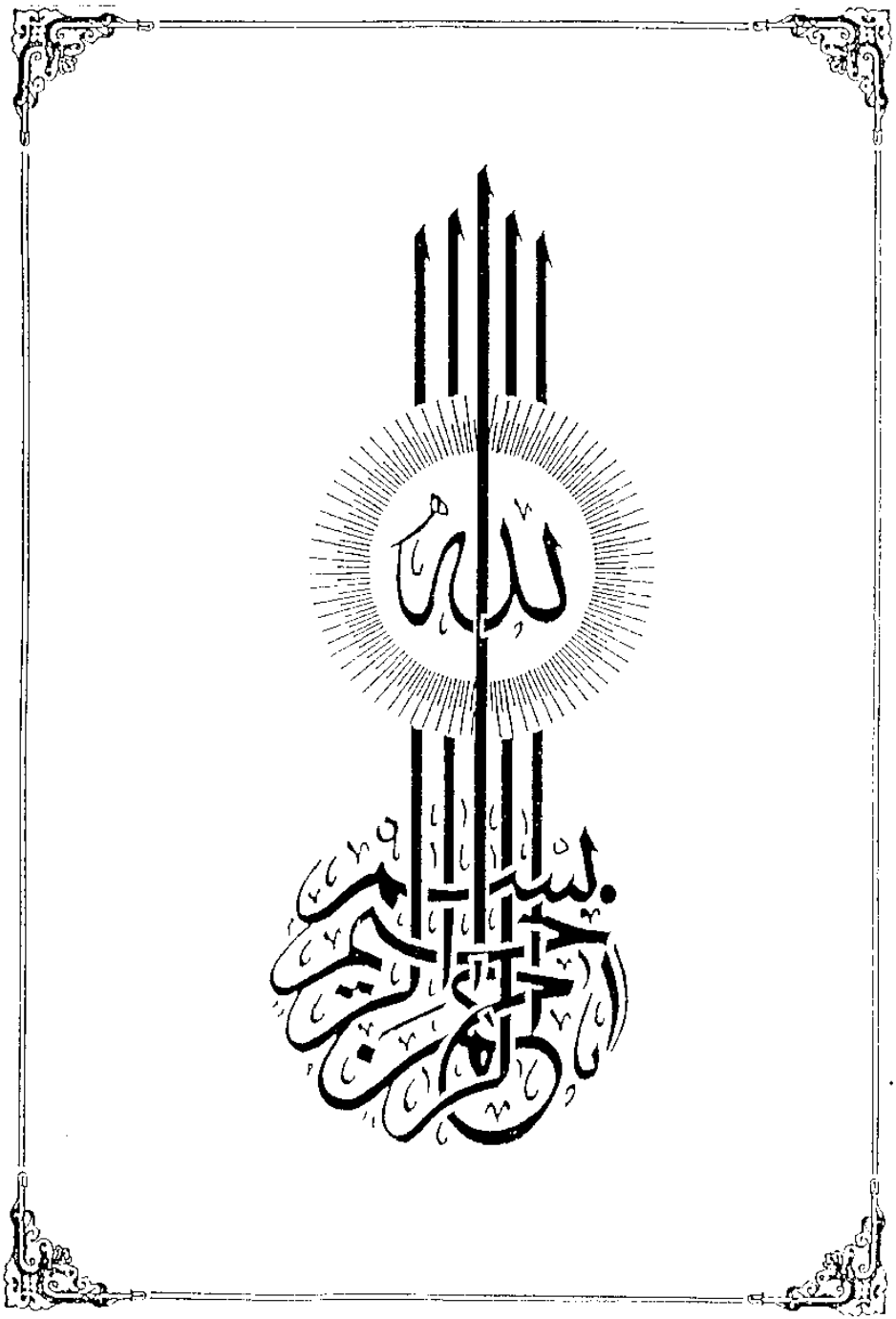
1986





العماد الأصبهاني

" انى رأيت أنه لا يكتب انسان كتابا فى يومه الا قال عنه فى غده : لو غيّر هذا لكان أحسن ، ولو زيد كذا لكان يستحسن ، ولو قدّم هذا لكان أفضل ، ولو ترك هذا لكان أجمل ، وهذا من أعظم العبر ، وهو دلالة على استيلاء النقص على جملة البشر "

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ACKNOWLEDGMENT

I am sincerly grateful to PROF. DR. RIFKY FARES Chairman of Department of Community, Environmental and Occupational Medicine, Faculty of Medicine, Ain Shams University, for his cooperation and continuous guidance.

I am greatly indebted to PROF.DR. MOHAMED FAROUK FIKRY , Professor of Obstetrics and Gynaecology, Faculty of Medicine,Ain Shams University, for his keen precise and ideal supervision and for the continuous support and help that he kindly offered .

I would also appreciate the help, support and kind supervision of DR. MOHSEN A.GAD ALLAH , Lecturer of community, Environmental , and Occupational Medicine Ain Shams University, Faculty of Medicine .

I am sincerly grateful to all members of Algalaa Hospital and Ain Shams Maternity hospital for their kind help.

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C O N T E N T S

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INTRODUCTION

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AND

AIM OF THE WORK

Serious questions have been raised about the long-term effects of abortion . A number of studies have indicated a substantially greater incidence of unfavorable outcomes of subsequent pregnancies , including higher rates of spontaneous abortion [particularly midtrimester], prematurity and/or low birth weight, early neonatal death, and ectopic pregnancy.

Dalakar et al .,1979 compared a group of women who had their preceding pregnancy terminated by legal abortion with an age-and parity matched group of women who continued with the pregnancy to delivery. The groups were compared for complications such as first and second trimester abortion, cervical incomptence, preterm delivery , ectopic pregnancy and sterility. A significantly higher rate of complications amongst women who had not had a previous delivery was found .

Barret et al.,1981 concluded from his study that induced first trimester abortion is a significant factor predispcsing to placentaprevia.

Levin et al.,1982, found a relationship between ectopic pregnancy and prior induced abortion.

On the other hand,W.H.O.,1984, from a prospective study in two university centers found that there is no evidence of a reduced ability to conceive following induced abortion .

Also Daling et al.,1985, from his study suggested that legal abortion carries no excess risk for future tubal infertility.

So these results, suggest the necessity for a research to study the sequence of incuced abortion in Egypt.

OBJECTIVE

The objective in this study is to determine whether an association exists between induced abortion and subsequent pregnancy outcome or subsequent development of secondary infertlity.

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REVIEW

REVIEW OF LITERATURE

ABORTION

Abortion refers to the termination of pregnancy whether it be spontaneous or induced before the twenty-eighth week, after which the child is considered to be viable.

CLASSIFICATION OF ABORTION

DEGREE	CAUSE	INFECTION
1. Threatened	1. Spontaneous	1. Septic
2. Inevitable	2. Habitual	2. Non-septic
3. Incomplete	3. Criminal	
4. Complete	or induced :	
5. Missed [carneous mole].	- Legal[Therapeutic]	
	- Illegal[Elective]	

* Every abortion has a degree, a cause and the possibility of infection.

THREATEND ABORTION

In the majority of cases, the symptoms of threatened abortion develop during the early weeks of pregnancy.

The main symptom is a moderate, painless vaginal heamorrhage accompanied by discomfort only. On examination, blood is seen to be discharged through the cervical canal but the os is closed . The uterus has the normal characteristics of a pregnant uterus of that stage of gestation.

INEVITABLE ABORTION

In inevitable abortion vaginal bleeding is usually sever and the uterine contractions are painful. In typical cases the cervical canal is dilated so that a finger inserted into the cervical canal plapates the lower pole of the ovum. If convincing evidence can be obtained of the discharge of liquor amnii the abortion must be regarded as inevitable. in such cases bimanual examination detects that the globular feel of the uterus as less marked than in normal pregnancy, and the uterus feels flattened anteroposteriorly. If the umblical cord prolapses or if the foetus is discharged, the abortion obviously must be inevitable .

Two lines of treatment are available :

1. Conservative : the patient is given 0.5 mg intramuscular ergometrine and , thereafter, 0.5 mg. b.d., by mouth, until all

bleeding is controlled after the completion of abortion.

2. Surgical : The conservative treatment of inevitable abortion is satisfactory provided that there is every indication that the abortion will be speedily completed without severe or dangerous blood loss. It is the factor of heamorrhage, so often insidious and progressive, which determines the correct treatment . It is follish to persist in conservative treatment if the heamoglobin is falling to dangerous levels. If, therefor, in-spite of ergometrine , a patient in the process of abortion continues to bleed, it is far better to give her an anaesthetic and explore the uterus by finger, ovum forceps or currete than to wait until she is in a state of haemorrhagic shock.

INCOMPLETE ABORTION

The signs of incomplete abortion include dilated cervix , soft oedematous, enlarged uterus, and persistent bleeding .

MISSED ABORTION

The clinical history of missed abortion is very characteristic. At first the patient suffers from the normal symptoms of early pregnancy , such as morning vomiting and amenorrhoea. Then, at about the twelfth week of gestation, there is a little vaginal haemorrhage, which soon clears up and which is succeeded by a period of further amenorrhoea. There is , however, no continued enlargement of the breasts, no enlargement of abdomen, and the symptoms of pregnancy gradually subside. Usually, after several weeks and perhaps after several months, a brown discharge develops, and eventually the uterus contracts and expels the ovum , which usually takes the form of a carneous mole. [Shaw'sText book of gynaecology, 1978].

THERAPEUTIC ABORTION

Definition :

Therapeutic abortion is the termination of pregnancy before the time of fetal viability for the purpose of safeguarding the health of the mother.

ELECTIVE [VOLUNTARY] ABORTION

Definition : Elective or voluntary abortion is the interruption of pregnancy before viability at the request of the woman but not for reasons of maternal health or fetal disease.

TECHNICS FOR INDUCTION OF ABORTION

I. Surgical :

- A. Cervical dilatation and mechanical evacuation:
  - 1. Curettage
  - 2. Vacuum aspiration [suction curettage].
- B. Laparotomy:
  - 1. Hysterotomy
  - 2. Hysterectomy

II. Medical :

- A. Oxytocin intravencusly.
- B. Intra-amnionic hyperosmotic fluids
  - 1. 20 % saline
  - 2. 30 % urea
  - 3. 50 % glucose
- C. Prostaglandins E_2 , F_2 , and derivatives
  - 1. Intra-amnionic injection.