

Evaluation of Spontaneous and Voluntary Abortions in Years in Relation with Abortions

Albana Poloska¹, Risida Gjonej²

Faculty of Medical Technical Sciences, Tirana, Albania

Abstract: **Background:** Abortion refers loss product conceived before week 20th of pregnancy. **Aim:** of our study is to realize research spontaneous abortions situation in relation to voluntary interruption, the most vulnerable age group and complications that can bring about women's health. The course of spontaneous abortions and voluntary interruption in our country over the year. **Methodology:** The study includes abortions applied in 2010-2013 was conducted by collecting data from the archives of UOGH "Queen Geraldine" who were 15-45 years old, urban areas, rural areas. **Results:** The study is retrospective type. It made a comparison to UOGH "Queen Geraldine" Tirana Albania in period { 2010-2013 } with spontaneous abortions and voluntary termination. For 7636 abortions performed by these 24.94 % are spontaneous abortions and 40.32 % are voluntary interruption. At high rates of spontaneous abortion is 2013 with 28.86 % and voluntary interruption in 2010 with 29.68 %. **Conclusions:** Abortions performed by women living in urban areas constitute the highest percentage of the total number of abortions, thus being a clear picture of the demographic transition that our country has undergone.

Keywords: abortion, Albania, spontaneous, voluntary termination.

1. Introduction

Spontaneous abortion refers to the loss of product conceived before week 20th of pregnancy, when the pregnancy is not provoked by external factors.[1] Spontaneous Abortion meet 13 % to 20 % of all diagnosed pregnancies. Approximately 20 % of women represent less bleeding before the 20th week of pregnancy, and approximately half of these pregnancies will end in abortion. [2]

Voluntary interruption of pregnancy includes therapeutic termination which is the outcome of pregnancy by the removal of the uterus of a fetus or embryo before it is livable outside the uterus.

Therapeutic termination can be done to end a pregnancy when the mother's life is in danger or if the fetus has abnormalities that include major organ systems and is not expected to survive after birth. The decision for a therapeutic interruption for medical reasons must be made by the pregnant woman in collaboration with obstetricians, geneticist, and a neonatologist. Modern medicine utilizes medications and surgical procedures for therapeutic termination as drug and instrumental. [3]

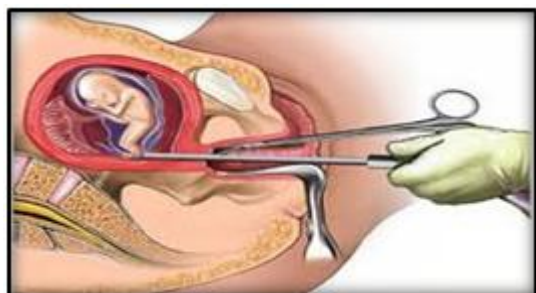


Figure 1: Instrumental Termination of pregnancy

The etiology of Spontaneous abortion:

Fetal chromosomal abnormalities . [5] Factor age and obesity especially those women over 40 years. The risk of abortion is 12 % for women under 20 years and grow to 25 % for women aged 40 years . [2] Some of vertically transmitted infections. [6] Exposure to high levels of radiation or toxic agents. Physical trauma .[6] Hormonal problems.[7] Amniocentesis [4] uterine anomalies uterine malformations, polycystic ovarian syndrome [9].Cervical insufficiency. Diabetes mellitus [8] Malnutrition, physical activity fetched .Some anti-depressant medications. Life habits like consumption of coffee, tobacco, alcohol, or drug. [10]

Types of Abortion

Worldwide each year occur on 1/3 and 1/5 unwanted abortions belong to abortion.[12] [13]Most therapeutic termination are the result of unwanted pregnancies.[14] [15] The most frequent therapeutic termination depends on the age of the embryo or fetus and from the age can determine which methods of abortion will be practiced.[16] [17] The reasons for abortion are typically characterized as therapeutic or elective. [18]A therapeutic interruption is described as a voluntary method was committed by the woman's request for non-medical reasons. Medical therapeutic interruptions are those caused by pharmaceutical cessation. [18,19]

Indications of abortion:

- When is performed to save the life of the pregnant woman.
- As a prophylactic measure to physical and mental health of women.
- Fetus has a predisposition to premature morbidity and mortality or skeletal or genetic disorders.
- Due selectively reduce the number of fetuses to lessen health risks associated with multiple pregnancies. [18, 19]

2. The Aim of the Study

Our research is to realize the situation of spontaneous abortions, and voluntary termination most vulnerable age group in University Hospital Centre "Queen Geraldine" in the years 2010- 2013 and in the our country. Objective determine the prevalence and criteria spontaneous abortions and voluntary interruption in the period March 2014 - September 2014 Maternity "Queen Geraldine" and comparison with those of other maternity.

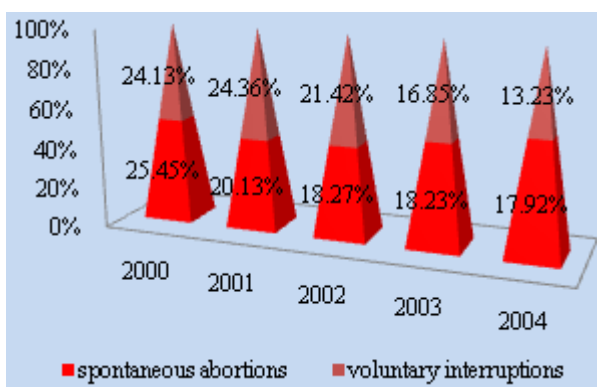
3. Methodology

The study is retrospective where description refers to the frequency of spontaneous abortions and voluntary termination of pregnancy , delivery and the age groups most vulnerable to this phenomenon . Analytical this component refers to the linkage of elements cultural, educational, socio - economic and age of the individuals involved in the study.

This study is a retrospective assessment of clinical data on abortion between 2010 and 2013 at the UOGH "Queen Geraldine ". We evaluated the records of abortion during this period. Our aim was to study spontaneous abortion and voluntary interruptions and to assess the incidence according to the data in this institution. Age group, place of residence and total abortions are taken into account in this study. All statistical analyzes were done with SPSS (Statistical Package for Social Sciences, version 15.0, Chicago, IL). The population in the study: From the study of the medical records we received a total of 7636 files that are 15-45 years of age, from the city, village, and districts which are addressed in this institution to get appropriate help in UOGH "Queen Geraldine ". We compared spontaneous abortion and voluntary termination in years in our country. Data collection: was realized by disclosure of the medical records in maternity "Queen Geraldine" including age, location, type of abortion clinic, treatment, assistance given. This study began in March 2014 - September 2014.

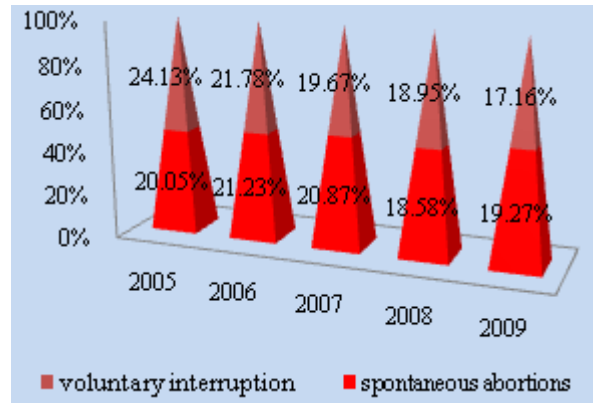
4. Results

There are a total study period 2000 - 2013 by sharing and comparing with five year and the voluntary spontaneous abortions and abortions in total in our country these data are taken only from state institutions. The situation of spontaneous abortions and voluntary interruption in our country in years. [11]



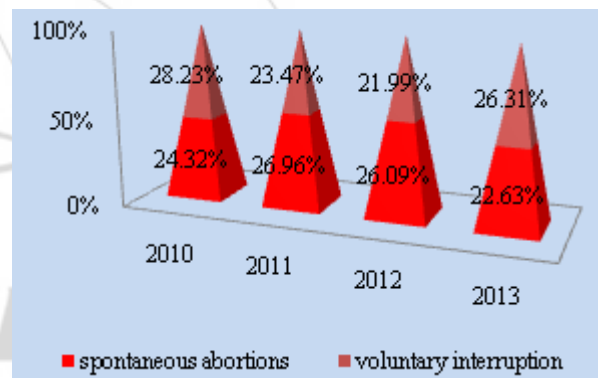
Graph 1

In the period 2000-2004 have the highest number of spontaneous abortions was in 2000 with 25.45 % of the cases while increasing the number of induced abortions was in 2001 with 24.36 % of the cases.



Graph 2

In the period 2005-2009 have the high number has been since 2006 with 21.23 % of cases of spontaneous abortions. Highest number of voluntary interruptions was in 2005 with 22.44 % of cases.



Graph 3

Abortions in 2010 - 2013 .The highest number of spontaneous abortions occupies 2011 with 26.96 % of the cases. Highest number of voluntary interruptions was in 2010 with 28.23 % of the cases.

5. Discussion

The study found that the 1905 cases, spontaneous abortion. The incidence of spontaneous abortion in maternity UOGH " Queen Geraldine " is 24.94 % for 7636 abortions performed or 1 to 4 abortions performed in this institution. The incidence of voluntary termination of this institution is 40.32 % or 1 in 3 abortions performed in a total of 3079 cases.

Total abortions in our country in the period 2000-2013 were 141,002 cases .Spontaneous abortions are 71354 and meets 1 to 1.97 abortions or 50.6 % of abortions. Voluntary interruptions of pregnancy are 69638 and meets 1 to 2.2 cases or make up 49.4 % of abortions.

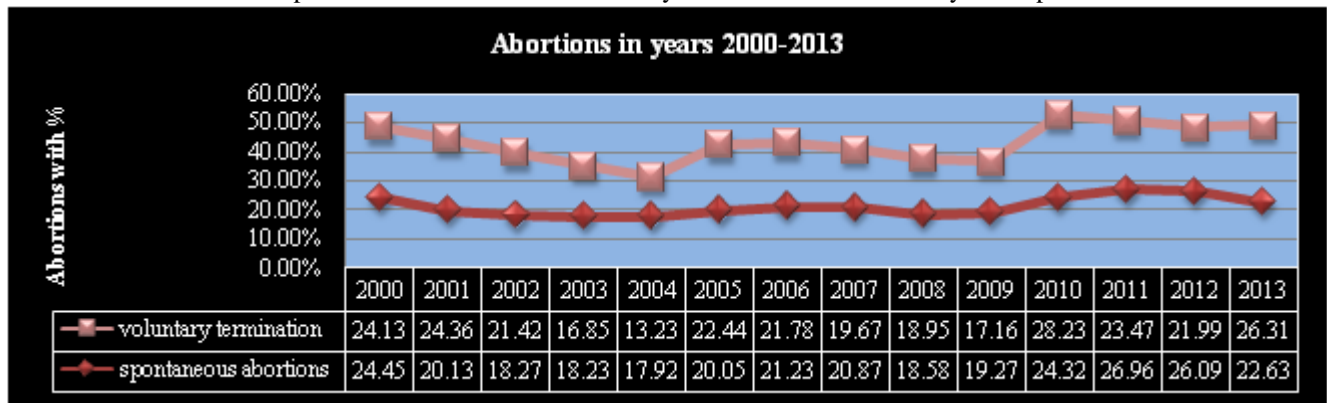
6. Conclusions

The trend of the phenomenon of spontaneous abortion in the maternity UOGH "Queen Geraldine" is always growing and voluntary interruption appear in low numbers. Should a more detailed study why this phenomenon is occurring more frequently in recent years. It is the obligation of all those who are dedicated to the health and welfare of women to promote ways that will reduce the number of abortions. Although abortions are higher in urban areas as a result of the demographic in our country. Most sensitive age is 25-34 years as a result of fertility ideal age. The focus of the health service participants should focus on the etiology of spontaneous abortion caught situation as quickly and reduce the number of spontaneous abortions taking appropriate measures in time. While it is necessary to reduce abortions and their consequences and spontaneous abortions and involuntary be further stimulated and promoted techniques which can reduce the maximum especially abortion family planning centers.

References

- [1] Gynecology Student book for Faculty of Technical Medical Sciences, University of Medicine, Tirana, Albania in 2009: 217-219.
- [2] Everett, C. (1997). "Incidence and outcome of bleeding before the 20th week of pregnancy: Prospective study from general practice". *BMJ* 315 (7099): 32-4.
- [3] Grimes, DA; Stuart, G (2010). "Abortion jabberwocky: the need for better terminology". *Contraception* 81 (2): 93-6. PMID 20103443
- [4] Agarwal, K; Alfirevic, Z (August 2012). "Pregnancy loss after chorionic villus sampling and genetic amniocentesis in twin pregnancies: a systematic review". *Ultrasound in obstetrics & gynecology: the official journal of the International Society of Ultrasound in Obstetrics and Gynecology* 40 (2): 128-34.
- [5] Kajii, T; Ferrier, A; Niikawa, N; Takahara, H; Ohama, K; Avirachan, S (1980). "Anatomic and chromosomal anomalies in 639 spontaneous abortuses". *Human Genetics* 55 (1): 87-98.
- [6] "Miscarriage: Causes of Miscarriage". HealthCentral.com. Retrieved July 26, 2012. taken word-for-word from pp. 347-9 of: "What To Do When Miscarriage Strikes". The PDR Family Guide to Women's Health and Prescription Drugs. Montvale, NJ: Medical Economics. 1994. pp. 345-50.
- [7] Bukulmez, Orhan; Arici, Aydin (2004). "Luteal phase defect: Myth or reality". *Obstetrics and Gynecology Clinics of North America* 31 (4): 727-44, ix.
- [8] Mills, James L.; Simpson, Joe Leigh; Driscoll, Shirley G.; Jovanovic-Peterson, Lois; Van Allen, Margot; Aarons, Jerome H.; Metzger, Boyd; Bieber, Frederick R. et al. (1988). "Incidence of Spontaneous Abortion among Normal Women and Insulin-Dependent Diabetic Women Whose Pregnancies Were Identified within 21 Days of Conception". *New England Journal of Medicine* 319 (25): 1617-23.
- [9] Boomsma, CM; Fauser, BC; Macklon, NS (January 2008). "Pregnancy complications in women with polycystic ovary syndrome". *Seminars in reproductive medicine* 26 (1): 72-84.
- [10] Ness, Roberta B.; Grisso, Jeane Ann; Hirschinger, Nancy; Markovic, Nina; Shaw, Leslie M.; Day, Nancy L.; Kline, Jennie (1999). "Cocaine and Tobacco Use and the Risk of Spontaneous Abortion". *New England Journal of Medicine* 340 (5): 333-9.
- [11] Bulletin of the Institute of Public Health in Albania 1-2014 P 28-32.
- [12] Sedgh, G.; Singh, S.; Shah, I. H.; Åhman, E.; Henshaw, S. K.; Bankole, A. (2012). "Induced abortion: Incidence and trends worldwide from 1995 to 2008" (PDF). *The Lancet* 379 (9816): 625-632.
- [13] Cheng L. (1 November 2008). "Surgical versus medical methods for second-trimester induced abortion". *The WHO Reproductive Health Library*. World Health Organization. Archived from the original on 17 June 2011. Retrieved 17 June 2011.
- [14] Bankole et al. (1998). "Reasons Why Women Have Induced Abortions: Evidence from 27 Countries". *International Family Planning Perspectives* 24 (3): 117-127 & 152.
- [15] Finer, Lawrence B.; Frohworth, Lori F.; Dauphinee, Lindsay A.; Singh, Susheela; Moore, Ann M. (2005). "Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives" (PDF). *Perspectives on Sexual and Reproductive Health* 37 (3): 110-118.
- [16] Stubblefield, Phillip G. (2002). "10. Family Planning". In Berek Jonathan S. *Novak's Gynecology* (13 ed.). Lippincott Williams & Wilkins. ISBN 978-0-7817-3262-8.
- [17] Bartlett, LA; Berg, CJ; Shulman, HB; Zane, SB; Green, CA; Whitehead, S; Atrash, HK (2004). "Risk factors for legal induced abortion-related mortality in the United States" (PDF). *Obstetrics & Gynecology* 103 (4): 729-37.
- [18] Roche, Natalie E. (28 September 2004). "Therapeutic Abortion" e Medicine. Archived from the original on 14 December 2004. Retrieved 19 June 2011.
- [19] Schorge, John O.; Schaffer, Joseph I.; Halvorson, Lisa M.; Hoffman, Barbara L.; Bradshaw, Karen D.; Cunningham, F. Gary, eds. (2008). "6. First-Trimester Abortion". *Williams Gynecology* (1 ed.). McGraw-Hill Medical. ISBN 978-0-07-147257-

The situation of spontaneous abortions and voluntary termination in our country in the period 2000-2013



Graph 4[11]

The situation of spontaneous abortions and voluntary termination UOGH " Queen Geraldine " in the period 2010-2013.

Table 1: Spontaneous Abortions

Variable	2010 N=393 Frequency %	2011 N=485 Frequency %	2012 N=490 Frequency %	2013 N=537 Frequency %
Age of women				
15-24 years	36.75%	35.26%	28.57%	25.30%
25-34 years	45.40%	45.98%	55.51%	52.14%
35-44 years	17.85%	18.76%	15.92%	22.56%
Residence				
City	49.81%	51.83%	54.15%	55.48%
Village	36.99%	35.07%	34.80%	33.50%
Localities	13.20%	13.10%	11.05%	11.02%

N=Total number of abortions for each years. -P value <0.005

Table 2: Spontaneous Abortions

Variable	2010 N=914 Frequency %	2011 N=803 Frequency %	2012 N=726 Frequency %	2013 N=636 Frequency %
Age of women				
15-24 years	23.85%	26.16%	22.46%	17.14%
25-34 years	47.27%	40.97%	48.48%	52.52%
35-44 years	28.68%	32.87%	29.06%	30.34%
Residence				
City	61.81%	58.05%	58.67%	62.42%
Village	31.07%	33.49%	31.68%	28.77%
Localities	7.12%	8.46%	9.65%	8.81%

N=Total number of abortions for each years. P- value <0.005

Author Profile



Albana Poloska PhD in process Lecturer at Faculty of Technical Medical Sciences University of Medicine, Tirana, Albania.



Risida Gjonej PhD in process Lecturer at Faculty of Technical Medical Sciences University of Medicine, Tirana, Albania