

## Overview on Abortion

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### ABSTRACT

This article studies the overview on abortion. Abortion is the removal of pregnancy tissue, products of conception or the fetus and placenta (afterbirth) from the uterus. In general, the terms fetus and placenta are used after eight weeks of pregnancy. Pregnancy tissue and products of conception refer to tissue produced by the union of an egg and sperm before eight weeks. When properly done, abortion is one of the safest procedures in medicine, but unsafe abortion is a major cause of maternal death, especially in the developing world. Making safe abortion legal and accessible reduces maternal deaths. It is safer than childbirth, which has a 14 times higher risk of death in the United States. Abortion can be performed in two methods; medications and surgery. Abortions are generally very safe and most women won't experience any problems. But like any medical treatment, there is a small risk that something could go wrong. The risk of complications increases the later in pregnancy an abortion is carried out. Having an abortion won't affect your chances of becoming pregnant and having normal pregnancies in the future. In conclusion, it is evident that abortion poses many risks to the woman that not only endangers her life, but also the life of the baby in subsequent pregnancies.

Keywords: Overview, abortion, pregnancy.

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### INTRODUCTION

Abortion is the removal of pregnancy tissue, products of conception or the fetus and placenta (afterbirth) from the uterus. In general, the terms fetus and placenta are used after eight weeks of pregnancy. Pregnancy tissue and products of conception refer to tissue produced by the union of an egg and sperm before eight weeks. When properly done, abortion is one of the safest procedures in medicine, but unsafe abortion is a major cause of maternal death, especially in the developing world. Making safe abortion legal and accessible reduces maternal deaths. It is safer than childbirth, which has a 14 times higher risk of death in the United States. Modern methods use medication or surgery for abortions. The drug mifepristone in combination with prostaglandin appears to be as safe and effective as surgery during the first and second trimester of pregnancy. The most common surgical technique involves dilating the cervix and

using a suction device. Birth control, such as the pill or intrauterine devices, can be used immediately following abortion. When performed legally and safely on a woman who desires it, induced abortions do not increase the risk of long-term mental or physical problems [1] [2]. In contrast, unsafe abortions (those performed by unskilled individuals, with hazardous equipment, or in unsanitary facilities) cause 47,000 deaths and 5 million hospital admissions each year. The World Health Organization recommends safe and legal abortions be available to all women.

Around 56 million abortions are performed each year in the world, with about 45% done unsafely. Abortion rates changed little between 2003 and 2008, before which they decreased for at least two decades as access to family planning and birth control increased. As of 2018, 37% of the world's women had access to legal abortions without limits as to

reason. Countries that permit abortions have different limits on how late in pregnancy abortion is allowed [3].

Historically, abortions have been attempted using herbal medicines, sharp tools, forceful massage, or through other traditional methods. Abortion laws and cultural or religious views of abortions are different around the world. In some areas abortion is legal only in specific cases such as rape, problems with the fetus, poverty, risk to a woman's health, or incest [4] [5]. There is debate over the moral, ethical, and legal issues of abortion. Those who oppose abortion often argue that an embryo or fetus is a human with a right to life, and they may compare abortion to murder. Those who support the legality of abortion often hold that it is part of a woman's right to make decisions about her own body. Others favor legal and accessible abortion as a public health measure. Other terms for an abortion include elective abortion, induced abortion, termination of pregnancy and therapeutic abortion [6].

#### **Methods of Abortion**

Abortion can be performed in two methods; medications and surgery. The method depends on how far along in the pregnancy you are, your medical history and your preference. Abortions during early pregnancy, before 9 weeks, can be done safely with medications [7]. Abortions between 9 and 14 weeks usually are done surgically, although medications may be used to help soften and open the cervix.

After 14 weeks, abortions can be done using labor inducing medications that cause uterine contractions or by using these medicines in combination with surgery.

#### **1. Medical abortion**

Abortions completed with medication, called medical abortions, can be performed within 70 days of gestation. Days of gestation are the number of days beginning on the first day of your last menstrual period.

Most often doctors use a combination of mifepristone and misoprostol.

- **Mifepristone (Mifeprex).** Mifepristone is taken

orally as a pill. This drug counters the effect of progesterone, a hormone necessary for pregnancy. Side effects include nausea, vomiting, vaginal bleeding and pelvic pain. These symptoms usually can be treated with medications. In rare instances, there may be heavy bleeding. In that case, you may be admitted to a hospital and given blood transfusions [8].

Mifepristone is more effective when another medication, such as misoprostol (Cytotec), is taken 24 to 48 hours later [9]. It causes the uterus to contract. Between 92% and 97% of women who receive mifepristone in combination with, or followed by, misoprostol have a complete abortion within 2 weeks.

- **Misoprostol (Cytotec).** Misoprostol is almost always used in conjunction with mifepristone to induce a medical abortion. Misoprostol is a prostaglandin-like drug that causes the uterus to contract [10]. There are a few ways to take the drug. The easiest method is to place the tablets between your gum and cheek (called the buccal route). Misoprostol can be inserted vaginally which is just as effective. Swallowing the pills or putting them under your tongue is less effective and also has more side effects, such as diarrhea, nausea and vomiting.
- **Methotrexate.** Methotrexate is used less often since the U.S. Food and Drug Administration (FDA) approved mifepristone. However, methotrexate may be used in women who are allergic to mifepristone or when mifepristone is not available. It should not be used for gestational age greater than 49 days. Methotrexate usually is injected into a muscle. Between 68% and 81% of pregnancies abort within 2 weeks; 89% to 91% abort after 45 days. Methotrexate is the medication most often used to

treat ectopic pregnancies, which are implanted outside the womb. It kills the fast-growing tissue of ectopic pregnancies [11]. When doctors give methotrexate to treat ectopic pregnancy, pregnancy hormone levels must be monitored until levels are undetectable in a woman's bloodstream. This monitoring is not necessary when methotrexate is used for medical abortions, where the pregnancy is known to be implanted in the womb.

Your doctor may also prescribe a short of the antibiotic doxycycline to prevent an infection. In rare instances when a pregnancy continues after the use of these medications, there is a risk that the baby will be born deformed [12]. The risk is greater with the use of misoprostol. If the pregnancy tissue does not completely leave the body within two weeks of a medical abortion, or if a woman bleeds heavily, then a surgical procedure may be needed to complete the abortion [13]. Approximately 2% to 3% of women who have a medical abortion will need to have a surgical procedure, usually suction dilation and curettage (D and C), also called vacuum aspiration.

A woman should not have a medical abortion if she:

- Is more than 70 days pregnant (counted from the first day of the last menstrual period)
  - Has bleeding problems or is taking blood thinning medication
  - Has chronic adrenal failure or is taking certain steroid medications
  - Cannot attend the medical visits necessary to ensure the abortion is completed
  - Does not have access to emergency care
  - Has uncontrolled seizure disorder (for misoprostol)
  - Has acute inflammatory bowel disease (for misoprostol)
2. **Surgical abortion**
- **Menstrual aspiration.** This procedure, also called menstrual extraction or manual vacuum aspiration, is done within one to three weeks after a

missed menstrual period. This method can also be used to remove the remaining tissue of an incomplete miscarriage (also called a spontaneous abortion). A doctor inserts a small, flexible tube into the uterus through the cervix and uses a handheld syringe to suction out the pregnancy material from inside the womb [14]. Local anesthesia is usually applied to the cervix to decrease the pain of dilating the cervix. Local anesthesia numbs only the area injected and you remain conscious. Medication given intravenously (into a vein) can lessen anxiety and the body's general response to pain. Menstrual aspiration lasts about 15 minutes or less.

- **Suction or aspiration abortion.** Sometimes called a suction D & C (for dilation and curettage), this procedure can be done up to 14 weeks after the first day of the last menstrual period. Suction D & C is the procedure most commonly used to end a pregnancy. One dose of antibiotics, usually doxycycline, is recommended prior to the procedure to prevent infection [15]. The cervix is dilated (widened) and a rigid hollow tube is inserted into the uterus. An electric pump sucks out the contents of the uterus. The process takes about 15 minutes. Local anesthesia is usually applied to the cervix to minimize the pain of dilating the cervix. Medication given intravenously (into a vein) may help to decrease anxiety and relieve pain.
- **Dilation and curettage (D and C).** In a dilation and curettage, the cervix is dilated and instruments with sharp edges, known as curettes, are used to remove the pregnancy tissue. Suction is often used to make sure all the contents of the uterus are removed. The earlier in pregnancy this procedure is done, the less the cervix has to be dilated, which makes the procedure easier and safer [16].
- **Dilation and evacuation (D and E).** This is the most common procedure for ending a pregnancy between 14 and 21 weeks. It is similar

to a suction D and C but with larger instruments. The cervix has to be dilated or stretched open to a size larger than required for a D and C. Suction is used along with forceps or other special instruments to ensure all the pregnancy tissue is removed. The procedure takes more time than other abortion procedures [17].

- **Abdominal hysterotomy.** This is a major operation to remove the fetus from the uterus through an incision in the abdomen. This is rare but may be necessary if a D and E cannot be done. Anesthesia will make you unconscious for this surgery.

#### **Risks of Abortion**

Abortions are generally very safe and most women won't experience any problems. But like any medical treatment, there is a small risk that something could go wrong. The risk of complications increases the later in pregnancy an abortion is carried out.

#### **Possible complications**

The main risks associated with an abortion are:

- **infection of the womb** - occurs in up to 1 in every 10 abortions; it can usually be treated with antibiotics
- **some of the pregnancy remaining in the womb** - occurs in up to 1 in every 20 abortions; further treatment may be required if this happens
- **continuation of the pregnancy** - occurs in less than 1 in every 100 abortions; further treatment will be needed if this happens
- **excessive bleeding** - occurs in about 1 in every 1,000 abortions; severe cases may require a blood transfusion
- **damage of the entrance to the womb (cervix)** - occurs in up to 1 in every 100 surgical abortions
- **damage to the womb** - occurs in 1 in every 250 to 1,000 surgical abortions and less than 1 in 1,000 medical abortions carried out at 12 to 24 weeks

Women who have an abortion are no more likely to experience mental health

problems than those who continue with their pregnancy [18].

There is also no link between having an abortion and an increased risk of breast cancer.

#### **When to get medical advice**

After having an abortion, you'll probably experience some period-type pains and vaginal bleeding.

This should start to gradually improve after a few days, but can last for one to two weeks. It's normal and is usually nothing to worry about.

But you should get advice if you experience any signs of a possible problem, such as:

- excessive bleeding - for example, if you pass large clots or go through two or more sanitary pads an hour for more than two hours in a row
- severe pain that can't be controlled with painkillers such as ibuprofen
- a high temperature (fever)
- smelly vaginal discharge
- continuing pregnancy symptoms, such as nausea and sore breasts

The clinic will provide you with the number of a 24-hour helpline to call if you experience any problems after an abortion.

#### **Effect on fertility and future pregnancies**

Having an abortion won't affect your chances of becoming pregnant and having normal pregnancies in the future. Many women are able to get pregnant immediately afterwards, so you should start using contraception right away if you don't want this to happen. You should be advised about this at the time you have the abortion [19] [20]. However, there's a very small risk to your fertility and future pregnancies if you develop a womb infection that isn't treated promptly. The infection could spread to your fallopian tubes and ovaries - known as pelvic inflammatory disease (PID). PID can increase the risk of infertility or ectopic pregnancy, where an egg implants itself outside of the womb. But most infections are treated before they reach this stage and you'll often be given antibiotics before an

abortion to reduce the risk of infection. Having several abortions is associated with a slightly increased risk of giving birth prematurely, before the 37th week of pregnancy, in future pregnancies. Talk to your doctor or an abortion advice service for more information if you're concerned about the possible risks of an abortion.

### **Emotional and Psychological Impact of Abortion**

There is evidence that abortion is associated with a decrease in both emotional and physical health. For some women these negative emotions may be very strong, and can appear within days or after many years [21]. This psychological response is a form of post-traumatic stress disorder. Possible symptoms:

- Eating disorders
- Relationship problems
- Guilt
- Depression
- Flashbacks of abortion
- Suicidal thoughts
- Sexual dysfunction
- Alcohol and drug abuse
- Spiritual Consequences

### **Unsafe Abortion**

Every woman has the recognized human right to decide freely and responsibly without coercion and violence the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health (ICPD 1994). Access to legal and safe abortion is essential for the realization of these rights. One in four pregnancies ends in abortion. Abortions include various clinical conditions such as spontaneous and induced abortion (both viable and non-viable pregnancies),

In conclusion, it is evident that abortion poses many risks to the woman that not only endangers her life, but also the life of the baby in subsequent pregnancies. The risks range from physical, psychological to biological. However, it is very unfortunate that a number of

incomplete abortion and intrauterine fetal demise [22]. Abortions are safe if they are done with a method recommended by WHO that is appropriate to the pregnancy duration and if the person providing or supporting the abortion is trained. Such abortions can be done using tablets (medical abortion) or a simple outpatient procedure.

Unsafe abortion occurs when a pregnancy is terminated either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards or both [23]. Unsafe abortion procedures may involve the insertion of an object or substance (root, twig, or catheter or traditional concoction) into the uterus; dilatation and curettage performed incorrectly by an unskilled provider; ingestion of harmful substances; and application of external force. In some settings, traditional practitioners vigorously pummel the woman's lower abdomen to disrupt the pregnancy, which can cause the uterus to rupture, killing the woman [24].

Women, including adolescents, with unwanted pregnancies, often resort to unsafe abortion when they cannot access safe abortion. Barriers to accessing safe abortion include:

- restrictive laws
- poor availability of services
- high cost
- stigma
- the conscientious objection of health-care providers and
- unnecessary requirements, such as mandatory waiting periods, mandatory counselling, provision of misleading information, third-party authorization, and medically unnecessary tests that delay care.

### **CONCLUSION**

abortion cases, impacts and even those who take part in the action illegally go unreported. There are also many myths going round about the practice. However, even from the religious point of view abortion cannot be justified.

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