



**Libyan International Medical University**  
**Faculty of Basic Medical Science**



**Title: Increase The Abortion Lately In Benghazi**

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## **Abstract**

Abortion the ending of pregnancy, has been a very controversial topic for decades. Is abortion moral or immoral? People all over the world have different opinions. There are different ways that abortion can be performed: surgically or medicinally in this report three studies has been done in Benghazi city about abortion.

## **Introduction**

Abortion is the most problem that has faced by the Gynecology department in recent years in Libya, particularly in Benghazi (2014\_2018)

Three studies have been conducted in Benghazi hospitals on the causes of abortion .and were somewhat similar

Abortion: In medicine, an abortion is the premature exit of the products of conception (the fetus, fetal membranes, and placenta) from the uterus. It is the loss of a pregnancy .abortion happen befor 24 weeks of pregnancy . the Early abortion is occurs in the first 12 weeks of pregnancy. It is called abortion at a later stage of pregnancy if it occurs after this period.

As the age goes on, the abortion rate is higher. Under age 35 it is 12% to 15% and

- above age 40 it is 25%.. there is so many causes that can led to abortion like

- . 1 ovular or fetal
- .2 maternal environment
- .3 paternal factor
- .4 unknown

### **ovo-fetal factors (60%)**

(a) the ovo-fetal factors usually operate in early fetal wastage. Meticulous histological and cytogenetic study of the abortus reveals gross defects in the ovum or the fetus. The defects include

- malformation
- blighted ovum (ovum without embryo)
- death or disease of the fetus often precedes the expulsive action of the uterus.

(b)Interference with the circulation in the umbilical cord by knots, twists or entanglements may cause death of the fetus and its expulsion.

(c)Low attachment of the placenta or faulty placental formation (circumvallate) may interfere with placental circulation.

(d)Twins or hydramnios (acute) by rapidly stretching the myometrium may cause abortion.

## **Maternal factors (15%)**

maternal factors usually operate in late abortion.

### (a) Maternal illness:

- Infection: viral infection especially of rubella and cytomegalic inclusion disease produces congenital malformations and abortion. The viruses of hepatitis, parvovirus, influenza, have got lethal action on the fetus causing its death and expulsion. Parasitic (malaria) and protozoal infection (toxoplasmosis) may produce abortion if contracted in early pregnancy. Hyperpyrexia may precipitate abortion by increasing uterine irritability.
- Maternal hypoxia and shock: acute or chronic disease, heart failure, severe anaemia or anaesthetic complications may produce anoxic state which may precipitate abortion. Severe gastroenteritis or cholera which is prevalent in the tropics is often an important cause.
- Chronic illness: hypertension, chronic nephritis and chronic wasting disease are responsible for late abortion by producing placental infarction resulting in fetal anoxia.
- Endocrine factor: an increased association of abortion is found in conditions of hypothyroidism, hyperthyroidism and diabetes mellitus. Inadequate corpus luteal state is considered to be related with unsatisfactory ovular growth and development and hence its expulsion.

### (b) Trauma:

- Direct trauma: on the abdominal wall by blow or fall may be related to abortion. But fortunately except in abortion prone women, pregnancy remains undisturbed.
- Psychic: emotional upset or change in environment may lead to abortion by affecting the uterine activity.
- In susceptible individual, even a minor trauma in the form of a journey along rough road, internal examination in early months or eliciting Hegar's sign or sexual intercourse in early months is rough to excite abortion.
- Amniocentesis, chorion villus sampling or abdominal surgery in early months may cause abortion.

(c) Toxic agents: environmental toxins like lead, arsenic, anaesthetic gases, tobacco, caffeine, alcohol, radiation in excess amount increase the risk of abortion. Drugs used for epilepsy or antimalarial preparations (quinine) are not so much harmful when used in therapeutic doses so as to cause abortion.

(d) cervico-uterine factors: these are related to the second trimester abortions.

- Cervical incompetence: either congenital or acquired is one of the commonest causes of midtrimester and recurrent abortions.
- Congenital malformation of the uterus: in the form of bicornuate or septate uterus may be responsible for midtrimester or recurrent abortion.
- Uterine tumour: (fibroid) especially of the sub mucous variety might be responsible not only for infertility but also for abortion due to distortion of the uterine cavity and increased uterine irritability.
- Retroverted uterus: is not responsible for abortion but its association might be due to its failure to rectify between 12-14 weeks due to adhesions or due to

trauma during sexual intercourse or it could be due to disturbance in uterine vascularity.

(e) Immunological: presence of autoimmune factor like lupus anticoagulants and antiphospholipid antibodies increase the risk of abortion.

(f) Blood group incompatibility: incompatible ABO group mating may be responsible for early pregnancy wastage and often recurrent but Rh incompatibility is a rare cause of death of the fetus before 28 weeks. Couple with group 'A' husband and group 'o' wife have got higher incidence of abortion.

(g) Premature rupture of membranes: inevitably leads to abortion.

(h) Dietetic factors: deficiency of folic acid or vitamin E is often held responsible.

### **Paternal factors**

Defective sperm, contributing half of the number of the chromosomes to the ovum, may result in abortion, but it is difficult to prove. However, some women who abort habitually may have normal pregnancies following marriage with a different man.

### **Unknown (25%)**

In spite of the numerous factors mentioned, it is indeed difficult, in a majority, to pinpoint the cause of abortion in clinical practice. Too often, more than one factor is present.

### **Studies**

The first study was conducted on a questionnaire for women who had a abortions from most of the city's population, where the largest census of abortion was 80% between 2014 and 2017 due to cases of dislocation, fear, war conditions

second study was at Benghazi medical center as well where the second statistical of abortion 60% between 2014 and 2018 due to cases of Due to congenital malformations and genetic diseases and failure to follow correct methods of pregnancy

The third reason for abortion that was documented through the third study by one of the doctors of the Department of Obstetrics and Gynecology is early marriage, the spread of moral corruption and the irresponsibility of pregnancy

### **Conclusion**

Abortion is a social, medical and a religious issue. It is entrenched into the legal laws of every country in the world in one way or another. It has a place in the lives of individuals directly or indirectly. Ethical values arise out of such deeds as abortion

that determines the direction that one chooses. Other mechanisms that control Providing the necessary .abortion include the legal and religious aspects of society support in the form of financial aid and psychological support to mothers contemplating abortion could serve as the best way to curb such deaths resulting from But in umbrage of the lawlessness and medical attention and security in the .abortion Libyan country led to an increase in abortions Specifically as I mentioned in my report about Benghazi city

## References

1. *Committee on Health Care for Underserved Women (November 2014). "Committee Opinion 613: Increasing Access to Abortion". Obstetrics & Gynecology. **124**: 1060–1065. doi:10.1097/01.aog.0000456326.88857.31. Archived from the original on 28 October 2015. Retrieved 28 October 2015. "Partial-birth" abortion bans—The federal Partial-Birth Abortion Ban Act of 2003 (upheld by the Supreme Court in 2007) makes it a federal crime to perform procedures that fall within the definition of so-called "partial-birth abortion" contained in the statute, with no exception for procedures necessary to preserve the health of the woman...physicians and lawyers have interpreted the banned procedures as including intact dilation and evacuation unless fetal demise occurs before surgery.*
2. **Jump up** *"2015 Clinical Policy Guidelines" (PDF). National Abortion Federation. 2015. Archived (PDF) from the original on 12 August 2015. Retrieved 30 October 2015. Policy Statement: Medical induction abortion is a safe and effective method for termination of pregnancies beyond the first trimester when performed by trained clinicians in medical offices, freestanding clinics, ambulatory surgery centers, and hospitals. Feticidal agents may be particularly important when issues of viability arise.*

<https://www.nhs.uk/conditions/abortion>

[/http://www.who.int/reproductivehealth/publications/unsafe\\_abortion/en](http://www.who.int/reproductivehealth/publications/unsafe_abortion/en)

[https://c-fam.org/friday\\_fax/world-health-organization-says-abortion-family-planning](https://c-fam.org/friday_fax/world-health-organization-says-abortion-family-planning)