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Managing abortions in India-a threat to the pregnant woman

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Incidence of Pregnancy Loss: Around 70% of conceptions are lost prior to live birth Once a woman has had a positive pregnancy test, there is around a 12% risk of having a miscarriage.

Classification of Miscarriage: Threatened miscarriage: vaginal bleeding, but no cervical dilation, before 20 weeks' gestation. Recurrent miscarriage: 3 or more consecutive pregnancy losses. Inevitable miscarriage: dilated cervical os, but products of conception have not been expelled. Septic miscarriage: spontaneous miscarriage complicated by intrauterine infection. Missed miscarriage: foetus dies in utero but no uterine activity to expel the products of conception. Incomplete miscarriage: only part of the products of conception have been passed and the cervical os is closed; ultrasonography reveals remaining products of conception in the uterus. Complete miscarriage: all products of conception have been passed and the cervical os is closed

Etiology: Embryonic and/or Maternal, usually multifactorial. Embryonic: 50% of all cases due to fetal chromosomal abnormalities. Embryonic malformations especially of the CNS seen frequently. Maternal: Usually causes 2nd trimester losses. Thrombophilias and APLA syndrome. Maternal genital tract infections (BV) and systemic infections. Maternal exposure to high doses of toxic agents, major endocrinopathies, immunologic disease. Large submucous fibroids

Symptomatology: Usually asymptomatic. Occasionally have mild vaginal bleeding and uterine cramping. Important to distinguish from other early pregnancy complications. Thorough medical history, physical examination, USG and serum ß hCG can be helpful in making a diagnosis.

Diagnosis: Ultrasonography (TVS) – preferred modality. Ultrasound criteria initially described in 1990s. Due to low specificity and high false positive rate, several studies done thereafter and criteria changed. Society of Radiologists in Ultrasound Multispecialty Panel on Early First Trimester Diagnosis of Miscarriage and Exclusion of a Viable Intrauterine Pregnancy created guidelines in 2013 that are considerably more conservative than past recommendations and also have stricter cutoffs than the studies on which they are based.

Management: Expectant, Medical, Surgical. All shown to be reasonably effective and acceptable. No evidence that any approach results in different long term outcomes.

Biography

Alka Garg has her expertise in evaluation and passion in improving the health and wellbeing of her patients. Papers Presented and Published: Safe Motherhood: Presented a paper in All India Obstetrics and Gynaecological Congress, FOGSI in Dec. 1993 in Calcutta as Junior most Speaker. She has also presented a paper on Medical abortion in India a role model for the rest of the world in San Antonio Texas USA in 2014 & a paper on prevention of cervical cancer in Dubai in 2016 in international conference of Gynaecology. Other Academic Qualifications: 1. Has been working with PSI Organisation since 2002. 2. Has done Certificate Course in Women Empowerment from IGNOU, New Delhi. 3. Has done Postpartum ICUD Training from Population Service international (PSI), a well-known NGO. 4. Has done Certificate Course in Gestational Diabetes Mellitus from Population Health Foundation of India.(PHFI) 4. Has finished 3 years Diploma Course in Naturopathy from Gandhi Smarak Prakartik Chikitsa Samiti,New Delhi.

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