

# Abortions

## Definition

Abortions refer to the termination of a pregnancy, either spontaneously or deliberately.

## Pathophysiology and Cause

The pathophysiology of abortions can vary depending on the underlying cause and the timing of the event. Here are some of the common causes and mechanisms of abortions:

- **Chromosomal abnormalities:** The most common cause of early spontaneous abortion is chromosomal abnormalities in the developing embryo or fetus. These abnormalities can occur randomly during cell division, and they often result in the death of the fetus.
- **Hormonal imbalances:** Hormonal imbalances, particularly in the levels of progesterone and estrogen, can lead to abortion. Progesterone is essential for maintaining the pregnancy by promoting the growth of the uterine lining and suppressing the immune system. If there is a deficiency in progesterone levels, the uterus may not be able to support the growing fetus, leading to abortion.
- **Uterine abnormalities:** Structural abnormalities of the uterus, such as septate or bicornuate uterus, can increase the risk of miscarriage. These abnormalities can prevent the fetus from implanting properly or cause premature labor.
- **Infections:** Infections such as bacterial vaginosis, chlamydia, and gonorrhea can lead to abortion, particularly in the first trimester. These infections can cause inflammation and damage to the lining of the uterus, making it difficult for the embryo to implant or increasing the risk of premature labor.
- **Maternal medical conditions:** Maternal medical conditions such as uncontrolled diabetes, thyroid disorders, and hypertension can increase the risk of abortion. These conditions can affect the blood supply to the uterus, making it difficult for the fetus to grow properly.
- **Trauma:** Trauma to the abdomen or pelvis can lead to abortion, particularly in the second or third trimester. Trauma can cause damage to the uterus or placenta, leading to premature labor or fetal distress.

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## Pathophysiology and Cause

- **Spontaneous abortion:** The causes of spontaneous abortion can vary depending on the age of the mother. In women under 35 years of age, chromosomal abnormalities are the most common cause. In women over 35, age-related decline in fertility and an increased risk of chromosomal abnormalities in the fetus are contributing factors. Other factors that may increase the risk of spontaneous abortion include infections, hormonal imbalances, anatomical abnormalities of the uterus, and immune system disorders.
- **Induced abortion:** In induced abortion, the causes are deliberate and are usually due to personal or medical reasons. The types of medication used in induced abortion include mifepristone and misoprostol, which are used for medical abortions, and methotrexate and prostaglandin analogs, which are used for surgical abortions.

## Types/Forms

There are two main types of abortion: spontaneous and induced. Spontaneous abortion is also known as miscarriage and occurs naturally without any intervention. Induced abortion is a deliberate termination of pregnancy, which can be done medically or surgically.

## Clinical Manifestations

The clinical manifestations of spontaneous abortion include vaginal bleeding, cramping, and the passage of tissue or clots. Other symptoms may include back pain, abdominal pain, and a decrease in pregnancy-related symptoms such as nausea and breast tenderness.

In induced abortion, the clinical manifestations depend on the type of medication used. Medical abortion may cause cramping, bleeding, and the passage of tissue or clots, while surgical abortion may cause cramping, bleeding, and discomfort.

## Diagnostic criteria

The diagnosis of spontaneous abortion is usually made based on a combination of clinical symptoms, physical examination, and ultrasound findings. In some cases, laboratory tests may be ordered to rule out infections or hormonal imbalances.

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## Treatment

- The treatment of spontaneous abortion depends on the severity of symptoms and the stage of pregnancy. In some cases, no intervention may be necessary, and the pregnancy will end naturally. In other cases, medication or surgical intervention may be required to remove any remaining tissue and prevent complications.
- The treatment of induced abortion depends on the type of medication used. Medical abortion is usually treated with mifepristone and misoprostol, while surgical abortion is usually treated with methotrexate and prostaglandin analogs.

## Contraindications/cautions

The use of medication for induced abortion is contraindicated in patients with certain medical conditions, including liver or kidney disease, bleeding disorders, and ectopic pregnancy. Caution should also be exercised in patients with a history of heart disease, stroke, or high blood pressure.

## Affected age groups

Both spontaneous and induced abortions can affect women of any age, but the risk of spontaneous abortion increases with maternal age, particularly in women over the age of 35.

## Nursing Assessment

The nursing assessment for a patient who has experienced an abortion may include a review of the patient's medical history, including any previous pregnancies or miscarriages. Physical assessment may include vital signs, abdominal examination, and assessment of vaginal bleeding or discharge. Emotional assessment may also be necessary, as women who have experienced an abortion may experience feelings of grief, guilt, or anxiety.

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## Nursing Diagnoses

- Nursing diagnoses for a patient who has experienced an abortion may include:
  - - Risk for infection
  - - Anxiety
  - - Deficient knowledge
  - - Grieving

## Nursing management

The nursing management of a patient who has experienced an abortion may include:

- Providing emotional support and counseling
- Monitoring vital signs and assessing for signs of infection or hemorrhage
- Administering medications as prescribed, such as antibiotics or pain medication
- Educating the patient on proper aftercare, including rest, hygiene, and follow-up appointments
- Referring the patient to support groups or resources for emotional support and counseling.