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Extended Abstract
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Gynecology 2018: Managing abortions in India-a threat to the pregnant woman- Alka Garg- Carewell Hospital

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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. Recurrent pregnancy loss (RPL) is defined within the us as two or more consecutive failed clinical pregnancies documented by ultrasound or histopathology. within the uk , it's defined as having three or more consecutive early pregnancy losses.

Abortion is when a pregnancy is ended in order that it doesn't end in the birth of a toddler . Sometimes it's called 'termination of pregnancy'. Abortion, the expulsion of a fetus from the uterus before it's reached the stage of viability (in citizenry , usually about the 20th week of gestation). An abortion may occur spontaneously, during which case it's also called a miscarriage, or it's going to be brought on purposefully, during which case it's often called an abortion . Spontaneous abortions, or miscarriages, occur for several reasons, including disease, trauma, genetic disease , or biochemical incompatibility of mother and fetus. Occasionally a fetus dies within the uterus but fails to be expelled, a condition termed a missed abortion. Induced abortions could also be performed for reasons that fall under four general categories: to preserve the life or physical or mental well-being of the mother; to stop the completion of a pregnancy that has resulted from rape or incest; to stop the birth of a toddler with serious deformity, moronity , or genetic abnormality; or to stop a birth for social or economic reasons (such because the extreme youth of the pregnant female or the sorely strained resources of the family unit). By some definitions, abortions that are performed to preserve the well-being of the feminine or in cases of rape or incest are therapeutic, or justifiable, abortions.

Only about 2 percent of pregnant women have two consecutive pregnancy losses.Up to 50 percent of patients with RPL haven't any clearly defined etiology. RPL is one among the complex and challenging scenarios in reproductive medicine, and it's frustrating for the patients, their families, and treating physicians also . When the etiology of RPL is unclear, it can create anxiety and apprehension among the patients.

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.

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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