Unwanted Pregnancy and Induced Abortion

Ardalan MR, Vahedi A
Gordana Bogdanovic,
Internal medicine, "Bezanijska Kosa", University Medical Center, Belgrade, iraq

Unwanted Pregnancy:

Unwanted pregnancy (or unwanted fertility) affects many women worldwide. A woman's chance of experiencing an unwanted pregnancy at some point during her reproductive life is approximately 1 in 3. For many women the only option is to undergo an abortion, otherwise known as termination of pregnancy (TOP). Approximately 200,000 women per year undergo abortion in England and Wales with a further 13,000 in Scotland. Therapeutic abortion is the commonest gynecological procedure performed in the United Kingdom....

Legal Aspects:

The legal aspects of any abortion to be conducted by a registered medical practitioner who is preferably a gynaecologist under the MCI (Medical Council of India) are valid and interferable only if the states interests are compelling against the womans interests and also the fetal and maternal health are preserved ethically. Depending on the stages of pregnancy, the Court analyzed the right to abortion. The 1st trimester allows a woman, completely void of the state or federal government's decisive power, to abort freely and the decision remains wholly and solely between the physician and the woman. Unlikely, the 2nd. Trimesteral changes are more dangerous to the health of the mother to be aborted, therefore the state can regulate the procedure unless and until confined to the preservation and protection of maternal health. Thus, the state can make certain licensing requirements in which the feasibility to the abortion procedure and concerned reporting and record keeping is duly to be managed by the concerning clinical set up (e.g. : hospital or clinic, etc.). During the 3rd. trimester the viability of the fetus allows the state's compelling interest in the protection of fetal life to be dominant over the mother's right to privacy. In this trimester the state may prohibit abortion duly in the interests of a healthy maternal life.

A basic legal rule for medical practice is that a procedure cannot occur without first obtaining consent from the patient, and to obtain informed consent, the patient must be told of the risks, benefits, and alternatives to any procedure. Ideally an assent should be duly taken from the minor (pregnant teenager) or the vulnerable in presence of a LAR (legally acceptable representative). In a parallel manner, there is a pre-abortive assessment or counseling to understand the gestational age and intrauterine location. Evaluation of a serious medical predicament if any that might alter the decision of the procedure of abortion. Taking a chance of explaining about the future contraception is very essential for avoiding unwanted fertility.

Surgical Abortion:

Surgical abortion is done by an experienced doctor with suction method and pregnancy is removed vaginally. Medical abortion is a procedure that uses medication to end a pregnancy. A medical abortion doesn't require surgery or anesthesia and can be started either in a medical office or at home with follow-up visits to your doctor. It's safer and most effective during the first trimester of pregnancy.

Risks and Complications:

Theres a small risk to fertility and future pregnancies as you get a womb infection and if it spreads to the ovaries and fallopian tubes, it might be a major concern of PID (pelvic inflammatory disease). But fortunately such complications don't arise in the presence of a well qual;ified and experienced medical practitioner / preferably a gynaecologist.

Conclusion:

I feel that precautions should be the top most priority to a safe and healthy pregnancy outcome. Such unwanted pregnancies or abortions should be maximally avoided to

survive the complications and to achieve so a good counseling session right as a pre marital guidance should be obliged at hospitals and various such clinical set ups.

Recent Publications

1. Hughes GR. The antiphospholipid syndrome: ten years on. Lancet 1993; 342:341-4.
2. Ardalan MR, Vahedi A. Antiphospholipid syndrome: A disease of protean face. J Nephropathology 2013; 2(1):81–4.
3. Stojanovich L, Markovic O, Marisavljevic D, at all. Influence of antiphospholipid antibody levels and type on thrombotic manifestations: results from the Serbian National cohort study. Lupus 2011; 0: 1–8.
4. Kalasnikova LA, Nasonov EL, Stojanovich L, et al. Sneddon's Syndrome and the primary antiphospholipid syndrome. Ter Arkh 1993; 65:6.
5. Stojanovich L, Kontic M, Djokovic A, et al. Association between systemic non-criteria APS manifestations and antibody type and level: results from the Serbian national cohort study. Clin Exp Rheumatol. 2013 Mar-Apr; 31(2):234-42.

Global Summit on Clinical & Medical Case Reports; May 22-23, 2020; Paris, France

Citation: Ardalan MR (2020); Unwanted Pregnancy and Induced Abortion, Biofuel 2020, February 18-19, 2020; Dubai, UAE