

## INTRODUCTION

Abortion is the termination of pregnancy, by any means, before the fetus is sufficiently developed to survive. In the United States of America, abortion is confined to "termination of pregnancy before 20<sup>th</sup> weeks of gestation based upon the date of the last normal menses" (*Cunningham et al., 2001*).

The world health organization (WHO) definition is "the expulsion, or extraction, of an embryo, or fetus, weighing 500gm, or less, from its mother". This weight criterion was chosen because it corresponds to a gestational age of roughly 20-22 weeks, which was considered to be below the irreducible minimum for viability, and because it was thought to provide some discrimination between pathological causes (*Stirrat, 1990*).

Pregnancy loss is the most common complication of pregnancy, and it is estimated that fetal viability is only

achieved in 30% of all human conceptions, 50% of which are lost prior to the first missed menses (*Clark, 2003*).

Abortions affect 15% of women, primarily in the first trimester. While most abortions are sporadic and non recurrent, there is a subset comprising 2-5% of couples that suffer recurrent abortions (*Clark, 2003*).

Abortions risk increases with the number of previous pregnancies and with increasing maternal age, moderately after 35 years and more rapidly after the age of 40 years (*Nybo et al., 2000*).

Abortion can be managed medically or surgically. Depending on the regimen used and other factors, approximately 2% to 10% of patients who have a medical abortion will need surgical evacuation because of incomplete abortion, severe haemorrhage, persistent side effects, or upon patient request (*MacIsaac et al., 2000*).

Interest in abortion researches is reemerging, partially as a result of political changes and partly due to evidence of the

contribution of abortion to maternal mortality in developing countries. Information is lacking on all aspects especially, of induced abortion (*Barreto et al., 2000*).