

## 2.0 ABORTION

It is interruption of pregnancy (expulsion of a fetus) before it is viable, legally at 28<sup>th</sup> week of gestation. Clinical types are recognized according to findings when the patient is first seen. These include: Threatened abortion, inevitable abortion, incomplete abortion, complete abortion and missed abortion.

### Diagnosis

- Clinical features will depend on the types of abortion
- Vaginal bleeding which may be very heavy in incomplete abortion, intermittent pain which ceases when abortion is complete and cervical dilation in inevitable abortion
- In missed abortion, dead ovum retained for several weeks while symptoms and signs of pregnancy disappear
- When infected (septic abortion) patient presents with fever tachycardia, offensive vaginal discharge, pelvic and abdominal pain.

### Puerperal/Post abortal Sepsis

Pyrexia in women who has delivered or miscarried in the previous 6 weeks may be due to puerperal or abortal sepsis and should be managed actively. Abdominal pain in addition to pyrexia is strongly suggestive. The uterus may need evacuation however parenteral antibiotics must be administered before evacuation.

**C:** Ampicillin (I.V)1gm start

**Plus**

**A:** Metronidazole 500mg

**Plus**

**A:** Gentamycin 80mg stat

Patient should continue with the following oral antibiotics after evacuation for 5 to 7days

### For Mild/moderate

**A:** Amoxicillin (O) 500mg every 8 hours for 10 days

**Plus**

**A:** Metronidazole (O)400 mg every 8 hours for 10 days

**Plus**

**A:** Doxycycline (O)100 mg every12hrs for 10 days

### Treatment Guidelines for severe cases

- Body temperature higher than (38°C)
- Marked abdominal tenderness are signs of severe post abortal sepsis

### Drug of Choice:

**A:** Benzylpenicillin (I.V)2MU every 6 hours

**Plus**

**B:** Chloramphenicol (I.V) 500 mg every 6 hours

**Plus**

**A:** Metronidazole (O) 1 g twice daily

**Note:** If patient cannot swallow continue with parenteral treatment give Metronidazole 1 gm (PR) twice daily or IV/500 mg every 8 hours

**Choice for parenteral antibiotics:**

**C:** Ampicillin (IV) 500 mg every 6 hours

**Plus**

**A:** Gentamicin (IM) 80 mg every 8 hours

**Plus**

**A:** Metronidazole (O) or (PR) 1 g twice daily for the duration of 5 to 7 day

**Note:** Pelvic abscess may be suspected if after 48 hours no response, in this case laparotomy or referral may be necessary