


The prevalence of spontaneous abortions in UOGH "Queen Geraldine"			Healthcare Keywords: abortion, Albania, spontaneous, women.
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Abstract			
<p>Background: Spontaneous abortion refers to the product of fertilized loss before week 20 of pregnancy, when it pregnancy is not caused by external factors. Aim: The aim of our study is to realize the situation researching spontaneous abortions, etiology most vulnerable age and complications. Methodology: The study includes spontaneous abortions applied in the period 2010-2013. From the study of the medical records we received 1,904 a total who were 15-45 years of age, from the urban, rural areas, and neighboring towns that are addressed in this institution to get proper help. Results: We observed 1,904 cases in total of which 51.70% were from Tirana, and with 51% of women were 25-34 years. The incidence of spontaneous abortion in our country is 5.5% for or approximately 1 to 2 abortions performed in nationally and in SUOGH "Queen Geraldine" is 24.9% or 1 in 40 abortions. Conclusions: Trend of the phenomenon of spontaneous abortion is always growing. The most vulnerable age is 25-34 years as a result of fertility ideal age. The focus of health service participants must be noted on the etiology and capture the situation as early as possible and reduce the number of spontaneous abortions taking appropriate measures in time.</p>			

Background: Spontaneous abortion refers to the product of fertilized loss before week 20 of pregnancy, when it pregnancy is not caused by external factors.[1] Spontaneous abortion meets 13% to 20% of all diagnosed pregnancies. Approximately 20% of pregnant women will have some bleeding before the 20th week of pregnancy, and approximately half of these pregnancies will end in abortion.[2]

Aim: The aim and objective of the study is to realize the situation researching spontaneous abortions, etiology most vulnerable age and complications in UOGH "Queen Geraldine" in 2010-2013.

The general objective: Determining the prevalence of spontaneous abortions and criteria in maternity "Queen Geraldine" and confront with those of other maternity and neighboring countries.

Table 1: Sub spontaneous abortion groups according to clinic[1]

Under spontaneous abortion groups	Clinic
Abortion risk	Vaginal hemorrhage in the presence of a functional pregnancy, no changes in the cervix.
Abortion imminent (inevitable)	Occurs when the cervix is dilated and the membranes are ruptured, the products of conception remain in the uterus.
Missed abortion	Characterized by intrauterine fetal death and maintaining the product conception.
Complete abortion	The spontaneous release refers to the conception of all products.
Habitual abortion	A history of three or more repeat abortions.
Septic abortion	Every abortion can be infected up to septic shock.

Diagnosis

Abortion risk is defined with vaginal bleeding in a woman with a confirmed pregnancy. Should be evaluated with a complete history and physical examination. Blood laboratory tests, (Rh factor, and serial measurement of hCG). Sensitivity applied for Gonorrhoea and chlamydia. Transvaginal ultrasonography.[3]

Treatment

- Dilation and curettage (D & C), manual vacuum aspiration.
- Evacuation of the uterus surgically recommended because of the risk for infection.
- Management for reception is successful without surgery in 82 % of women.
- In case the risk of abortion, recommended bed rest, restriction of activities, and to abstain from sex until the signs are gone.[3]

Preventing abortion

Preventing abortion is based mainly on avoidance or reduction of any of its risk factors. Identifying the cause of abortion can help prevent a pregnancy from happening again in the future. Most spontaneous abortions are caused by genetic abnormalities of the fetus, can not anything be done to prevent it.[4]

Management

- After an abortion, becomes psycho emotional support and advice when needed.
- Anti prophylaxis - Rhesus (250 IU) should be offered to all women Rhesus - negative that have a surgical procedure for managing an abortion.
- If confirmed an abortion in the first trimester, management is waiting (waiting to see if the abortion is carried out without interference) for 7-14 days.[5]

Survey of Methodology

Retrospective, with two components:

- a) **Descriptive:** the description refers to the prevalence of spontaneous abortions, distribution and clinical classification of different age groups.
- b) **Analytical:** This component refers to the relation of cultural elements, educational demographic characteristics, socio-economic factors and age of the individuals involved in the study.

The population in study

The study includes spontaneous abortions applied in the period 2010-2013. From the study of the medical records we received a total of 1,904 patients who were 15-45 years of age, from the city, village, and neighboring towns that are addressed in this institution to get proper help.

Data Collection

Data collection was conducted by observation of medical records in UOGH "Queen Geraldine" by including age, location, clinic, type of abortion, treatment, support.

Information Collection and duration of access to information

Our information is based on the collection of data from medical records in this institution including the period 2010-2013. This study began in October 2013-March 2014.

Statistical Analysis

In our study, according to data issued cards are mathematical formulas based on the average percentage by residence and age group and the comparison between years. All statistical analyzes were done with SPSS (Statistical Package for Social Sciences, version 15.0, Chicago, IL).

Results in our study

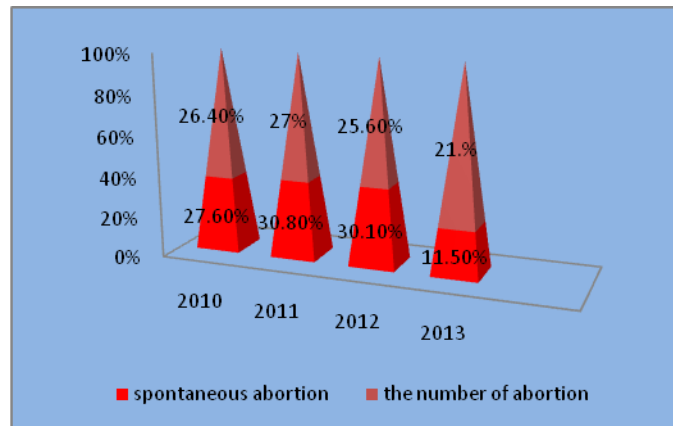


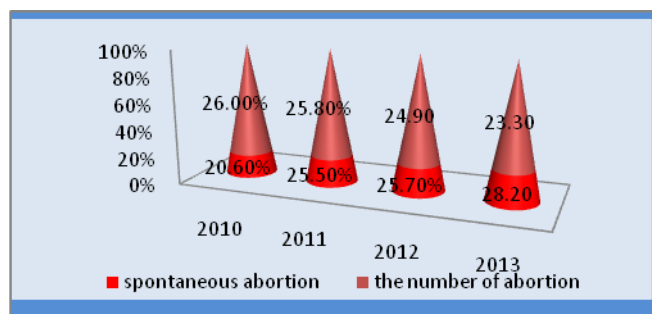
Chart.1. The magnitude of spontaneous abortion in our country:

Bulletin of the Institute of Public Health in Albania[8]

The incidence of spontaneous abortion in our country is 5.5% for 30,680 abortions performed or approximately 1 to 2 abortions performed nationally. If we compare the years of surveillance system data, we see that there is a significant increase in spontaneous abortions against them at the request of the woman by 2011. Spontaneous abortions in 1996 accounted for 18.2% of all abortions reported, in 2009 they accounted for 22.50% of total abortions, and spontaneous abortions in 2011 accounted for about 30.80% of the total number of abortions. And only in 2013 has fallen to 11.50% of cases.

The situation of spontaneous abortions in University Hospital Obstetrics and Gynaecology "Queen Geraldine" in the period 2010-2013.

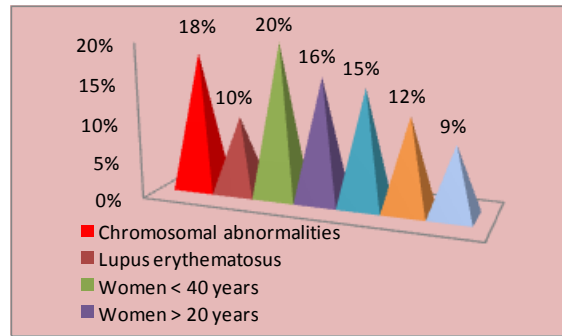
Chart.2. Report of spontaneous abortion compared with the number of abortions in years:



Bulletin of the Institute of Public Health in Albania[8]

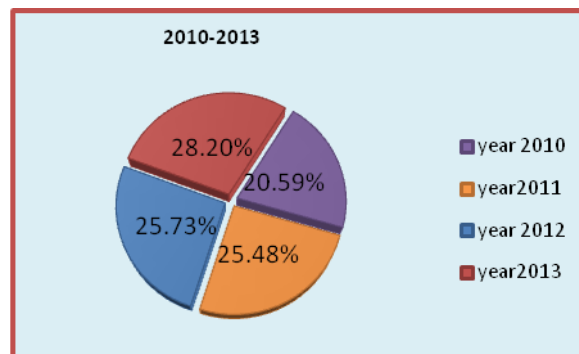
The incidence of spontaneous abortion in maternity "Queen Geraldine" is 24.9% for 7636 abortions performed or 1 in 40 abortions in this institution. It seems clear that we have strong growth in the number of cases of spontaneous abortions in 2013 in UOGH"Queen Geraldine".

Chart.3. Etiology of spontaneous abortion according to the study:



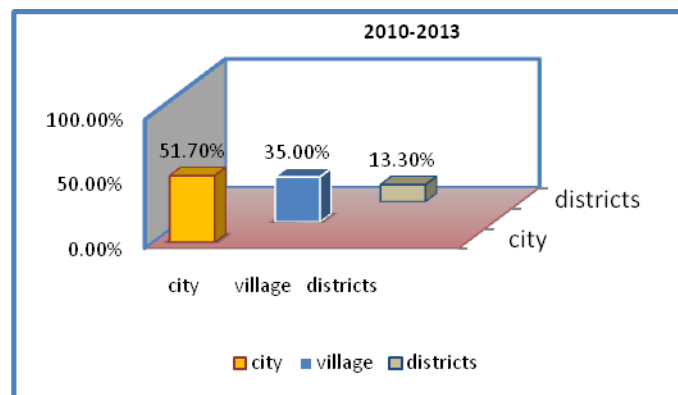
In the etiology of spontaneous abortion predominates over 40 years of age with 20% of cases and 9% of cases are transmitting infectious diseases.

Chart. 4. Spontaneous abortions with total percentage



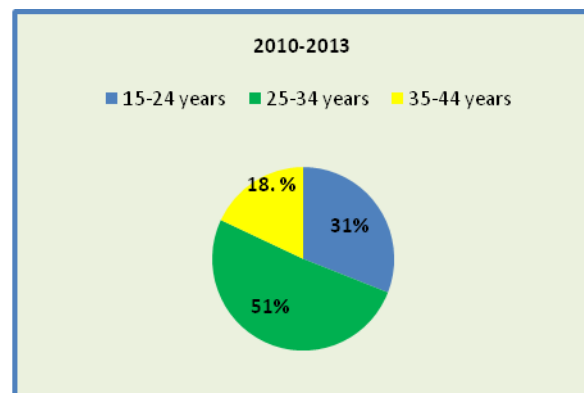
Comparison of years. A large influx concluded in 2013 with 28.20% of spontaneous abortions, followed by 2012 with 25.73% and that with a small difference of 25.48% since 2011 and remains year and 2010 20.59% cases.

Chart .5. Spontaneous abortions with total fekale



Were observed in the period 2010-2013 in total 1,904 cases. Of which 982 cases or 51.70% were from Tirana, followed by 35.00% from the villages around Tirana and 13.30% of the districts. From the graph above clearly shows that abortions performed by women who live in the city constitute the highest percentage of the total number of abortions, thus being a clear picture of the demographic transition that has sustained our country.

Chart 6. Spontaneous abortions total persons by age



In the period 2010-2013 are presented at the hospital "Queen Geraldine" in total 1904 patients who received services at the center. Most of them belong 953 cases or 51% of which belonged to the age group 25-34 years followed by 15-24 years age group 31% and 18% 35-44 years age group.

Discussion

The results of our study are comparable with several studies recognized by the WHO, in developing countries and can serve as a reference point for policy-makers in Albania and beyond. This study could be expanded to include more women in the republic since the range, we included only those maternity "Queen Geraldine". The cooperation of all participants' {doctor, nurses, representatives of health promotion} on prevention methods miscarriage can bring positive results.

Councils to reduce the spontaneous abortion[6],[7]

- ✓ Should take 400 mg of folic acid every day, starting one or two months before conception.
- ✓ Healthy nutrition
- ✓ Stress Management
- ✓ Maintaining weight within normal limits.
- ✓ No tobacco consumption and stay away from the premises where it is consumed.
- ✓ Not drinking alcohol.
- ✓ Diversions of narcotic substances.
- ✓ Avoid radiation and poisons such as arsenic, lead, benzene, and ethylene oxide.
- ✓ Avoid sports that carry a higher risk for injury. Use Yoga and swimming.
- ✓ Before to use any drug during pregnancy, consult your doctor.

Some therapies can help [6],[7]

- Massages help the couple to spend the situation, can help in the recovery of the dialogue in pairs.
- A psychotherapist can help pass situations. Also priority is given expression by women.
- Agopuntura: helps to strengthen the body and blood of deposits reconstruction.

Before the next conceived a pregnancy need to wait from 6 months to 1 year.

Conclusion

- ✓ Trend of the phenomenon of spontaneous abortion in the maternity ward "Queen Geraldine" is always growing.
- ✓ It is the obligation of all those who are dedicated to the health and welfare of women to promote ways that will reduce the number of spontaneous abortions.
- ✓ The highest percentage performed by women who live in the urban areas in the total number of abortions, thus being a clear picture of the demographic transition that has sustained our country.
- ✓ The most vulnerable age is 25-34 years as a result of fertility ideal age.
- ✓ The focus of health service participants must be noted on the etiology of spontaneous abortion and capture the situation as early as possible and reduce the number of spontaneous abortions taking appropriate measures in time.

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