

Abortion.

Abortion is the term applied to the expulsion of the ovum from the uterus before the fourth month of pregnancy has set in. It may be classified in the first instance under two heads:

- (a) Threatened Abortion, and
- (b) Inevitable Abortion.

It is called *threatened* where no part of the ovum has come away: *inevitable* where the entire ovum, or a portion of it, has been expelled from the uterine cavity. Inevitable Abortion may again be divided into—

(1) Complete Abortion, where the whole ovum comes away. In this case the os closes and no ovum can be felt.

(2) Incomplete Abortion, where only a part of the ovum comes away, the remaining part acting as an irritant on the uterus and causing hæmorrhage. In this case the os is sufficiently dilated to admit the tip of one, or even two fingers, and the ovum can be felt.

(3) Cervical Abortion, where the ovum is retained in the cervix, the external os having closed.

(4) Missed Abortion, where the ovum dies but is not expelled. This condition is indicated by an offensive, brownish discharge (owing to the rupture of the membranes and rapid putrefaction of the foetus), and general symptoms of malaise.

The causes of abortion are generally divided into

- (a) Predisposing causes, and
- (b) Exciting causes.

The predisposing causes, which are by far the most important, are

- (1) Endometritis and ensuing hæmorrhage.
- (2) Renal disease.
- (3) Syphilis.
- (4) Displacement of the uterus, and more particularly retrodeviation.

(5) Jaundice, which arising from pressure of the uterus on the bile duct, may cause atrophy of the liver and so give rise to abortion.

The exciting causes are

- (1a) A blow, a fall, or violent fit of coughing.
- (2b) Pyrexia, or Hyperpyrexia.

It may be questioned whether any of the exciting causes in group (1a) ever really give rise to abortion, unassisted by some *predisposing* cause, if the uterus is perfectly healthy; but the sudden onset of pyrexia, very often, and hyperpyrexia, almost invariably, causes abortion; for they, like syphilis, kill the embryo, and the ovum is then expelled.

The symptoms of abortion are hæmorrhage, occurring during the first three months of

pregnancy, accompanied by a bearing down sensation, pain in the back, and colicky pains in the abdomen. In the early stages there is often leucorrhœa and, on vaginal examination, the doctor may find the cervix shortened and the os partially dilated.

The treatment of abortion is of two kinds:—

- (a) Palliative,
- (b) Active.

Palliative treatment consists of rest in bed (the foot of which should be raised), and the application of a firm binder and compress over the uterus. Tinct. opii. may be ordered to relieve the pain, and Ergot, Ergotine, or the Liquid Extract of Hydrastis Canadensis to check the hæmorrhage. The condition of the bowels should receive careful attention; and for diet, fluids, neither too hot nor too cold, should be given.

If the hæmorrhage ceases under this palliative treatment, the abortion is only threatened, in which case the patient should be kept in bed for at least *three days after the discharge has ceased*. If, however, the hæmorrhage does not cease, and the patient is getting visibly weakened from loss of blood, then the vagina must be at once plugged, or, if the abortion has become *inevitable*, the doctor will have to remove the ovum with his finger, or a blunt curette (Reinstätter).

In cases of abortion, after the uterus has been emptied, sub-involution may follow, and the patient should be warned that menstruation for the next few periods will be severe, and the advisability of rest in bed should be impressed upon her. Medical advice may be necessary, as the condition following abortion often calls for intra-uterine treatment.

The chief points for a nurse to bear in mind in nursing a case of abortion are:—

(1) To send for medical aid at once, and pending its arrival, to do promptly and thoroughly what lies in her power, *i.e.*, carry out the palliative treatment, and keep cool and collected, so that the patient may not be rendered more nervous than need be in regard to her own condition.

(2) To keep everything which is expelled from the uterus for the doctor's inspection, as, without the evidence of his own eyes, even with a vaginal examination and the history of the case to help him, it may be quite impossible for him to tell whether the abortion is complete or incomplete, or whether it may not be a case of extra-uterine pregnancy.

(3) In the after-treatment, if hot vaginal douches are ordered, the nurse should always use a thermometer so that the douche may be given at the requisite temperature. She

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