*Ekedigwe Sandra Onyinye*

**THE ANALYSIS OF RISK FACTORS OF SPONTANEOUS ABORTION IN NIGERIAN WOMEN**

Kharkiv national medical university

Department of Obstetrics and Gynaecology No. 2

Kharkiv, Ukraine

*Research advisor: ass. Gradil O.G.*

**Introduction.** Spontaneous abortion, miscarriage or pregnancy loss, are all synonyms used to describe the death of an embryo or fetus before it is able to survive independently. In relation to gestation weeks, it is the loss of fetus before 20weeks ofgestation. After this time, it is called a still birth. There are many variants ofspontaneous abortion, it could be of the threatened, inevitable, incomplete, completeand missed type of abortion. A good number of Nigerian women (about 34%) of the child bearing age have suffered from this at one time in their lives. This often leads to sadness, anxiety and guilt in the women.

**Materials and methods.** For the purpose of this study, Jos University Teaching Hospital, JUTH, in Nigeria was used as a hospital of interest. The study was carried out in December of 2017 with 16 women who were admitted into the gynecology wards with an already established diagnosis of spontaneous abortions. Aquestionnaire and interview method were used on these women to get a history oftheir lifestyle, medical records and pregnancy, while it lasted of course. The 16women selected had basic primary and secondary education, were willing to participate and answered all questions honestly.

**Results.** Of the 16 women used for this study, 10 of them had a case of “recurrent spontaneous abortion”. Out of the 10 women, 6 of them were seen to be between theages of 35 to 40 years. This drew attention to an older age being a risk factor. 3 otherwomen with the recurrent case were found to have “cervical incompetence” causinginability of the cervix to stay closed during the entire pregnancy. This is a result of weakness of the cervix and it was not earlier diagnosed in the women.

The 10thwoman, was honest enough to say she continued to take alcohol when pregnant without fully understanding the effects. For the other 6 women, it was a 1st time diagnosis and they were all found to have “inter-current diseases” ranging from diabetes mellitus type1 to poorly managed infectious diseases like toxoplasmosis and malaria.

**Conclusion.** The importance of antenatal classes and care should be emphasized in Nigeria. Women should be encouraged to have their children in younger ages, in their20’s or early 30’s. Pregnant women should undergo routine checkups to manage anyinter-current diseases. Antenatal classes should focus on educating women on how tomake healthy changes to their lifestyle during pregnancy for a safe carrying of a whole term pregnancy.