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[Induced abortion. Legislation, epidemiology, complications]

[Article in French]

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PIP: In France, induced abortion was legalized under certain conditions since the January 1975 and December 1979 laws suspended the effects of Article 317 of the French Penal Code that forbade induced abortion. For more than 15 years, induced abortion has been part of current gynecological practice. Adverse effects of abortions have been reduced. In the upcoming years, the interest in drug-induced abortion and abortion under local anesthesia will increase due to a concern for reducing risks that deteriorate physical integrity and women's gynecological/obstetrical future. Induced abortion still remains a very important act, if not serious, in a woman's life. Prevention of induced abortion remains the absolute medical objective and is necessary for information campaigns on contraceptives, especially among youth. If accessible and equal access to induced abortion is becoming a reality in France, abortion will always remain a failure and proof for women that they have recourse to abortion. Induced abortions have remained relatively stable in France (170,000 in 1980; 181,154 in 1991). The abortion rate ranges from 20 to 25 per 100 live births. 50% of women of reproductive age will have an induced abortion in their life. The fertility rate in France has been 1.8 since 1976. First trimester abortion-related mortality is less than 1/100,000. Abortion-related mortality increases with gestational age (0.5/100,000 at 8 weeks vs. 1.1/100,000 at 12 weeks). It is also associated with the anesthesia used (0.15 for local anesthesia vs. 0.58 for general anesthesia). The leading causes of abortion-related mortality are infection, pulmonary embolism, and anesthetic accidents. Immediate complications of induced abortion are anesthetic accidents, hemorrhage, uterine perforations, accumulation of blood in the uterus, cervical tears, and vaginal discomfort. In France, the induced abortion related-perforation rate is between 0.2% and 1.2%. Perforation is more likely after 10 weeks and under general anesthesia. Secondary complications include abortion failure, retained placenta, infections, secondary fertility, secondary Rhesus isoimmunization, and psychiatric and psychological complications.

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