



WAYS TO PREVENT POST-ABORTION COMPLICATIONS

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ABSTRACT

Safe medical abortion is one way to end an unwanted pregnancy with family planning. Reducing early and late complications after abortion and maintaining reproductive function is one of the important tasks in obstetrics and gynecology. Medical abortion in the field of obstetrics and gynecology has reduced the number of postpartum endometritis, septic diseases, secondary infertility, as well as purulent-septic diseases after abortion and maternal mortality. But the prevention of complications of medical abortion is still not well understood. The article analyzes the problem.

Objective: To develop an algorithm for preventive measures to reduce early and late complications after safe medical abortion and maintaining reproductive function.

Materials and methods: The work was carried out in 1 clinic of SamMI and Samarkand maternity complex No. 1 for the period 2018-2019. 60 women were studied, which are divided into 2 groups:

In group 1, 30 women who underwent medical abortion. The benefits of abortion using medications such as mifepristone and mesoprostol have been studied.

In the 2nd group of 30 women with a surgical method of abortion.

An anamnesis was taken, laboratory tests were carried out - a general blood test, a general urinalysis, a bacteriological study of vaginal discharge, a coagulogram, a blood group analysis, an ultrasound examination of the pelvic organs.

Results and discussions: In group 1, abortions were performed in two ways on fetuses from 4 weeks to 12 weeks. Method 1, for women with a gestational age of 4-8 weeks (n = 15), mifepristone 1 tablet orally, 800 mg of mesoprostol for 48 hours and 400 mg of mesoprostol per after 1 hour - 86.7% of the fetus did not decline. Drug hypersensitivity was observed in 6.67% of women. Complications of abortion in the fetus were observed in 6.67% of cases. The total dose of mesoprostol in this case reached 1600 mcg.

Method 2: a mifepristone 1 tablet was orally administered, 400 µg of isoprostol orally after 48 hours, and 400 µg of isoprostol per was orally administered for 3 hours with an efficiency of 53.4%. Women with drug insensitivity accounted for 20%. The following

complications were observed with this method: abnormal abortion in 26.7% and blood clots in 26.7%.

1 Method of abortion when pregnancy is from 9 to 12 weeks ($n = 15$), mifepristone 1 tablet orally, 800 mg of mesoprostol orally after 48 hours and 400 mg of mesoprostol 1 hour later - The result was 93.3%. Drug sensitivity was observed in 6.7% (1) of women. In 13.3% of cases, the following complication occurred - cervical retention. Misoprostol was also taken when the placenta stood along the cervix, and after 1 hour, 400 mcg was given orally. The effective dose of total mesoprostol was 1600 mcg.

Method 2, mifepristone 1 tablet, 400 mcisoprostolper for 48 hours and 400 μ g of isoprostol orally for 3 hours - the effectiveness was 80.1%. Insufficient drug sensitivity was observed in 1 woman. Complications were associated with abnormal abortion in 13.3% and blood loss in 20%. The miscarriage was effectively stopped with 400 mg of mesoprostolper and another 400 mg of mesoprostolper after 1 hour. The total dose of mesoprostol was 1600 mcg.

Disadvantages of abortion: severe pain, insufficient sensitivity to the drug and fetal development, fever, incomplete separation of the membranes during pregnancy, bleeding, septic complications.

Surgical abortion in patients of the second group was 100% effective at 4–8 weeks of pregnancy ($n = 15$), and in 13.3% of cases was complicated by the development of postoperative endometritis after surgical abortion. Surgical abortion was also 100% effective at 9–12 weeks of gestation ($n = 15$), but complications were observed in 6.7% of cases in the form of postoperative endometritis.

Disadvantages of surgical abortion: signs of acute inflammation of the genital organs, anesthesia may cause uterine anesthesia, and the patient may be insensitive to anesthesia. Complications of anesthesia are common and often occur immediately after anesthesia in the form of vomiting, headache, nausea and, in addition, long-term complications of anesthesia. Surgical abortion causes complications such as endometritis, the development of septic diseases and maternal mortality.

Conclusion. As a result of abortion in women, the effectiveness of group 1 was 86.8% - 98.5% when using the first method, and a dose of 1600 μ g with the addition of mesoprostol with insensitivity was 100%. In the second method, effectiveness was observed in 53.4-80.1% of cases, with complications a total dose of 1600 mg was used.

In the group, two who were divided into subgroups by gestational age - 4-8 weeks of pregnancy and 9-12 weeks of pregnancy, the effectiveness was 100% when the pregnancy was terminated by surgery. However, after closing the abdominal cavity, complications after abortion occurred in more patients than in group 1, in particular, uterine inflammation in group 1 was 6.7%, and in group 2 - 10-23.1% after abdominal surgery.

Thus, drug therapy was preferred as the first method of abortion in order to avoid the risk of complications in safe abortion. Secondary infertility does not occur in the form of fetal abortions, bleeding after abortion, endometritis, septic diseases, surgical interventions, and a reduction in maternal mortality.

Based on the data, it can be said that early abortion has fewer complications. Medical abortion is safer for both a woman and her future fertility. Compliance with all the rules of asepsis and antiseptics, as well as the appointment of antibiotics after the abortion procedure to prevent

infectious complications, is very important knowledge. Since abortion in itself is traumatic for a woman, early diagnosis of pregnancy and improvement of the population's knowledge of contraception are very important.

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