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ARTIFICIAL ABORTION DURING PREGNANCY

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Abstract
Reducing early and late postoperative complications and maintaining reproductive function is one of the important tasks in the field of obstetrics and gynecology. Conducting medical abortion in the field of practical obstetrics and gynecology reduces postpartum endometritis, septic diseases, secondary infertility, as well as purulent-septic diseases after abortion and maternal mortality.

Keywords
abortion, medical abortion, reproductive function, complications, mifepristone, misoprostol.

INTRODUCTION

It is believed that abortion stops from 1 to 22 weeks of pregnancy. Abortion is divided into spontaneous and artificial.

For induced abortions, various methods are used, the choice of which is determined by the length of pregnancy. During the first and third months of pregnancy, curettage of the uterine cavity and vacuum aspiration are performed. Abortion caused by drugs, prostaglandins (mifepristone) and mesaprostol tablets is called medical [1]. During the second trimester of pregnancy, intra- and extra-amnional administration of hypertonic saline has previously been used for abortion, minor caesarean section, cervical dilatation using a Foley catheter or insertion of laminaria have been performed [2]. Currently, mifepristone and mesaprostol are used in the first and second trimester of pregnancy, up to 22 weeks. Each method of abortion has its own complications and advantages. The most dangerous complication of surgical termination of pregnancy is perforation of the uterine wall, which requires laparotomy. Complications after abortion such as endometritis, the development of septic disorders and maternal mortality are also possible [3].

MATERIALS AND METHODS

Prospective: medical history, general blood test, general urinalysis, ultrasound examination, bacteriological examination of vaginal discharge, coagulogram, blood group for 2022-2023.

Group 1 - 66 women, of which 33 were women in the pregnancy period of 4-12 weeks, and 33 women in the period of 13-21 weeks, all of them underwent medical termination of pregnancy.

In the 2nd group there were 33 women with a gestational age of 4-21 weeks - the pregnancy was terminated surgically. The third group (control) included 33 women who had spontaneous miscarriage and incomplete miscarriage. This group of patients underwent curettage of the uterine cavity.

The purpose of our study was to find out which abortions are safe and which ones complicate abortions during termination of pregnancy. The benefits of abortion using the medications mifepristone and mesoprostol have been studied.

RESULTS AND DISCUSSION

In the 1st group of patients, abortions were performed at gestational ages of 4–8 weeks and 9–12 weeks in two ways.

Method 1 (according to our method), gestational age 4-8 weeks (n = 18), mifepristone 1 tablet orally, after 48 hours 400 mg mesoprostol orally and 400 mg mesoprostol after 1 hour per os. The efficiency

reached 86.7%. In 6.6% of patients, the medicine was not effective (no miscarriage occurred). Incomplete miscarriage accounted for 6.6% of cases. In such a situation, i.e. if there was no effect, additional use of 400 mcg of mesoprostol was carried out every hour, 2 times. The total dose of mesoprostol was 1600 mcg. Method 2 (traditional): Mifepristone 1 tablet orally, after 48 hours 400 mcg mesoprostol orally and after 3 hours 400 mcg mesoprostol orally. The efficiency was 53.4%. The lack of effect from the drug is 20%. Complications: incomplete miscarriage - 26.6%, remnants of blood clots - 26.6%. If there was no effect, additional use of 400 mcg of mesoprostol was carried out every hour, 2 times. The total dose of mesoprostol was 1600 mcg.

Termination of pregnancy using 1 method, pregnancy period from 9 to 12 weeks (n = 15), mifepristone - 1 tablet orally, after 48 hours 400 mg of mesoprostol orally and 400 mg of mesoprostol per os 1 hour later. The efficiency was 86.7%. The lack of effect from taking the medication was 6.6%. Complications in the form of retained placenta in the cervix 6.6%. Mesoprostol use was continued while the placenta was retained in the cervix, and 400 μg orally was given after 1 hour, followed by a further 400 μg of mesoprostol after 1 hour if necessary (for minor bleeding). The effective dose of total mesoprostol was 1600 mcg.

Method 2 gestation period from 9 to 12 weeks, mifepristone 1 tablet per os, after 48 hours 400 mg of mesoprostol per os and 400 mcg of mesoprostol per os after 3 hours. The effectiveness was 73.4%. The lack of effect from taking the drug was 6.6%. Complications were observed in the form of incomplete miscarriage, which amounted to 13.3% and bleeding - 20%. In case of incomplete miscarriage, an additional 400 mg of mesoprostol was used and after 1 hour another 400 mg of mesoprostol. The total dose of mesoprostol was 1600 mcg.

Method 1: gestational age 13–21 weeks (n = 33), mifepristone 1 tablet orally, after 48 hours 400 mg mesoprostol orally and 200 mg mesoprostol per os every hour (up to 5 times) - effectiveness up to 94%. Complications: incomplete abortion - 6%. In case of incomplete abortion, 200 mcg of mesoprostol is given every hour (2 times in total). The total dose of mesoprostol was 1600 - 1800 mcg. In group 2, surgical termination of pregnancy was also performed at 4-8 weeks and 9-12 weeks. At 4-8 weeks (n = 18), the effectiveness was 100%; 11.1% developed postoperative endometritis after surgical abortion. With surgical termination of pregnancy at 9–12 weeks (n = 15), the effectiveness was 100%, complications - 6.6% in the form of postoperative endometritis.

CONCLUSION

As a result of medical termination of pregnancy using the first method, the effectiveness in the first group was 86.7% - 94%; if complications occurred, additional mesoprostol was used at a dose of 1600 mcg, the effectiveness in this group was 100%.

When using the second method in patients of the first group, the effectiveness was 53.4% -73.4%, and in the presence of complications, the dosage of mesoprostol was 1600 mg, the effectiveness was also 100%.

In group 2, at 4–8 weeks of pregnancy and 9–12 weeks of pregnancy, the surgical method of termination was 100%.

In group 3, women with spontaneous miscarriages had to undergo curettage of the uterine cavity in 81.8% of cases.

REFERENCES

1. Agababyan L.R., Gayibov S.S., Nosirova Z.A. Features of the course of medical abortion in women with a uterine scar //International scientific review. 2017. no. 2 (33).
2. Agababyan L.R., Gayibov S.S. Features of the obstetric-gynecological and somatic status of women who applied for artificial termination of pregnancy // Doctor's Bulletin. P. 15.
3. Bazarova Z.Z., Sobirova S.E. Hysterectomy as an effective method of therapy for severe obstetric complications // Achievements of university science 2018. 2018. pp. 260-264.
4. Dustova N.K. Features of the course of pregnancy and its outcome depending on the severity of preeclampsia // Problems of biology and medicine. 2012. T. 1. P. 129.
5. Lapasov S.Kh., Khusinova Sh.A., Khakimova L.R. Improving the quality of awareness of pregnant women about preparation for childbirth and methods of contraception // Collection of articles. 2019.№ 1. 2019.