

**COMPLEX REHABILITATION OF WOMEN AFTER LATE ABORTION FOR
MEDICAL INDICATIONS**

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Abstract: Purpose of the study: to evaluate the effectiveness of an integrated approach to the rehabilitation of women after late induced abortion. Rehabilitation was carried out for 60 women after termination of pregnancy up to 22 weeks with congenital malformations of the fetus incompatible with life. The women were divided into two groups: in the main group, a developed comprehensive rehabilitation was carried out; in the comparison group, activities were limited by regulatory documents.

Keywords: Rehabilitation, late abortion, termination of pregnancy.

INTRODUCTION

A pressing issue in the protection of reproductive health is minimizing the risk of possible complications of medical abortions, including after late terminations of pregnancy for medical reasons for congenital fetal defects that are incompatible with life. The problem of abortion remains relevant due to the possibility of developing early and long-term consequences, which subsequently form a number of complications of pregnancy, childbirth, and gynecological diseases. These circumstances force us to look for ways to alternatively improve abortion technologies and ways to prevent possible complications [1,2].

MATERIALS AND METHODS

Rehabilitation was carried out for 60 women after termination of pregnancy with congenital malformations of the fetus incompatible with life, up to 21 weeks 6 days. All women were divided into two groups: patients in the main group received a developed comprehensive rehabilitation; in the comparison group, rehabilitation measures were limited by regulatory documents [3]. An integrated approach to the rehabilitation of women after late induced abortion included the following activities: preparation for abortion, termination of pregnancy itself using modern gentle methods, post-abortion rehabilitation.

RESULTS AND DISCUSSION

Before performing a late abortion, the woman was provided with written, objective information based on evidence. For all women, artificial termination of pregnancy for medical reasons up to 21 weeks 6 days of pregnancy was carried out in the gynecological department of an obstetric hospital, which has the ability to provide specialized care to women.

In accordance with the implementation of regulatory documents into practice [2], artificial termination was carried out using a medicinal method, depending on the stage of pregnancy, indications and contraindications.

Artificial termination of pregnancy was carried out with mandatory anesthesia, women with Rh-negative blood were given prophylactic Rh immunization, anti-D immunoglobulin was prescribed, which was injected into unsensitized Rh-D-negative women within 72 hours after the pregnancy. ongoing induced abortion.

Each woman was consulted, during which the signs of complications in which she should immediately consult a doctor were discussed; Recommendations were provided on the regime, hygiene measures, as well as on the prevention of abortions and the need to maintain and carry the next pregnancy. A follow-up examination by an obstetrician-gynecologist in the absence of complaints was carried out after 9-15 days.

When diagnosing “bacterial vaginosis”, “nonspecific vaginitis”, “vulvovaginal candidiasis” pregnant women were injected with Metrogyl Plus gel intravaginally. The recommended dose was 5 g (one full applicator) 2 times a day (morning and evening). The course of treatment is 5 days. One gram of gel contains: metronidazole 10 mg and clotrimazole 20 mg. When verifying STIs, infections were treated in accordance with existing clinical guidelines and international standards [4].

In the comparison group, in the presence of risk factors, it was mandatory to prescribe broad-spectrum antibiotics. For women not tested for chlamydial infection, doxycycline 100 mg orally twice daily for seven days from the day of abortion, and metronidazole 800 mg orally before and during abortion are included.

Due to the fact that late abortion was carried out for medical reasons and all women were motivated in the future to realize their reproductive function, observation was carried out with the transition to preconception preparation with the choice of the optimal interval between pregnancies. The best period for the onset of a subsequent pregnancy after the loss of a previous one is considered to be the first six months [4]. All women were interviewed about all available modern methods of contraception. Discussion and selection of a contraceptive method took place before the procedure. The chosen method of contraception began to be used immediately after the abortion. In the early period after abortion, the use of COCs provides: reduction in the severity (elimination) of bleeding; inhibition of proliferative processes; anti-inflammatory and regenerative effect at the endometrial level; decreased excitability of the hypothalamic-pituitary-ovarian system (HPO) and decreased gonadotropic activity; elimination of estrogen and progesterone deficiency; and finally, contraception [2].

The average age of patients was 29.8 ± 3.9 years in the main group and 30.1 ± 4.3 in the comparison group. After a study of the vaginal biotope using the Florocenosis system, in the main group it was found that bacterial vaginosis and nonspecific vaginitis were observed in 46.6%; in the comparison group, disturbances of the vaginal biotope were detected only in 26.7% of observations. The study analyzed delayed and long-term consequences. Complications of late abortion that developed during the first month after surgery were observed in both groups. Endometritis in the post-abortion period developed in 1 (3.3%) of the observed main group and in 3 (10%; $p = 0.605$) of the comparison group. Subinvolution of the uterus was detected in 1 (3.3%) woman and 4 (13.3%; $p=0.350$), respectively, in the observed groups.

CONCLUSION

With comprehensive rehabilitation measures, the number of delayed complications (endometritis, subinvolution of the uterus, hematometra, inflammatory diseases of the appendages and exacerbation of the chronic process) in the main group was observed 3 times less often than in the comparison group, long-term complications (menstrual cycle disorders, dysfunction of the hypothalamic-pituitary-ovarian system, mastopathy, psychogenic disorders) – 5.3 times.

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