

## MEDICATION ABORTION AS AN ALTERNATIVE TO INSTRUMENTAL ABORTION

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**Abstract:** This review is devoted to the analysis of literature data and focuses on the processes occurring in a woman's body during surgical and medical abortions. We analyzed the advantages and disadvantages of medical abortion over surgical abortion and assessed the long-term consequences of these methods of abortion.

**Keywords:** medical abortion, family planning, surgical abortion, mifepristone, pharmacological abortion, misoprostol.

**INTRODUCTION:** Today, family planning is one of the most pressing problems in all civilized countries of the world. This is not only a medical, but also a socio-economic problem, the competent and effective solution of which brings the concepts of "quality of health" and "quality of life" to a new level, and also directly preserves the gene pool of the nation. In this regard, it is extremely important to develop the most gentle methods for terminating pregnancy for medical reasons, as well as in case of unwanted pregnancy. Surgical methods can lead to many complications and deterioration in women's health. It is for this reason that active scientific and practical work is being carried out aimed at expanding the use of medical abortion as a method of preserving the reproductive health of women [1].

**MATERIALS AND METHODS:** Purpose of the work: analysis of the results of modern studies devoted to the study of surgical and medical abortions from the point of view of maximum safety of the procedure itself, studying the characteristics of women's health after surgical and medical abortion, the rehabilitation period and possible complications, and also the choice of medications for medical abortion.

**RESULTS AND DISCUSSION:** Artificial abortion is the termination of pregnancy caused by deliberate impact directly on the fertilized egg, the fetal sac, or the pregnant woman's body. According to the method of implementation, abortions are divided into medical and surgical. The first method is based on the use of special medications and, as a rule, is performed up to 9 weeks of pregnancy (63 days from the first day of the last menstruation). But based on research conducted in recent years, regimens for medical abortion, possible during pregnancy up to 22 weeks, have been developed, studied and recommended by WHO [2, 3]. The second method, in turn, is based on mechanical termination of pregnancy using surgical instruments and is carried out within a period of up to 12 weeks (for medical reasons - up to 22 weeks).

Through various studies, we reviewed the results of scientific works, according to which the majority of patients after medical termination of pregnancy on the 3rd day experienced bleeding, and in 38% of cases the volume of blood loss was more than 100 ml, while the method vacuum aspiration caused heavy bleeding in 14% of cases. Also, the pharmacological method caused side effects in patients such as vomiting (22%), loose stools (20%), and dizziness (19%). In the case of using vacuum extraction of the fetus as a surgical method of terminating an unwanted pregnancy, the above side effects were not found, however, nausea was detected in 8% of cases, and severe pain was detected in 42% [4]. Based on the statistical data described above, it can be assumed that the vacuum aspiration method as a method of choosing surgical termination of pregnancy is better tolerated by women, and therefore should be preferable when choosing an abortion method. However, it is pharmacological termination of pregnancy that is currently preferable in developed countries.

Analysis of the long-term consequences of surgical and medical abortions reveals the reasons for this choice.

Thus, the drug method of terminating pregnancy has many advantages:

- it is more gentle on the woman's body;
- psychologically tolerated much easier than any surgical method;
- eliminates the risks associated with anesthesia;
- eliminates damage to the internal membranes and vessels of the uterus;
- makes it impossible to become infected with blood-borne diseases (HIV, hepatitis) [2].

In addition to drugs responsible for inhibiting the action of progesterone, so-called support drugs that contain prostaglandin are also used for pharmacological abortion. These substances cause the development of a spastic state of the uterus, which provokes the expulsion of the fertilized egg from its cavity. Such drugs include misoprostol (Cytotec) [3].

Despite the apparent simplicity and convenience of pharmacological abortion, we must not forget about its possible complications and consequences for a woman's health. During medical termination of pregnancy, incomplete abortion may occur, which, in turn, will require instrumental curettage of the uterine cavity or vacuum aspiration; Heavy bleeding may also occur, in which case emergency medical care may be required in the amount that will be determined by the doctor depending on the development of the clinical situation [4].

In order to prevent the occurrence of complications during and after a medical abortion, a number of conditions must be met:

- measuring body temperature every day for one to two weeks;
- refusal of heavy physical activity;
- refusal to have an intimate life for two to three weeks;
- prevention of hypothermia and overheating;
- you should also not take a hot bath, visit a solarium, swimming pool or sauna for 14 days after a pharmacological abortion [5].

## CONCLUSION

1. Medical abortion should be performed by a qualified gynecologist in a specialized clinic, taking into account all indications and contraindications, within a strictly established time frame and after a complete subjective and objective examination of the patient, which significantly reduces the risks of this intervention.

2. When performing a medical abortion, as with a surgical abortion, there may be complications that, if possible, need to be prevented, but if they occur, the patient should seek qualified medical help as soon as possible.

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