

IMPROVING OUTPATIENT MEDICAL ABORTION FOR WOMEN DURING THE COVID-19 PANDEMIC

1. Najmutdinova D. K.
2. Daniyarov A. A.
3. Ataxodjaeva F. A.
4. Gadoyeva D. A.

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Abstract: Despite a number of studies conducted in recent years, abortion still remains a hot topic. Today, several types of contraceptive methods are available, but even they cannot completely eliminate the incidence of unwanted pregnancy [1]. According to recent statistics, 72% of women have had an abortion once in their lives, but the impact of this history on the course of pregnancy and its complications was not taken into account when planning future pregnancies [2]. In this article we provided the results of our research that were collected during a medical abortion at home.

Key words: abortion, complications of abortion, family planning, medical abortion, pregnancy.

¹ DSc, professor of Obstetrics and gynecology in family medicine department of Tashkent medical academy

^{2,4} PhD researcher of Obstetrics and gynecology in family medicine department of Tashkent medical academy

³ PhD, associate professor of Obstetrics and gynecology in family medicine department of Tashkent medical academy

Introduction. Despite a number of studies conducted in recent years, abortion still remains a hot topic. Today, several types of contraceptive methods are available, but even they cannot completely eliminate the incidence of unwanted pregnancy [1]. According to recent statistics, 72% of women have had an abortion once in their lives, but the impact of this history on the course of pregnancy and its complications was not taken into account when planning future pregnancies [2]. For this reason, it is necessary to choose the safest and least complicated method of abortion, with a low probability of negative impact on reproductive health [3]. In the early stages, the most commonly used method for terminating pregnancy is surgical abortion, which shows a high complication rate. Possible complications include uterine perforation, intra-abdominal bleeding, endometrial damage that may result in future pregnancies not progressing, spontaneous abortion in the next pregnancy, and premature birth. May include damage to the cervix [4, 5].

Medical abortion is a revolution of the 21st century and is widely used in practice due to its high efficiency [6]. Since this method does not use anesthetic techniques, the psychological trauma observed in women is few, and the number of complications observed with surgical abortion and vacuum aspiration is significantly reduced. [2]. It should also be noted that medical abortion does not affect the occurrence of complications in future pregnancies [3].

Currently, medical abortion is considered as a method of safe abortion and, in turn, this method is a significant reserve in reducing maternal mortality and morbidity. Guidelines published by WHO [6] state that “after appropriate counselling, a woman should have the right to undergo medical or surgical induced abortion, and that health services should provide such services while ensuring maximum safety.”

Collaborative activities with DKT International, Ipas, International Planned Parenthood Federation (IPPF), MSI Reproductive Choices, Pathfinder International, PSI, UNFPA and others demonstrate the power of knowledge sharing to ensure access to safe and timely comprehensive abortion care (including post-abortion care). care) during and after the pandemic. [7]

Aim of the work. Improving the quality and accessibility of medical abortion in an outpatient setting through the introduction of remote abortion for women with unwanted pregnancies during the COVID-19 pandemic.

Materials and methods. This study was conducted in a multidisciplinary clinic of the Tashkent Medical Academy in 2020-2021 and included all women who want to have an abortion. Those women were divided into 2 groups according to the method of abortion: 1 group (n-60) - those who applied for an abortion at a medical institution. When the pregnancy was terminated on time, women in this group were observed by a doctor in a hospital. Group 2 (n-50) - before and after medical abortion, they were observed by a doctor on an outpatient basis using IT technologies. Termination of pregnancy was carried out at the request of the patient within a period not exceeding 63 days of amenorrhea and not earlier than 48 hours from the moment the woman contacted a medical institution or contacted a doctor by telephone during a pandemic after consultation. Clinical research methods included medical history, general and gynecological examination. All patients included in the study were subjected to a thorough interview and examination using clinical, instrumental, laboratory and statistical methods.

The questionnaire “Criteria for assessing the status of medical abortion at home” was conducted in all groups of women. The survey was conducted through information communications: Telegram, WhatsApp, SMS and various instant messengers.

Results. The group of patients who applied for termination of short-term intrauterine pregnancy (up to 63 days of amenorrhea, or up to 9 weeks of gestation) included 110 pregnant women aged 18 to 40 years. For all patients, this pregnancy was unwanted. In a group of patients who underwent medical termination of intrauterine pregnancy using 200 mg of mifepristone and 600 mcg of misoprostol.

According to the socio-economic analysis carried out in all groups, the main part of all groups were city residents. In terms of work activity, 62.4% of all women are housewives. According to results, 37% of women have higher education and 63% of women have secondary education.

Table 1. Socio-economic analysis of groups

	1- group	2- group
City residents	52%	46%
Villagers	48%	54%
Housewives	60%	68%
Workers	40%	32%
Secondary education	60%	66%
Highly educated	40%	34%

Obstetric history. When analyzing the obstetric history, the maximum number of pregnancies observed in the history was 25 times, and it was observed in the 1st group. Repeated pregnancy made

up 88.3% in the first group, and 92% in the second group. The number of four or more pregnancies was highest in the first group.

In 70% of women in the first group, pregnancy ended in childbirth, of which 98.3% had a natural birth, and 1.7% had a caesarean section. 48.3% of women with a history of manual vacuum aspiration and 21.7% of women with a history of uterine curettage. 28.3% of women in the next group had a history of medical abortion.

These figures are 54%, 24% and 26% in the second group, respectively (manual vacuum aspiration, uterine curettage, medical abortion).

Comparative assessment of the course of medical abortion and the post-abortion period in groups. The largest number of visits to the doctor is observed in the first group. 100% of women in this group came to see a doctor on the day of taking mifepristone (1st visit). 59 (98.3%) women in the same group came back again after taking misoprostol, i.e. 48 hours after the first dose (second visit). After miscarriage, 10 (16.6%) women in the first group applied (3rd visit). 100% of women in the first group attended the control appointment (4th visit).

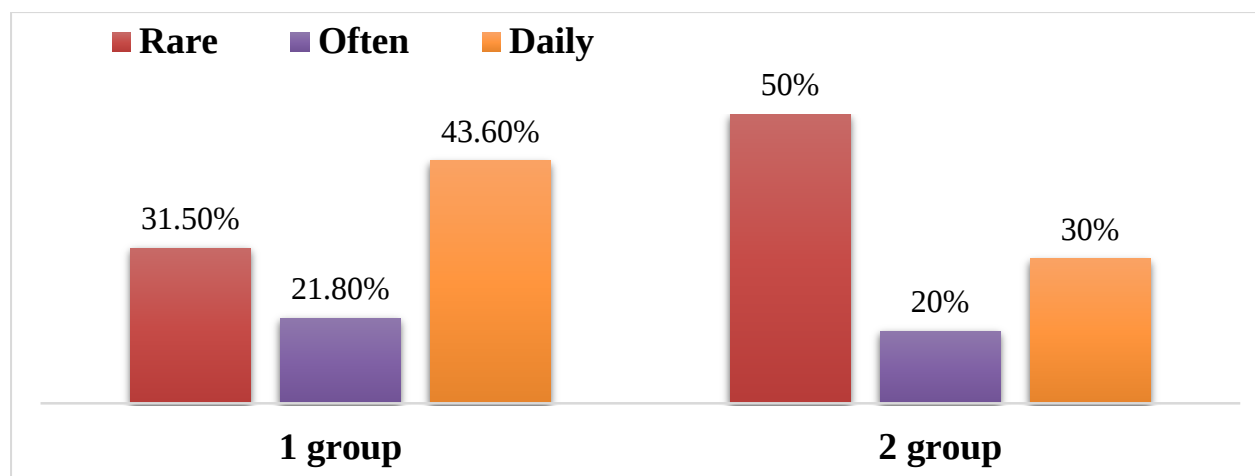
Table 2. Side effects and complications, n (%)

		1 group	3 group
1	No side effects	81,6%	86%
2	No complications	90%	94%
3	Intense pain in the lower abdomen	16,7%	14%
4	Heavy bleeding	8,3%	8%
5	Increased body temperature	11,7%	10%
6	Nausea	18,3%	16%
7	Vomiting	15%	12%
8	Diarrhea	16,7%	10%
9	Dizziness	8,3%	4%
10	Incomplete abortion	8,3%	4%
11	Hematometer	10%	6%
12	Metroendometritis	5%	2%
13	Average duration of bleeding (days)	12,4±2,5	11,4±1,8

During the scientific study, a questionnaire was administered to women in the first and third groups. The first part of the survey was devoted to the use of modern IT technologies, the results of which found that 100% of all women use one or another type of these technologies. All women in the second group reported using the SMS notification service, and 58.1% of them said they were active in the Telegram messenger. In addition, 38.1% of women in this group had access to postal services. The second group included 100% of users of the SMS notification service. In turn, 56% of Telegram messenger users and 38% of women have personal email. The survey revealed that there was no significant difference in the use of IT technologies between the groups. In both groups, the use of SMS notifications led the way, while the least used method was email services.

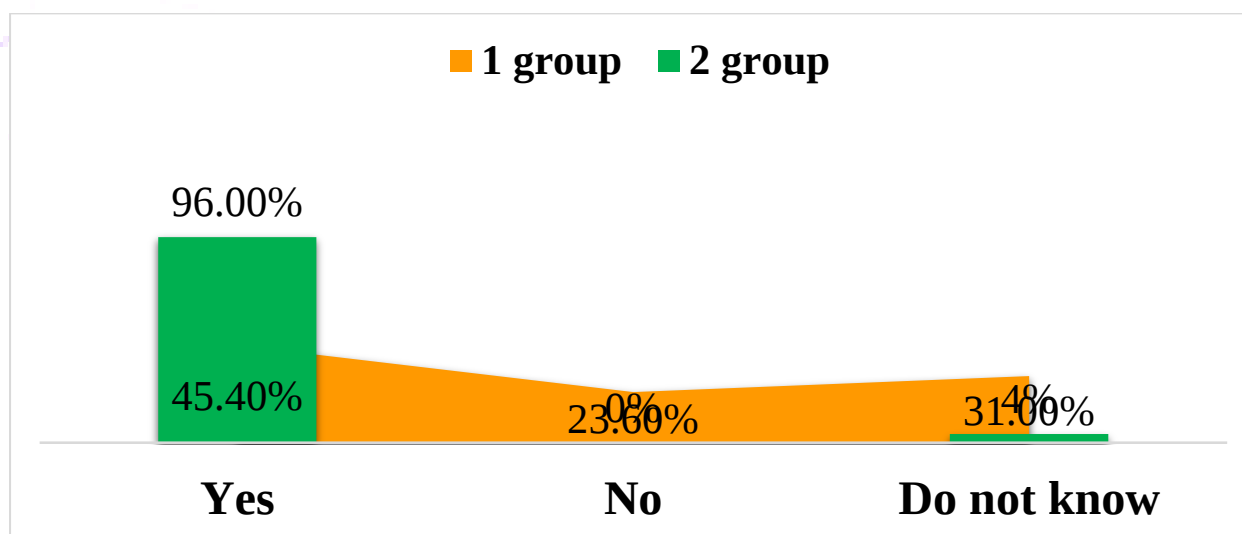
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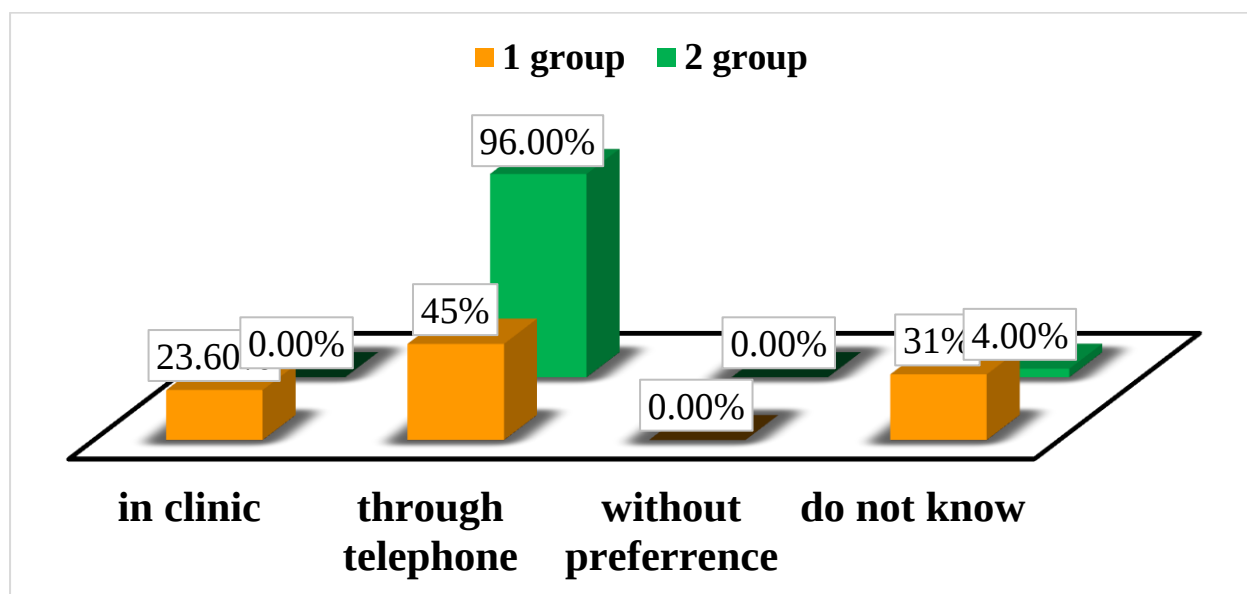
Picture 1. Frequency of using IT-Technologies between first and second groups

At the next stage, women of the second and third groups were asked the question “Could you cope with a medical abortion yourself at home, if your doctor gave you a simple questionnaire, as well as a home test” in order to evaluate the possibilities of carrying out a medical abortion at home. More than 50% of women in both groups responded satisfactorily.



Picture 2. Possibilities for performing medical abortion at home

At the end of the survey, the requirements of the surveyed women regarding how to contact a doctor when undergoing a medical abortion in the future were analyzed. According to him, more than 95% of women in second group preferred access through IT technologies.



Picture 3. Preferred future observations

Based on the results of the survey, we can conclude that in the group that carried out medical abortion at home using IT technologies, when monitoring tests with a sensitivity of 1000, there is a high need to use this method in the future. More than half of women who had a medical abortion at home expressed a preference for performing the procedure at home in the future.

Conclusion. During the COVID-19 pandemic, 94% of the group of women who used medical abortion at home had an abortion without complications. The incidence of side effects in this group was 86%. Based on the results of the survey, we can conclude that in the group that performed medical abortion at home using IT technologies, when monitoring tests with a sensitivity of 1000, there is a high need to use this method in the future (96%). Expanding access to at-home medical abortion can offer women a convenient, safe, and effective abortion option, reduce the burden on health care systems, and support social distancing during the COVID-19 pandemic. Medical abortion at home was highly acceptable to women, supporting evidence that women may prefer home care to hospital care for reasons related to control and confidentiality, preferences that may be more pronounced due to concerns about spread or infection of the new coronavirus disease. Outpatient medical abortion can be an important strategy to offer women a convenient, safe and effective abortion option, reduce the burden on health care systems and support social distancing policies during the COVID-19 pandemic and beyond, especially in remote areas.

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