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## Female rehabilitation after medical abortion

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Despite variety of contraception methods, induced abortion still remains the main means of birth control. In this regards the problem of female reproductive health protection and recovery after abortion are of much importance. Surgical methods of abortion are not safe, they may cause lots of postoperative complications. While medical abortion increases choices, and may contribute to saving female reproductive health.

**Aim of the study:** to investigate the effectiveness of antiprogestin and prostaglandin combination in medical abortion followed by rehabilitation measures.

**Materials and methods:** 83 women scheduled for medical abortion within 49 days gestation were enrolled to the study. Uterine pregnancy in all women was confirmed by ultrasound. Medical abortion was performed with use of antiprogestin and prostaglandin combination regimen: 200 mg of oral antiprogestin followed by enteral administration of 600 µg of prostaglandin 48 hours later. For rehabilitation after medical abortion we used low-dose monophasic combined oral contraceptive Yaz, containing 0,02 mg ethinylestradiol and 3 mg drospirenon, in long-cycle continuous regimen (24x3).

**Study results and discussion:** Enrolled pregnant women seeking abortion were in age of 17 to 40 years old, mean age 25.7 years. Analysis of educational level showed that 43 (52%) patients had higher education, 15 (18%) incomplete higher education, 20 (24%) specialized secondary education, 5(6%) school education. Evaluation of sexual function revealed early sexual experience in 7 (8.4%) patients. Marital status: 52 (62.7%) married patients and 31 (37.3%) single. Analysis of parity showed that 26 (31.4%) patients were primigravida and 57 (68.6%) patients were multigravida. 25 (30.1%) patients had one childbirth, 8 (9.6%) patients had 2 and more childbirths in anamnesis. Mean childbirth rate was  $1.72 \pm 0.03$ . Significant rate of nulliparous multigravida among the enrolled patients should be highlighted: 24 (28.9%) nonparous patients had induced abortions in anamnesis. Of them 18 (75%) patients had 1 abortion, and 6 (25%) patients had 2 and more abortions. The average abortion rate in nulliparous patients was  $1.4 \pm 0.02$ .

Duration of moderate vaginal bleeding following medical abortion was 10 days in 2 (2.4%) patients, 14 days in 78 (94%) and 21 days in 3 (3,6%) patients. Success rate of medical abortion was 91.6%. The average duration of medical abortion was  $14 \pm 0.8$  days. Incomplete abortion was observed in 6 (7.2%) patients, non-developing pregnancy with no signs of embryo expulsion was in 1 (1.2%) patient; these cases required surgical evacuation.

Long-cycle continuous use of low-dose monophasic combined oral contraceptive Yaz facilitated accumulation of serum ferritin, increase in hemoglobin and erythrocytes, thus eliminating posthemorrhagic anemia after medical abortion, and improving emotional state of the patients.