

Restoration Treatment for Female Patients with Non-Bearing Pregnancy at the Early Terms of Gestation

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Abstract:

The article presents the research materials devoted to the peculiarities of carrying out the rehabilitation treatment and rehabilitation of patients, after the artificial termination of pregnancy in the early stages. Methods and means of non-drug restorative treatment are described, practical recommendations for its practical application at different stages of rehabilitation are given.

Key words: female patients; artificial abortion; early pregnancy; non-pharmacological restorative treatment; rehabilitation

Introduction

The use of induced termination of pregnancy in Ukraine takes an unjustifiably large place in the structure of methods of birth control. The prevalence of pregnancy termination among women of active reproductive age remains quite high, which negatively affects the health of women of reproductive age and complicates the demographic situation in the country [1, 4]. Ukraine's rates of induced termination of unwanted pregnancies have undergone significant positive changes over the last twenty years. But still, Ukraine has one of the highest abortion rates per 1,000 births in Europe. In 2021 it was 520 705 cases [1,4,]. There are various methods of termination of pregnancy in the first trimester. Classical instrumental abortion (curettage) and electric vacuum aspiration are considered to be the most traditional methods. They are the most traumatic and lead to the greatest number of various complications [4]. Early abortion by induced abortion implies a number of complications, even for an apparently satisfactory course of the post-abortion period [1, 4,]. The most frequent complications of abortion are inflammatory diseases of the genitals, disorders of the menstrual cycle, lack of ovulation, secondary infertility and endocrine disorders [1, 3, 5]. In the specialized medical literature, aspects of the use of medical rehabilitation after artificial abortion – combined oral contraceptives (COC) are widely covered [1,4]. At the same time, in the available sources of information, there is virtually no data on the possibility of restoring reproductive function after early gestational artificial abortion with the use of physical rehabilitation.

Aim

To present one of the options for the practical application of a combined, non-medicinal method of reconstructive treatment of patients after an artificial termination of pregnancy in the early gestational period.

Materials and methods

During the study we used such methods as an interview, general clinical and extended gynecological examination, medical and pedagogical observation, questioning, laboratory and ultrasound diagnostics, method of mathematical statistics of the obtained results. To solve the tasks set in the study, 45 women who terminated pregnancy up to 12 weeks and who received rehabilitation on the basis of the gynecological consultation and the gynecological department of the sanatorium were actively observed. After discharge from the hospital, comprehensive rehabilitation was recommended for all women who had undergone an artificial abortion.

Results and discussion:

The complex of rehabilitation measures included physical therapy [2], special exercises by A. Kegel [2, 5], gynecological and vibration massage, reflexotherapy (acupressure, reflexotherapy of the foot - reflexotherapy of biologically active points (BAP) [2,5]. The group (n=45) was identical in terms of the method of termination of pregnancy and the level of somatic and reproductive health. The mean age of the patients in the study group did not differ significantly among themselves ($p>0.05$) and was (32.05 ± 1.2 years). Ovarian function was studied according to the parameters and analysis of the results of the basal thermometry (BT) functional diagnostic tests [1,2,5,], the level of gonadotropic anterior

pituitary hormones (PRL, FSH, LH) and ovarian steroid hormones (estradiol E2 and progesterone) [1,2, 5,].

In order to carry out the study, a complex method of rehabilitation therapy of the reproductive system of a woman in the post-abortion period was developed and practically applied. The course of treatment consists of 20 daily rehabilitation procedures. During the first month after the artificial termination of pregnancy, the patients underwent rehabilitation in the LFC and physiotherapy rooms of the antenatal clinic, then (2-3 months later) in the gynecological department of the local sanatorium. All patients were repeatedly examined by a gynecologist, an endocrinologist, and a physiotherapist during the rehabilitation measures. The results obtained in the course of their examination were taken into account when carrying out rehabilitation measures. Also, at all stages of rehabilitation the patients underwent ultrasound examinations, laboratory tests, functional gynecological tests.

In addition, all patients in the course of their rehabilitation underwent a reproductive health questionnaire and an anxiety level questionnaire (according to G. Eisenk and C.D. Spielberger), psychological status correction by a psychologist [3].

The study of endocrine status features caused by abortion revealed changes in hormone levels after termination of pregnancy in the form of an increase in FSH level, a tendency to a decrease in LH concentration, hyperprolactinemia, a decrease in estradiol E2 and progesterone levels.

The study of the BT measurement graphs for 3-6 months showed that patients with chronic anovulation formed after an abortion can be considered as a high-risk group for the development of neuroendocrine syndromes, hyperplastic processes in reproductive organs. Three months after the rehabilitation program, anovulatory cycles occurred in 19 (42.2%) patients, and 6 months after the rehabilitation program, in 8 (17.8%) women.

Conclusions

- The proposed set of rehabilitation measures helps to reduce complications arising after induced abortion in early pregnancy.
- Application of methods and means of physical rehabilitation allows us to assert that in the majority of cases comprehensive physical rehabilitation is an adequate individual alternative method of restoration of reproductive (menstrual, endocrine) functions in patients after an artificial termination of pregnancy.

Conflict of interest. The author notes the complete absence of any conflicts of interest.

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