MISSED ABORTION: MODERN TECHNOLOGY OF THE SAFE ABORTION IN THE FIRST TRIMESTER OF PREGNANCY

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Women’s reproductive health is directly connected with the problems of pregnancy loss in the first trimester of pregnancy. According to modern literature the frequency of pregnancy losses in the first trimester of gestation is 15-25% and this problem has no tendency to decrease. Missed abortion is a risk factor for maternal and perinatal casualties. Main causes of missed abortion are infections, genetic factors (3-6%), anatomical factors (10-16%), endocrine causes 8-20% and autoimmune causes up to 80% (after exclusion of genetic, anatomical and hormonal causes).

There is evidence of morbidity for women of childbearing age with infections of TORCH - complex. TORCH - complex includes: Toxoplasmosis, Chlamydia, Syphilis, Hepatitis A and B, Gonorrhea, Listeria, Rubella, Cytomegalovirus and Herpes type II. Severe infections are the cause of genetic damage and interruption of pregnancy in the first trimester of pregnancy. There are various methods of abortion by missed abortion. Curettage and vacuum aspiration of the ovum to cause a later restore the endometrium, disruption of menstrual and reproductive functions in the post-abortion period. An alternative and safe method of abortion is medical abortion in the first trimester of pregnancy. This method is efficient, simple and allows one to use it in an outpatient setting under the supervision of a physician. The efficacy of medical abortion with missed abortion in the first trimester of pregnancy was assessed in the present study.