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Context: To assess the efficacy and safety of medical method of 2 nd trimester termination of pregnancy (TOP).

Objective: Identification factors, which can influence on the success of the procedure 2 nd trimester TOP.

Methods: mifepristone 200 mg followed by misoprostol 800 mg vaginally administrated after 24-36 hours, second trimester pregnancy.

Patients: Since 21 April 2013 TOP was held on 47 women with an average age of 30 ± 1,21 years. Gestational age was from 13 to 37 weeks and the average was 18-19 weeks.

Main Outcome Measure was the time of first contraction, discharge of amniotic fluid and miscarriage from the introduction of the first dose of misoprostol.

As Result causes of abortion are following: congenital malformation of the fetus - 46,8 % (22), mother medical conditions 10,6% (5), intrauterine infection of the fetus -14,9 % (7), antenatal death 27,6 % (13). We observed mother's chronic diseases in 85,1 %, and active therapy was aimed at preserving the pregnancy held 48,9% of women. The effective dose of misoprostol in 50% was 800 mcg, 35 % - 1200 mcg, 15%-1600mcg. The average time from the introduction of the first dose of misoprostol to discharge of amniotic fluid was 5,6 hours, to first contractions was 3,6 hours and to miscarriage was 7,3 hours. Adverse reactions were observed in 9 women (45%). It was stomach ache and nausea, which stopped taking prokinetic.

Conclusions: active obstetric history, smoking, age from 30 to 38, long-term therapy aimed at preserving the pregnancy prolong the period between first dose of misoprotol and miscarriage. It is recommended to move to more expectant tactics of post-TOP period 2nd and 3rd trimesters, giving the advantage of dynamic observation of intrauterine manipulation.

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