

Medical Methods For Termination Of First Trimester Pregnancy

Birinci Trimester Gebeliklerin Sonlandırılması İçin Tıbbi Yöntemler

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Summary

Termination of unwanted pregnancies are one of the major health concerns throughout the world for women in their reproductive ages. Surgical abortions are very commonly performed worldwide and carry risks for complications, such as infection and trauma. Medical abortion, provides women with a safe alternative, and has also become a widely used alternative method of first trimester pregnancy termination for over twenty years. Less costly than surgery, it can be offered in simpler settings, without need for specialized equipment and by less-skilled providers and therefore provides more efficient use of clinic facilities and providers trained in surgical procedures. In this review, we will discuss this method, which can be used in primary care settings by family physicians, which is not yet available in Turkey for general use.

Key words: Medical abortion, termination of pregnancy, surgical abortion, unwanted pregnancies

Özet

İstenmeyen gebeliklerin sonlandırılması üreme çağındaki kadınlar için dünya çapında önemli bir sağlık sorunudur. İstenmeyen gebeliklerin kürtajla sonlandırılması çok yaygın gerçekleştirilen bir cerrahi işlem olup enfeksiyon ve travma gibi komplikasyonlar için risk taşır. Tıbbi düşük güvenli bir seçenek olup, yirmi yılı aşkın bir süredir ilk trimester gebeliklerin sonlandırılmasında yaygın olarak kullanılan alternatif bir yöntem haline gelmiştir. Cerrahi olarak gebelik sonlandırılmasından daha ucuz olan bu yöntem, özel ekipmana ve çok kalifiye personele gerek kalmadan sunulabilir ve böylece kaynakların daha verimli kullanılmasını sağlar. Bu derlemede, Türkiye'de henüz genel kullanımı olmayan, ancak birinci basamak sağlık hizmetlerinde aile hekimleri tarafından kullanılabilir olacak bu yöntemi sunmayı amaçladık.

Anahtar kelimeler: Medikal düşük, gebelik sonlandırması, cerrahi düşük, istenmeyen gebelik.

Throughout ages, women have sought options to terminate unwanted pregnancies using both surgical and traditional methods. Termination of pregnancies are one of the major health concerns in developing countries for women in their reproductive ages. Each year, some 205 million women throughout the world become pregnant and nearly one in five (20%) chooses to terminate their pregnancy¹. A large number of these terminations are done under illegal and unhealthy conditions causing morbidity and even mortality. Each year 42 million abortions are estimated to take place, 22 million safely and 20 million unsafely^{2,3}. Official abortion statistics are often low due to incomplete reporting and probably actual numbers are much higher⁴. Surgical abortions are very commonly performed worldwide and include manipulations such as vacuum aspiration, sharp curettage, and intra-uterine injections⁵. However, medical abortion has also become a widely used alternative method of first trimester pregnancy termination for over twenty years. Medical abortion is a way of inducing termination of pregnancy with medicine (pills). It is a scientific adaptation of potions, teas, herbal remedies that women have sought for terminating unwanted pregnancies throughout centuries. A relatively new option for services and women, medical abortion has many advantages: It is highly effective (95-98%), safe, acceptable and is a "no touch" procedure. It is considered to be more private by many women. It lowers the risk of infection and trauma and is less costly than surgery. Moreover, it offers efficient use of clinic facilities and staff time and can be offered in more service settings, by less-skilled providers. It expands options of methods available and entitles women to all

safe and effective treatment options⁶.

Medical abortion was first introduced in France in 1989 and different regimens of an antiprogesterin (mifepristone) used alone or in combination with a prostaglandin analogue (usually misoprostol), have provided an alternative to surgical abortion methods¹. Mifepristone antagonizes progesterone, the hormone needed to maintain pregnancy and misoprostol causes contractions of the smooth muscles lining the uterus, thus emptying the contents. Mifepristone is registered in over 35 countries¹, most of which are in the industrialized world, including Albania, Armenia, Azerbaijan, Belarus, China, Estonia, Georgia, Guyana, Hungary, India, Latvia, Moldova, Mongolia, South Africa, Tunisia, Uzbekistan, and Vietnam. Misoprostol is available in over 90 countries for the prevention and treatment of gastric ulcers and is widely used in reproductive health for a variety of reasons, such as: cervical softening, first and second trimester abortion, labor induction, missed abortion, intrauterine fetal death, incomplete abortion, prevention and treatment of postpartum hemorrhage¹. Together, the two drugs soften the cervix, increasing dilation and facilitating expulsion⁷⁻⁹. Mifepristone combined with misoprostol which is highly effective (95-98%) and has proven to be safe and acceptable, is considered to be the "gold standard" by many authors¹⁰. Studies show that, when given the choice, many women prefer medical abortion¹¹.

Several trials have taken place in Turkey to investigate the effectiveness, safety and acceptability of medical abortion^{6,12}. The 3rd large trial: Randomized trial: 400 mcg sublingual vs oral misoprostol following 200 mg mifepristone up to 63 days gesta-

tion (2009-2010), is being conducted in three of the largest cities of Turkey: Ankara, Istanbul and Izmir. Preliminary results show that when offered options for termination of pregnancy, many choose medical abortion. Reasons for preferring medical abortion are fear of the surgical procedure and pain, not wanting to have a pelvic exam and because they consider it to be more private¹¹. Success rates are high and complications minimal.

Termination of unwanted pregnancies is a major health concern throughout the world. This procedure is both a mental and physical burden for women, depending on personality, religious beliefs, culture, social status, and psychological factors. Offering women options for this difficult decision prevents unnecessary morbidity and increases patient contentment. Medical abortion has become an important part of reproductive health services in many countries.

Medical abortion provides women with a safe alternative to the complications of surgical abortion,

such as infection and trauma, and is considered to be a more "natural" and private method by many women. Less costly than surgery, it can be offered in simpler settings, without need for specialized equipment and by less-skilled providers and therefore provides more efficient use of clinic facilities and providers trained in surgical procedures^{1,10,13}. Satisfaction rates are high for the method¹⁴⁻¹⁶. We believe that including medical abortion alongside surgical methods for termination of unwanted pregnancies will help expanding women's safe abortion choices. Evidence from Turkey suggests that it can play an important role in termination of unwanted pregnancies^{6,12}. Family physicians should provide care for women in difficult situations such as unwanted pregnancies and also be aware of the fact that women who receive no family planning counseling or services after abortion, often become pregnant again and offer family planning services /contraceptive options to avoid another abortion.

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