

OPTIMIZATION OF THE MEDICAL ABORTION THROUGH QUESTIONNAIRES AND THE USE OF A LOW-SENSITIVITY PREGNANCY TEST DURING THE COVID-19 PANDEMIC

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Abstract: Abortion is an important component of women's sexual and reproductive health. Although it is extremely safe with recommended procedures, it is responsible for significant maternal morbidity and mortality when women do not have access to safe abortion. Assessment of the state of reproductive health of the female population is one of the indicators reflecting the socio-economic status of the country's development. These indicators include the birth rate, maternal and infant mortality rates.

Key words: abortion, complications of abortion, family planning, medical abortion, pregnancy.

Introduction. Despite the fact that a wide range of information about contraceptive methods is communicated to the population in various ways, having a negative impact on their health, abortion still serves as a method of family planning for certain categories of women. Although the number of medical abortions in Uzbekistan has decreased significantly over the past 10 years (from 20.6% to 7.6%), their frequency remains high: 7.5% per 1000 women of fertile age. 4.7-13.2% of maternal deaths annually occur due to unsafe abortions. In developed areas, every 100,000 unsafe abortions result in the death of 30 women. In developing regions, this number rises to 220 deaths per 100,000 unsafe abortions. Estimates for 2022 show that in developing countries alone, 7 million women are hospitalized each year due to complications from unsafe abortion. [1, 2].

The coronavirus pandemic has widened existing gaps in access to abortion services around the world, according to a review of nationwide policy changes in response to COVID-19 published in the journal *BMJ Sexual & Reproductive Health*. The COVID-19 pandemic has shaken health systems to their core, further complicating the issue as national lockdowns and travel restrictions impact access to timely abortions for millions of women across the region.

Our country is carrying out large-scale reforms to develop the medical sector, adapt it to the requirements of international standards, reduce maternal mortality, and improve prevention methods. Tasks have been identified such as "...Increasing the efficiency, quality and popularity of medical care provided to the population in our country, as well as the formation of a system of medical standardization, the introduction of high-tech diagnostic and treatment methods, the creation of an effective regime of patronage services and desanitation, According to the planning organization Marie Stopes International family, up to 2.7 million additional unsafe abortions could be performed as a result of COVID-19 (MSI Reproductive Choices UK, Buyuk Britaniya). The organization says there have been increased barriers to abortion everywhere due to lockdowns, movement restrictions, lack of information, overwhelmed health systems and supply chain disruptions. The time-limited nature of access to abortion was highlighted as a particular problem in a joint report by the European Parliamentary Forum (EPF) on Reproductive Rights and the International Planned Parenthood Federation European Network (Belgium). According to the report, 5,633 residential and mobile clinics and health centers in more than 64 countries have closed due to COVID-19, directly impacting access to abortion. Such developments have led the UN Population Fund to express concern about a global surge of up to 7 million unwanted pregnancies as a result of lockdowns and lack of access to contraception. (United Nations Population Found, USA)

A telemedicine abortion pathway introduced in England, Scotland and Wales has enabled thousands of women to access safe abortions during the COVID-19 pandemic. This comes at a time when access to other essential health services for women has been difficult. This simple but effective innovation brought enormous benefits to women. Waiting times for women seeking abortions have decreased, the number of visits to clinics has decreased, limiting transmission of the COVID-19 virus among both women and staff, and abortion-related complications have decreased (Royal Collage of Obstetricians and Gynecologists, Great Britan).

Aim of the work. Prove the economic efficiency of medical abortion at home.

Materials and methods. comprised 165 reproductive women with an unwanted pregnancy and amenorrhea up to 69 days, in need of abortion services and wishing to terminate the pregnancy with medication.

When calculating economic efficiency, visits to the clinic and money spent on transport and time spent on consultations and on the road were taken into account.

Results. Women in all groups are of reproductive age: the average age of women in the 1st group was 28.4 years, and in the 3rd group this figure was 29.8.

Based on the data obtained, the average age of menarche was distributed as follows:

- 13.54 years in group 2
- 13.42 years in group 3

During the pandemic, the main group of women who underwent medical termination of pregnancy performed the abortion remotely, and in the table you can see a comparison of the groups by visit.

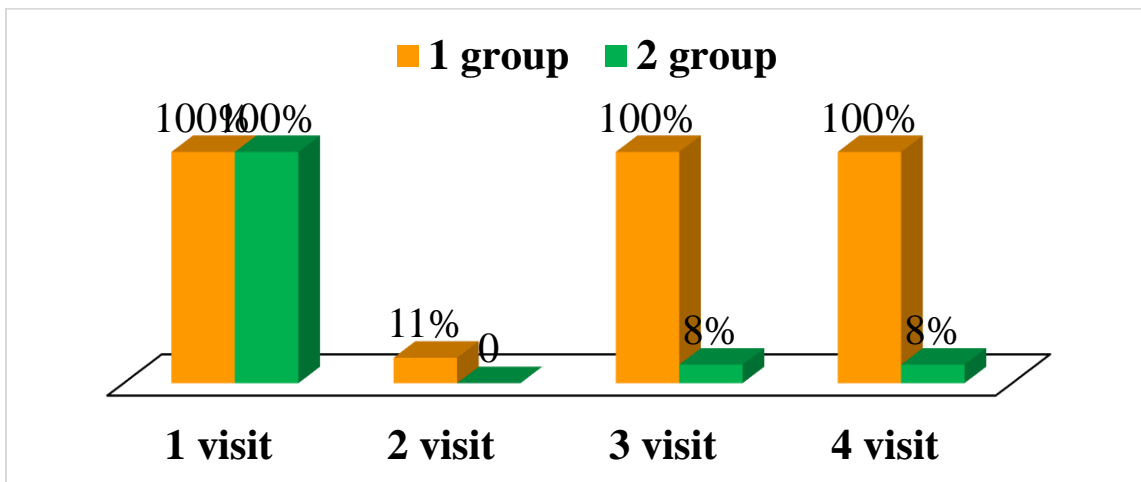


Figure 1. Frequency of visit to hospital
Economic efficiency

We calculated the economic effect in monetary terms during the study. The course of a traditional medical abortion with offline visits to the doctor and the expense of money and time of the patient far exceeds our proposed method of medical abortion at home without visits to the doctor. But at the same time, the patient retains all types of safe consultation on IT technology with a doctor and timely medical assistance in case of possible complications.

Calculation of the money spent and the patient's time with the traditional method of abortion: 1. Consultation with a gynecologist - 84,000 thousand sums, 2. Ultrasound - 75,000 thousand sums, 3. HCG analysis from the ulnar vein 83,000 thousand sums, a patient with a standard medical termination of pregnancy visits doctor at least 2 or 3 times. Based on the above, consultation with a gynecologist at least 2 times (168,000 thousand sums), ultrasound diagnostics at least 2 times (150,000 thousand sums), hCG analysis - 1 time (166,000 thousand sums). Then, during visits, the patient loses time and money on travel, calculation of which are as follows: We have calculated the route by state transport back and forth, by taxi there and back: 1. Bus -4000 thousand sums, 2 visits (8000 thousand sums) 2. Taxi - 50,000 thousand sums, 2 visits (100,000 thousand sums) Further, the patient loses precious time every time she visits the doctor at the outpatient clinic. We calculated the patient's minimum time consumption for a 2-fold visit. 1. Travel time there and back - 60 minutes (2 visits 120 minutes), 2. Waiting for a doctor - 20 minutes (2 visits 40 minutes), 3. Consultation time - 15 minutes (2 visits 30 minutes).

Calculation of the patient's money and time spent with the medical abortion of pregnancy we propose: With the method we propose, the patient visits the gynecologist once and then the procedure is carried out at home without the participation of a doctor and without unnecessary visits and travel costs. The calculation of funds and time is as follows: 1. Consultation with a gynecologist - 84,000 thousand sums, 2. Ultrasound - 75,000 thousand sums, 1. Bus - 4000 thousand sums, 2. Taxi - 50,000 thousand sums, we calculated the minimum time consumption of the patient for a single visit to the doctor: 1. Spending time for way 60 minutes, 2. Waiting for the doctor - 20 minutes, 3. Consultation time - 15 minutes.

TOTAL: 1. Costs using the standard method

Cash – 492,000 thousand sums or 534,000 thousand sums.

Time spent - 190 minutes (3 hours 10 minutes).

TOTAL: 2. Costs of our proposed method

Cash – 163,000 thousand sums or 209,000 thousand sums.

Time spent - 95 minutes (1 hour 35 minutes).

Economic efficiency with the proposed method:

The cash equivalent was 329,000 thousand sums or 325,000 thousand sums.

Time equivalent – 95 minutes (1 hour 35 minutes).

Conclusion. With our proposed method, the patient spends 33.1% less money and 50% less time. Based on the calculation, the economic efficiency of our proposed method exceeds the standard method of medical abortion.

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