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## MANAGEMENT TACTICS FOR WOMEN USING INTRAUTERINE CONTRACEPTION

**Resume:** The intrauterine device (intrauterine device, IUD) is an intrauterine contraceptive of abortive action, which is a small device made of plastic and copper inserted into the uterine cavity for a long time to protect against pregnancy. In recent years, the type and effectiveness of these tools have been constantly increasing. For hormonal contraception, this figure was slightly more than 10%. This is due to the high efficiency of the method (98.3%), the absence of a systemic effect on the woman's body, and the rapid restoration of fertility after IUD extraction. The introduction of copper, silver or gold ions into the composition of the IUD can reduce inflammatory complications by 2-9 times.

**Keywords:** reproductive health, intrauterine contraception, woman.

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## ТАКТИКА ВЕДЕНИЯ ЖЕНЩИН, ИСПОЛЬЗУЮЩИХ ВНУТРИМАТОЧНУЮ КОНТРАЦЕПЦИЮ

**Резюме:** Внутриматочная спираль (внутриматочное средство, ВМС) - внутриматочный контрацептив abortивного действия, представляющий собой небольшое устройство из пластика и меди, вводимое в полость матки на длительное время для предохранения от беременности. В последние годы тип и эффективность этих инструментов постоянно возрастают. Для гормональной контрацепции этот показатель составил немногим более 10%. Это обусловлено высокой эффективностью метода

(98,3%), отсутствием системного влияния на организм женщины, быстрым восстановлением фертильности после извлечения ВМК. Введение в состав ВМК ионов меди, серебра или золота позволяет снизить воспалительные осложнения в 2 - 9 раз.

**Ключевые слова:** репродуктивная здоровья, внутриматочная контрацепция, женщина.

**Relevance.** The need to discuss undifferentiated prevention and treatment of complications during intrauterine interventions is determined by a number of reasons. Firstly, more than 250 million new cases of sexually transmitted diseases are registered worldwide every year.

The majority of patients in this profile are under the age of 25, are women of reproductive age [2,4,8] and belong to the group of "childbirth reserve". This determines the second feature of the problem associated with this pathology: a large number of secondary complications leading to impaired reproductive function (infertility, miscarriage, etc.) And, finally, the third important factor is the growth among patients of reproductive age of women suffering from chronic infections of the reproductive system. Unfortunately, it has to be stated that the number of intrauterine interventions for various purposes (diagnostic, therapeutic and abortive manipulations) in total in this group of women has a steady upward trend.

In the last few decades, approaches to the rational prevention of postoperative complications have been developed in surgery and gynecology[3,5,9]. In many studies, in order to standardize approaches to antibacterial prevention, the risk of developing infectious complications after surgical interventions is highlighted. In addition, there are numerous risk factors that affect the occurrence of infectious and inflammatory diseases after surgical interventions in obstetrics and gynecology. The administration of antibiotics for the prevention of infectious complications implies ensuring effective concentrations of the drug in tissues until their contamination during and after

surgery. At the same time, against the background of prolonged use of antimicrobial agents, the probability of infectious and inflammatory diseases in the postoperative period not only does not decrease, but also increases somewhat [1,6,8].

It has been proven that the development of the infectious process is prevented by the introduction of antibiotics no later than 3 hours after the creation of the wound surface (entrance gate for bacterial pathogens). On the other hand, prescribing antibiotics more than a day before surgery increases the risk of developing resistance of microorganisms to the drug. Therefore, the optimal regimen of antibiotic prophylaxis is the first administration of an antibiotic perioperatively (or intraoperatively – by caesarean section) and subsequent ones within 12-24 hours [5,7].

**The purpose of the study.** Optimization of reproductive health of women using intrauterine contraception.

**Materials and methods of research.** To fulfill our task, we selected 85 patients who were diagnosed with IUD and had complications. In them, we conducted a clinical analysis and predicted complications. In the main group of women who had a medical abortion before 12 weeks by curettage, 2 patients (6.7%) had an exacerbation of chronic adnexitis. In the control group, problems after abortion occurred in 12 women (40%): exacerbation of chronic adnexitis was in 6, metroendometritis – in 3, acute adnexitis – in 2, menstrual irregularity in one patient.

**The results of the study.** The main factors that influenced the choice of the method of contraception (IUD) were the fear of repeated abortions, the psychological unacceptability of hormonal contraception, as well as the high effectiveness of IUD, ease of use, affordable cost, harmlessness to health, duration of action, comfort in the sexual sphere. The majority (65.9%) of the surveyed women have a negative attitude towards hormonal contraception, preferring to use IUD until menopause. j

The reproductive behavior of women before the use of IUD was characterized by often alternating pregnancies, a large proportion of which were abortions, including almost a third before the first birth. The ratio of the number of abortions to the number of births was 2.1:1 in the group of women with inflammatory diseases of the pelvic organs (IUD) on the background of IUD and 1.7:1 - without IUD.

Intrauterine contraception, subject to the technology of its use, does not adversely affect the fertility of women, allowing them to carry a pregnancy after using IUD. Among women who wished to become pregnant after timely extraction of IUD, 55.6% became pregnant within six months, the rest within a year. At the same time, the frequency of complications of pregnancy and childbirth did not exceed the average population indicators.

Violations of vaginal microbiocenosis are detected more often in women with IBS and are characterized by a small amount or complete absence of lactobacilli and the presence of opportunistic flora (Staphylococcus aureus, Enterobacteria, Gardnerella, fungi of the genus Candida). All patients underwent a traditional examination before intrauterine manipulations and the degree of vaginal cleanliness was additionally determined. Risk factors for the development of inflammatory diseases of the organs, small, and pelvis against the background of IUD are sexually transmitted infections or infections, multiple sexual partners, insufficient examination or inadequate treatment before the introduction of a contraceptive, as well as the lack of follow-up during the use of this method.

Conclusion. Based on the results of the conducted research, it will be possible to improve the complex of therapeutic and preventive measures and put into practice scientifically based recommendations for the prediction and prevention of complications as a result of the use of IUD. The necessity of a thorough examination of patients before the appointment of intrauterine contraception and further dynamic monitoring is justified.

An assessment of the role of factors influencing the prevalence of this method of contraception will allow us to determine priority areas of work on the introduction of modern methods of preventing unwanted pregnancies.

#### **LIST OF LITERATURE:**

1. Abdurakhmanova Sh.V. The importance of antenatal surveillance in reducing maternal and perinatal mortality // Author's abstract. dis. . Candidate of Medical Sciences. - Dushanbe, 2004. - 22 p.

2. Dodkhoeva M.F., Olimova O.T. The state of the reproductive organs of women with intrauterine contraception // Healthcare of Tajikistan. 2004. - No. 4. - pp. 76-78.

3. Kuznetsova P.E., Akhmedzhanova G.A. Features of cervical pathology in perimenopausal women // Materials.4 congresses of obstetricians and gynecologists of Tajikistan. 2003. - pp. 197-198.

4. Tarasova M.A., Grigorieva V.A. Consulting on the use of levonorgestrel-releasing intrauterine system "Mirena". // Information message. C-Pb., 2004.

5. Khabirov C.B. Postpartum contraception in women who have undergone gestosis // Problems of pregnancy. 2003 - No. 7. - p. 97.

6. Yaglov V.V. Contraception after childbirth // Contraception and women's health. 1998. - No. 2. - pp. 3-17.

7. Andersson J., Rybo G. Levonorgestrel-releasing Intrauterine Device in the Treatment of Menorrhagia // Br. J. Obstet. Gynecol. 1990. - Vol. 97. - P. 697.

8. Ross J., Hardee K., Mumford E., Eid S. Contraceptive Method Choice in Developing Countries // International Family Planning Perspectives. 2002. - Vol. 28, N 1. - P. 32-40. Wollen A., Sandvei R., Mork S. et al. In Situ Characterization of Leukocytes in the Fallopian Tube in Women with or without an Intrauterine Contraceptive Device // Acta Obstet. Cynecol. Scand. 1994. - Vol. 73. -P. 103-112.