ISSN: 2573-9565

Research Article

Journal of Clinical Review & Case Reports

Pregnancy Failure: A Sample Set of Rehabilitation Treatment And Rehabilitation

Konstantin Anatolyevich Bugaevsky*

The Petro Mohyla Black Sea State University, Nikolaev, Ukraine.

*Corresponding Author
Konstantin Anatolyevich Bugaevsky, The Petro Mohyla Black Sea State University, Nikolaev, Ukraine.

Submitted: 08 May 2023; **Accepted**: 13 May 2023; **Published**: 24 May 2023

Citation: Konstantin, A.B. (2023). Pregnancy Failure: A Sample Set of Rehabilitation Treatment And Rehabilitation. *Journal of Clinical Review & Case Reports, 8*(5), 91-93.

Abstract
The article presents an exemplary complex of restorative, non-medicamental treatment and physical rehabilitation in patients with clinical manifestations of pregnancy failure of various etiologies, applied at the stage of outpatient and sanatorium-resort treatment. Specific features of the practical application of such methods as therapeutic physical training, fitball exercises, reflexotherapy of biologically active points (BAP) of the genital and endocrine systems on the feet, physiotherapy, aromatherapy, Kegel exercises, vumbilding, vibration and gynecological massage are presented and described.

Keywords: Pregnancy Failure, Reconstructive Treatment, Physical Rehabilitation, Patients

Introduction
An important indicator of the reproductive health of the population is pregnancy failure, which has no decreasing trend throughout the world (2, p. 91-94; 4, p. 95-98). The frequency of spontaneous abortions remains stable and rather high. Direct reproductive losses from pregnancy failure in Ukraine amount to 36-40 thousand unborn, desired children annually (2, pp. 91-94; 4, pp. 95-98). After miscarriage, it is essential to rehabilitate a woman's reproductive health regardless of the number of spontaneous miscarriages, taking into account all the causes and conditions that contribute to spontaneous interruption of pregnancy (2, pp. 91-94; 4, pp. 95-98). The principles of the reproductive health rehabilitation program for women after miscarriage include the earliest possible initiation of therapeutic and restorative measures and the principle of an individual approach to rehabilitation measures for each patient (2, pp. 91-94; 4, pp. 95-98). The principle of dynamic control over the effectiveness of rehabilitation and recovery measures, continuity in the activities of inpatient, outpatient and sanatorium-resort units of rehabilitation measures is important when using rehabilitation treatment (2, pp. 91-94; 4, pp. 95-98).

Aim
The aim of the article is to present a sample complex of rehabilitation treatment and a number of physical rehabilitation methods and tools used in patients with manifestations of secondary pregnancy failure, both at the outpatient and sanatorium stages of rehabilitation treatment and physical rehabilitation.

Methods and Means of Research
When writing this article, the author used the following research methods: selection and critical analysis of the literature and other sources of information on the issue under study; selection and analysis of an approximate set of methods and means of rehabilitation treatment and physical rehabilitation, in the study group of patients, questionnaires, ovulatory cycles after 6 months with the analysis of the results. All of the patients who participated in this study gave their voluntary consent to this participation, according to the paragraphs of the Helsinki Declaration on Bioethics!

Results of the Study and Discussion
An important indicator of the reproductive health of the population is pregnancy failure, which has no decreasing trend throughout the world [2,4]. The frequency of spontaneous abortions remains stable and rather high. Direct reproductive losses from pregnancy failure in Ukraine amount to 36-40 thousand unborn, desired children annually [2,4]. After miscarriage, it is essential to rehabilitate a woman's reproductive health regardless of the number of spontaneous miscarriages, taking into account all the causes and conditions that contribute to spontaneous interruption of pregnancy [2,4]. The principles of the reproductive health rehabilitation program for women after miscarriage include the earliest possible initiation of treatment and rehabilitation measures and the principle of an individual approach to rehabilitation measures for each patient [2,4].

In the application of rehabilitation treatment, the principle of dynamic control over the effectiveness of rehabilitation and

recovery measures, continuity in the activities of inpatient, outpatient and sanatorium-resort links of rehabilitation measures is important [2,4].

A group of 38 patients (n=38) with reliably similar gynecological pathology was selected for the study. The group of patients was practically homogeneous in age. The mean age of the patients in the study group was 31.4±2.3 years ($p>0.05$). We developed a comprehensive program for the restorative treatment of women after their inpatient treatment after early gestational failure (from 10 to 16 weeks). We used a preliminary review of the patients' medical records to conduct the study. All of them underwent clinical and extensive gynecological examination and ultrasound examination. The method of psychological research, was used [4]. The physical rehabilitation program that we proposed included such methods and means of physical rehabilitation as vumbilding, a complex of therapeutic physical exercises, vibration and gynecological massage, therapeutic gymnastics, Kegel exercises, fitnessball, reflexotherapy of biologically active points (BAP) of the genital and endocrine systems on the feet, fitnessball [1, 2-4].

Additionally, in the conditions of the sanatorium rehabilitation stage, all patients received 15 sessions of aromatherapy with the use of aroma oils with a sedative effect, water therapy in the form of Charcot shower, circular shower, pine baths [3,4].

The effectiveness of rehabilitation measures was evaluated immediately after application and in dynamics: in 1-12 months. To determine the quality of life and subjective assessment of the state of women who had undergone spontaneous interruption of pregnancy in the early gestation period, their questionnaire was conducted during their inpatient and outpatient treatment and 6 months after it, at the sanatorium and resort rehabilitation stage.

According to the medical history, we divided all the women (n=38) into three subgroups depending on the term of an aborted pregnancy: I subgroup - up to 10 weeks, II subgroup-10-12 weeks of gestation, and the third group-12-16 weeks of gestation. During the collection of anamnesis the patient's age, her profession, the professional aspect (length of service, the presence of occupational hazards in the patients) was recorded. In addition, the presence of psychological and emotional and physical stress, bad habits were noted. The somatic status of the patients was assessed by questionnaires and medical records. Menstrual and reproductive function and gynecological morbidity were studied in detail. Pregnancy complications up to 10 weeks' gestation showed that the leading complication in the study group was the threat of termination of pregnancy (45.71±8.42%) ($p<0.05$). Patients in all three subgroups underwent 15-20 sessions of gynecological massage during therapeutic and rehabilitative measures. [5]. When the massage was performed, individual pathological changes (position of the uterus, appendages and ligamentous apparatus in the pelvic cavity, changes in their size and consistency), presence of pain, adhesions, infiltrates were determined [5]. In the group with patients with spontaneous abortions, in addition to use of basic moments of gynecological massage, attention was paid to additional use of massage of perineum, inner surface of the hips, lumbosacral zone, lower abdomen. In the group of patients undergoing rehabilitation treatment after early gestational miscarriage, sessions of Kegel exercises were added to strengthen pelvic floor muscles (1;2, p. 91-94; 3; 4, p. 95-98). Also, in the restorative complex was used physical therapy according to Vasilieva V.E. method, which helps to strengthen the muscles of the pelvic floor, lumbosacral area and abdomen [1]. The effectiveness of therapeutic gymnastics, in the initial stage of the disease, at the outpatient stage of rehabilitation is especially high [1-4].

When used in reconstructive therapy of patients after spontaneous abortion, we took into account the psychological factor associated with the loss of pregnancy. In the treatment we used 15 sessions of aromatherapy [2, 3]. We used the following aromatic oils, which have a sedative, relaxing and adaptogenic effect (lavender, orange, mandarin, geranium, valerian, oregano. sage nutmeg, melissa, fir, pine, cedar, mint [3,5,8]. The patients also received hydrotherapy with Charcot shower and circular shower (every other day) #10, coniferous and iodobromine baths (every other day) №10 [2-4]. We used physiotherapeutic treatment with the use of "Electroson-5" apparatus, with a sedative purpose [2-4].

When questioned 3-6 months after spontaneous abortion, 63.2% of the patients in the study group whose physical rehabilitation included therapeutic exercises in the form of a set of special exercises that strengthen the abdominal and pelvic floor muscles (according to the method of Vasilyeva V.E.) [1] noted normalization of menstrual function. To activate the menstrual and endocrine functions of the ovaries we used the method of reflexotherapy of the feet with the influence on the biologically active points of the feet responsible for the reproductive function as an alternative to the drug treatment [2,4]. When the ovarian function was evaluated in the postoperative period by measuring the basal temperature in the study group, ovulatory cycles were restored in 12 women (31.6%) in the first 2-3 months, ovulation was detected in 15 more women (39.5%) in the 3-4 months after rehabilitation, and in another 6 women (15.8%) in the 5-6 months. Ovulatory cycles after 6 months were not recorded in 3 (7.89%) women in the group. We also used vibratory massage on the lower abdomen (15-20 sessions) [8,10] and gynecological massage according to Benediktov I.I., modified by M.G. Shneiderman (15-20 sessions per rehabilitation course) at daily intervals [5].

We used these types of massage as a means of improving hemodynamics, for prevention and non-medicinal therapy of adhesions and congestion in the pelvis. At the outpatient clinic stage we used fitness-ball exercises 3-4 times a week to strengthen pelvic floor muscles, improve blood and lymph circulation, and prevent adhesions (1; 2, pp. 91-94; 3; 4, pp. 95-98). In the subsequent 6 months after pregnancy loss, 14 (36.8%) patients of the study group became pregnant after applying the proposed complex of physical rehabilitation. Progressive pregnancy was recorded in 12 (31.6%) patients, spontaneous miscarriage occurred in 2 (5.26%) women at 6-8 weeks of their pregnancies. Thus, after the application of our

proposed rehabilitative restorative treatment, after 9-12 months, 41.67% of the women in the study group had their reproductive function restored, 18 (47.4%) women in the group became pregnant and gave birth. We individually monitored the quality of life before treatment, during treatment, as well as at the stages of early and late rehabilitation using a questionnaire "Quality of life of women", assessing 5 parameters (physical and mental state, social and role functioning, general subjective perception of one's health status). Assessment of the patients' quality of life allowed us to continuously monitor the progress of rehabilitation and, if necessary, carry out its correction (2, p. 91-94; 3; 4, p. 95-98).

In the period of rehabilitation, after undergoing rehabilitation treatment 65,0% of women had favorable psychological adaptation, in 35,0% -pathological psychological adaptation. Application of psychological support to women in the rehabilitation period contributed to faster normalization of menstrual (53,8%) and fertile (30,8%) functions of the patients.

Conclusion

1. The developed complex of physical rehabilitation, being methodologically simple and not requiring large material expenses, can be actively used in a wide network of medical preventive institutions, both in-patient (in gynecological departments), and out-patient-in a female consultation, on a feldsher-midwife station (in rural areas).
2. Inclusion in the practice of gynecological patients' rehabilitation treatment of the proposed complex of therapeutic and rehabilitation measures at the outpatient and sanatorium-resort stages can significantly reduce the frequency and risk of recurrence of spontaneous abortion in female patients.

References

1. Vasilieva, V.E. (2007). Therapeutic physical training in gynecological diseases. Moscow: Medicine, 48 p.
2. Dobrokhotova Ye.E., Dobrokhotova, Yu.E., Chernyshenko, T.A., & Ausheva, A.A. (2006) Rehabilitation of reproductive function in women with an undescended pregnancy in the anamnesis. J Obstetrics and Obstetric Diseaseѕю, 1, 91-94.
3. Ponomarenko, G.N., & Ailamazyan, E.K. (2008). Physiotherapy in reproductive gynecology. SPb.: IICVMA, 192.
4. Shatunova, Ye.P., & Kalimatova, D.M. (2013). Complex approach to rehabilitation of patients after pregnancy termination. Russian Bulletin of Obstetrician-Gynecologist, 6, 95-98.
5. Shneiderman, M.G. (2011). Gynecological massage: a practical guide for physicians. Edition 2, updated. and supplementary. Moskow: RITM, 89p.

Copyright: *©2023 Konstantin AB. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original authors and source are credited.*