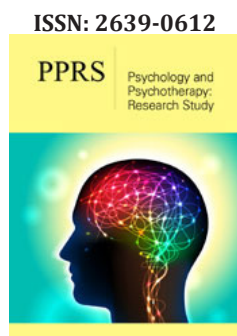


Post-Traumatic Stress Disorder as a Result of Abortion

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Over 180 million couples worldwide suffer from primary or secondary infertility (World Health Organization statistics, 2017) [1]. According to ICMART and WHO Revised Glossary on ART Terminology (2009) [2] infertility (clinical definition) is a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse. Allocate primary and secondary infertility. Primary infertility refers to couples who have not become pregnant after at least 1 year having sex without using birth control methods. Secondary infertility refers to couples who have been able to get pregnant at least once, but now are unable. Barren marriage is an extremely important medical, social and demographic problem throughout the world. In 17% of women, infertility occurs due to hormonal disorders after abortion. Artificial abortion is the leading cause of maternal mortality, inflammatory diseases of the reproductive system, miscarriage, perinatal pathology and infertility. It is associated with a risk of psychopathological manifestations: panic attacks, panic disorder, agoraphobia, post-traumatic stress disorder, bipolar affective disorder, major depressive episode, substance abuse, psychotic conditions [3]. An artificial abortion as an “act of feminism” and “female freedom” is nevertheless traumatized by women and is responsible for the development of symptoms of feelings of loss [4].

Up to 20% of women who have experienced the problem of induced abortion report “post-abortion distress.” The difficulty in studying the problem of post-abortion syndrome consists in factors such as a short observation period after a complete abortion, the reluctance of women and their immediate environment, who are most traumatized by the abortion situation, to interact with doctors. The authors emphasize that a number of researchers advocating the right to have an abortion artificially lower the number of women who suffer. Severe material and living conditions, mental health problems, abusive relationships with a couple, partner forcing an abortion, and not its fact, are among the reasons why women suffer after an abortion. There are many clinical studies revealing the post-traumatic effects of abortion using clinically proven methods. These studies clearly indicate post-abortion trauma as part of generally accepted concepts of post-traumatic stress and acute stress disorders [5]. Post-traumatic stress disorder (PTSD) is attributed to psychogenic disorders caused by exposure to severe stressors. The initial stage in the development of the doctrine of this nosology, first distinguished in the American classification DSM-III, was characterized by a description of acute psychogenic disturbances in combat trauma, then during natural disasters of a natural, man-made nature, fires that survived the atomic bombing in Japan, accompanied by mass deaths, prisoners of concentration camps. In recent years, the number of systematic studies on the role of induced abortion as an injury associated with post-traumatic stress disorder has increased. The main objective of this study was to study the effect of abortion as a trigger factor in the development of post-traumatic stress disorder in secondarily infertile women with and without a living child.

A total of 36 individuals of the Department of Operative Gynecology of the Clinical Maternity Hospital City Hospital of Kursk (17 women with secondary infertility without live children and 19 matched women with live baby) were examined through Impact of Event Scale-R-IES-R. The participants were classified in two groups. The first group included 17 women with a burdened obstetric-gynaecological history (an artificial abortion in the history of 4-8 weeks of pregnancy, voluntarily performed at the request of a woman) who were hospitalized

with secondary infertility. Methods of abortion in patients of the main group: farm abortion-9 women (53%), abortion by vacuum aspiration (35.3%)-6 women, surgical abortion (cervical dilation and curettage) in hospital-2 women (11,7%). The average age of abortion was 14.69 ± 0.7 months. The secondary group consisted of 19 women who had a history of one childbirth with live baby, but pregnancy did not occur during the year. The study design was conducted according to the scheme of a cohort clinical study using the method of targeted sampling. The following variables were investigated: trends of avoidance, intrusion (intrusive reproduction) and physiological excitability due to a traumatic event. Intrusion, Avoidance, and Hyperarousal subscales. Results. Women of the first group after abortion noted all the symptoms of PTSD. Depending on the method of abortion, patients experienced a greater number of reproductive (flashbacks) situations of artificial abortion (subscale "invasion"). This situation may be explained by the better psychological tolerance of medical abortion by women.

According to the subjects, a similar method of abortion seemed to them less traumatic, both psychologically and medically. They did not need hospitalization, the abortion process was perceived as heavy menstrual bleeding, there was no risk of postoperative complications. While surgical abortion appeared in the view of the women studied as a serious surgical intervention, associated with general anaesthesia, a possible risk of uterine perforation and bleeding, a postoperative recovery period, and longer sexual rest. Of particular importance are the following experiences of women: they were worried about "how exactly the doctor removes the embryo", whether its integrity is violated, "does it suffer". Women never asked these questions to their doctors and voiced their thoughts only in discussion. A frequent symptom in the structure of repressions was sleep disturbance in the form of its superficiality, difficulty falling asleep, lack of a sense of relaxation after sleep, nightmares. One woman dreamed that she "fried in a frying pan and ate her unborn child, felt the taste and smell of meat in a dream," after which she could not eat any kind of meat products for several months. Another patient, in spite of her will, presented "parts of the fetal body in a bank, as in an anatomical museum", "thought about where the embryos are sent after an abortion", "felt his small arms and legs", "felt how life was removed from it". The descriptions of experiences in such women were vivid and imaginative, patients

were characterized by instability of emotional reactions in the presentation of anamnestic data, despite the limitation of abortion, which averaged 14.69 ± 0.7 months. Women emphasized that such "unsolicited thoughts" could arise in a working situation, and then their working ability would be impaired, they could not concentrate their attention, concentrate; at home surrounded by family-in such cases their mood spoiled sharply, they did not want to communicate with relatives, they "forbade themselves to think about an aborted pregnancy".

No statistically significant differences were found for the "avoidance" subscale. From the data obtained by us, it can be argued that the subjects of the first group noted quite intense manifestations of avoiding the traumatic situation of abortion, possibly due to the inclusion of psychological defense mechanisms. The subscale "excitability" also did not reveal statistically significant differences between the comparison groups. Symptoms of this scale, such as anger, constant irritation, shyness, unpleasant physical sensations, alertness were quite small in women. Regardless of the method of artificial termination of pregnancy in women, all groups of symptoms necessary for the diagnosis of PTSD were observed. Memories of an abortion situation often took the form of obsessions. Women of both groups with secondary infertility report symptoms of PTSD. In women of the second group, symptoms are less pronounced. This may be due to the presence of living children.

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