

PROFILE OF WOMEN UNDERGOING UTERINE CURETTAGE IN A PUBLIC MATERNITY

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ABSTRACT

Introduction: In women's health care, some conditions indicate the emptying of the uterine cavity in case of suspected retention of placental tissues for delivery and for abortion treatment. **Objective:** To describe the indications and profile of women undergoing uterine curettage. **Method:** Observational study with cross-sectional, descriptive design and quantitative approach, with secondary data collection in physical/electronic medical records between January and July 2022, performed at Hospital e Maternidade Dona Íris. The data were entered into the statistical software Microsoft Office Excel spreadsheet, applied simple statistics with absolute and relative frequency. **Results:** Of the total number of women undergoing uterine cavity emptying procedure due to retained placental tissues, 82% were due to miscarriages, of these, 74% were referred to uterine curettage and 8% to Manual Vacuum Aspiration (MVA). We identified as relevant in this study the sociodemographic variables age range of 20 to 39 years (84%), not living with a partner (72%) and having completed high school (56%).

Conclusion: It was observed the uterine curettage as the main method adopted for uterine evacuation due to abortion, women of childbearing age, multiparous, without partnership and low adherence to prenatal care. We suggest actions for abortion care, especially education about the use of available methods.

KEYWORDS: COMPREHENSIVE WOMAN'S HEALTH CARE. UTERINE CURETTAGE. VACUUM CURETTAGE. UNIFIED HEALTH SYSTEM.

INTRODUCTION

Uterine curettage is a surgical procedure used in obstetrics to treat miscarriage, characterized by emptying the uterine cavity with or without mechanical dilation of the uterine cervix¹.

According to a study by the World Health Organization (WHO), approximately 55 million abortions are estimated between 2010 and 2014 in the world, the vast majority of which occur in underdeveloped countries². Abortion complications are responsible for 15% to 20 % of all deaths related to pregnancy, representing one of the main causes of maternal mortality in Brazil, being related to social inequality and remaining a global problem^{3,4}.

Miscarriage is a hemorrhagic syndrome of the first half of pregnancy, characterized by termination of pregnancy with a product of conception weighing less than 500 grams and with a gestational age of less than 22 weeks or with a height of less than 16 cm, before viability is achieved, in women in the age range from 15 to 44 years old⁴.

In these cases, post-abortion curettage represents the second most common obstetric procedure performed in public health institutions. The curettage procedure consists of scraping material from the uterine wall, which can

cause complications such as perforation of the uterus and sepsis, thus representing a cause of maternal morbidity and mortality⁵.

In women's health care, other conditions also indicate emptying of the uterine cavity. In case of suspected retention of placental tissues immediately after delivery, uterine curettage is performed as a therapeutic approach to postpartum hemorrhage (PPH)^{6,7}.

The retention of placental tissues is one of the causes of PPH, representing an obstetric emergency that corresponds to the major cause of maternal mortality worldwide⁸.

Based on the above, the objective of this research will be to describe the indications and the profile of women undergoing uterine curettage in a public maternity hospital, a reference center in maternal and child health in the Midwest Region.

METHODOLOGY

This is a cross-sectional, descriptive, retrospective study with a quantitative approach. The cross-sectional study is an epidemiological research strategy that analyzes factor and effect in a given place and time, determining incidence and prevalence of a phenomenon⁸. The research took place

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at the Hospital e Maternidade Dona Iris, of a municipal public nature, located in Goiânia, Goiás, a reference in maternal and child health care for the municipality and metropolitan region. Secondary data collection was carried out by collecting data from physical/electronic medical records, based on a semi-structured instrument on sociodemographic characteristics, personal and obstetric history, between the months of January and March 2022.

For this study, the following variables were considered: age; self-declared race; marital status (lives with a partner or lives without a partner) and previous comorbidities. Regarding the clinical and obstetric aspects, the following variables will be analyzed: parity, had prenatal care, number of prenatal consultations, gestational age (in weeks), uterine curettage (post-abortion or postpartum), Manual vacuum Aspiration (MVA) and mode of delivery (vaginal or cesarean section).

Data was entered into the statistical software Microsoft Office Excel, fed into an electronic spreadsheet, later simple statistics were performed with absolute and relative frequency. The use of the Informed Consent Form (TCLE) will be waived because it is a descriptive research, with secondary data collection. Because it deals with secondary data collection, there was a waiver of the use of the Free and Informed Consent Form (TCLE) because it is a descriptive research, with secondary data collection. This research was approved by the Research Ethics Committee of Hospital e Maternidade Dona Iris, under the number 5.784.215 and respected the ethical principles in research involving human beings according to Resolution 466/20129.

RESULTS

A total of 95 women who underwent uterine evacuation vaginal delivery from January to March 2022 were analyzed. The prevalence of post-abortion curettage was 68 (72%), postpartum curettage 19 (20%) and 8 procedures with MVA, representing 8% of the sample. Of the total number of pregnant women analyzed, 80 (84%) were between 20 and 39 years old, most of whom were multiparous, 73 (77%), and did not live with a partner, 68 (72%).

Table 1 presents the obstetric characterization of women who underwent uterine evacuation.

Variables	N	%
Age, years		
17 - 19	8	8
20 - 39	80	84
40 - 44	7	7
Education level, years		
< 9	29	30
≥ 9 e < 12	53	56
≥ 12	13	14
Marital status		
Lives with partner	27	28
Lives without partner	68	72
Prenatal		
Yes	46	48
No	49	52
Number of consultations		
≤ 6	39	41
> 7	7	7
Did not perform	49	52
Parity		
Nulliparous	22	23
Multiparous without c-section	42	44
Multiparous with c-section	31	33

Table 1. Sociodemographic and obstetric characterization of women undergoing uterine evacuation, Goiânia, Brazil, 2022 (n= 95)

Graph 1 presents the characterization of comorbidities in women undergoing uterine evacuation, in which 80 (84%) denied having any comorbidity, 6 (6%) were diagnosed with Gestational Diabetes Mellitus, followed by 4 (4%) with Systemic Arterial Hypertension.



Graph 1. Characterization of comorbidities in women undergoing uterine evacuation, Goiânia, Brazil, 2022 (n= 95)

Graph 2 shows the methods used for post-abortion and immediate post-delivery uterine emptying.



Graph 2. Characterization of comorbidities in women undergoing uterine evacuation, Goiânia, Brazil, 2022 (n= 95)

Table 2 presents the methods used for uterine evacuation stratified by gestational age.

Variables	N	%
Post-abortion curettage	70	74
≤ 12 weeks	42	60
> 12 to ≤ 22 weeks	21	30
Anembryonic pregnancy	7	10
Postpartum curettage	17	18
> 37 weeks	12	70
> 22 to 36 weeks and 6 days	5	30
MVA	8	8
≤ 12 weeks	7	90
> 12 to ≤ 22 weeks	1	10

Table 2. Characterization of methods used for uterine evacuation stratified by gestational age, Goiânia, Brazil, 2022 (n= 95)

DISCUSSION

Of the total number of women submitted to the procedure of emptying the uterine cavity due to retention of placental tissues, 82% were due to miscarriages, of these, 74% were referred to uterine curettage and 8% to Manual Vacuum Aspiration (MVA). The sociodemographic variables age group 20 to 39 years old (84%), not living with a partner (72%) and having completed high school (56%) were identified as relevant in this study.

Sociodemographic findings corroborate data from a study carried out in Piauí, which described the profile of women who underwent post-abortion uterine curettage in a public hospital^{5,10}. According to the World Health Organization, 50% to 80% of abortions occur in the age group of 20 to 29 years, due to the greater probability of women in this age group being sexually active and fertile, resulting in an increase in the number of pregnancies¹¹. In general, this age group is predominant in studies on abortion or on problems related to pregnancy, which may suggest a decrease in the number of abortions among adolescents.

In this study, a high percentage (72%) of women reported not having a partner, diverging from studies carried out in other Brazilian states, in which most women had a partner³⁵. The instability in the marital relationship observed in this study can be considered a risk factor for abortion.

Regarding reproductive data, most (77%) had at least one previous pregnancy, of which (33%) had a surgical delivery. It is known that increased parity and previous uterine scarring are risk factors for accretism and abnormal adhesion of the placental tissue in the uterine cavity, requiring curettage as a form of treatment, and in more severe cases hysterectomy¹².

It draws attention to the fact that half (52%) of the wom-

en did not start prenatal care, suggesting a prevalence of incipient and unplanned pregnancies. Adequate adherence to prenatal care allows early identification of gestational intercurrents, corroborating with the reduction of risks for the binomial, being essential for the promotion of maternal and neonatal health^{9,13}.

The prevalence of comorbidities in the studied sample was lower than in another study⁵. It is a consensus in the literature that systemic arterial hypertension and Gestational Diabetes Mellitus (GDM) are risk factors for adverse maternal-fetal outcomes because they cause changes in the vascularization of the decidua. In this way, compromising the proper functioning of the placenta and making pregnancy unfeasible. Diagnosis of GDM was observed in 6% of the investigated women, meanwhile, poorly controlled diabetes is associated with congenital malformations, pre-eclampsia, fetal macrosomia and fetal macrosomia intrauterine death^{14,15}. Therefore, the importance of early prenatal care is reinforced in order to reduce fetal risks.

In this investigation, the type of abortion was not evaluated, it was important to analyze the procedure used for its treatment. As in other studies, uterine curettage was observed as the main method adopted for uterine emptying, 74%, of which 60% were performed in pregnancies of less than 12 weeks^{16,10}. This procedure is widely used in post-abortion treatment, representing the third most frequent obstetric procedure in health establishments affiliated with the Unified Health System¹⁸. However, it is associated with greater complications such as uterine perforation, placental tissue permanence, hemorrhage and infection¹⁶.

The MVA procedure was performed in 8% of the abortion cases found in the analyzed period, lower than that found in another research¹⁶. For the management of abortion, the Ministry of Health recommends the use of vacuum aspiration (MVA) or medical abortion, which is defined by the successive use of mifepristone and misoprostol or misoprostol alone, in the event of abortion in the first trimester of pregnancy (≤ 12 weeks). In cases where it occurs after 13 weeks of pregnancy, dilation and evacuation or medical abortion is recommended¹⁵. It is also recommended by the International Federation of Gynecology and Obstetrics (FIGO), as it is safer, faster and less painful when compared to curettage, in addition to shorter hospital stay, although it is expensive¹⁸.

One of the study's limitations is the fact that the analyzed data came from medical records, which could lead to bias, as data collection depends on the completeness of the notes. Also, the possibility of bias in the responses of pregnant women when filling out the medical record is considered. It is suggested further studies that consolidate the risks and benefits related to the methods in the place of study.

FINAL CONSIDERATIONS

In this study, uterine curettage was observed as the main method adopted for uterine emptying due to abortion, fol-

lowed by a small percentage of postpartum curettage, in an age group with a greater probability of being fertile. Therefore, it proves to be the most performed procedure in obstetric practice, although there are alternative methods with fewer adverse effects.

Reproductive data indicate higher rates of multiparous women, with at least one previous birth, with low or no adherence to prenatal care and with marital instability, factors that are related to higher abortion rates, and similar to what is found in the literature. A small prevalence of gestational diabetes mellitus and chronic arterial hypertension was found, however, the importance of adequate prenatal care for the good development of pregnancy is reinforced.

Thus, the data make it possible to subsidize the planning and implementation of care actions, especially regarding abortion, in particular education about the use of available methods.

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