

## The benefits of progesterone therapy in imminent abortion

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### Abstrak

Penyebab abortus iminens multifaktor. Penyebab terbesar adalah rendahnya kadar progesteron serum. Kadar kritis terendah progesteron serum untuk kelangsungan kehamilan adalah 10 ng/ml. 80 % pasien yang mengalami abortus kadar progesteronnya berada < 10 ng/ml. Pasien yang mengetahui kehamilannya mengalami perdarahan umumnya akan mengalami stress. Stress merupakan juga salah satu faktor terjadinya abortus. Pemberian substitusi progesteron alami (bukan progestogen) mempercepat hilangnya kontraksi uterus, dan mempercepat hilangnya perdarahan. Selain itu progesteron juga memiliki khasiat antikecemasan. Pemberian progesteron oral akan mengalami metabolisme di usus dan hati, sehingga tidak dapat dicapai kadar progesteron serum yang fisiologis, sedangkan pemberian progesteron suppositoria diperoleh kadar serum yang fisiologik sehingga sangat efektif mencegah abortus iminens. (Med J Indones 2005; 14:258-62)

*The causes of imminent abortion are multi-factorial. The biggest causal factor is the low level of serum progesterone level. The lowest critical level of serum progesterone for survivability of pregnancy is 10 ng/ml. Eighty percent of patients experiencing abortion showed that their progesterone level was < 10 ng/ml. Patients who realized that their pregnancy would experience hemorrhage generally would suffer from depression. Stress was one of the factors responsible for the occurrence of abortion. Administration of natural progesterone substitution (not progestogen) accelerates the disappearance of uterine contractions, and speeds up the stoppage of bleeding. In addition, progesterone has the effect of anti-anxiety. Administration of oral progesterone would result in metabolism in the intestine and liver, such that physiological level of serum progesterone could not be reached, while administration of suppositoria progesterone would result in physiological level of serum, such that it was effective to prevent imminent abortion. (Med J Indones 2005; 14:258-62)*