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STUDY OF ADVERSE EFFECTS OF OVER THE COUNTER ABORTIFACIENT USE.

Gynaecology

Suresh S Kanakannavar Associate Professor, Department of Obstetrics and Gynaecology, Bangalore Medical College And Research Institute, Bangalore -560002

Chaithra M* Senior Resident, Department of Obstetrics and Gynaecology, Bangalore Medical College And Research Institute, Bangalore -560002 *Corresponding Author

ABSTRACT

Introduction: Medical abortion is a safe method of termination of pregnancy when performed as per guidelines. Almost all the deaths and complications from unsafe abortion are preventable. Over the past two decades, the health evidence, technologies and human rights rationale for providing safe, comprehensive abortion care have evolved greatly. But self administration of abortion pills is rampant throughout India due to over the counter availability of these drugs and complications are common due to this practice.

Result: In this study patient who had taken over the counter abortifacients, most of them presented with excessive per vaginal bleed, most of them had incomplete abortion and most of them had to undergo surgical evacuation. Significant number of patient presented with ruptured ectopic pregnancy, ruptured uterus, and perforated uterus for which emergency laprotomy was done.3 patient died because of septic abortion with MODS.

Conclusion: The current study gives an insight as to how over the counter abortifacient use is rampant. This study shows that over the counter abortifacient use has increased morbidity and mortality.

KEYWORDS

abortion; abortifacient; mortality; morbidity

INTRODUCTION

WHO defines unsafe abortion as a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both.[1] Over the past two decades, the health evidence, technologies and human rights rationale for providing safe, comprehensive abortion care have evolved greatly. Despite these advances, an estimated 22 million abortions continue to be performed unsafely each year, resulting in the death of an estimated 47 000 women and disabilities for an additional 5 million women throughout the world.[2] The WHO recommendations on medical abortion are restricted to early first trimester (up to 63 days since the first day of the last menstrual period – LMP). Antiprogesterone drugs such as Mifepristone (RU 486), prostaglandins like Misoprostol have been approved by the United States Food & Drug Administration (USFDA) for medical abortion. As per Medical Termination of Pregnancy (MTP) Act of India, this method can only be administered by Gynaecologists and Registered Medical Practitioners (RMP) recognized for performing MTPs up to 49 days since the first day of LMP.[3] Unsafe abortion causes approximately13% of all maternal deaths worldwide, with higher rates in areas where abortion access is restricted. Safe abortion has low risk, if all women who need an abortion can access safe care, this rate would drop dramatically.[4] Medical abortion is a safe method of termination of pregnancy when performed as per guidelines with a success rate of 92-97 %. But self-administration of abortion pills is rampant throughout India due to over the counter availability of these drugs and complications are common due to this practice. The society perceives unsupervised medical abortion as a very safe method of termination and women use this as a method of spacing.[5] Almost all the deaths and complications from unsafe abortions are preventable. In countries where women have access to safe abortion services, their likelihood of dying as a result of an abortion is no more than one per 200,000 procedures.[6]The term 'self medication' is applied when patient, her husband, her relative or her friend has brought the abortion pill (for patient) over the counter without medical guidance/supervision/prescription.

METHODS

It was a prospective, observational study done over a period of 24months in government tertiary care hospital at Vani Vilas hospital, attached to Bangalore Medical College and Research Institute, Bangalore.

Inclusion Criteria: All women using over the counter abortificiants. Confirmed pregnancy with Urine pregnancy test or Ultrasonography or Post evacuation histopathological examination

Exclusion criteria: Patients refusing to participate in the study.

Methodology: Informed consent was taken. Data were collected from patients who fulfill the inclusion criteria with the help of predesigned questionnaire. Data collected included demographic details, parity, gestational age at presentation, symptomatology, detailed history of current pregnancy and previous pregnancies and other relevant past history and drug history.

RESULTS:

Table 01. Age distribution of study participants:

Age groups In years	Total number of participants	Percentage
15-19	11	3.7
20-29	217	72.3
30-39	69	23.0
40-43	3	1.0
Total	300	100
Mean (SD) of age in years	26.5	4.8

72.3%, n=217were in between the age of 20-29 years and 23%(n=69) of the patient were in the age group of 30-39 years, 3.7%(n=11) of the patient were in the age group of 15-19years,1%(n=3) were in the age group of 40-43 years.

Table 02. Marital status of study participants:

Marital status	Total number of participants	Percentage
Unmarried	24	8
Married	276	92
Total	300	100

Most of the patients(92%, n=276) were married and 8%,(n=24) were unmarried.

Among 24 patients who were unmarried, 8 of them were </= 19years .

Table 03. Religion of study participants:

Religion of study participants	Total number of participants	Percentage
Hindu	204	68
Muslim	90	30
Christian	6	2
Total	300	100

68%,n=204 were Hindus, 30%(n=90) of the patient were muslims, 2%(n=6) of the patient were Christian.

Table 04. Residence of study participants:

Residence of study participants	Total number of participants	Percentage
Urban	291	97
Rural	9	3
Total	300	100

97%,n=291 were the resident of urban area.3%(n=9) of the patient were resident of rural area.

Table 05. Education status of study participants:

Education status of study participants	Total number of participants	Percentage
Illiterate	27	9
Primary	101	33.7
High school	107	35.7
High secondary	8	13.7
Graduate	100	33.33
Total	300	

35.7%, n=107) had studied till high school, 33.7%(n=101) had studied till primary school, 13.7 % (n=41) of the patient had studied till higher secondary school, 8% (n=24)of the patient were graduate.9%(n=27)of the patient were illiterate.

Table 06. Gravidity of study participants:

Gravidity of study participants	Total number of Participants	Percentage
1	25	8.3
2	88	29.3
3	112	37.3
4	53	17.7
5	19	6.3
6	2	0.7
7	1	0.3
Total	300	100

37.3% (n=112) were gravida 3, 29.3%(n=88) were gravida 2,17.7% (n=53) were gravida 4, 8.3%(n=25) were primi gravida, 6.3% (n=19) were gravida 5, 0.7%(n=2)were gravid 6 and 0.3%(n=1) was gravid 7.

Table 07. Parity of study participants:

Parity of study participants	Total number of participants	Percentage
0	25	8.3
1	98	32.7
2	123	41
3	41	13.7
4	12	4
5	1	0.3
Total	300	100

41%(n=123) were para 2, 32.7% (n=98)of the patient were para 1, 13.7% (n=41)of the patient were para3, 4% (n=12)of the patient were para 4, 1 (0.3%) patient was para 5.

Table 08. Number of living children among study participants:

Number of live birth	Total number of participants	Percentage
0	27	9
1	97	32.3
2	126	42
3	39	13
4	10	3.3
5	1	0.3
Total	300	100

Table 09. Number of previous abortion among study participants:

Number of abortion	Total number of participants	Percentage
0	264	88
1	30	10
2	6	2
Total	300	100

10% (n=30)of the patient had previous 1 abortion, 2% (n=6)of the patient had previous 2 abortion.

Table 10. Duration between pill intake and visit to hospital among study participants in days:

DAYS	NUMBER	Percentage
1-5D	105	35
5-10D	118	39.3
10-15D	52	17.3
15-20D	-	-
20-25D	14	4.7
25-30D	7	2.3
>30D	4	1.3

35% of the patient,(n=105) presented within 1 to 5 days of pill intake , 39.3%(n=118) of them presented in 5 to 10 days of pill intake,17.3% (n=52)of them presented within 10-15 days of pill intake,4.7% (n=14)presented within 20-25 day of pill intake, 2.3%(n=7) presented between 25-30 days of pill intake, 1.3%(n=4) presented after 30days of pill intake.

Table 11. Period of gestation during pill intake among study participants in weeks:

GESTATIONAL AGE	NUMBER	percentage
<6 WEEKS	14	4.7
6-9WEEKS	138	46
9-12WEEKS	78	26
12-16WEEKS	37	12.3
>16WEEKS	33	11

Maximum number of patient, 46% (n=138) consumed mtp pill at 6-9week period of gestation, 26%(n=78) had consumed at 9-12week period of gestation,12.3%(n=37) had consumed at 12-16week period of gestation,11%(n=33) had consumed >16week period of gestation, 4.7%(n=14) had consumed at<6 week period of gestation.

Table 12. Source of knowledge on MTP among study participants:

Source of knowledge on MTP	Total number of participants	Percentage
Friend	161	53.7
Relative	39	13
Neighbour	72	24
TV	28	9.3
Total	300	100

53.7%(n=161) had gained knowledge from their friends, 24% (n=72)from their neighbours,13%(n=39) from their relatives, 9.3%(n=28) gained knowledge from TV.

Table 13. Individuals who got pregnancy termination drugs for the study participants:

Individuals who got pregnancy termination drugs	Total number of participants	Percentage
Self	183	61
Husband	94	31.3
Friend	23	7.7
Total	300	100

61%(n=183) purchased the drugs themselves, for 31.3% (n=94)of the patient drugs was bought by their husband, for 7.7% (n=23)of the patient drugs was bought by their friends.

Table 14. History of presenting complaints among the study participants:

History of presenting complaints		Total Number of participants	Percentage
excessive vaginal bleeding	Absent	145	48.3
	Present	155	51.7
pain abdomen	Absent	197	65.7
	Present	103	34.3
Irregular vaginal bleeding	Absent	290	96.7
	Present	10	3.3
Passing products of conception	Absent	248	82.7
	Present	52	17.3
	Total	300	100

1.7%(n=155) presented with excessive bleeding per vaginum, 34.3 % (n=103)of them had pain abdomen, 17.3%(n=52) of the patient complained of passage of products, 3.3 % (n=10)of the patient had irregular bleeding per vaginum.

Table 15. Outcome of the study participants:

55%(n=165)had incomplete abortion, 13.3% (n=40)of them had missed abortion,7.3% (n=22)of the patient had complete abortion, 4.7% (n=14)of them had septic abortion,4.7%(n=14) of them had inevitable abortion, 4% (n=12)of them had an IUD, 2.3% (n=7) had ruptured ectopic pregnancy,2 (0.7%)patient had perforated uterus, 2(0.7%)patient had ruptured uterus, 1(0.3%) patient had molar

pregnancy, 7%(n=21) continued their pregnancy.

Outcome	Total number Of Participants	Percentage
Complete abortion	22	7.3
Incomplete abortion	165	55.0
Missed abortion	40	13.3
Septic abortion	14	4.7
Inevitable abortion	14	4.7
IUD	12	4.0
Molar pregnancy	1	0.3
Ruptured ectopic	7	2.3
Ruptured uterus	2	0.7
Perforated uterus	2	0.7
Continued pregnancy	21	7.0
Total	300	100

Table 16. Presence of co-morbidities among the study participants:

Presence of co-morbidities	Total number of participants	Percentage
No comobidity	284	94.7
Asthma	2	0.7
Deranged Liver Function Test	2	0.7
Epilepsy	2	0.7
Hypertension	1	0.3
Hypothyroidism	3	1
OCD & Seizure	1	0.3
Pancytopenia	1	0.3
Retroviral disease	2	0.7
Rheumatic heart disease	2	0.7
Total	300	100

2(0.7%)patient were a known case of asthma, 2(0.7%)patients were a known case of epilepsy, 1(0.3%) had hypertension, 3 (1%)had hypothyroidism,1 (0.3%) had OCD,2 (0.7%)had retroviral disease, 2 (0.7%)had rheumatic heart disease, 1(0.3%) had pancytopenia and 2(0.7%) had deranged LFT.

Table 17. Presence of anaemia among the study participants:

Presence of anaemia	Total number of Participants	Percentage
No anaemia	128	42.7
Mild	35	11.7
Moderate	77	25.7
Severe	49	16.3
Very severe	11	3.7
Total	300	100

25.7% (n=77)of the patient had moderate anemia, 16.3% (n=49)had severe anemia, 3.7% (n=11)had very severe anemia.

Table 18. Previous LSCS among study participants:

Previous LSCS	Total number of participants	Percentage
No	254	84.7
One	31	10.3
Two	14	4.7
Three	1	0.3
Total	300	100

10.3% (n=31)of the patient had previous 1 LSCS, 4.7%(n=14) of the patient had previous 2 LSCS,1 (0.3%)patient had previous 3 lscs.

CONCLUSION:

The current study gives an insight as to how over the counter abortifacient use is rampant. In the current study, most of the patient had less than high school level of education which might be the reason for lack of awareness. Whatever knowledge they had gained from their friends, neighbours were insufficient and TV adds were misinterpreted. Most of the patient in the current study had more than 2living children and have adopted this method instead of contraception due to lack of firm decision. In this study patient who had taken over the counter abortifacients, most of them presented with excessive per vaginal bleed, most of them had incomplete abortion and most of them had to undergo surgical evacuation. Significant number of patient presented with ruptured ectopic pregnancy, ruptured uterus, and perforated uterus for which emergency laprotomy was done. 3 patient died because of septic abortion with MODS.This study shows that over the counter abortifacient use has increased morbidity and mortality.

RECOMMENDATION

1. Abortifacients must be prescribed only after confirmation of intrauterine pregnancy.
2. Government must take steps to stop over the counter sale of abortifacient and it has to be made available only at the hospitals which are covered under MTP act and only doctors qualified under MTP act can prescribe them. It must be available free of cost at hospitals covered under MTP act.
3. Strict legislations are required to curtail this harmful practice and over the counter abortifacient sale must be made a punishable offence.

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