



STUDY OF MEDICAL TERMINATION OF PREGNANCY IN A TERTIARY CARE HOSPITAL- A RETRO-PROSPECTIVE STUDY.

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ABSTRACT

Background: Medical termination of pregnancy is defined as termination of pregnancy before the age of viability of foetus under any grounds of Medical termination of pregnancy Act 1971. The Medical Termination Bill 2020, passed in March 2020 amends to increase the upper limit for termination to 24 weeks for certain categories of women. Also the bill allows unmarried women termination of pregnancy for contraceptive failure. Safe and legal abortions are considered a key intervention to improve women's health and quality of life. The current study is to assess the perception of eligible women on MTP services in cases of unwanted pregnancies amid determine the indications, complications and the contraceptive method used along with the procedure.

Results: In the present study 60% patients belonged to the age group of 20-30. 41% patients had undergone termination due to failure of contraception, 26% patients had multiple congenital anomalies, 23.5% patients had maternal medical condition that could cause grave injury to physical and mental health of the mother making termination necessary, 9% patients had termination due to social reasons. 53% patients had undergone medical abortion with Misoprostol alone compared to 19% who had undergone termination with combined Mifepristone and Misoprostol.

Conclusions: It is needed that more number of females need to be counselled to adopt one or other method for contraception at time of termination to avoid further unwanted pregnancies. Medical termination of pregnancy with mifepristone and misoprostol is a safe, simple and effective approach. It permits greater privacy to the patients. Wide spread use of medical abortion may reduce number of deaths due to traumatic illegal termination of pregnancies Misoprostol, Mifepristone

KEYWORDS :

INTRODUCTION

Medical termination of pregnancy is defined as termination of pregnancy before the age of viability of foetus under any grounds of Medical termination of pregnancy Act 1971(1). The Medical Termination Bill 2020, passed in March 2020 amends to increase the upper limit for termination to 24 weeks for certain categories of women. Also the bill allows unmarried women termination of pregnancy for contraceptive failure. India is the first country to legalise the abortion on the liberal grounds like "failure of contraception". Despite this many women ignore the legal status of abortions and have unsafe abortions. It is evident that perhaps two third of all abortions take place outside authorized health service by unauthorized and often unskilled persons(2). Safe and legal abortions are considered a key intervention to improve women's health and quality of life. The current study is to assess the perception of eligible women on MTP services in cases of unwanted pregnancies amid determine the indications, complications and the contraceptive method used along with the procedure.

MATERIALS AND METHODS

This is an observational, cross sectional, retrospective study conducted in the Department of Obstetrics and Gynecology in a tertiary care referral hospital. 200 patients attending the outpatient department and emergency for medical termination of pregnancy were included in the study. A clinical examination, urine test for pregnancy and an ultrasound examination for confirmation of intra uterine pregnancy determining the exact gestational age of the fetus along with hemoglobin, serology and blood grouping and typing done. After taking formal consent, patients were subjected to medical termination of pregnancy by medical or surgical methods. Among medical methods either a combination of Mifepristone with Misoprostol or Misoprostol alone. Surgical evacuation by manual vacuum aspiration or metallic suction cannula or evacuation after incomplete abortion by medical methods.

Statistical Analysis

As this is a purely observational study, the following parameters were evaluated:

- Whether 1st trimester (upto 12 weeks) or 2nd trimester (12 to 20 weeks)
- Parity status of the female
- Indications for doing the MTP
- Method used for doing MTP and complications if any
- Method of Contraceptives used in conjunction with the procedure.
- Whether permanent or temporary contraceptive method used.

Data was analysed using descriptive statistics i.e percentages and proportions were calculated and no statistical test was applied.

RESULTS

Table No.1: Timing of termination of pregnancy and parity

Trimester	No.	Percentage
First Trimester	68	34
Second Trimester	132	66
Total	200	100.0%
Parity	No.	Percentage
Primiparity	74	37
Multiparity	126	63
Total	200	100.0%

Table No.2: Distribution among the cases regarding indication of termination

Indication	No.	Percentage
Failure of contraception	83	41
Malformation	52	26
Physical and grave injury to health of mother	47	23.5
Social	18	9
Total	200	100.0%

Table No.3 : Distribution among the cases of- method of termination of pregnancy

Mode of Termination	No.	Percentage
Surgical	56	38
Medical	38	19
Combined Mifepristone and Misoprostol used		
Only Misoprostol	106	53
Medical followed by surgical	32	16
Total	200	100.0%

Table No.4 : Distribution among the cases of contraception method used after termination of pregnancy

Contraception	No.	Percentage
Tubal ligations with MTP	38	19
Barrier	67	33.5
Injection DMPA	52	26
Oral contraceptive pills	11	5.5
Cut insertion	32	16
Total	200	100.0%

DISCUSSION

In the present study 60% patients belonged to the age group of 20-30 years comparable to the study of Jain M et al (3).The study of Jain M et al also shows 74.8% women belonging to lower socio-economic class signifying the high unmet need of contraception.

37% of women were primigravida in our study compared to the results of Shipra Gupta et al which showed 47% patients had parity <2(4).The results of Jain M et al also had 64.5% women with ≤2 parity who sought MTP(3)

In our study ,41% patients had undergone termination due to failure of contraception,26% patients had multiple congenital anomalies,23.5% patients had maternal medical condition that could cause grave injury to physical and mental health of the mother making termination necessary.9% patients had termination due to social reasons. The study of Jain et al depicts 6.3% wanted termination for contraceptive failure ,13% women had medical high risk.23% terminations were done due to socioeconomic factors(3).These statistics are comparable to studies of Shipra Gupta et al and Shankaraiah RH et al where 4.6% and 11.6% termination were done on medical grounds respectively(4,5)

Mifepristone and misoprostol are the drugs being increasingly used for termination of pregnancy. Mifepristone a progesterone receptor antagonist is effective in reducing the induction to abortion time interval whereas Misoprostol is a synthetic prostaglandin E1 compound which acts by increasing the uterine contractions and softening the cervix. Mifepristone and misoprostol either in combination or alone have been tried with varying degree of success. In our study 53% patients had undergone medical abortion with Misoprostol alone compared to 19% who had undergone termination with combined Mifepristone and Misoprostol. Most of these were pregnancy less than 9 weeks or after failed Misoprostol inductions.

The study of Caronell et al reported 92% success with misoprostol alone in pregnancies less than 63 days, on the other hand Ozeren et al reported only 58% success rate(6,7).

38% patients in our study had surgical evacuation.16% patients had incomplete abortion after medical methods which was followed by surgical methods.

The study of V.Aruna Devi et al, 86% had complete expulsion, 14%required D&C(8). Complete abortion success rate findings with other studies as follows: Das V, et al. (96.67%), Kumar S, et al. (95.65%), Grossman D, et al. (93.8%) (9,10,11).

In the study done by Kapp N, et al. combined Mifepristone and misoprostol in second trimester medical abortion the success rate is 97% compared to Misoprostol alone(12).

In our study 19% adopted for tubal ligation followed by MTP,16% had copper intrauterine copper IUCD insertion,26% had injectable depot medroxyprogesterone acetate injection. In study of Jain M et al contraceptive adopted by the women are Cu T in 23.3% and Lap TL by 55.9% whereas 20.7% females did not go for any contraception(3). As such it is needed that more number of females need to be counselled to adopt one or other method for contraception at time of termination to avoid further unwanted pregnancies.

To conclude, medical termination of pregnancy with mifepristone and misoprostol is a safe, simple and effective approach. It permits greater privacy to the patients. Wide spread use of medical abortion may reduce number of deaths due to traumatic illegal termination of pregnancies.

REFERENCES

1. K Park Park's Textbook of Preventive and Social Medicine 2009.21st edition page 509.
2. Government Of India.2012.Annual Report 2011-2012,Ministry of Health and Family Welfare,New Delhi
3. Jain M. A survey of indications of MTP and concurrent contraceptive practices in a tertiary care institute. Int J Reprod Contracept Obstet Gynecol 2014;3:1073-5.
4. Shipra Gupta, Viral Dave, Kishor Sochaliya, Sudha Yadav. A study on socio demographic & obstetric profile of MTP seekers of Guru Gobind Singh Hospital, Jamnagar. Healthline. 2012;3(1):50-4.
5. Shankaraiah RH, Annadani RR, Vijayashankar V, Undi M. Medical Termination of pregnancy & subsequent adoption of contraception. Int J Reprod Contracept Obstet Gynecol. 2013 Sep;2(3):367-71.
6. Carbonell JL, Varela L, Velazco A, Fernandez C, Sanchez C. The use of misoprostol for abortion up to 9 weeks of gestation. Eur J Contracept Reproduct Health Care. 1997;2:181-185.
7. Ozeren M, Bilekli C, Aydemir V, Bozkaya H. Methotrexate and misoprostol used alone or in combination for early abortion. Contraception. 1999;59:389-394.
8. V. Aruna Devi, M. Nagalakshmi, P.Rajitha. A comparative study of medical termination of pregnancy between 8-12 weeks with misoprostol versus mifepristone along with misoprostol at tertiary care hospital. IAIM, 2018; 5(10): 63-72.
9. Das V, Jain S, Gupta HP Evaluation of newer methods of early pregnancy termination. The Journal of Obst and Gynecology of India, Sept. 2005; 55(5): 454-6.
10. Kumar S, Patreka M, Deshpande H. A Prospective Trial using Mifepristone and vaginal Misoprostol in termination of pregnancies up to 63 days of gestation. The Journal of Obstetrics and Gynecology of India, 2014; 63(6): 370-2
11. Grossman D. Medical methods for first trimester abortion: RHL commentary revised; 3 sept. 2004. The WHO Reproductive Health Library, Geneva: World Health Organization
12. Kapp N, Borgatta L, Stubblefield P, et al. Mifepristone in second trimester medical abortion: a randomized controlled trial. Obstet Gynecol., 2007; 110: 1304-1310.