



## A STUDY OF OUTCOME OF UNSUPERVISED MEDICAL ABORTION CASES

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**ABSTRACT** Aim of this study was to evaluate the outcome of unsupervised medical abortion cases. This study included 36 cases who took mifepristone and misoprostol without medical supervision. The gestational age was in the range of 6 to 14 weeks.

**Results:** out of 36 cases, we had 7 cases of septic abortion, 20 incomplete abortion, 9 complete abortion. Blood transfusion given to 18 cases those who had Hb less than 7 gms.

**Conclusion:** Mifepristone and misoprostol drugs supply in the pharmacy without prescription should be prohibited to avoid complications. It should be given to eligible patients with supervision and patients should be followed up.

**KEYWORDS :** Medical abortion, Mifepristone, Misoprostol, Septic abortion.

**INTRODUCTION:**

In India each year about 1 in 25,000 women die from pregnancy related causes. At least 1/5 th of these deaths are caused by induced abortions. We all know abortion are legalised in our country through MTP Act in 1971. But still the incidence of septic abortion ranges from 2 to 10%.

Health care providing system improved a lot in terms of trained personal and infrastructure. Still the incidence remains the same. One reason behind is easy availability of abortifient drugs in the pharmacy.

Patient with unwanted pregnancy consume mifepristone and misoprostol in their own regimen without knowing their gestational age and present with complications like incomplete abortion, septic shock, anaemia. In our study all patients took T. Mifepristone 200 mg, T.Misoprostol 800mg orally.

**AIM:** To study the outcome of unsupervised medical abortion cases.

**STUDY:** Prospective Study

**MATERIALS:** All unsupervised medical abortion cases admitted in Institute of Social Obstetrics and Government Kasturba Gandhi Hospital, Triplicane, Chennai 5 between July 2016 to June 2017.

**METHODOLOGY:**

All patients enrolled in the study will undergo detailed physical examination, routine haematological, biochemical investigations, USG Pelvis.

The cases were divided into 2 categories as mild and severe complicated cases. Mild cases included those who had complete abortion and incomplete abortion without signs and symptoms of septic shock.

Severe cases are those with retained products and signs and symptoms of septic shock.

Duration of pregnancy expressed in terms of weeks based on patients last menstrual period. Anaemia in our study is defined as Hb <11gms. Hb <7gms is considered as severe anaemia.

All cases admitted and treated according to their problem.

Mild cases were offered manual vacuum aspiration, oral antibiotics, analgesics and haematinics.

Severe cases management included evacuation of retained products, blood transfusion, parenteral antibiotics.

**RESULTS**

Over a period of one year from July 2016 to June 2017, we had 36 cases of unsupervised medical abortion in our INSTITUTE OF SOCIAL OBSTETRICS AND GOVT. KASTURBA GANDHI HOSPITAL, TRIPPLICANE CHENNAI - 05.

Results are expressed in numbers and percentage

**TABLE 1 : AGE****TOTAL NO. OF CASES = 36**

AGE	NUMBERS	PERCENTAGE
19-21 yrs	2	5%
21-23 yrs	18	50%
23-25 yrs	9	27%
25-27 yrs	4	11%
27-30 yrs	3	8%

**TABLE 2 : GRAVIDA****TOTAL NUMBER OF CASES : 36**

GRAVIDA	NUMBER	PERCENTAGE
multigravida	32	88.9%
primigravida	4	11.1%

**TABLE 3 : GESTATIONAL AGE****TOTAL NUMBER OF CASES : 36**

GESTATIONAL AGE	NUMBER	PERCENTAGE
6-7 weeks	5	13.8%
7-8 weeks	12	33.3%
8-9 weeks	8	22.2%
9-10 weeks	6	16.6%
10-14 weeks	5	13.8%

**TABLE 4 : OUTCOME OF UNSUPERVISED CASES****TOTAL NUMBER OF CASES : 36**

OUTCOME	NUMBER	PERCENTAGE
Mild complicated	29	75%
Complete abortion	9	
Incomplete abortion	20	
Severe complicated	7	25%
Septic abortion		

**TABLE 5 : BLOOD TRANSFUSION****MILD COMPLICATED : 29**

Cases	Numbers	No. Received Blood Transfusion	Percentage
Complete abortion	9	1	
Incomplete abortion	20	11	
Total	29	12	41%

**SEVERE COMPLICATED**

Cases	Number	No. Received Blood Transfusion	Percentage
Septic abortion	7	7	100%

**TABLE 6.1 : GESTATIONAL AGE AND OUTCOME****TOTAL NUMBER OF CASES : 36**

Gestational Age	Numbers	Outcome	Percentage
6-7 weeks	5	• Complete abortion -5	• 13.8%

7-8 weeks	12	• Complete abortion – 4 • Incomplete abortion - 8	• 11.1% • 22.1%
8-9 weeks	8	• Incomplete abortion - 8	• 22.1%
9-10 weeks	6	• Incomplete abortion – 4 • Septic abortion -2	• 11.1% • 5.5%
10-14 weeks	5	• Septic abortion – 5	• 13.8%

**TABLE 6.2 :**

CASES	NUMBER	PERCENTAGE
Complete abortion	9	25%
Incomplete abortion	20	55.5%
Septic Abortion	7	19.5%

**DISCUSSION :**

In our study, The average age of patient was 21-23 years (50 %). All cases were belonged to Low Socioeconomic Status. All were married.

Among the 36 cases, 32 cases were multigravidas (88.8%), 4 cases were primigravidas (11.1%).

Average gestational age was 7-8 weeks (33.3%).

Mild complicated cases were 29 cases, out of 36 cases (75%). Among which 9 cases were complete abortion, 20 cases were incomplete abortion. 1 case in complete abortion (1/9), 11 cases in incomplete abortion group (11/25) had Hb < 7 gm % received blood transfusion. All incomplete abortion cases undergone MVA. No case had fever.

Severe complicated cases were 7 cases out of 36 (19.5%). All 7 cases were septic abortion cases. All cases had fever, received blood transfusion, stayed in ICU, MVA done for all cases.

As the gestational age of termination increases, complication rate also increases. At 6 to 7 weeks gestational age , all patients had complete abortion. At gestational age 10 to 14 weeks all patient had septic abortion.

**CONCLUSION :**

Since patients took abortifacient drugs without assessing their gestational age by medical professionals, higher gestational age patients present with complication.

Mifepristone and misoprostol drugs supply in the pharmacy without prescription should be prohibited to avoid complication. It should be given to eligible patients with supervision and patient should followed up to avoid morbidities.

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