



SELF- ADMINISTERED MEDICAL ABORTION PILLS AND ITS IMPACT ON WOMEN HEALTH

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ABSTRACT **Objectives**-This study is carried out to see the impact on women's health after self-administering medical abortion pill and reporting to tertiary health centre.

Methodology- This is an observational study conducted between March 2019 to March 2021 in Patna Medical College and Hospitals. This study only included the women who self-administered the medical abortion pills without prior doctor consultation and visited the hospital with complications. Total of 120 patients were included in this study and analysis was done for age of patients, clinical presentations, ultrasound findings etc. An analysis of maternal morbidity was done with respect to surgical interventions, blood transfusions and ICU admissions.

Observation- In this study the maximum number of patients were in age group of 26-30 years. The commonest presentation is bleeding per vaginum which was seen in 60.8% of patients. In 67.5% of patients the incomplete abortion is the commonest ultrasound findings. The most common complication was anaemia requiring blood transfusions.

Conclusion- This study shows the need of supervision regarding the administration of medical abortion pills. This drug should be made available via health care facility.

KEYWORDS : medical abortion pill (MTP pill), self-administered, mifepristone and misoprostol

INTRODUCTIONS

The abortion services are an important part of Reproductive health care of any country. In India provision of abortion services is permitted at all public facilities with certified abortion provider, and at registered facilities in the public sector.¹ In India, abortion facility is available legally under MTP, act 1971. National comprehensive abortion care was released in 2010 and indicated that medical abortion with mifepristone and misoprostol may be provided up to 63 days of gestation.² Despite this, women who want to terminate a pregnancy often ignore the legal status of abortions and unsafe abortions. The WHO defines unsafe abortion as a procedure for terminating an unwanted pregnancy either by persons lacking necessary skills or in an environment lacking medical standards or both.³

The level of awareness about the legality of abortion appears to low in India. Therefore, abortion seekers may attempt to induce abortion on their own, to obtain an abortion from an unauthorized provider, or to get oral abortion medications from the pharmacist without a prescription.⁴

The medical abortion carries a very high success rate of 93-98% if they are used judiciously, that is, after proper assessing the gestational age as well as health of the patients.⁵ But it has been perceived by the society that medical abortions are extremely safe and so it is has become over the counter drugs leading to unsupervised terminations and life-threatening complications.

METHODOLOGY

This study is an observational study conducted between March 2019 to March 2021 in Patna medical college and hospital, Patna, Bihar. This study only included the women who self-administered the abortion pills without prior doctor consultation and visited the hospital with complications. This study excluded the women who took medical abortion pills after consulting the health professionals. Total 120 patients were included during this period.

All the patients undergone proper history taking regarding previous pregnancies, gestational age, medical abortion pills dosage, present complications etc. the detailed general, systemic and obstetric examination and routine investigations were done. The ultrasound examination was done for uterus and adnexa. The management methods for complications, ICU admissions, need for blood and blood products and development for complications such as DIC, acute kidney injury and maternal death were noted.

RESULTS

The age distribution is shown in table 1, which shows maximum incidence of self-administered MTP-pill is in age group of 26 to 30 years.

Table 1

| Age distribution in years | Number | Percentages |
|---------------------------|--------|-------------|
| <19 | 6 | 5 |
| 20-25 | 27 | 22.5 |
| 26-30 | 45 | 37.5 |
| 31-35 | 29 | 24.2 |
| >36 | 13 | 10.8 |
| | | 100 |

The Table 2 shows the gravidity and percentage of women taking the MTP-pill. In this study the 3rd gravidas were more in consuming the pills.

Table 2

| Gravidity | Number | Percentages |
|------------------------------------|--------|-------------|
| Primigravidas | 11 | 9.1 |
| 2 nd gravidas | 33 | 27.5 |
| 3 rd gravidas | 61 | 50.8 |
| 4 th and above gravidas | 15 | 12.5 |

In this study 30 % patients had consumed the pills at 7 weeks or before 7 weeks of pregnancy and 70% patients took the pills after 7 weeks of pregnancy.

The table 3 shows the clinical presentation at time of hospital admission. The bleeding per vaginum was the most common presentation.

Table 3

| Clinical Presentation | No. of patients | Percentage |
|-----------------------|-----------------|------------|
| Bleeding PV | 73 | 60.8% |
| Pain abdomen | 15 | 12.5% |
| USG report of RPOC | 75 | 62.5% |
| Infection /sepsis | 7 | 5.8% |
| Shock | 6 | 5% |
| Ruptured ectopic | 2 | 1.6% |

The table 4 shows the ultrasound findings of the patients who came to hospital after consuming the MTP-pills. Incomplete abortion was the most common findings seen in ultrasound examination.

Table 4

| Ultrasound findings | No. of patients | Percentages |
|----------------------|-----------------|-------------|
| Incomplete abortion | 81 | 67.5% |
| Complete abortion | 10 | 8.3% |
| Missed abortion | 12 | 10% |
| Blighted ovum | 6 | 5% |
| Normal gestation sac | 3 | 2.5% |

| | | |
|-------------------|---|------|
| Rupture pregnancy | 4 | 3.3% |
| Ruptured uterus | 2 | 1.6% |

The table 5 shows the complication associated with self-consumption MTP-pill. Total 82(68.3%) patients show complications. The instrumental evacuation was done for incomplete abortion, missed abortion, and blighted ovum accounting for 76.7% of patients. Anaemia requiring blood transfusion was required for 62.5% of patients. The ruptured uterus and rupture ectopic patients had gone for laparotomy which required ICU admission.

Table 5

| Complications | No. of patients | Percentages |
|-------------------------------------|-----------------|-------------|
| Anaemia requiring blood transfusion | 75 | 62.5% |
| Instrumental evacuation | 99 | 76.7% |
| Septicemia | 1 | 0.8% |
| Rupture uterus | 2 | 1.6% |
| Rupture ectopic | 4 | 3.3% |

DISCUSSION

The medical abortion pill is an important way to terminate unwanted pregnancy but its easy availability in local pharmaceutical shops leads to self-administration and related complications. The prerequisites should be checked before its administration, proper supervision and adherence to the recommended schedule is mandatory.

The unwanted pregnancy can be avoided by using appropriate contraception method. As we see in this study 58.3% of patients were third gravidas so counselling for contraception in postnatal period is required to reduce unwanted pregnancy.

The most common presentation in this study was bleeding per vaginum (60.8%). Similar result was also seen in study reported by Thacker et al i.e 89.1%.⁶

In this study 70% of patients consumed the pills after 7 weeks of gestation leading to more complications. These patients self-administered the drugs without consulting the doctor. The textbooks also says that when there is a self-medication, women may take the abortion pill whatever may be the gestational age and are not aware of possibility of serious life-threatening condition like ectopic pregnancy, sepsis, hemorrhage and death⁷.

In ultrasound examination, 67.5% patients had incomplete abortion it is far more than seen in study done by Bajawa et al where it is only 41.5%⁸, this may be due to the patients has taken the pill before 7 weeks of pregnancy.

The instrumental evacuation is seen in 76.7% of patients which is quite similar in Thaker et al study⁷ where it is 75.6%. Others complications like anaemia requiring blood transfusion, rupture uterus, rupture ectopic, septicemia are also seen in different studies too.

In this study there was no death but in Thaker et al study⁷ there was 2.7% deaths.

CONCLUSION

This study shows that there should be regulation regarding the medical abortion pills and it should not be sold as over the counter drugs. This drug should be made available via health care system under supervision to reduce the morbidity associated with self-administration. This also shows the need of counselling the couple regarding the contraceptive measures.

REFERENCES

1. Stillman M, Forest JJ, Singh S, Moore AMKS. Abortion in India: a literature review New York: Guttmacher Institute ;2014 [Google scholar]
2. Government of India. The Medical Termination of Pregnancy ACT ,1971, New Delhi: Ministry of Health and Family Welfare. [Google Scholar]
3. Chaudhari SK. Pregnancy termination. In: practice of Fertility Control a Comprehensive Manual, 7th ed. New Delhi: Elsevier; pp267-263.
4. Duggal R, Ramachandran V. the abortion assessment project India: key findings and recommendations. Reproductive Health Matters 2004; 122-9. [PubMed]
5. Kapur K, Joneja GS, BiswasM. Medical abortion -an alternative to surgical abortion. MJAFI. 2006; 62:351-3.
6. Thacker RV, Deliwala KJ, Shah PT. Self-medication of abortion pill: women's health in Jeopardy. NHL J Med Sci. 2014; 3(1):26-31.
7. Cunningham FG and et al. Abortion. William Textbook of Obstetrics, 24 th ed. New York: McGraw; 2014, pp. 215-235.
8. Coyaji K. Early medical abortion in India: three studies and their implications for abortion services. J Am Womens Assoc; 55:191-4.