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ABUSE OF AVAILABILTY OF MTP PILLS OVER THE COUNTER- "A STUDY FROM WESTERN RAJASTHAN

Gynecology

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ABSTRACT

Background- More than half of the unintended pregnancies (nearly 46 million) are terminated every year worldwide. Unsafe abortion is associated with higher maternal morbidity and mortality. The mortality is more common in the countries where the abortion is not legalized.

Methods: The study was conducted in Department of Obstetrics and Gynaecology, Sardar Patel Medical College Bikaner from January 2017 to December 2017. Pregnant females who reported to family planning OPD with history of intake of mifepristone/misoprostol for purpose of abortion were enrolled. Total 86 women were included in this study with history of intake of abortion pill.

Results: Mean age of cases was 24.97± 4.62 years. Most of cases (48.83%) educated upto 12 class. Majority of the women 58.13% took the pill by relative's advice. Only 4.65% of the women took the pill on prescription of doctor. Majority (58.13%) of women took MTP pills due to inadequate space between.

Conclusion: The drugs for termination of pregnancy should be available only on prescription of qualified medical practitioner so that misuse is avoided. More focus should be on use of contraception practices for avoiding pregnancy rather than undergoing abortion.

KEYWORDS

Pregnancy, Medical abortion, Mifepristone, Misoprostol.

INTRODUCTION

More than half of the unintended pregnancies (nearly 46 million) are terminated every year worldwide. Unsafe abortion is associated with higher maternal morbidity and mortality. The mortality is more common in the countries where the abortion is not legalized.(1)

Government figures estimate that 6,20,472 abortions are being performed in approved centers in India according to family welfare statistics 2011.(2) Presently in India, out of 15 million abortions which are taking place annually, 10 million are performed by quacks or untrained abortion providers. Risk of death is 0.4/lac for legal and 500/lac for illegal abortions.

WHO defines unsafe abortion as a procedure of terminating an unwanted pregnancy by person lacking the necessary skills and in an environment lacking minimal medical standards.(3)

Medical abortion as defined by WHO is the "usage of pharmacological drugs to terminate pregnancy". The Indian Parliament passed the MTP act in 1971. The goal of MTP act was to regulate and ensure access to safe abortion.(4) After 2003's amendment, medical methods of abortion (MMA) using mifepristone and misoprostol have been approved as a legal method of termination of early pregnancy. It also specifies to whom, by whom and where pregnancy is to be terminated MMA with mifepristone and misoprostol is a very safe option for termination of pregnancy with a success rate of 92- 97%.(3) Mifepristone is a derivative of norethindrone and has antiprogestin action. It binds to progesterone receptors at endometrium and decidua, thus leads to necrosis of placenta and its detachment. It softens cervix and causes uterine contractions. Mifepristone also sensitizes uterus to the effect of prostaglandin, which is given 1-2 days later to cause abortion. Misoprostol is a synthetic methyl analogue of Prostaglandin E1, it binds to myometrial cells causing strong myometrial contractions, cervical softening and dilatation. This leads to expulsion of the products of conception.(4)

MATERIALS AND METHODS

The study was conducted in Department of Obstetrics and Gynaecology, Sardar Patel Medical College Bikaner from January 2017 to December 2017. Pregnant females who reported to family planning OPD with history of intake of mifepristone/misoprostol for purpose of abortion were enrolled. Total 86 women were included in this study with history of intake of abortion pill.

OBSERVATIONS

Mean age of cases was 24.97± 4.62 years. Most of females who took pills were in age group 21-30 years of age. (Table 1)

Literacy also has effect on mindset for deciding whether they should take pills or not. Most of females who took pills were either illiterate (28.57%) or educated up 12th standard (48.83%). (Table 2)

A very important factor in Indian scenario is that by whom advice female takes abortion pills because this has great impact on fate and rate of complications. In this study most of females (58.13%) took pills by relative's advice, while only 4.65% females took it on doctor's advice. (Table 3)

Cause for taking pills is also very discrete. Majority (58.13%) of women took MTP pills due to inadequate space between pregnancies. Only 11.62 % females took it due to medical reasons. (Table 4)

DISCUSSION

This drug is easily available over the counter and women who are not much educated take these pills without any supervision. These women are not aware of the complications, risk and failure of the pills. They do not have the knowledge about when to take and the correct dose and when to report to doctor.

The MTP act was passed with the aim of legalizing the abortion and decreasing the number of maternal deaths due to unsafe abortions. But still 8% of maternal deaths are attributed to unsafe abortions in India and 10 million risk their lives by approaching quacks or untrained abortion providers.

The pills were taken from chemists directly in 83.71 % in our study mostly by husbands when days were overdue as quoted by other studies as Bajwa SK et al (29.61%),(5) Agarwal M 7 (76.66%) (6) inspite of clear guidelines that these pills can be prescribed only by a person authorized under the MTP act and to be taken only under medical supervision.

CONCLUSION

The drugs for termination of pregnancy should be available only on prescription of qualified medical practitioner so that misuse is avoided. More focus should be on use of contraception practices for avoiding pregnancy rather than undergoing abortion.

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None

TABLE 1: Age distribution of cases

Age group (years)	No. of Cases	Percentage
15-20	8	9.30
21-25	32	37.21

26-30	30	34.88
31-35	12	13.95
36-40	4	4.65
Total	86	100

TABLE 2: Education wise distribution of cases

Education	No. of Cases	Percentage
Illiterate	24	28.57
Upto 12 class	42	48.83
Graduate	16	18.60
Post graduate	4	4.65
Total	86	100

TABLE 3: Source of advice for taking pills

Provider	No. of Cases	Percentage
Self	22	25.58
Relative	50	58.13
Doctor	4	4.65
Nursing staff	10	11.62
Total	86	100

TABLE – 4 Cause of MTP pill taken

cause of MTP pill taken	No. of Cases	Percentage
Early child not required	22	25.58
Not adequate space between pregnancies	50	58.13
Medical condition	10	11.62
Due to pressure relatives(husband)	4	4.65
Total	86	100

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