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MEDICAL METHODS OF ABORTION (MMA), HOW SAFE?

Obstetrics & Gynaecology

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ABSTRACT

Unsafe abortion is important and preventable cause of maternal mortality and morbidity. Medical method of abortion is a safe efficient and affordable method of abortion. However incomplete abortion is known side effect. An insight into the referral practices in cases of incomplete abortion following medical method of abortion will give an idea of the safety profile of medical methods of abortion. 150 women with incomplete abortion following medical method of abortion were administered a questionnaire which included information regarding onset of bleeding, treatment received, use of medication for abortion, its prescription, and administration. 90% of incomplete abortion following medical method of abortion were due to self-administration or prescription by unregistered practitioners, lack of examinations and lack of follow up. Complications such as collapse, blood requirement and fever were significantly higher in these patients. The side effects of incomplete abortion following medical method of abortion can be minimized by following the standard guidelines.

KEYWORDS

Medical Methods Of Abortion

INTRODUCTION

Termination of pregnancy in India is legalised under the MTP Act since 1971. Earlier surgical methods were used, however with the introduction of various drugs, termination can also be done with medications and is legalised under the amended MTP Act (2002).

Medication abortion offers a safe, reliable and non surgical method of abortion. It includes the medication mifepristone and misoprostol.

The combination of mifepristone 200mg orally followed 36-48 hrs later by either misoprostol 400microgm orally or vaginally upto (49 days of gestation) or 800microgm orally or vaginally upto 63 days of gestation is approved for use under the amended MTP Act.

Hence this schedule alone should be adhered to, along with all other provisions under the Act (counseling, consent, examination, confirmation of pregnancy, prescription by a registered medical practitioner, client card).

Incomplete abortion may be due to improper selection of patients. This may be due to inadequate history, regarding gestational age as medication termination is less effective in pregnancies of 7-9 weeks and still higher chances of failure in pregnancy more than 9 weeks of gestation.

METHOD AND MATERIAL

Study duration was 1 year and total number of 150 patients were enrolled during this period from August 2018 to July 2019. Patients attending OPD of Nalanda Medical College & Hospital as well as those attending labour room and emergency were selected.

INCLUSION CRITERIA

1. Women admitted with first trimester bleeding per vagina with intrauterine pregnancy less than 12 weeks confirmed by clinical examination with history of trial of medical method of abortion.
2. Patients who gave consent.

EXCLUSION CRITERIA

1. Suspected or diagnosed ectopic pregnancy.
2. Patients who had under gone first trimester MTP with surgical method.
3. Patients who did not give consent.

PROCEDURAL METHODOLOGY

Detail history was taken of the women thus selected. Basic history, obstetric history, last menstrual period and confirmation of pregnancy and pregnancy symptoms. Women with history of use of medication abortion pills were asked in details about method used, regarding source of medication, protocol followed by practitioner. They were asked regarding onset of bleeding and other complaints such as pain, fever, shock, duration of symptoms and interval between onset and reporting to hospital. After admission relevant investigation such as blood group, haemoglobin and ultrasound were advised. Antibiotics were given to all women, check curettage to complete the procedure, and blood transfusion was given whenever required.

TABLE – 1 DISTRIBUTION OF PATIENTS

All patients presenting with first trimester bleeding PV with history of MMA n=150	BY MBBS Doctors 30%	Complete abortion90%
		Incomplete abortion 10%
	By self, OTC, other practitioners 70%	Complete abortion 2%
		Incomplete abortion 98%

In our study over 12 months, 150 women fulfilling inclusion criteria were included. Mean age of the women was 26 yrs, mean gestational weeks was 7+2 onset of bleeding to presentation to hospital was 6 days.

TABLE – 2 GENERAL CHARACTERISTICS

	Incomplete abortion following MMA
Mean age (years)	26
Mean gestational age (week)	9+2
Onset of bleeding to presentation to the hospital (Days)	5

TABLE – 3 MMA

MMA protocol as per MTP Act	Number (n=45)	Percentage (%)
Examination done prior to prescription	10	22.2
UPT done	38	84.2
Prescription given	12	26.6
Consent obtained	4	8.8

TABLE – 4 COMPLICATIONS

Complications	Incomplete abortion following MMA N=120	N%
CC done	108	90%
Fever	40	33.3%
Collapse	60	50%
Blood transfusion	34	28.3%

In women receiving MMA follow up was advised in only 31.2% and only 9.3% women followed up with the same doctors. Mean gestational age in women with incomplete abortion following MMA was higher than recommendation for MMA. Requirement of blood was studied in women with incomplete abortion following MMA and was associated with use at higher gestational age, use of single drug and late presentation to hospital.

DISCUSSION

Studies have shown that medication abortion can be used effectively and safely in developing countries like India, even in rural setup. However if used improperly medication abortion can also lead to life

threatening complications. The basic prerequisites for MMA such as history and examination to confirm gestational age and blood group were followed by only few. Consent of the patients was not obtained by any doctor prior to administration of medicines. This indicates inadequate training of those Doctors for MMA or that untrained providers are misusing MMA. Follow up was also not advised by them to most of the women. Thus, similar to self use improper use of MMA is likely to increase the risk of complications. There was no mortality seen among our patients. Methods to make MMA safe as laid down in comprehensive abortion care training and service guidelines include counseling, willingness for three visits, readiness for surgical methods in case of failure, additional concern and MMA client card with details of patients along with details of doctors and place to report along with contact number in case of emergency. When guidelines are follow meticulously, the failure rates are low with fewer complications. Inadequate knowledge about the medication and procedure was seen among most of them. As most have used misoprostol alone or at advanced gestational age and taken inadequate dose. The use of MMA was unsupervised and unchecked.

CONCLUSIONS

Accurate history and examination to confirm gestational age and to rule out contra indications for MMA is mandatory before its prescription. Incomplete abortion is a known side effect of MMA but it can be reduced with adequate history, examination prior to MMA and use of combination drug rather than single drug. For this adequate training and knowledge of existing laws is a must.

Over the counter or self use should be avoided. Education will help women to opt for contraceptive practices and abortion services if and when required. To be efficient and effective MMA should be used only by trained doctors who should follow the letter of law. A strong stand should be taken against it's rampant misuse by untrained providers, pharmacist and patients themselves

REFERENCES:

[1] The medical termination of pregnancy amendment act 2002 no. 62 of 2002, 18th December 2002.
[2] Comprehensive abortion care training and service delivery guideline. Ministry of health and family welfare Government of India 2010.
[3] Coyaji K, Elul B, Krishna U, et al. Mifepristone-misoprostol abortion: a trial in rural and urban Maharashtra. India. Contraception. 2002;66:33-40.
[4] Kahn JG, Becker BJ, maclassac L, et al. the efficacy of medical abortion: a meta-analysis statistics. Standford.edu/ckrby/techrepots/Gen/1999/1999-29.