Research Paper Medical Science

Retrospective Study to Assess the Morbidity Pattern Following Induced Abortion (Medical Termination Of Pregnancy) in the Selected Hospital, Berhampur, Ganjam, Odisha

Mrs. Soumya Sonalika — Lecturer, Dept. of Community Health Nursing, Lord Jagannath Mission College of Nursing, Mancheswar, Bhubaneswar, Odisha.

Mrs Sinmayee Kumari Devi — Associate Professor, Dept. of Obstetrics and Gynecological Nursing, Lord Jagannath Mission College of Nursing, Mancheswar, Bhubaneswar, Odisha.

ABSTRACT

A Retrospective cohort research design was adopted with the aim to find out the morbidity pattern among women following Medical termination of pregnancy in the Department of Obstetrics & Gynaecology, M.K.C.G. Medical College Hospital, Berhampur, Odisha. The data was collected from records of 100 patients through the observational method by using structured data collection proforma and collected data were analyzed by using descriptive statistics.

Findings revealed that highest percentage of women were in the age group of 25-34 years(52%). Majority 95% were married and highest percentage 46(83.6%) were Hindus. 49% belonged to lower class families. The maximum 54% belonged to urban areas, 48% of them were multipara. Vaginal delivery is the mode of previous delivery with maximum cases (48%). The Nulliparous seeking abortions constituted 18%. The patients of first trimester constituted higher proportion with 83% in comparision to the 2nd trimester patients their proportion was 17%. Suction and evacuation was the method of choice for induction of first trimester abortion in our institution with a highest incidence of 72%.

KEYWORDS Retrospective, Morbidity, Medical termination of pregnancy, Induced abortion

Introduction

The World Health Organization (WHO) estimates that worldwide 210 million women become pregnant each year and that about two-thirds of them, or approximately 130 million, deliver live infants. The remaining one-third of pregnancies end in miscarriage, stillbirth, or induced abortion. Of the estimated 42 million induced abortions each year, nearly 20 million are performed in unsafe conditions and/or by unskilled providers and result in the deaths of an estimated 47,000 girls and women. This represents about 13 percent of all pregnancy-related deaths[1]. Almost all unsafe abortions take place in developing countries, and this is where 98 percent of abortion-related deaths occur[2].

Worldwide, nearly one in 10 pregnancies ends in unsafe abortion[1]. But this is a global estimate, combining countries where abortion is safe and legal with those where it is restricted and often unsafe. In low-income countries, women have an average of one unsafe abortion during their reproductive lives[3]. Studies show that hospitals in some developing countries spend as much as 50 percent of their budgets to treat complications of unsafe abortion[4].

According to Government data, only about 1 million abortions were performed annually under this Act. According to various estimates, the number of abortions performed outside approved facilities varies between 2 million and 6 million per annum. It has been observed that the women who make use of hospital facilities for the medical termination of pregnancy are mostly educated, from an urban middle-income family, married and between 20 and 30 years of age. In contrast, the women admitted to public hospitals with complications from illegal septic abortions are largely illiterates from poorer segments of the population5.

OBJECTIVE

- To study the morbidity pattern among the women after MTP admitted to the Department of Obst. & Gynaec. M.K.C.G Medical College Hospital, Berhampur, Ganjam, Odisha.

ASSUMPTIONS

1. Observations made within specific period would provide adequate information regarding the morbidity pattern of induced abortion.
2. The information obtained from records and other sources are assumed to be accurate.

MATERIAL AND METHODS

A Retrospective cohort research design was adopted for the study. The present study was conducted in the M.K.C.G. Medical College Hospital, Berhampur, Odisha, aimed to find out the morbidity pattern of women following induced abortion. The data was collected from records of 100 patients through the observational method by using structured data collection proforma. A structured data collection schedule was developed by:

- Review of research & non-research literatures.
- Discussion with experts.
- Referring various journals, manuals of Obs & Gyn.

DESCRIPTION OF THE INSTRUMENT

For description purpose, the tool was divided under two sections.

Section – 1

It consists of patients Bio-data including name, age, inpatients registered no, address, religion, marital status, literacy status, socio-economic status, occupational status and habitat.

Section – 2

It consists of items relevant on morbidity following MTP like obstetric history, gestational age, method of termination, short term and long term complications, management among morbid cases, no. of days stayed in the hospital.

CONTENT VALIDITY OF THE TOOL

To ensure content validity of tools, it was submitted to five experts of the related fields for their opinion & suggestion. The experts were two from various specialization in nursing field and three from specializations in O&G department. There

was 100 percent agreement of the expert's knowledge .The experts validated the tool after some modification of items in terms of clarity & relevance.

DATA COLLECTION PROCEDURE

Formal written permissions were obtained from the HOD, Dept of O&G,M.K.C.G M. C.H, Co-operation was readily obtained from nursing & medical personnel & record section after explaining the purpose of the present research work. Bed head tickets, treatment sheet & different records were screened. Data was collected from patient's records. The investigator used planned data collection Performa for the purpose of data collection.

PLAN FOR DATA ANALYSIS

Collected Data were analyzed by descriptive statistical methods and percentages were calculated for item wise & presented through tables, graphs etc. to arrive at some conclusion.

ANALYSIS AND INTERPRETATION

Table no. 1

Distribution of subjects according to the Demographic variables N=100

Demographic variables	Frequency (f)	Percentage(%)
1.Age (in years) 15 – 24 25 – 34 35 – 44 ≥ 45	 35 52 9 4	 35 52 9 4
2.Religion Hindu Muslim Christian	 94 4 2	 94 4 2
3.Marital Status Married Unmarried	 95 5	 95 5
4.Educational status Illiterate Primary Secondary	 19 52 29	 19 52 29
5.Socio-economic Status Low Middle High	 49 41 10	 49 41 10
6.Occupational status Service Holder Housewife Daily wager	 12 83 5	 12 83 5
7. Habitat Urban Rural	 54 46	 54 46

Figure no.1: Bar diagram showing the percentage wise distribution of subjects according to their obstetrical history

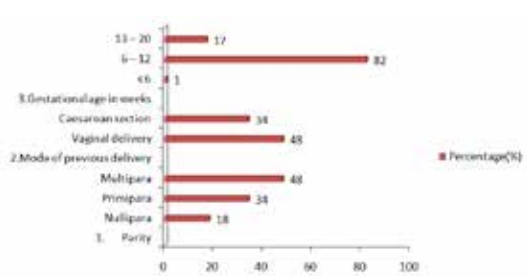


Figure 1: Reveals that majority 48% of the samples were multipara and 34% of them had previous history C.S and 48% had previous vaginal delivery. However highest 82% of them were 6-12 wks of gestation.

Figure no.2: Bar diagram showing the percentage wise distribution of subjects according to the method of termination

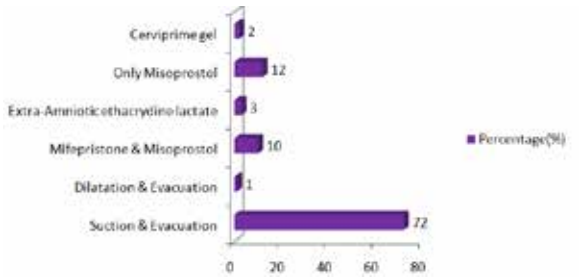


Figure 2: Depicts that, suction and evacuation is the method of choice in maximum cases and that was adopted in 72% of termination D & E was done in 1 case mifepristone and misoprostol in cases 10%, extra - amniotic ethacrydine lactate 3%, and only misoprostol vaginally was used in 14 cases of mid – trimester abortion.

Tableno-2 Frequency And Percentage Of Morbidity Following Induced Abortion

Total no. of cases	No. of Morbidity cases	Percentage (%)
100	11	11

Table - 2 shows the incidence of morbidity following induced abortion to be 11%.

table no 3. Frequency and percentage wise distribution of cases according to morbidity pattern following induced abortion according to the short termcomplications

Complications	No. of cases	Percentage (%)
1. Bleeding p/v	6	6
2. Incomplete evacuation and retained products	5	5
3. Pain abdomen	4	4
4. Sepsis	1	1
5. Febrile illness	3	3

From table-3: it is incident that varied pattern of morbidity is associated bleeding p/v is the commonest complication amounting to 6%, incomplete evacuation and retained products is 5%, pain abdomen 4%, sepsis 1% and febrile illness are 3%.

Table no-4: Frequency and percentage wise distribution of cases according to morbidity pattern following induced abortion according to the long term complications

Complications: Long term (beyond 2 weeks)	No. of cases	Percentage (%)
6. Menstrual abnormalities		
a. Menorrhagia	1	1
b. Dysmenorrhoea	1	1
c. Sec. Amenorrhoea (Asherman syndrome)	2	2
7. P.I.D	2	2
8. Secondary infertility	1	1

From table-4: in the long term sequele, such complications

were seen like menorrhagia and dysmenorrhoea 1% each, Sec. Amenorrhoea and P.I.D 2% each, and 1 case suffered from secondary infertility.

Figure- 3: Frequency and percentage distribution of cases according to incidence of medical and surgical management among morbid cases

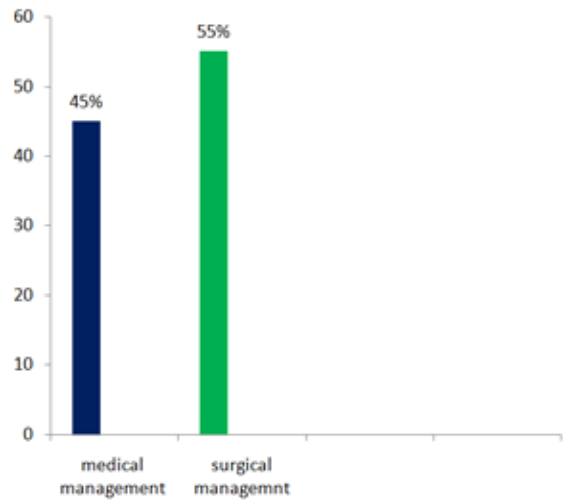
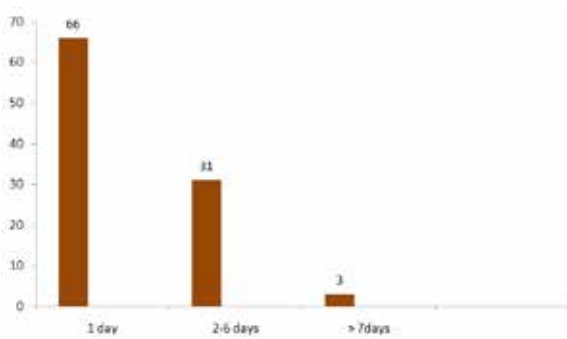


Figure no-3: Shows that only 45% of cases responded to medical management and surgical intervention was done in 6 cases which is 55 %. The blood transfusion was required in 18.1% in the anemic cases in the medical management. Dilatation& Evacuation was the commonest surgical procedure undertaken in morbid cases.

Figure:4: Bar diagram showing the percentage wise distribution of sample according to their hospital stay.



Duration of hospital stay

Fig-4: Reveals that the patients stayed in the hospital for a day for MTP consist of 66%. Those stayed for 2 - 6 days were 31% and the rest 3% belongs to the ≥ 7 days.

CONCLUSION

In the present scenario of population explosion in India, various methods of contraceptions and different methods of MTPs are devised from time immemorial. But in this developing country factors like parity, socio-economic status, educational status and available medical facilities are to be considered before implementation of any suitable method of termination of pregnancy. Modern patients with a family burden and specially unmarried girls to retain the secrecy adopted in the medical method by various forms. When this is done meticulously mentioning about all the pitfalls & advantages of mifepristone, it was well accepted inspite of the cost factors. Large study is required to prove the efficacy of the drug in the field of early abortion for better acceptability.

The changing trends in the methods of induced abortion is supposed to be an accurate reflection of the morbidity encountered in the present time. Needless to mention that, knowledge to this scientific basis, could form a fundamental basis for preventives well as therapeutic measures in the undisturbed state so as to improve the obstetric future for this enigmatic process. Till now Medical Termination of Pregnancy (MTP) has been taken as a common method of fertility control. So, safe abortion is the dictum for reducing the higher material mortality & morbidity. It is a matter of great concern that even at the beginning of the 21st Century maternal mortality in India continues to be alarmingly high.

Thus, this is a humble endeavour to gather a few pebbles from the shore of the great ocean of knowledge to curb the morbidity and mortality of this frightening emergency.

RECOMMENDATIONS

On the basis of findings and experience gained during the study period, the following recommendations are suggested.

- Morbidity pattern of induced abortion (MTP) can be reduced remarkably by using asepsis precaution. Hence, educating and awaring people about the seriousness of personal hygiene.
- Expanding the cadre of providers eligible to provide abortion services.
- Integrating abortion services into routine services delivery through the govt. administered RCH programme.
- Expanding the range of post abortion contraception options available to Indian women to prevent unwanted pregnancies.
- Similar studies can be conducted in different settings in larger population to draw better conclusion & generalization
- The study also carried out in large scale comparing with other socio economic variable, urban & rural area, literate & illiterate.
- A quasi experimental study conducted in same setting, give guideline or information though booklet and journals.

REFERENCES

1. World Health Organization (WHO), Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2003, 5th ed. (2007). | 2. Iqbal Shah and Elisabeth Ahman, "Unsafe Abortion in 2008: Global and Regional Levels and Trends," Reproductive Health Matters 18, no. 35 (2010). | 3. Iqbal Shah and Elisabeth Ahman, "Age Patterns of Unsafe Abortion in Developing Country Regions," Reproductive Health Matters 12, no. 24 (supplement, 2004). | 4. WHO, Communicating Family Planning in Reproductive Health (1997). | 5. www.un.org/esa/population/publications/abortion/doc/india.doc