



## Over the Counter Abortion Pill: A Boon or Curse For Women of Low Socio-Economic Status in Eastern Part of Uttar Pardesh India

<b>Dr Anjali Rani</b>	ASSOCIATE PROF DEPARTMENT OF OBS AND GYNÆ INSTITUTE OF MEDICAL SCIENCES BANARES HINDU UNIVARSITY VARANASI UTTAR PARDESH INDIA
<b>Prof N R Agarwal</b>	PROF DEPART OF OBS AND GYNÆ IMS BHU
<b>Dr MadhuKumari</b>	Senior resident IMS BHU
<b>Dr Shipra</b>	JUNIOR RESIDENT IMS BHU VARANASI
<b>Dr RuchiPathak</b>	PRIVATE CONSULTANT VARANASI
<b>Dr Priyanka</b>	JUNIOR RESIDENT IMS BHU

### ABSTRACT

Abortion pill is boon for women because now they do not have undergo surgical procedure like D&C . But sometime it can act as a curse when taken without supervision of registered medical practioner. In country like India so many drugs are available over the counter and abortion pill is one of them. In our study we included 300 women who took abortion pill over the counter. We found that maximum of these women belong to low socioeconomic status. 13.33% women took abortion pill beyond 12 weeks of gestation. Maximum patient reported to hospital with complain of excessive vaginal bleeding(40%). Six patients required laparotomy. Two patients died because of septicaemia and acute renal failure because after taking pill got D& C done from untrained person and landed up in bowel perforation and septicaemia and renal failure. So it is high time that strong rules should be there that abortion pill should not be available over the counter. It should be available with the prescription of registered medical practitioner only.

### KEYWORDS

OVER THE COUNTER, ABORTION PILL, CURSE, SEPTIC ABORTION

### Introduction:

In India so many drugs are available over the counter. It means a person can buy a drug without any prescription by a registered medical practioner. In India abortion is legalised even then so many deaths (8%)are due to unsafe abortion. In many parts of India abortion pill is available over the counter.

Abortion pill contain mifepristone (200mg) and misopros-to(800microgram). When this pill used in accurate dose at accurate gestation its success rate is very high. But so many women take incomplete dose and many women take tis pill at >12 weeks of gestation and the result is in incomplete abortion.They are not aware when to report to doctors. So many women do not have access to health services and they go to untrained dais and face unwanted complications<sup>1</sup>.

The aim of our study is to know how many women are taking abortion pill without prescription and what consequences they are facing and how these patients managed when reported.

### Material and method:

This study is done for one year in department of Obstetrics & Gynaecology in SSH IMS BHU Varanasi india. Women of reproductive age group(15-45) years who took abortion pill and came with some complications and reported to Gynae OPD and labour room at tertiary care centre.

Total 300 women included in this study who took abortion pill either complete or incomplete dose .Following point were noted:

1. Belong to urban or rural area
2. Education status
3. Socioeconomic status
4. At what gestational age the pill was taken.

5. Whether it was under supervision or without supervision
6. With what complains patient reported to hospital
7. How these patients managed,

### Observations:

Total 300 patients were included in the study over a period of one year.The following observations were noted. 70% patients belong to rural area as shown in table 1. It has been shown in table 2 that 78.3% patients education level was below matriculation. Maximum patients annual income was less than 100000 as shown in table 3. Forty six percent women took pill at gestational age of 7 to 9 weeks gestation while13.33% took it beyond 12 weeks of gestation as shown in table 4.

**Table 1. (Demographic profile) n=300**

	Number of patients	percentage
rural	210	70%
urban	90	30%

**Table 2 (Education status) n=300**

	Number of patients	percentage
Illiterate	15	5%
Below matriculation	235	78.3%
graduate	50	16.6%
postgraduate	10	3.33%

**TABLE 3 ( Socio-ecomic status) n=300**

	Number of patients	percentage
<100000/annum	210	70%
100000-200000	80	26.66%
>200000	10	3.33%

**Table 4 (Gestational age)**

	Number of patients	percentage
<7 weeks	90	30%
7 to 9 weeks	140	46.66%
9 to 12 weeks	50	16.66%
>12 weeks	40	13.33%

In our study we found that 53.33% women took complete dose while rest took incomplete dose of abortion pill as shown in table 5.

**Table5 (dose of abortion pill)**

	Number of patients	percentage
Complete dose (Mifepristone 200 mg+ misoprostol 800microgram)	160	53.33%
Incomplete dose( either misoprostol alone or Mifepristone alone or both in inadequate dose)	140	46.66%

The main complains with which the patients reported to hospital are shown in table 6. The most common complain was excessive vaginal bleeding(40%)

**Table 6(Complaints with which reported to hospital)**

	Number of patients	percentage
Excessive vaginal bleeding	120	40%
Abdominal pain	50	16.66%
Irregular bleeding p/v	80	26.66%
fever	10	3.33%
Distension of abdomen(not able to pass flatus and stool)	2	0.66%
Decreased urine output	2	0.66%
In shock	3	1%
Not expelled products	1	0.33%

In 33.33% patients suction evacuation was required while blood transfusion was given in 8.33% patients as shown in table 7 . In 6 patients laparotomy was required because 3 patients had ruptured ectopic pregnancy and one patient had scar rupture because of previous LSCS and two patients had perforation of uterus and bowel. One patient required colostomy and in one patient ileostomy was required. These patient had incomplete abortion after taking the pill and the they got D & C from untrained Dais and got bowel perforation. Dialysis was required in 03 patients . Two patient died because of septic abortion and acute renal failure. These deaths were not due to abortion pills but because of D & C done by untrained person .

**Table 7 (Management and outcome)**

	Number of patients	percentage
Suction evacuation	100	33.33%

Blood transfusion	25	8.33%
Laparotomy	06	2%
colostomy	01	0.33%
ileostomy	01	0.33%
dialysis	03	1%
Death	02	0.66%

**Discussion:**

In India abortion is legalised (MTP ACT) even then so many maternal deaths are due to unsafe abortions. Mifepristone and misoprostol is a very safe drug if used correctly. Many organizations like WHO, FOGSI has clear guidelines for abortion pill<sup>2-4</sup>. But main problem is that this drug is available over the counter and women of rural origin and who are not much educated take these pills without any supervision. These women do not have any knowledge when they have any problem. then they go to untrained person for Dand C landed up in complications like uterine perforation and bowel perforation and septicaemia.

In our study 70% women were of low socioeconomic status and 78.3% were having education below matriculation. 33.33% patients required suction evacuation and 6 patients required laparotomy. 8.33% patients required blood transfusion. Two patients had bowel perforation and 1% patient required dialysis. Two patients died because of complications of septic abortion. Similar studies have been done by Sukhbinder<sup>5</sup> et al , Ssharma<sup>6</sup>et al , Jasveer et al <sup>7</sup>and Nivedita<sup>8</sup>et al.

Since the discovery of abortion pill many women had stopped using any other method of contraception. They think it is very easy to use and available over the counter. But the women of low socio economic status does not have the knowledge about when to take and what is the correct dose and when they have to report to doctor. But they do not have access to health centres so they go to untrained Dais. These untrained Dais do D & C in septic conditions and sometime cause uterine and bowel perforation. So many patients develop septicaemia and few of them died because not referred in time to proper health care centre.

**Conclusion:**

This study had made us aware that still because of ignorance the women are taking abortion pill as a routine form of contraception. Because the drug is available OTC they are taking inadequate dose. When they landed up in complications only then they report to tertiary care centre. On the way sometime they go to untrained persons for D&C . These untrained persons cause uterine and bowel perforation leading to septicaemia , ARF and sometimes death. So a young lady dying abortion is shame on us. So it is high time that we have to educate these women about safe abortion and correct use of abortion pill. Number of women reaching the tertiary care centre may be tip of iceberg. There may be so many unreported cases and they must be suffering from the anemia and other side effects of unsafe abortions. So to minimise this problem awareness activities both for the chemist and patient that Medical abortion pill is not an OTC(OVER THE COUNTER) drug and it should be taken under supervision of a doctor.

**REFERENCES**

- Rajal VT, Kruti J D, Parul TS. Self-medication of abortion pill: Women's health in Jeopardy. NHLIMS.2014;3:26-31.
- FOGSI focus on Medial abortion. FOGSI-HCOG-GCPR guidelines (online) 2011; available from: [www.issuu.com/fogsi/does/medical-abortion-2011](http://www.issuu.com/fogsi/does/medical-abortion-2011)
- Family welfare statistics in India. Ministry of Family Welfare and Health, Govt. of India, 2011. Available from [http://www.mohfw.nic.in/WriteReadData/1892s350\\_3492088FWStatistics\\_2011Revised31\\_10\\_11.pdf](http://www.mohfw.nic.in/WriteReadData/1892s350_3492088FWStatistics_2011Revised31_10_11.pdf).
- World Health Organization. Safe abortion: technical and policy guidelines for health systems.(online) 2012;1-7.
- SukhwinderKaur B, Sukhminderjitsingh B, GangdeepKaur G, Nirankar S, Anita S Goraya SPS. Medical abortion: is it a blessing or curse for the developing nations? Srilanka J ObstetGynaecol. 2011;33:84-90
- Sharma R, Verma U, Khajuria B. Medical termination of pregnancy with mifepristone-misoprostol in rural India. Journal of Clinical and Diagnostic Research( serial online). 2008;3:901-04.
- Jasveer V, Jun Zhang, Jorn. O. Medical abortion and risk of subsequent adverse pregnancy outcomes. N Eng J med. 2007;357:648-45.
- Nivedita K, Fatima S.Is it safe to provide abortion pill over the counter?.A study on outcome following self medication with abortion pill. Journal of Clinical and Diagnostic research ,2015 Jan Vol 9(1): QC01-QC04.
- Maarit J, Maarit N, Satu S, Elna H, Mika G, Oskari H. Immediate adverse events after second trimester medical termination of pregnancy. Hum Reprod. 2011;26 (4):927-32.
- Chen AY, Mottl-Santiago J, Vragovic O, Wasserman S, Borgatta L. Bleeding after medication induced termination of pregnancy with two dosing schedules of mifepristone and misoprostol. Contraception.2006;73(4):415-19.
- Goyal V. Uterine rupture in second trimester pregnancy termination in women with a prior caesarean delivery: a systematic review. Obstet Gynecol. 2009;113: 1117-23.
- Caitlin SL, Perry B, Neena MP, Beverly W. Infection after medical abortion; a review of the literature. Contraception.2004;70:183-90.
- Ninimaki M, Pouta A, Bloiqu A, Gissler M, Hemminki E, Suhonen S, Heikinheimo O. Immediate complications after medical compared with surgical termination of pregnancy. Obstet Gynecol. 2009;114(4):795-804.
- Courtney S, Mitchell C. Mifepristone in abortion care. SeminReprod Med. 2005;23(1):82-90.