



ORIGINAL RESEARCH PAPER

Medical Science

EPIDEMIOLOGY OF M.T.P. IN A TERTIARY CARE HOSPITAL OVER A PERIOD OF ONE YEAR

KEY WORDS: Contraception, MTP, OCP

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ABSTRACT Medical termination of pregnancy was legalized in India under the MTP act of 1971 which states that all the women can legally have an abortion up to 20 weeks of gestation if indicated. The NFHS 4 survey stated the total unmet need for contraception is 12.9% in India. This study is a retrospective analysis of incidence, the age group availing the facility, socio - demographic and obstetric profile of MTP seekers and the method of contraception followed after MTP. The incidence rate of MTP is 140/1000 live births in the institution. The young age group availing MTP belonged to (15-24) years which highlight the unmet need of contraception and counselling. Mostly MTP seekers were having (0-1) child. OCP was the choice of contraception after MTP.

INTRODUCTION:

In India, medical termination of pregnancy was legalized in 1971 (MTP Act 1971) under which a woman can undergo abortion legally up to 20 weeks of gestation if pregnancy involves grave injury to the physical and mental health of pregnant woman substantial risk of child being born with physical and mental abnormalities, pregnancy caused by rape and failure of contraception. In 1996-1997 about 465,705 abortions were reported nationally according to ministry of health and family welfare.¹ However 6.7 million unreported abortions were estimated each year which were performed by untrained persons working outside registered and government recognized institutions.² Despite legalization of abortions in India 46 years back which resulted from intensive national campaign for safe motherhood and attention to unsafe abortion in 1960 and early 70, the practice of unsafe alternatives is tremendous. 13% of maternal deaths worldwide are due to unsafe abortions.³ In India itself the estimated maternal deaths due to unsafe abortions was 13% in 1995.⁴ In the last decade policy makers and administrators were made to pay special attention by women's health advocates regarding the range of issues and concerns related to abortions in order to improve the (reproductive and child health) RCH programme initiated in India so as to make it a safe alternative.⁵ The total unmet need for contraception is 12.9% and the current use of female sterilization is 36% in India. The present study is a retrospective data analysis of MTP in a government tertiary care hospital over one year period to observe the changing trends with respect to various socio economical parameters. The aims and objectives of the present study was to find out the incidence and indication of MTP in the institution, to find the socio demographic and obstetric profile of women undergoing MTP and to evaluate the choice of contraception made after MTP.

METHODS:

All the patients who had undergone MTP (under the MTP Act 1971) in the institution from November 2016 to October 2017 (one year period) were included in the study. The data was taken and compiled from the MTP register and was analyzed in terms of incidence, indications, socio-demographic and obstetric profile among the MTP seekers and method of contraception following MTP. The anonymity was maintained in the register, as it is utmost important as is legalized as the part of MTP act. All the cases of missed abortion, blighted ovum, incomplete abortion who required suction and evaluation or medical management was excluded from the study.

RESULTS:

The study analysed from the data taken for a period of one year i.e.

1st November 2016 to 31st October 2017. In total, 821 candidates availed the service for medical termination of pregnancy over one year. Of the total 821 patients, 565 (68.8%) patients underwent MTP in the first trimester while as 256 (31.2%) patients requested for MTP in the second trimester Figure 1).

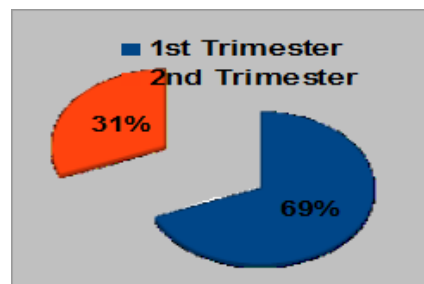


Figure 1 Trimester distribution of M.T.P.

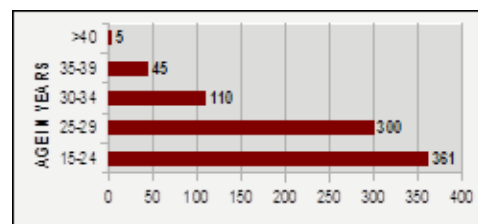


Figure 2 Distribution of age

Maximum no. of patients availing MTP were from age group (15-24) i.e. 361, (25-29) 300. There were 110, 45, 5 patients from the age group (30-34), (35-39) and (40-44) respectively.

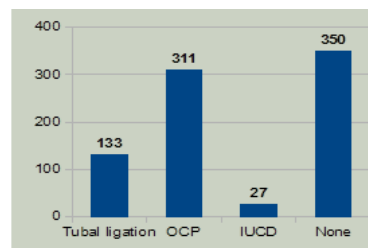


Figure 3: Secondary contraception after M.T.P.

After the procedure maximum patients opted for IUCD (27) as a secondary contraception, 133 agreed for permanent sterilization and 311 for OCP and there were 350 patients who did not agree for any measure of birth control (Figure 3).

Table 1 Distribution of women according to number of living children

No.of L.C	Frequency	Percentage
0	313	38.1 %
1	330	40.2 %
>= 2	178	21.7 %

Majority of females opting MTP in the present study were paraous having one living child (40.2%), 21.7% had 2 and above children and 38.1 % were having no living children (Table 1).

DISCUSSION:

Termination of pregnancy has been practiced since ancient times. Total no. of MTP in the present study for the defined duration is 821 and total no. of delivery during that duration is 5768 indicating the incidence of MTP as 142 per thousand deliveries. Among total 821 cases 565 (68.8%) were done in 1st trimester and 256 (32.2%) were in 2nd trimester, which is comparable to the study of Ramesh et al where also 82% cases were done in 1st trimester [6]. Maximum no. of patients availing MTP were from age group (20-29) i.e. 600, (30-34) 110, (35-39) 45 and (15-19) 61. There only 5 patients from the age group (40-44). While women of all age group undergo MTP in India, a recent study suggests that majority of those seeking MTP are from age group 20-29 years of age [9]. Dhillon et al in their study in 13 states in India found that maximum no. of females seeking abortions were from age group 25-34 [10]. Majority of females opting MTP in the present study were parous having one child (40.2%), 21.7% had ≥ 2 children and 38.1% were having no living children. Ram et al in their study on unmet need of family planning among married women in Calcutta stated that there were 31% females who had 2 or less children where 69% had more than 2 [13]. In the present study no patient seeking MTP was aware of emergency contraception. Mehra et al in their study found 1 patient was aware of emergency contraception while in study of Tripathi et al no patient seeking MTP was aware of emergency contraception [12,14].

This implies the fact that the role of emergency contraception should be well published, so as to make more and more females aware of this useful method of contraception which will definitely decrease the no. of unsafe abortions otherwise. After the procedure maximum patients opted for OCP (311) (37.9%) as a secondary contraception, 133 (16.2%) agreed for permanent sterilization, 27 (3.3%) for IUCD and there were 350 (42.6%) patients who did not agree for any measure of birth control where as Mukhopadhyay et al, in their study on fertility regulation in Calcutta found that 35.8% accepted IUCD and 30% accepted permanent sterilization as a secondary method of contraception [15].

CONCLUSION:

In present study presumed that average of 61% of MTP cases were unmet need for contraception due to the mothers with (0-1) child and also the young age group (15-24) opted for MTP and suggesting that the Implementation of the safe abortion services to avoid unwanted pregnancies at the root level is need.

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