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A STUDY OF COMPLICATIONS AND MANAGEMENT IN CASES OF SELF ADMINISTERED MTP PILLS AT A TERTIARY CARE CENTER

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Abstract

Background- The aim was to study the outcome, management and complications of self medicated Medical Termination of Pregnancy (MTP) pills in pregnant women due to the rampant use of over the counter sale of MTP pills.

Methods- It was an observational study of 100 women who attended the Obstetrics and Gynecology Out Patient Department at NIMS Hospital, Jaipur for seeking advice after self-prescribed MTP pills.

Results-Majority of the women i.e. 45% had incomplete abortion, 16% of the women had missed abortion, 15% of the women had complete abortion, 2% of the women had septic abortion, 7% had inevitable abortion, 2% had ruptured ectopic pregnancy, 1 woman was a case of perforated uterus, 1 woman had ruptured uterus, 1 women had molar pregnancy, 1 woman had cesarean scar pregnancy, 9% continued their pregnancy. 28% patients required blood transfusion. The cases of ruptured ectopic with severe shock, perforated uterus, rupture uterus, septic abortions, molar pregnancy and cesarean scar pregnancy required ICU stay.

Conclusion- The current study shows urgent need for legislation and restriction of drugs used for medical termination of pregnancy. Over the counter purchase of medical abortifacients without proper knowledge causes unprecedented maternal morbidity and mortality. Preferably all the patients who are prescribed MTP pills should undergo clinical examination followed by ultrasonographic evaluation to rule out conditions such as molar and ectopic pregnancies. This is also an indicator of unmet need for contraception in the community which must be addressed.

Keywords- MTP act, WHO, Pills, Self-medication, abortion

Introduction

The MTP act of India states that the MTP pills should be prescribed only by registered medical practitioners. WHO recommends that the person or facility prescribing abortion pills

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should have a backup health care facility.[1] Regardless of such clear guidelines and instructions, self administration of abortion pills without medical consultation has become highly prevalent due to the easy availability of these over the counter drugs. Many women depend on medical abortion and consider it as a method of spacing between pregnancies.[2] Patients are unaware of the complications such as heavy blood loss causing severe anemia, incomplete abortion, sepsis, shock and sometimes even death. MTP pill if prescribed in correct regimen and with consideration to gestational age and health condition of the women has a success rate of about 93-98%.[3]

Medical abortion is restricted for use in the early first trimester (up to 63 days). Tablet Mifepristone 200mg (oral) followed by 400 mcg of Misoprostol after 48 h vaginally or orally is given for gestation <49 d. Between 49–63 d, Mifepristone 200 mg orally and Misoprostol 800 mcg vaginally or orally after 48 h is recommended. The patient needs to be counselled regarding the method of administration, the expected duration of bleeding, the adverse effects and the chances of failure following which surgical procedure maybe required. A follow up visit on day 14 to ensure completion of the process and to discuss contraception is recommended.[3] This study was undertaken with an aim to study the maternal complications following indiscriminate self-consumption of abortion pills, and its management, thus emphasizing the need to strengthen contraceptive practices.

Materials and method

This study was a prospective observational study conducted at NIMS Medical College, Jaipur over a duration of 12 months (from May 2022 to April 2023) with due permission from the Institutional Ethics Committee and Review Board. The sample size was 100 and the inclusion criteria were women who presented to seek medical assistance after taking MTP pills. A detailed history was taken regarding age, marital status, gestational age, parity, duration since pill intake and presenting complaint. Obstetrical examination was done and USG was done in indicated cases. Final outcome in the form of any medical treatment or surgical intervention done was noted. Statistical analysis was conducted using Medcalc 16.4 version software.

Results

TABLE 1: Distribution of the women according to time between pill intake and visit to the hospital

Days	Number	Percentage (%)
1-5	30	30.00
5-10	41	41.00
10-15	19	19.00
15-20	-	-
20-25	6	6.00
25-30	3	3.00
>30	1	1.00

In our study, maximum patients i.e. 90% presented to us within 15 days of MTP pills ingestion out of which 41% presented within 5-10 days.

TABLE 2: Distribution of the women according to period of gestation at the time of pill intake (in weeks)

Gestational age (in weeks)	Number	Percentage (%)
<6	10	10.00
6-9	56	56.00
9-12	16	16.00
12-16	7	7.00
16-20	9	9.00
>20	2	2.00
Total	100	100.00

According to our table, maximum number of women i.e. 56% had consumed the pills at 6-9 weeks of period of gestation. 10% of women had consumed at <6weeks gestation and 9% at 16-20 weeks of gestation. In 2% of women gestational age was more then 20 weeks , one was 23 weeks with previous 3 LSCS and the other was 25 weeks with previous 2 LSCS.

Table 3. Diagnosis and Management of the study participants:

Diagnosis	Total number of participants	Percentage	Management
Complete abortion	15	10.00	No Intervention
Incomplete abortion	45	55.00	Suction and Evacuation
Missed abortion	16	16.00	Dilatation and Evacuation

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Septic abortion	2	2.00	Suction and Evacuation
Inevitable abortion	7	5.00	Suction and Evacuation
Molar pregnancy	1	1.00	Suction and Evacuation
Ruptured ectopic	2	2.00	Laparotomy followed by Salpingectomy
Ruptured uterus	1	1.00	Laparotomy and repair
Perforated uterus	1	1.00	Hysterectomy
Continued pregnancy	9	7.00	Dilatation and Evacuation
Caesarean Scar Pregnancy	1	1.00	Laparotomy followed by scar excision
Total	100	100	

Most of the patient, 45% had incomplete abortion, 2% of them had septic abortion, 7% had inevitable abortion, and 1% patient had molar pregnancy, they were managed by Suction and Evacuation (total 55%). 16% of them had missed abortion and 9% of the patients continued their pregnancy and were managed by Dilatation and Evacuation. No intervention was required in 15% of the patients who presented with complete abortions. 2% presented with ruptured ectopic and laparotomy followed by salpingectomy was done. The patient with previous 3 LSCS presented with perforated uterus and hysterectomy was done for the same.
Patient with previous 2 LSCS presented with ruptured uterus in which repair was performed. 1% presented with caesarean scar pregnancy and laparotomy followed by scar excision was done.

Table 4. Distribution of women according to Blood Transfusions

Received Blood Transfusion	Number	Percentage
No	72	72.00

ISSN: 0975-3583, 0976-2833 VOL14, ISSUE 11, 2023

Yes	28	28.00
Total	100	100.00

Out of the total patients, 28% patients required blood transfusion.

Table 5. Distribution of women according to ICU admission

ICU admission	Number	Percentage
No	93	94.00
Yes	7	6.00
Total	100	100.00

7% of the patients needed ICU stay. These were cases of ruptured ectopic with severe shock, perforated uterus, rupture uterus, septic abortions, molar pregnancy and caesarean scar pregnancy.

Discussion

In India MTP Act was passed in 1971 to prevent unsafe and illegal abortion with the aim of reducing the number of maternal morbidity and mortality due to unsafe abortion.[3] This Act was again amended in the year 2021 making it more progressive and accessible to all women.

Inspite of the MTP Act being a boon in India, 100 patients came to our hospital with self-medication of MTP pills over a period of one year. As per the guidelines for medical abortion in India, medical abortion is offered only to those patients, who are ready for minimum three follow-up visits, can understand the instructions, ready for surgical procedure if failure or excessive bleeding occurs, good family support and easy access to appropriate healthcare facility.[4]

As seen in Table 1, maximum patients i.e. 90% presented to us within 15 days of MTP pills ingestion out of which 41% presented within 5-10 days and 10% came after 20 days. This proves that none of them were counselled properly regarding the expected duration of bleeding, complications and day of follow up visit, hence the disparity.

In Table 2 we can see that maximum patients i.e. 66% had taken the pills within 9 weeks of period of gestation but still 34% patients consumed them beyond 9 weeks out of which 9% were between 16-20 weeks and 2% beyond 20 weeks, leading to more chances of incomplete procedure and life threatening complications. Hence patients need to be counselled that medical method of termination is safe up to 9 weeks of intrauterine gestation.

Table 3 denotes that most of the patients i.e. 45% had incomplete abortion, 2% of them had septic abortion, 7% had inevitable abortion and 1% patient was of molar pregnancy, they were managed by Suction and Evacuation. 16% of them had missed abortion and 9% of the patients continued their pregnancy and were managed by Dilatation and Evacuation. Hence in our study, 80% of the patients required instrumental evacuation. In a study by Sarojini et al, instrumental evacuation was required in 90.4%.[5] Study done by Pandey D et al also claimed results which were consistent with our study, that the incomplete abortion rate was much higher and a total of

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68% of the patients required surgical evacuation.[6] When drug is given under medical supervision, 1-2% women may need surgical evacuation for heavy bleeding and 2- 3% may need surgical evacuation due to incomplete abortion.[5,2]
Also in our study, 2% presented as ruptured ectopic pregnancies managed by laparotomy and salpingectomy, 1% with previous 3 LSCS presented with perforated uterus and hysterectomy was done for the same, 1% with previous 2 LSCS presented with ruptured uterus in which repair was performed, and 1% had caesarean scar pregnancy managed by laparotomy followed by scar excision. Hence a total of 5% patients were managed by major surgical interventions. The results of Pandey et al revealed similar outcomes in which major surgical intervention was required in 8% patients out of which 7% required laparotomy followed by salpingectomy and 1% underwent hysterectomy for ruptured uterus.[6]
In our study 9% patients continued their pregnancy inspite of taking MTP pills. This high incidence of continued pregnancy strongly points out to erroneous and incomplete dosing schedules with which the drug is prescribed by unauthorized personnel.
In Table 4 it can be seen that 28% patients required blood transfusion which included those with moderate and severe anemia and those requiring laparotomy. According to Sarojini et al, blood transfusion was required in in 75% patients.[5] When drugs are given under medical supervision, only 1-2 per thousand may need blood transfusion due to heavy bleeding.[2]
Table 5 shows that ICU stay was required in 7% of the patients which were cases of ruptured ectopic with severe shock, perforated uterus, rupture uterus, septic abortions, molar pregnancy and caesarean scar pregnancy. With above list of complications involved in self prescription of MTP pills, it is interpreted that our women find medical abortion as an easy option to terminate pregnancy rather than practicing regular contraception. The reason is ignorance, illiteracy, lack of awareness about legal status of abortion and inhibition of seeking medical advice as they want to maintain secrecy.
Majority of the women were not aware of the contraceptive options available at health centers. This scenario is alarming as the women are not using proper contraceptive measures despite the various national programs propagating their use. The patients were counselled during their treatment and were offered cafeteria approach for use of contraception, encouraging them to opt for better methods such as oral contraceptive pills, IUCDs and tubal sterilization over lesser reliable methods such as natural or barrier methods.

Conclusion

This study gives an overview as to how the practice of over the counter abortifacients is prevalent in our community. Inspite of MTP being safe and legalized in our country, there is a gross deficit of awareness amongst the general population. Hence there are a number of life threatening complications which can be prevented with proper education and counselling. Law enforcements are necessary to restrict the sale of over the counter MTP pills and make them available at health care facilities to avoid fatal complications and use them only under medical supervision. Ultrasonography should be done wherever indicated to confirm intrauterine implantation. Women should also be educated regarding various options of contraceptive practices.

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