

ANALYSIS OF MATERNAL OUTCOME AND COMPLICATIONS AFTER SELF-ADMINISTRATION OF MEDICAL TERMINATION OF PREGNANCY PILLS AT A TERTIARY CARE CENTRE IN INDORE

Dr. Sheeba Ansari¹, Dr. Rekha Agrawal², Dr. Manorama Multani³, Dr. Radha Sharma⁴

^{1,4}Third Year Junior Resident, Department of Obstetrics and Gynaecology, Index Medical College Hospital and Research Centre, Indore, Madhya Pradesh, India

²Professor, Department of Obstetrics and Gynaecology, Index Medical College Hospital and Research Centre, Indore, Madhya Pradesh, India

³First Year Junior Resident, Department of Obstetrics and Gynaecology, Index Medical College Hospital and Research Centre, Indore, Madhya Pradesh, India

Corresponding Author:

Dr. Radha Sharma

Email: dr.radhasharma09@gmail.com

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Abstract

Background: Purpose Aim of our study was to assess the prevalence of self-induced abortion by self-administration of abortive pills and related complications in pregnant women.

Methods: After approval from the institutional ethical committee, this prospective observational hospital-based study was conducted in the Department of Obstetrics and Gynaecology at IMCHRC, Indore. 50 pregnant women who presented to our hospital for medical assistance due to complications after using the counter of MTP pills without medical consultation were enrolled after taking an informed written consent. Data were collected from all patients regarding their age, marital status, education, obstetric history, duration of intake of abortion pills and visit to hospital, chief complaint, and sign-symptoms on arrival at the hospital, investigations and USG at time of admission, treatment given, management of complications, need for blood/ blood product transfusion, and duration of hospital stay. Statistical Analysis was done.

Results: The major complaint at presentation was excessive bleeding (80%). Out of 50 patients, 32 (64%) were diagnosed as incomplete abortion, 6(12%) as missed abortion, 5 (10%) as unaffected pregnancy, 1(2%) Ectopic pregnancy and 6(12%) Complete abortion with anaemia. 29 patients of incomplete abortion were managed with suction and evacuation and 3 were supplemented with misoprostol. All patients with ectopic pregnancies were managed surgically.

Conclusion: Medical abortion is safe and effective if performed pursuant to medical supervision. Unsupervised use of medical abortion pills is associated with an array of

complications, including ectopic rupture, uterine rupture, and incomplete abortion. Therefore, it is imperative to restrict the over-the-counter selling of medical abortion pills.

Keywords: Complications, medical termination of pregnancy, suction curettage, ectopic pregnancy, abortion.

INTRODUCTION:

Nearly 40 years after enactment of the Medical Termination of Pregnancy Act of 1971, unsafe abortion continues to be a neglected women's health issue in India.

Despite the legalization of abortion in India, many still seek services from unauthorized sources landing upon serious complications like sepsis, uterine perforation, cervical trauma, ectopic pregnancy, and incomplete abortion. It is the major reason for maternal morbidity and mortality and has become a global health issue.

As of 2010–2014, an estimated 55.9 million abortions occur each year globally with the abortion incidence in the south and central Asian subregion, which includes India, was estimated to be 37 abortions per 1000 women aged 15–44 years.

At least 8% of maternal deaths occur worldwide from unsafe abortion with around 22,800 women dying yearly from its complications.

Of global importance is India where one-quarter of global maternal deaths are found and 8.8% of maternal deaths are due to abortion.

In India, 13 women die every day due to unsafe abortion. And 80% of women, according to research, are unaware of fact that abortion is legal in India and abortion services are provided in government hospitals.

Medical abortion with mifepristone and misoprostol is safe for termination of pregnancy up to 63 days if practiced under medical supervision.

However, in India abortion pills are becoming a major public health problem due to ignorance of women, easy availability of medicine without medical prescription, and widespread misuse of these drugs by non-allopathic doctors, dais, and quacks.

Hence it is essential to analyze level of complications after self-medication of abortion pills, their clinical presentation and outcome in the tertiary care centre.

MATERIAL & METHOD:

- **Study Design** - Prospective Observational Study.
- **Study Centre** - Department of Obstetrics & Gynecology, Index Medical College Hospital & Research Centre, Indore
- **Duration of Study** - 6 months after approval from ethic committee
- **Sample Size** - 50 patients
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Statistical analysis was done using SPSS 25.0 Version Software package. Complete data of relevance was collected from all the patients and statistical analysis was done.

- **INCLUSION CRITERIA-**

- Pregnant women who presented to our hospital due to complications after using over the counter MTP pills without medical consultation
- Patients who are willing to give informed consent.
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- **EXCLUSION CRITERIA-**

- Pregnant patients with complications following medical abortion done in government-accredited authorized center and service provider were excluded from the study .

METHODOLOGY-

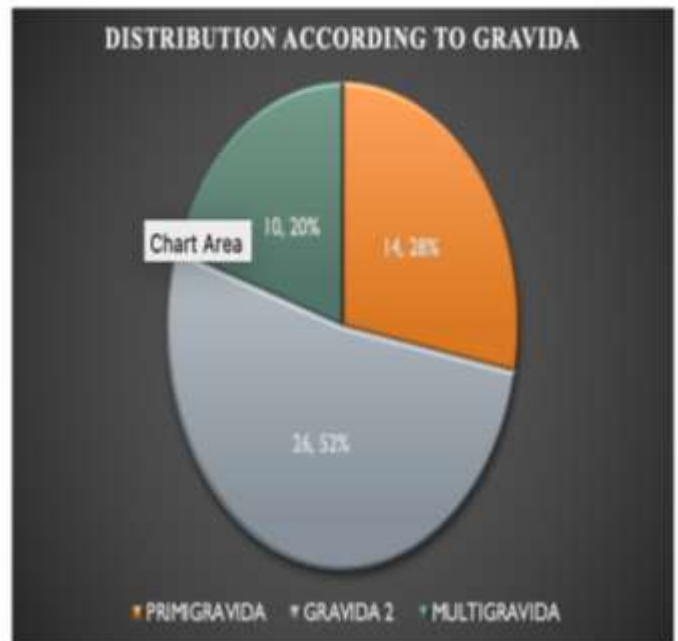
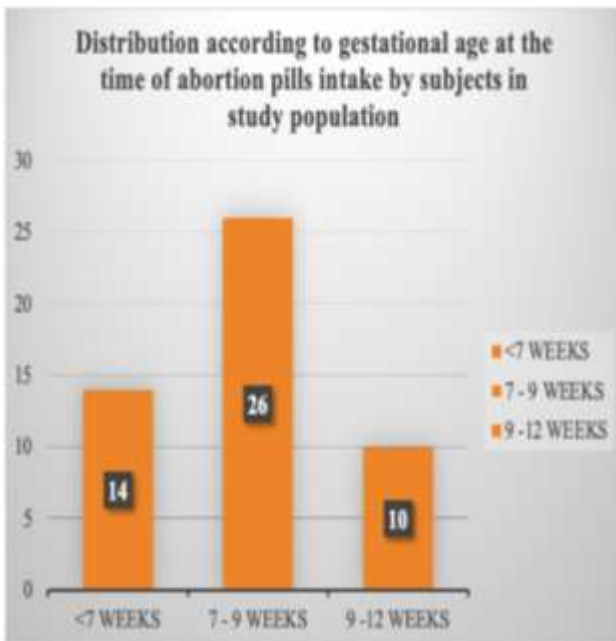
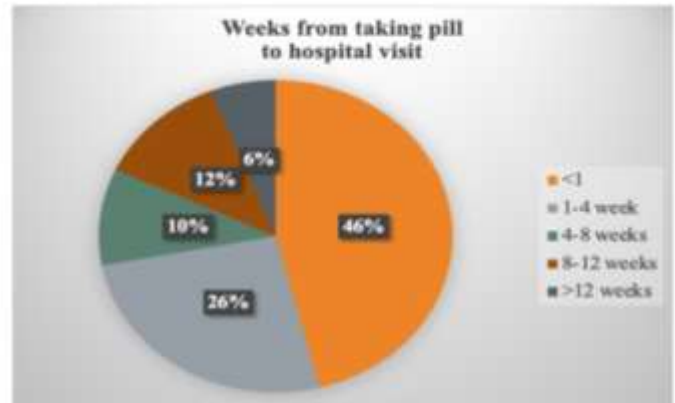
- 50 pregnant women who presented to our hospital with complications after using over the counter MTP pills without medical consultation were enrolled after taking an informed written consent.
- A detailed history was collected regarding age, marital status, gestational age, parity, confirmation of pregnancy, duration of pill intake, and presenting complaint
- Physical examination and USG findings were noted.
- Detailed data of further management, e.g., surgical interventions like suction and evacuation, laparoscopy or laparotomy as indicated were recorded.
- Outcomes and interventions were properly analyzed.
- Collected data was analyzed and appropriate statistical tests were applied using Statistical Package for the Social Sciences version 25.

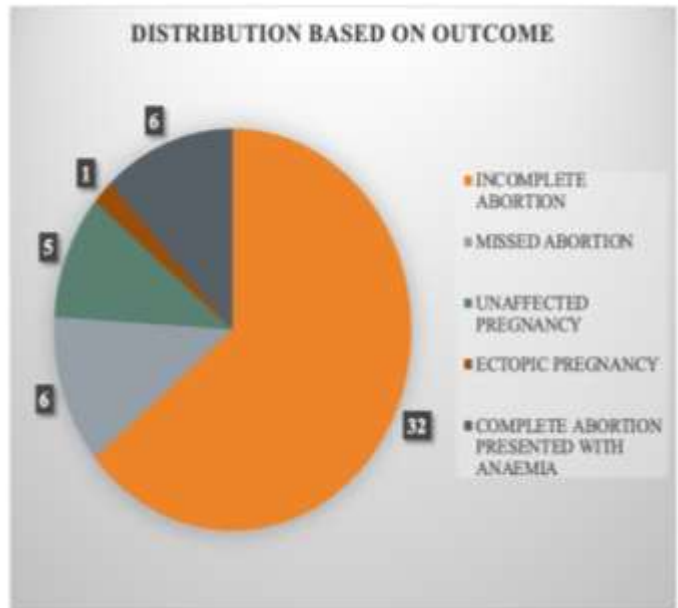
RESULTS:

THE DEMOGRAPHIC PROFILE OF THE STUDY SUBJECTS

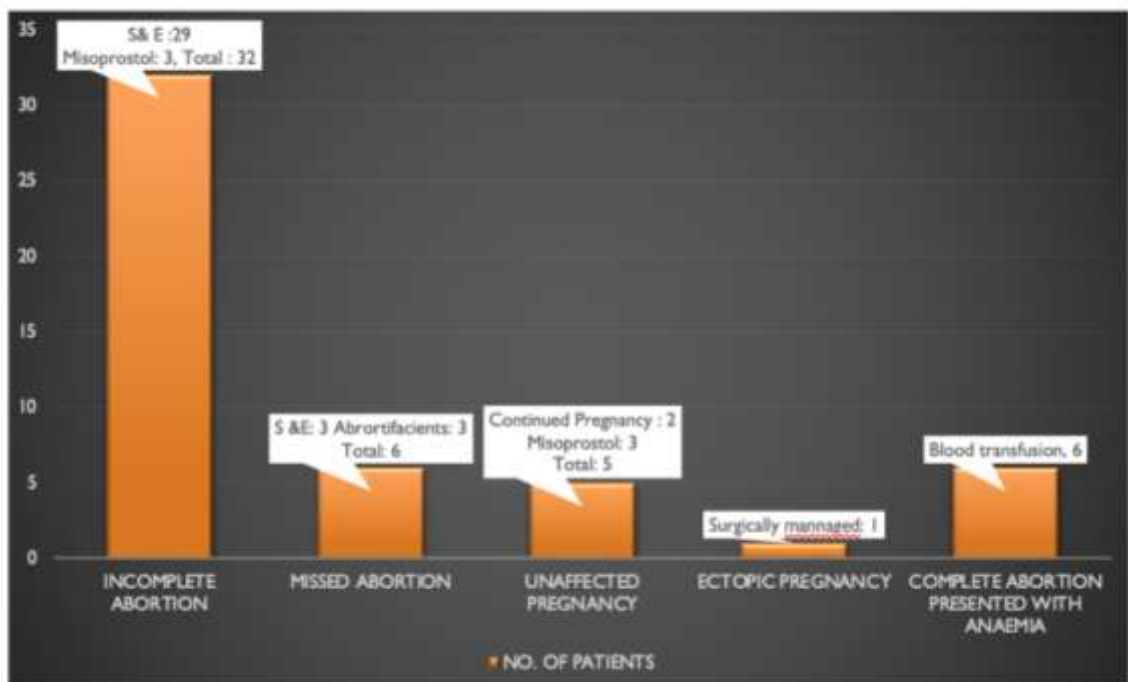
Age-group (years)	No. of subjects (n = 50)	Percentage	Education	No. of subjects (n = 50)	Percentage
<18	2	4	Illiterate	7	14
18-20	4	8	Primary	4	8
21-25	14	28	Secondary	5	10
26-30	18	36	Higher secondary	30	60
31-35	5	10	Graduate	2	4
36-40	6	12	Postgraduate	2	4
>40	1	2	Total	50	100

Occupation	No. of subjects (n =50)	Percentage
Homemaker	45	90
Private job	1	2
Student	4	8





OUTCOME AND MANAGEMENT OF PATIENTS AFTER TAKING ABORTION PILLS



DISCUSSION:

- Most of the complaints were excessive bleeding per vagina (80%) followed by bleeding with abdominal pain (10%) and only abdominal pain (6%). Similar findings were reported by other authors [1-5]. Excessive bleeding per vagina and abdominal pain are two dominating symptoms.
- In the present study, majority [26 (52%)] consumed abortion pills at 7-9 weeks followed by [14 (28%)] who consumed same in early pregnancy (up to seven weeks)

and 10 (20%) patients had consumed abortion pills at 9-12 weeks of pregnancy, respectively. This was similar to many anecdotal studies who showed the highest number of women (64.4%) took the abortion pills beyond the recommended period of gestation [2,3,6] . All these studies are adding to the fact that consumption beyond recommended 63 days limit is quite prevalent in the unsupervised and 35 uncounseled users of the MTP pill, thereby increasing the complication and risk.

- Acute blood loss following unsupervised MTP pill intake requiring blood transfusion is a real cause of concern. Around 50% of total women in our study group had a hemoglobin of less than 10 g/dl with 6 (12%) having severe anemia (less than 7 g/dl). All patient with complete abortion and blood loss required blood transfusion. This was similar to studies which concurred with our study that acute blood loss following unsupervised MTP pill intake requiring blood transfusion is a real cause of concern. [1, 2, 4]
- In our study 32 (64%) were diagnosed as incomplete abortion, 6 (12%) as missed abortion, 5 (10%) as unaffected pregnancy, 1 (2%) Ectopic pregnancy and 6 (12%) complete abortion presented with anemia. The incidence of incomplete abortion in our study was also comparable to previous studies. [1-5]
- In the present study, ectopic pregnancy was detected in 2% of patients due to not having undertaken proper health-care counselling and bimanual or USG examination before intake of MTP Pill. Underdiagnosis of ectopic pregnancy can lead to potentially serious consequences in patients who have taken these pills without prior confirmation of intrauterine gestation. This was lesser as reported in previous study.[2]
- Surgical management by suction and evacuation was needed in 64% of women, including incomplete abortions and missed abortions. 6% of the patients with incomplete abortions were given supplementary medical management with misoprostol. 12% of women who had complete abortions needed blood transfusions.
- Surgical management by suction and evacuation or misoprostol administration along with blood transfusion for correction of anemia was reported by a study for incomplete abortion by Nivedita K et al. [3] Giri et al. managed some cases of incomplete abortion by repeat administration of mifepristone and misoprostol.[4] In the study conducted by Sarojini et al., 72.2% of women had an incomplete abortion, 9.6% had missed abortion, and 8.7% had a complete abortion.[6] There were only one case (2%) of ectopic pregnancies which was managed surgically similar to studies done by Nivedita K et al. and Rath S et al.[2,3]

CONCLUSION:

- Unsupervised use of medical abortion pills is associated with an array of complications, including ectopic rupture, uterine rupture, and incomplete abortion.
- Therefore, it is imperative to restrict the selling of unprescribed over-the-counter abortion pills.

Medical abortion is safe and effective if performed pursuant to medical supervision.

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