



An Observational Study Of Self Prescribed Abortion Pill In Women Attending Obstetrics & Gynaecology Opd At SMS Medical College, Jaipur

Dr. Kajal Ameta, Dr KP Banerjee, Dr Deepa Grewal
SMS Medical Collage Jaipur

***Corresponding Author:**
Dr KP Banerjee
SMS Medical Collage Jaipur

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Abstract

Background- To study about the health education awareness regarding life threatening consequences after self medicated abortion pill, also there is a need for strengthening of contraceptive practices.

Methods- It was an observational study on 100 women who attended the Obst and Gyane OPD for seeking advice after self-prescription of medical abortion pill.

Results-Majority of the women i.e. 55% had incomplete abortion, 13% of the women had missed abortion, 8% of the women had complete abortion, 2% of the women had septic abortion, 4% had inevitable abortion, 4% of the woman had an IUD, 2% had ruptured ectopic pregnancy, 1 woman was case of perforated uterus, 1 woman had ruptured uterus, 1 women had molar pregnancy, 7% continued their pregnancy

Conclusion- The current study gives an insight as to how the intake of over the counter abortifacients is rampant in our community. We realized that there is a gross deficit of awareness regarding safe abortion practices amongst general population. This has led to a number of life threatening health complications in women which could have been easily avoided with proper education and counselling. There is a need for making laws for restriction of over the counter availability of medical abortion pills. As a matter of fact they should be made available at the health care facilities so as to avoid outcomes like extrauterine pregnancy and molar pregnancy. And when in doubt ultrasonography should be done before giving abortion pills so as to avoid the above complications. Women should be made educated so that they adopt regular contraceptive practices rather than choosing abortion.

Keywords: MTP act, WHO, Pills, Self medication

Introduction

The MTP act of India permits that abortion pills be prescribed by only registered medical practitioners and not by non allopathic doctors or by pharmacists. WHO recommends that the person or facility prescribing abortion pills should have a backup health care facility in case of failed or incomplete abortion.¹ In spite of such clear guidelines and recommendations, self administration of these drugs by pregnant women without any medical consultation or supervision has become highly prevalent due to availability of these drugs over the counter without any prescription. Many women depend on medical

abortion and consider it as a method of spacing between pregnancies.² When the MTP pill is bought over-the-counter by a woman or her husband or relative and when the pill is taken by a person without any medical prescription or supervision, it is said as "Selfmedication".³ Because of the over-the-counter availability of MTP pills, many ladies tend to buy them on their own or they are freely prescribed by local dais and quacks. People taking these pills have no knowledge of the complications and they land up with complications such as heavy blood loss causing severe anemia, incomplete abortion, septic

abortion, 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%.⁴

Medical abortion is restricted for use in the early first trimester (up to 63 days) the dose being 200 mg of Mifepristone (oral) followed by 400 mcg of Misoprostol after 48 h vaginally or orally for <49 d. Between 49–63 d, Mifepristone 200 mg orally and Misoprostol 800 mcg vaginally or orally after 48 h is recommended. The patient has to be educated with details of the procedure like correct administration of the drug, the expected duration of bleeding, complications like excessive bleeding and pain, the possibility of failure and the need for surgical evacuation if necessary. A follow up visit on day 14 to ensure completion of the process and to discuss contraception is recommended.⁴ This was under taken with an to study about the health education awareness regarding life threatening consequences after self medicated abortion pill, also there is a need for strengthening of contraceptive practices.

Material and method

Study Type: - Observational study

Study Design: - Prospective study

Place of Study:- Department of Obstetrics and Gynaecology, SMS Medical College, Jaipur.

Duration of study:- May 2020 to July 2021

Institutional review board and ethical committee clearance was taken.

Inclusion Criteria

Women who came to Obstetrics & Gynae after self medication of medical abortion pill were included in the study.

Methodology

It was an observational study on women who attended the Obst and Gyane OPD for seeking advice after self-prescription of medical abortion pill.

Self medication means that pregnant women did not seek any medical consultation from a medical practitioner and procured the drug over the counter without any prescription, either by self or by her relatives.

Detailed obstetrical history was taken, source of procurement, reason behind the pill intake, time duration since the pill intake to the presentation, gestational age at time of pill consumption.

Also history about regime and complaints and the cost at which abortion pill was purchase.

Final outcome in the form of any medical treatment or surgical intervention done was noted.

Statistical Analysis

Continuous variable will be expressed as Mean and Standard deviation. Nominally / Categorized variable was summarized as Proportion. Parametric and Nonparametric Tests were used for continuous and nominal variable as per yield of data. p-value < 0.05 was taken as significant. Medcalc 16.4 version software was used for all statistical calculation.

Results

Table 1. Socio-demographic profile

Age in yrs	26.00±5.00
Married : Unmarried	97:3
Hindu : Muslim : Other	73:24:3
Urban : Rural	42:58

Table 2. Source of knowledge on MTP among study participants:

Source of knowledge on MTP	Total number of participants	Percentage
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Friend	54	54
Relative	13	13
Neighbour	24	24
TV	9	9
Total	100	100

Most of the patient 54%(n=54) had gained knowledge from their friends, 24% (n=24) from their neighbours, 13%(n=13) from their relatives, 9.%(n=9) gained knowledge from TV.

Table 3. Individuals who got pregnancy termination drugs for the study participants:

Individuals who got pregnancy termination drugs	Total number of participants	Percentage
Self	61	61
Husband	31	31
Friend	8	8
Total	100	100

Most of the patient 61%(n=61) purchased the drugs themselves, for 31% (n=31) of the patient drugs was bought by their husband, for 8% (n=8) of the patient drugs was bought by their friends.

Table 4. History of presenting complaints among the study participants:

History of presenting complaints		Total number of participants	Percentage
Presence of excessive vaginal bleeding	Absent	48	48
	Present	52	52
Presence of pain abdomen	Absent	65	65
	Present	35	35
Irregular vaginal bleeding	Absent	96	96
	Present	4	4
Passing products of conception	Absent	83	83
	Present	17	17

	Total	100	100
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Most of the patient 52%(n=52) presented with excessive bleeding per vaginum, 35% (n=35)of them had pain abdomen, 17%(n=17) of the patient complained of passage of products, 4% (n=4)of the patient had irregular bleeding per vaginum.

Table 5.diagnosis of the study participants:

diagnosis	Total number of participants	Percentage
Complete abortion	7	7
Incomplete abortion	55	55
Missed abortion	13	13
Septic abortion	5	5
Inevitable abortion	5	5
IUD	4	4.0
Molar pregnancy	1	1
Ruptured ectopic	2	2
Ruptured uterus	1	1
Perforated uterus	1	1
Continued pregnancy	7	7.0
Total	100	100

Most of the patient,55%(n=55)had incomplete abortion, 13% (n=13)of them had missed abortion,7% (n=7)of the patient had complete abortion, 5% (n=5)of them had septic abortion,5%(n=5) of them had inevitable abortion, 4% (n=4)of them had an IUD, 2% (n=2) had ruptured ectopic pregnancy,1 (1%)patient had perforated uterus, 1(1%)patient had ruptured uterus, 1(1%) patient had molar pregnancy, 7%(n=7) continued their 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. ⁴ Any procedure which is performed outside the bounds of law tends to be unsafe.

Due to easy availability of MTP pills over the counter, 100 patients came to our hospital with self-medication of MTP pills in spite of clear guidelines that these pills have to be taken only under medical supervision and can be prescribed only by a person authorized under the MTP Act.

Most of the patients(72%, n=72) were in between the age of 20-29 years and 23%(n=23) of the patient were in the age group of 30-39 years, 4%(n=4) of the patient were in the age group of 15-19years,1%(n=1) were in the age group of 40-43 years in our study. So, these patients took this pill to get rid of unwanted pregnancy. In a study by Sarojini et al 3.8% patients were less than 19 years of age.⁵ In present study, majority of patients were in age group of 20-29 years which is comparable to the study by Sarojini et al where majority of women, 37.5% were in same age group.

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.⁶

Most of the patient, 55% (n=55) had incomplete abortion, 13% (n=13) of them had missed abortion, 7% (n=7) of the patient had complete abortion, 5% (n=5) of them had septic abortion, 5% (n=5) of them had inevitable abortion, 4% (n=4) of them had an IUD, 2% (n=2) had ruptured ectopic pregnancy, 1 (1%) patient had perforated uterus, 1 (1%) patient had ruptured uterus, 1 (1%) patient had molar pregnancy, 7% (n=7) continued their pregnancy. In a study by Sarojini et al, instrumental evacuation was required in 90.4%. 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}

Conclusion

The current study gives an insight as to how the intake of over the counter abortifacients is rampant in our community. We realized that there is a gross deficit of awareness regarding safe abortion practices amongst general population. This has led to a number of life threatening health complications in women which could have been easily avoided with proper education and counselling. There is a need for making laws for restriction of over the counter availability of medical abortion pills. As a matter of fact they should be made available at the health care facilities so as to avoid outcomes like extrauterine pregnancy and molar pregnancy. And when in doubt ultrasonography should be done before giving

abortion pills so as to avoid the above complications. Women should be made educated so that they adopt regular contraceptive practices rather than choosing abortion.

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