

SELF ADMINISTRATION OF ABORTION PILLS AND ITS OUTCOME – IN TERTIARY HEALTH CARE CENTRE

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ABSTRACT

- **Background:** Abortion service as medical health care facility is the essential service a women needs. Despite well-developed medical service centers in our country and the legalization of abortion, the incidence of illegal and unsafe abortion has not come down. It still contributes around 10% of maternal mortality. This study was carried out to analyze the outcomes following self-medication of abortion pills and to suggest measures to prevent such practice.
- **Methods:** This was a prospective observational study conducted in 125 women who came with history of self-intake of abortion pills and presented to our hospital from January 2020 to December 2020.
- **Results:** In present study Majority of subjects who took self-abortion pills were between 21-25 years (36%). And most of them had completed their higher secondary education 61.6%. Nearly half of subjects (49.6%) had taken pills after 2-3 months of amenorrhea and 100 (80%) pt. presented with incomplete abortion , in whom surgical evacuation was done in 47(37%) patients. 23 (18.4%) patients were severely anemic. Transfusion of blood was required in 38 (30.4%) of patients. We encountered 3 pt. required resuscitative measures presented with ruptured ectopic, uterine scar rupture, uterine perforation
- **Conclusions:** Medical abortion is effective and safe when carried out under medical supervision. Unsupervised use of medical abortion pills was associated with many complications like incomplete abortion, severe anaemia ,rupture ectopic and ruptured uterus. So, over the counter sale of medical abortion pill should be restricted and public should be educated regarding abortion services
- **Keywords:** Abortion pills, Medical abortion, Self-medication

INTRODUCTION

- Abortion is expulsion of product of conception before the period of viability and when it is done deliberately, it is called willful termination of pregnancy “self-induced abortion” and WHO define medical abortion as “usage of pharmacological drugs to terminate pregnancy”[1]. Early first trimester medical abortion is safe and effective method for termination of pregnancy when perform under standard guidelines with success rate of 95 to 99%.
- In 1971 Indian parliament has passed Medical Termination of Pregnancy (MTP Act) to ensure safe, accessible and regulated early first trimester abortion. This act defines when, where and by whom medical termination of pregnancy can be performed and abortion is legally accepted in India.[2] Formulated guideline and pre abortion workup had been prepared by World Health Organization (WHO) and Federation of Obstetrician and Gynecologist Societies of India (FOGSI). This includes confirmation of pregnancy, its location, calculation of correct gestational age by ultrasonography[3].
- World health organization has defined unsafe abortion as “the termination of an unintended pregnancy either by persons lacking the necessary skills or in an environment lacking the minimum medical standards or both. Maternal complication such as hemorrhage, sepsis, uterine perforation, cervical laceration, incomplete abortion, miscarriage, future sterility trauma and shock which is making it as the fourth leading cause of maternal death.[5] Despite this, women who want to terminate a pregnancy often ignore the legal status of abortions and have unsafe abortions.
- In India woman tends to use medical abortion method either by themselves or is guided by untrained professionals. These people hardly have any knowledge of gestation age, medical history of female and drug dose and its complications. These things pushes the poor patient to land up in various complications leading to maternal morbidity and mortality.

MATERIAL AND METHODS

- This study is prospective observational study carried out in pt. JNM Medical college and Dr. Bhim Rao Ambedkar hospital. 125 cases presented to hospital after self-administrating abortion pills between period of January 2020 – December 2020, their outcomes and management were recorded and analysed.
- The following data was collected, age , marital status, parity, duration of pregnancy, duration between pill intake and visit to hospital, gestational age, usg findings, Hb level at admission, condition of patient on admission and management they underwent.

RESULTS:

We have taken 125 cases of self-abortifacient intake and analysis are as follows.

Table 1. Demographic data

Age group (years)	No. of subject	Percentage
<18 yr	5	4
18-20 yr	13	10.4
21 – 25 yr	45	36.0
26 – 30 yr	13	10.4
31 -35 yr	14	11.2
36 -40 yr	4	3.2
>45yr	4	3.2
Occupation	No. of subject	Percentage
Home maker	115	92.0
Private job	1	0.8
Student	9	7.2
Education	No. of subject	Percentage
Illiterate	17	13.6
Primary	9	7.2
Secondary	12	9.6
Higher Secondary	77	61.6
Graduate	4	3.2
Post graduate	6	4.8
Socioeconomic status	No. of subject	Percentage
Upper lower class	74	59.2
Lower middle class	47	37.6
Upper middle class	4	3.2

In our study 4% females were minor out of which youngest was of 16 yr and 7% females were unmarried. Maximum pt. 45(36%) were between age group 21-25yr. 61% pt. have studied till 12th. 92% females were homemaker. Maximum pt. 74 (59%) belongs to upper lower class of socioeconomic status.

Table no. 2 gestational age at time of consumption of pills

Gestational age at time of intake	No. of subject	Percentage
<7weeks	11	8.8
7-9 weeks	21	16.8
9- 12 weeks	32	25.6
>12 weeks	61	48.8

As shown in table 2, 93 (79%) pt. took medicine after 9 weeks of gestational age, whereas medical abortion is successful upto 7 weeks of gestation according to MTP act.

Table no. 3 Duration from consumption of abortion pills before admission to hospital

Weeks from taking pill to hospital visit	No. of subject	Percentage
<1 week	58	46.4
1-4 weeks	33	26.4
4weeks- 8 weeks	12	9.6
8 weeks – 12 weeks	14	11.2
> 12 weeks	8	6.4

Majority of pt. 58 (46%) presented to hospital within 1 week of consumption of pills.

Table no. 4 complaints with which pt. presented to hospital

Chief Complaint	No. of subject	Percentage
Pain in abdomen	27	21.6
Bleeding per vaginum	115	92
Passage of products of conception	13	10.4
Fainting	6	4.8
generalised weakness	6	4.8

* Few subjected presented with more than one chief complaint.

Maximum pt. presented with chief complain of bleeding per vaginum, and many patients presented with more than 1 complain.

Table no. 5 Haemoglobin level at admission

Heamoglobin	No. of subject	Percentage
<7	27	21.6
7-9.9	42	33.6
10-10.9	29	23.2
>11	23	18.4

27 pt. presented with severe anaemia and required blood transfusion. 15 pt. had haemoglobin <5gm% at time of admission

Table no. 6 Radiological finding of subject in study population

Usg findings	No. of subject	Percentage
No RPOC	9	7.2
<10 RPOC	50	40
10-15 RPOC	13	10.4
>16 RPOC	29	23.2
Missed abortion	3	2.4
SLIUF	18	14.4
Rupture uterus	1	0.8
Uterine perforation	1	0.8

Ruptured ectopic pregnancy	1	0.8
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9 pt. presented with no RPOC had complete abortion , all of them took complete course before 7 weeks and correct manner. 18 (14%) pt. came with single live intrauterine fetus because either they took underdose or they took medicine after 9 weeks of pregnancy. One patient had intervention In form of D and C elsewhere presented in shock and in usg got to know about uterine perforation.

Table no. 7 outcome and management of pt. after taking abortion pills

Outcome	No. of subject	Percentage	Management
Incomplete Abortion	85	62.15	Medical management- 33 Blood transfusion- 1 Medical management with blood transfusion- 13 Evacuation- 27 Evacuation with blood transfusion- 11
Complete Abortion	7	5.6	No intervention only antibiotics given
Failed abortion	18	14.4	No intervention- 7 Tab misoprostol followed by evacuation – 10 Tab misoprostol and blood transfusion – 1
Incomplete Abortion with sepsis	8	6.4	Medical management with blood transfusion- 3 Evacuation- 1 Evacuation with blood transfusion- 4
Incomplete Abortion with shock	7	5.6	Evacuation with blood transfusion- 4 Exploratory laparotomy with blood transfusion- 3

DISCUSSION

In our country like India awareness regarding abortion pills is dismal due to many reasons such as illiteracy, poverty, belief system, desire to limit family size and spacing pregnancy. Easy availability of abortion pills lead to unguided rampant use of these pills which in return leads to various complications such as incomplete abortion, failed abortion or incomplete abortion with sepsis or shock or with anaemia.

In our study 125 women were evaluated for the maternal outcome associated with self-medication of abortion pills and observed that mean age of women presented to our hospital is 27.93 ± 6.32 year which is similar to the others studies [10] this may be due to the fact that this is the most fertile period of the reproductive age group and early marriage and child birth are prevailing in this part of the world. Majority of subjects who took self abortion pills were between 21-25 years (36%) similar to various other studies, this shows that younger women are frequently taking self-medication for abortion than older women, which may be due to lack decision making, early pregnancy and motivation by spouse and family members.

The leading cause of high rate of self administration of abortion pills is illiteracy, unemployment and poverty. In our study majority of women were home maker (92%) which might decrease the exposure of women's knowledge of modern medical science and recent advances in medical sciences. To our knowledge our study was the first of its type which accounted for occupation of study subjects. We did not find any similar article in English literature which gives any information of occupation among the women who is taking self-abortion pills.

In present study of 125 women who took self intake of abortion pills 59.2% study subject belongs to upper lower class and 37.6% of study subject belongs to lower middle class. Our study showed similar result with Pandey D et al and Shankaraiah RH et al, in which 40% and 39.8% of their patient belongs to lower middle class. Unwanted pregnancy and don't want children due to poor economy status is the major cause of intake of self-abortion pills.

Psychologically abortion is still considered a filthy word in Indian families and most of women have fear of exposure, hospital visit, might need surgery, lack of adequate information about legality and availability of safe abortion which lead them to consume self abortion pills(14). Under MTP Amendment Act, pharmacists are only supposed to sell medical abortifacients by prescription(31). But it doesn't happen always.

As per MTP Act of India, 7 week is safe upper gestation age limit for safe medical abortion, but as per our study 8.8% of study subject took the pills at correct gestational age. This highlights the fact that most women are not aware of correct time and correct protocol of abortion pills and takes abortion pills irrespective of gestational age, 25% of subject are taking pills between 9-12 weeks similar to study of Munshi KS et al where 32.5% subject are taking pills between 9-12 weeks. Which shows that maximum pt. were unaware of their pregnancy before, missing of period for 1 month is usually taken likely in Indian scenario.

In the present study most of the study subject (46.4%) attended hospital within one week from the date of abortion pills intake and 26.4% of study subject were presented within 1 month. This similar to Nivedita study where 47% pt. attended hospital within one week. This reflects the fact that the patients who had taken self-abortion pills they don't know what to expect following self-administration of abortion pills and they rushes to the hospital with complaint of excessive bleeding per vagina.

Because of unsupervised intake of abortion pills and in irrational scheduled manner led to heavy menstrual bleeding along with pain and passage of fleshy mass, this is common complain pt. presented with. In our study 92% pt. presented with bleeding per vaginum which is similar to study of jeethani m et al where 45 % i.e. maximum pt. presented with complain of bleeding per vaginum, which leads to anaemia, very severe anaemia, shock , sepsis etc.prevalence of anaemia in pregnant women is almost 87% in our country and estimated maternal death due to anaemia is 22000/ year

The failure rate of any medical abortion on ongoing pregnancy should be less then 1% when taken in correct gestational age and in correct manner but in our study 49.6% pt. landed in incomplete abortion. Unsupervised abortion pills intakes in irregular manner without any idea of complications in young women also contribute the drug failure among the study subjects. Ideally USG should be done prior to intake of abortion pills to localize and confirm gestation sac, but none of the patient had done ultrasonography before intake of abortion pills , all the radiological investigations were done in our hospital after admission of the patients. This leads to serious complications like ectopic rupture, scar rupture in pt. who had undergone previous LSCS. In our study 6% presented with incomplete abortion with sepsis ,5% presented with incomplete abortion with shock and 14.4% with failed abortion whereas only 5.6% presented with complete abortion , this shows the importance of gestational age at time of taking pills and also correct schedule of pill intake.

In failed abortion 7 subjects were advised to continue pregnancy as they have crossed first trimester and have not taken complete course of pills, they were followed up and none of them shown any congenital anomaly , rest 11 pt. were evacuated due to risk of teratogenicity (moebius syndrome) with misoprostol intake.

In our study 34% pt. are medically managed , 37% pt. are surgically evacuated which vary pt. to pt. , anaemia status , amount of RPOC etc. none of the study tells which is better management method surgical or medical, it depends on condition of pt. and rationale of treating doctor. In our study we encountered 1 case of uterine perforation who underwent intervention In form of D and C elsewhere presented in shock , she took unprescribed abortion pills prior to these complications. And in 1 hysterectomy was done after scar rupture both of them presented in shock and resuscitative measures were taken. and 1 pt. had encountered rupture ectopic pregnancy after abortifacient intake.

On analysis we found that society is unaware of grave complications and find it shy to reach hospital for abortion , many of them are doing it hideously and don't want to report hospital. The reason for this attitude are lack of education, awareness regarding morbidity and mortality , and easy availability of drugs over the counter, and also the necessities to maintain secrecy,

and lastly cost involve in attaining this service, therefore MTP training is been given to medical officers in periphery and abortion is made essential service in PHC ,CHC also to avoid these complications.

CONCLUSION

- Abortion pills should be banned as over the counter drug, strict surveillance is required for the same.
- It should reach to public only through approved MTP Centers after prescription
- Society need to be educated for risk of self-intake of abortion pills and there dangerous consequences, MTP should be done under strict vigilance.

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