

Complications of First Trimester Medical Termination of Pregnancy in a District Hospital-A Prospective Study

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Abstract

Introduction: MTP is common procedure done by trained medical professionals under certain circumstances as per MTP rules and guideline. But it has certain complication and data about complication are not fully available. According to the first national study of the incidence of abortion and unintended pregnancy in India, an estimated 15.6 million abortions were performed in the country in 2015.

Materials and Methods: This study was conducted in 100 patients (29 on OPD basis, 71 indoor) coming to District Hospital, Ranchi attending OPD (including emergency OPD) and IPD during January 2016 to January 2019 after MTP. This Study also included maternal mortality among all women participated in the study. During the study period abortion records were collected prospectively. Data collected included the number of previous induced and spontaneous abortions, parity, length of current pregnancy, results of bacterial screening, prescribed antibiotic treatment, and the chosen abortion method. Women were followed through the patient records system to determine the rate of complications. All patients who had a visit with a doctor at the gynecological clinic within 30 days after the abortion were included. Review of patient records and entered into the spreadsheet as an infection, bleeding, incomplete abortion, or other.

Results: A total of 100 cases included in study attended OPD (including emergency OPD) and IPD during study period. All cases were eligible for inclusion in the study. Medical method of abortion (MMA) was the most common method of termination of pregnancy adopted by patient. Prolonged bleeding, anaemia and Incomplete abortion was the common complication related to MTP and manual vacuum aspiration was done in majority of cases to manage incomplete abortion in our hospital setting.

Conclusion: The high rate of MTP related morbidity is due to induced abortion continue to be done at inappropriate places using inappropriate methods by person not eligible to do so.

Key words: MTP, Pregnancy, MMA, anaemia

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I. Introduction

MTP is common procedure done by trained medical professionals under certain circumstances as per MTP rules and guideline. But it has certain complication and data about complication are not fully available. According to the first national study of the incidence of abortion and unintended pregnancy in India, an estimated 15.6 million abortions were performed in the country in 2015.¹

This translates to an abortion rate of 47 per 1,000 women aged 15-49, which is similar to the abortion rate in neighbouring South Asian countries. The study published today in "The Lancet Global Health" was conducted jointly by researchers at the International Institute for Population Sciences (IIPS), Mumbai; the population council, New Delhi; and the New York based Guttmacher Institute. It also found that the vast majority of abortions (81%) were achieved using medication abortion (which, in India, is commonly referred to as medical methods of abortion, or MMA) that was obtained either from a health facility or another source.² Fourteen percent of abortions were performed surgically in health facilities, and the remaining 5% of abortions were performed outside of health facilities using other, typically unsafe, methods. Medical termination of pregnancy act-The Indian parliament passed the medical termination of pregnancy (MTP) Act in 1971 with the goal of regulating and ensuring access to safe abortion.³

Data on the provision and quality of contraceptive counselling and services for abortion clients in India is limited. Studies from various settings in India also show that many women (49-96%) want contraceptive methods after an abortion, although evidence suggests that many women receive inadequate or no post abortion contraceptive counselling or services. It is calculated that three out of four unsafe abortions may be eliminated if the need for family planning were fully met.⁴

Incomplete abortion, post abortion sepsis, haemorrhage and genital trauma that reach hospital are the visible consequences of unsafe abortion, these serious complication typically indicate the use of an unsafe method. For every identified hospital case, there are many other women who have had an unsafe abortion, but who do not seek medical care, either because they do not have sufficiently worrying complications or because they fear abuse, ill-treatment or legal reprisals.⁵

The aim of this study was to analyse various complication and causes of this complication following MTP presenting at study hospital.

II. Materials And Methods

This study was conducted in 100 patients (29 on OPD basis, 71 indoor) coming to District Hospital, Ranchi attending OPD (including emergency OPD) and IPD during January 2016 to January 2019 after MTP. This Study also included maternal mortality among all women participated in the study.

During the study period abortion records were collected prospectively. Data collected included the number of previous induced and spontaneous abortions, parity, length of current pregnancy, results of bacterial screening, prescribed antibiotic treatment, and the chosen abortion method. Women were followed through the patient records system to determine the rate of complications. All patients who had a visit with a doctor at the gynecological clinic within 30 days after the abortion were included. Review of patient records and entered into the spreadsheet as an infection, bleeding, incomplete abortion, or other.

III. Results

During the period of study, there were a total of 100 cases of complication of MTP included in study. All these patients were interviewed for the study.

S.No	Method of termination of pregnancy	Percentage
1	Medical method of abortion without prescription	55%
2	Medical method of abortion with prescription	24%
3	Surgical method (MVA, S and E, D and C)	12%
4	Unknown/ not giving history/lying/ others	9%

Table 1: Method of termination of pregnancy

Table 1 shows - out of these total patients 55 patient took MMA without any prescription of legal practitioner, 24 patients took MMA from recognized/ trained medical professional, 12 patients underwent surgical type of MTP method, and 9 patients took unknown medicine / not giving history/lying/others.

S.No	Patient complaints	Percentage
1	Bleeding PV	86%
2	Pain abdomen	12%
3	Fever	4%
4	Foul smelling discharge	4%

Table 2: Patient complaints

Table 2 shows - a total 86% patient had complaint of bleeding per vaginum, 12% pain abdomen, 4% fever, and 4% foul smelling discharge.

S.No	Complication	Percentage
1	Incomplete abortion	91%
2	Anaemia (Hb >7 gm/dl to 10 gm/dl)	80%
3	Severe anaemia (Hb <7 or equal to gm/dl)	8%
4	Infection	5%
5	Injury to genital tract (i/c uterine perforation or any)	2%
6	Septic shock	0%

7	Hypovolemic shock	2%
8	Other	0%

Table 3: Post abortion complication

A total 91% patient had incomplete abortion (most common), 5% infection, 2% had injury to genital tract, and 2% hypovolemic shock. Incomplete abortion is most common type of post abortion complication. 8% patient had haemoglobin level of <7 gm/dl, anaemia in these patients may be due to pre-existing anemia or due to prolonged/excessive bleeding.

S.No	Management	Percentage
1	Evacuation by MVA	92%
2	Managed by medical method	8%
3	Antibiotic oral	86%
4	Antibiotic intravenous	14%
5	Blood and blood products	10%
6	Inj. iron sucrose	35%
7	Intravenous fluid	5%
8	ICU admission	2%

Table 4: Various mode of management

Manual vacuum aspiration (MVA), a portable, nonelectric device for uterine evacuation, was used to manage 92% of women admitted with incomplete abortions. Sharp curettage was not done in any patient. 8% patient managed with medical management. All patient received analgesic for pain relief. 86% patient received oral antibiotic and in 14% authors need injectable antibiotic to manage post abortion complication like septicaemia. 10% women treated with blood and blood products. No any patient needs laparotomy/hysterectomy during study period. Maternal mortality due to unsafe abortion during study period is nil in this study cases.

IV. Discussion

During the period of study, there were a total of 100 cases of complication of MTP included in study. All these patients were interviewed for the study.⁶

Similar studies by Adanu et al there have been three previous studies on abortion at the Korle-Bu teaching hospital which have studied the epidemiology and complications of induced abortions showed high rates of medical abortion with prescription. Ampofo and Lassey showed that the majority of women had undergone medical method of abortions.⁷

Adanu et al had similar results, wherein they showed high rates of patient complications as bleeding per vaginal followed by pain abdomen and foul-smelling discharge.⁸ Ampofo and Lassey showed that the majority of women had undergone medical method of abortions had bleeding per vaginal and foul-smelling discharge.⁹

Similarly, in a study by Carlsson et al the main finding after compiling the results was an increasing number of complications after medical abortions. Incomplete abortions were found to be the most common complication. Concerning medical abortions >12 weeks and surgical abortions, it has been difficult to discern whether there are any trends since the numbers of medical abortions >12 weeks and surgical abortions are low and the cases of complications are few.¹⁰

V. Conclusion

Nearly 79% patient of who came with MTP complication took medicines for termination of pregnancy and out of which 69% patient took medicine/pill without any prescription.

Majority of users of MTP purchase the medication from chemists or other informal vendors and receive limited or inaccurate information without counseling. Inappropriate use of MTP kit, unapproved drug, ineffective drug, taking approved drug incorrectly all these contribute to post abortion complication.

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