

Indiscriminate Use of MTP Pills: A Women's Health Hazard

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Abstract

Aim: To study the complications and consequences including maternal morbidity and mortality following indiscriminate self-consumption of abortion pills reporting to our center.

Methodology : This is an observational study conducted at Mahila Chikitsalaya, Jaipur between October 2013 to September 2014 for 12 months. After applying inclusion and exclusion criteria, 50 women were studied. This study is undertaken with the objective of studying the demographic features, various clinical features, complications, various management approaches, maternal morbidity and mortality as a consequence of self consumption of MTP pills.

Results: 72% of the patients had incomplete abortion, 10% had blighted ovum, 8% had complete abortion, 2% had rupture ectopic, 2% had rupture uterus. 35 (70%) of the women were anemic requiring blood and blood products transfusion. There were 2 (4%) ICU admissions, 1(2%) case had acute kidney injury and 1(2%) maternal death which was due to haemorrhagic shock.

Keywords: Indiscriminate. Abortion, MTP pills, rupture uterus.

I. Introduction

Abortion is a termination of pregnancy before the period of viability. In India, abortion facility is available legally under MTP act, 1971. Despite this, woman who wants to terminate a pregnancy often ignore the legal status of abortions and have unsafe abortions. The WHO defines unsafe abortion as a procedure for terminating an unwanted pregnancy either by persons lacking minimal medical standards or both [1]. WHO recommends that medical abortion is restricted to early first trimester (up to 63 days since the first day of last menstrual period [2]. Mifepristone (RU 486), an anti-progesterone and Misoprostol, a prostaglandin are recommended safe by United States Food and Drug Administration (USFDA) for medical termination of pregnancy [3]. As per MTP (Medical Termination of Pregnancy) act, 1971 of India, these drugs can be administered only by gynecologists and registered medical practitioners (RMP) recognized for performing MTP up to 49 days since the first day of last menstrual period [4]. The medical abortion carries a very high success rate of 93-98% if they are used judiciously, that is, after proper assessment of gestation age and health of the patient [5].

Federation of Obstetrics and Gynecological Societies of India (FOGSI) recommends close monitoring of distribution of these drugs and the medical profession and pharmaceutical company should exercise due diligence in the promotion and usage of these drugs [6]. Despite this, it has been perceived by society that medical abortions are extremely safe option even in the hands of untrained person, leading to over-the-counter dispensing and possible increase in unsupervised terminations and life threatening complications [7]. Being a tertiary care center, we come across many cases of self medication with abortion pills leading to many complications causing maternal morbidity and mortality.

II. Methodology

This is an observational study conducted at Mahila Chikitsalaya, Jaipur between October 2013 to September 2014 for 12 months. This study is undertaken with the objective of studying the demographic features, various clinical features, complications, various management approaches, maternal morbidity and mortality as a consequence of self consumption of MTP pills.

All 50 women who reported to our hospital after indiscriminate self-consumption (purchased over the counter by self/family member without medical guidance and supervision) of abortion pills are included in this study. Women who consumed MTP pills under guidance of registered medical practitioner and reporting to us with complications and women who have undergone any surgical intervention after consumption of MTP pills at any other health center and reported to us are excluded from the study.

History regarding previous pregnancies, gestational age at which MTP pills are taken and present complaints are taken. On admission, detailed general, systemic and obstetric examination and routine investigations were done in all women. Presence of retained products, incomplete abortion and ruptured ectopic pregnancy are documented after ultrasound examination. Degree of pallor, rise in body temperature, signs

of shock and presence of acute abdomen were noted. Management methods of all the complications, ICU admissions, need for blood and blood products transfusion and development of complications such as DIC (disseminated intravascular coagulopathy), acute kidney injury and maternal death are noted.

III. Results

A total of 50 cases were studied. 64% of the women are within 30 years of age. 3 patients in this study were unmarried. There were 4 (8%) primi, 13 (26%) were second gravidas, 25 (50%) third gravidas and 8 (16%) were multigravida in the study group. About 66% women were gravida 3 or more indicating that MTP pills consumption might be to get rid of unwanted pregnancy. Twenty (40%) cases had consumed pills before 7 weeks of pregnancy, twenty six (52%) had consumed between 7 and 12 weeks, and 4 (8%) had consumed between 13 and 20 weeks. Thirty five (70%) cases had confirmed their pregnancy by getting a positive pregnancy test and 11 (22%) by a positive pelvic ultrasound examination before consuming the pills, whereas 4 (8%) cases had neither of the test done and had consumed the pill on the presumptive self diagnosis of pregnancy. 25 (50%) has not followed the recommended schedule or dosage of the regimen. Excessive bleeding per vagina (70%) is the most common presenting symptom followed by pain abdomen (12%). All women except 1 case was subjected to ultrasound examination after admission. 1 case of rupture uterus was not subjected to ultrasound examination. On ultrasound, 72% of the patients had incomplete abortion while 10% had blighted ovum. 35 (70%) of the women were anemic requiring blood and blood products transfusion. 26 (52%) of the women required one unit transfusion whereas 8 (16%) of the women required more than one unit transfusion. In cases with incomplete abortion, missed abortion and blighted ovum instrumental evacuation was done. Those with rupture ectopic underwent laparotomy and partial salpingectomy. There were 2 (4%) ICU admissions, 1 (2%) case had acute kidney injury and 1 (2%) maternal death which was due to haemorrhagic shock.

Table 1 : Age distribution

Serial no.	Age (years)	No. of patients	Percentage
1.	<20	3	6
2.	21-25	12	24
3.	26-30	17	34
4.	31-35	13	26
5.	>36	5	10

Table 2: Gravidity

Serial no.	Gravida	No. of patients	Percentage
1.	1	4	8
2.	2	13	26
3.	3	25	50
4.	>3	8	16

Table 3: Gestation age at which pills were consumed

Serial no.	Gestation age (weeks)	No. of patients	Percentage
1.	<7	20	40
2.	7-12	26	52
3.	13-20	4	8

Table 4: Clinical features at presentation

Serial no.	Clinical features	No. of patients	Percentage
1.	Bleeding PV	35	70
2.	Pain abdomen	6	12
3.	Ultrasound report of retained products	5	10
4.	Infection/ sepsis	2	4
5.	Shock	1	2
6.	Ruptured ectopic	1	2

Table 5: Ultrasound examination findings

Serial no.	Ultrasound findings	No. of patients	Percentage
1.	Incomplete abortion	36	72
2.	Complete abortion	4	8
3.	Blighted ovum	5	10

4.	Missed abortion	2	4
5.	Live gestation	1	2
6.	Ruptured ectopic	1	2
7.	Not subjected to ultrasound examination	1	2

Table 6: Complications

Serial no.	Complications	No. of patients	Percentage
1.	Anemia	35	70
2.	Sepsis	1	2
3.	Rupture uterus	1	2
4.	Rupture ectopic	1	2

IV. Discussion

All women in this study easily procured the drugs over the counter at local pharmaceutical shops without prior checkup at a healthcare facility. Drug administration was not supervised, and there was no adherence to the recommended schedule in most of the cases. Few women even denied the procurement of drug initially. As per the guidelines, medical termination of pregnancy should be offered to women seeking termination of pregnancy up to 7 weeks. These women should be of right frame of mind and must be prepared for at least 3 follow-up visits to health care facility.

In this study, 6% women were unmarried and about 66% women were gravida 3 or more; both data indicate that MTP pills consumption might be to get rid of unwanted pregnancy. Excessive bleeding per vagina (70%) is the most common presenting symptom followed by pain abdomen (12%). Similar results are also reported by Thacker et al. [4] (89.1%). Twenty (40%) cases had consumed pills before 7 weeks of pregnancy which is a recommended period for medical termination of pregnancy. Thirty (60%) had consumed beyond this period of gestation, and 25(50%) has not followed the recommended schedule or dosage of the regimen. This is similar to Thacker et al. [4] and Tran et al. [8]. On ultrasound, only 8% had complete abortion while 72% of the patients had incomplete abortion, 20% had blighted ovum, missed abortion, continuation of pregnancy or rupture ectopic. All 4 patients of complete abortion has taken pills before 7 weeks and came to us with slight bleeding per vagina. There was 1 case of rupture ectopic which underwent laparotomy and partial salphingectomy. This patient neither undergone clinical examination nor ultrasound evaluation before consumption of MTP pills. Similar results are found in the study conducted by Debnath et al. [9].

35 (70%) of the women were anemic requiring blood and blood products transfusion. 26 (52%) of the women required one unit transfusion whereas 8 (16%) of the women required more than one unit transfusion. In a study by Deshpande et al. [10], no women required a blood transfusion when drugs are given under medical supervision. One patient had post abortal sepsis which responded to higher antibiotics. There was one case of rupture uterus which was 18 weeks of gestation with two prior caesarean delivery with shock for which hysterectomy was done. There were 2 (4%) ICU admissions among which one was due to haemorrhagic shock and another was due to septicemia. 1(2%) case had acute kidney injury secondary to haemorrhage requiring dialysis. There was 1 (2%) maternal death which was 3 gravida with two and half month amenorrhea had consumed MTP pills 14 days prior and was bleeding for 10 days reported to us with incomplete abortion with irreversible haemorrhagic shock. The patient died within 3 hours of admission.

V. Conclusion

This study shows urgent need for legislation and restriction of drugs used for medical termination of pregnancy. Drugs should be made available via health care facilities under supervision to reduce maternal mortality and morbidity due to indiscriminate use of these pills. In the event of suspicion of ectopic pregnancy on clinical examination, ultrasound examination is recommended prior to drug administration.

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