Research Article

Scenario of Self Medication for Medical Abortion in a Tertiary Care Centre

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ABSTRACT

Medical termination of pregnancy has been legalised in India for over 40 years, yet more than half of all abortions are unsafe. Medical abortion pill is well effective in early weeks of pregnancy .Despite all the regulation, it has been perceived by the society that, medical abortions are extremely safe option. But it is safe only when it is used under medical supervision. Self-administration for abortion is highly dangerous if neglected or concealed. Our study aims at finding out the magnitude and outcome of self-medication of abortion pills. This is a prospective observational study conducted in Institute of Medical Science and SUM hospital Bhubaneswar, Odisha from January 2015-December 2015. This study included total 204 number of cases with a history of self-medication of mifepristone and misoprostol who presented to the hospital with some complication. The data were statistically analysed. In our study period, total 204 cases of women with a history of self-medication of medical abortion pill, presented to hospital with some complication. The most frequent complaint was irregular bleeding and retained product of conception (54.9%). The majority of patients were within the age group of 20-30 yrs (66.2%) and 55.39% cases were second gravida.63.7% cases had taken incomplete dose. Laparatomy was required in 5 cases (2.3%). Blood transfusion was required in 45 cases (22%). 68.6% cases required minor surgical intervention like suction and evacuation. Medical abortion pill is an effective method for termination of early pregnancy but it is safe only if it is taken under medical supervision. Self medication and over the counter (OTC) selling of these pills should be restricted.

Keywords: medical abortion pill, self-medication, unsafe abortion.

INTRODUCTION

Medical abortion pills have revolutionised the freedom of woman in her decision for abortion[1]. Medical abortion means the termination of pregnancy with medical abortion pills (MAP) which is today highly preferred to surgical methods. In India 6.4 million abortions are performed annually and 8-20% of all maternal deaths are due to unsafe abortion[2,3]. According to WHO unsafe abortion is that which is not provided through approved facilities and or person[4]. WHO-CCR in human reproduction, All India Institute Of Medical Science in collaboration with ministry of health and Family Welfare Govt of India and Indian Council Of Medical Research have prepared the guidelines for medical abortion in India. This guideline advocates the use of combo-pack of 1 Tab Mifepristone (200mg) plus 4 tablets of Misoprostol (200µgm each) for termination of pregnancy up to 63 days of gestation[5]. Only registered medical practitioners (RMP) as prescribed by MTP act are authorised to prescribe MAP for medical abortion. The RMP should have access to a place approved by the Government for surgical and emergency backup if needed.

Despite all these guidelines MAP are widely being sold without medical prescription by the chemist over the counter. Self-medication of these drugs in India is on the rise especially in the rural areas where access to medical services is poor[6,7]. Such unsupervised terminations can lead to hazardous effect on the health of women.

Aims and Objectives

This study aims to find out the magnitude of self intake of MAP, its efficacy, drawbacks and the factors that lead women to choose such unsafe methods of abortion that can jeopardise their health.

MATERIALS AND METHODS

This is a prospective observational study conducted in Institute Of Medical Science and SUM hospital Bhubaneswar, Odisha from January 2015-December 2015. Total 204 cases were analysed in the study. The patients who came with complication after administration of MAP without any medical prescription were included in the study. Detailed history regarding demography, dosage of drug intake and gestational age at which MAP was taken were recorded. All the cases were evaluated for the reason for termination and complain at the time of admission. All patients were examined and investigated thoroughly. Each case was managed as required. The data were analysed statistically.

OBSERVATION

Table 1: Demography

Demography	No. of Cases (N=204)	Percentage (%)
Age		
<20 years	35	17.1
20-30 years	135	66.1

30-40 years	34	16.6
Marital status		
Married	190	93.1
Unmarried	14	6.8
Education		
Below matriculation	105	51.4
Matriculate and above	99	48.5
Gravida		
Gravida-1	62	30.3
Gravida-2	113	55.3
Gravida-3 and more	29	14.2
Gestational age		
<8wk	68	33.3
8-12wk	109	53.4
12wk	27	13.2

Table 2: Dose of Map Taken

Dose	No. of Patients (N=204)	Percentage (%)
Complete dose	74	36.2
Incomplete dose	130	63.7

Table 3: Presenting Complain

Complain	No. of Patients (N=204)	Percentage (%)
Irregular bleeding with retained products	112	54.9
Heavy bleeding	62	30.3
Pain abdomen	18	8.8
Signs of sepsis	4	1.9
Non expulsion of products of conception	8	3.9

Table 4: Management

Procedure	No. of Patients (N=204)	Percentage (%)
Suction evacuation	140	68.6
Blood transfusion	45	22.0
Repeat medical therapy	30	14.7
Laparotomy for ectopic	4	1.9
Hysterectomy for rupture uterus	1	0.4
Sepsis management	4	1.9

RESULTS

Total number of 204 patients within a period of one year was included in our study. Maximum no of patients that is 135(66.2%) belong to 20-30 years of age group. only 14(6.8%) patients were unmarried.51.4% patients were below matriculation. Our demographic profile shows 55.3% cases belongs to second gravida and the 109 cases (53.4%) took the MAP at 8-12wks of gestation.

Table 2 shows majority of cases that is 63.7% (130) cases did not take the complete dose of the MAP. Table 3 shows the main complain for which the patient reported and it reveals that irregular bleeding and retained products of conception is the most common presentation (54.9%). 4 cases reported with septicaemia.

3.9% cases did not respond to the MAP. In the management (Table 4) suction and evacuation was done in 140 (68.6%) cases. 45 cases (22%) cases required blood transfusion. laparatomy was done in 4cases of ectopic pregnancy due to its rupture after intake of MAP.

One patient needed hysterectomy due to ruptured uterus.14.7% cases required repeat medical therapy.

DISCUSSION

In India MTP act was passed in 1971 to prevent unsafe and illegal abortion. But even after a long time there are unsafe abortions.2002 amendment to the MTP act approved the use of combined mifepristone and misoprostol regimen as legal medical method for termination of early pregnancy. The guidelines for medical abortion in India have been prepared by WHO – CCR in human reproduction, All India Institute of Medical Sciences in collaboration with Ministry of Health &family Welfare, Government of India and Indian council of Medical Research.[8]

Only the Obstetrician and gynaecologist and registered medical practitioner as defined by MTP act, can prescribe the MAP and the patients should be able to understand the instructions. The patient counselling regarding the follow up and requirement of surgical procedure if required should be done. Thorough clinical examination and investigation is required before prescribing the MAP.MAP. But the main problem with the MAP is that it is available over the counter (OTC). The women of rural area and illiterate patients are purchasing this pill over the counter and taking MAP without any medical supervision.

There were 204 number of cases in our study out of which 51.4 % cases are below matriculate. Majority cases are married (93.1%).

In 13.2% cases MAP was used for abortion after 12 wks of gestation.

The availability of MAP through chemists is very rampant in India. Studies suggest that whenever there is an unwanted pregnancy, many women in India try to terminate the pregnancy on their own, by purchasing MAP over the counter without a prescription[9].

Most frequent complain for coming to hospital was irregular bleeding and retained product of conception (54.9%). Bleeding ,sepsis, and drug failure were found

more in women taking self medication than with doctor's prescription[10,11,12]. Catastrophic conditions like ruptured ectopic pregnancy, ruptured uterus were also observed in our study in 1.9 and 0.4% cases respectively.

Hence medical abortion needs strict vigilance and immediate access to medical help to control morbidity and mortality.

CONCLUSION

This study being conducted in a medical college which is a tertiary level hospital, the result reflects only the tip of the iceberg. Large scale studies are required to assess the burden of the problem in the society. But this study can aware us regarding the inadvertent self-administration of misoprostol and mifepristone and its complication. To minimise this problem the patients and the chemist should know that MAP should be used only under medical supervision.

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