

SELF-MEDICATION OF ABORTIFACIENT AGENT AND ITS IMPACT ON WOMEN'S HEALTH- AN EXPERIENCE IN A GOVERNMENT MEDICAL COLLEGE OF WEST BENGAL

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ABSTRACT

BACKGROUND

Self-medication or medication by untrained person for termination of unwanted pregnancy is commonly practiced among women of child bearing age group. This study was undertaken to observe the consequences of self-medication of abortifacient agent on women's health reporting to a Government Medical College.

MATERIALS AND METHODS

This is an observational study conducted at Midnapore Medical College from January 2016 to June 2017. After applying inclusion and exclusion criteria, 102 women were selected with respect to age, parity, period of gestation, clinical features at presentation, ultrasonography findings, complications and management they received. Analysis was also done with respect to surgical interventions, need for blood transfusion and maternal mortality.

RESULTS

In this study, 77 cases (75.4%) were diagnosed as incomplete abortion (8 cases clinically and 69 cases ultrasonographically). 15 cases (14.7%) of complete abortion, 5 cases (4.9%) of missed abortion, 3 cases (2.9%) of live gestation and 2 cases (1.9%) of ruptured ectopic pregnancy were recorded. 15 cases (14.7%) received blood transfusion and 2 cases (2%) required intensive care unit (ICU) admission. Fortunately, no maternal death was reported in the study group.

CONCLUSION

Reproductive health protection and care is every woman's right. Awareness on contraception is must for all. This study shows urgent need for legislation and restriction of drugs used for medical termination of pregnancy. Availability of abortifacient drugs directly from hospital/ practitioners who are qualified under Medical Termination of Pregnancy (MTP) Acts may reduce complication of these drugs.

KEY WORDS

Self-Medication, Abortifacient, Abortion.

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BACKGROUND

Induced abortion is a voluntary termination of pregnancy before the period of viability. Abortions are performed for various indications that include social, economic or emotional reasons. In India abortion facility is available legally under the Medical Termination of Pregnancy (MTP) Act 1971. As per this act, MTP by medications can only be performed by gynaecologists and registered medical practitioners (RMP) recognised for performing MTPs up to 49 days since first day of last menstrual period (LMP).^[1,2] Unfortunately, in India a large portion of women who want to terminate pregnancy use unsafe measure.

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The World Health Organisation (WHO) defines unsafe abortion as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking minimal medical standards or both.^[3] Antiprogesterone drugs such as mifepristone (RU 486) and prostaglandins like misoprostol have been approved by United States Food and Drugs Administration (USFDA) for medical abortion.^[4] WHO recommendations on medical abortion are restricted to early first trimester (up to 63 days since first day of LMP).^[5] The medical abortion carries a very high rate of success (93 - 98%), if they are used judiciously such as after properly assessing the gestational age as well as health of the patient.^[6,7] Federation of Obstetrics and Gynaecological Societies of India (FOGSI) recommends close monitoring on distribution of these drugs and medical professional and pharmaceutical industry should exercise due diligence in the promotion and usage of drugs that are used for medical abortion.^[8] Despite this, it has been perceived by the society that medical abortions are extremely safe even in hands of untrained personnel, leading to over-the-counter dispensing and possible increase in unsupervised terminations of pregnancy and life-threatening complications.^[9] In the present study, we want to highlight

the consequences of self-medication of these abortifacient agents. The term self-medication is applied when patient, her husband, her friend or her relative has bought the abortifacient agents (for the patient) over-the-counter without medical guidance/ supervision/ prescription.

MATERIALS AND METHODS

After obtaining ethical committee clearance, an observational study was conducted at Midnapore Medical College, Midnapore from January 2016 to June 2017 for 18 months. The study was conducted with the objective of studying various demographic features, clinical features at presentation, complications, management of the study women received, maternal morbidity and mortality as a consequence of self-medication of abortifacient agents.

Total 102 women who were admitted in our department through emergency or outpatient department (OPD) with various clinical features after consumption of abortifacient agents purchased by self/ husband/ relative over-the-counter without medical guidance/ supervision/ prescription were included in the study. Women who had consumed abortifacient agents after consulting a registered medical practitioner and reported to us with complications and women who have undergone any surgical intervention after pill consumption in other health care centres before reporting to this medical college were excluded from this study. Detailed history regarding previous pregnancies, gestational age at which abortifacient agents were consumed and on admission complaints was noted. On admission detailed general survey, systemic and obstetrics examination were done in all patients. Routine blood investigation, particularly haemoglobin (Hb%) was done in all cases and pelvic ultrasonography (USG) was done where indicated. Features of sepsis, shock, acute abdomen and severity of pallor were noted. Management of all the complications, intensive care unit (ICU) admissions, need for blood and blood product transfusions were recorded. Development of complications such as disseminated intravascular coagulation (DIC), acute renal failure, septicaemia and maternal death were also noted. All the data was entered as percentage or mean ± SD as applicable.

RESULTS

Among 102 patients, 63 (61.7%) were within 25 yrs. and 31 (30.4%) were between 26 - 30 yrs. of age (Table 1). There were 11 primigravida (10.8%), 47 second gravida (46%) and 44 women (43.2%) had obstetric score of gravida 3 or more. 46 cases (45%) had consumed pills before 7 weeks of gestation and 56 patients (55%) had consumed between 7 and 12 weeks of pregnancy.

Excessive bleeding per vagina (P/V) with pain in lower abdomen (73.5%) was the most common presenting symptoms followed by passage of fleshy mass (products of conception) in 12.7% of the cases. 12 cases (11.7%) attended emergency as their USG report revealed retained products of conception. Two patients were brought to emergency with features of severe circulatory shock and pallor and clinically diagnosed as ruptured ectopic pregnancy after confirming positive urine for pregnancy test (Table 2).

All the cases were subjected to routine blood including Hb% examination immediately after admission. Almost 85% women were suffering from anaemia. Among them 9 patients

(8.8%) were suffering from severe anaemia and 6 patients (5.6%) were diagnosed to have very severe anaemia.^[10] All those 15 patients required multiple units of blood and blood products transfusion (Table 3).

Out of total 102 cases, 80 patients were subjected to USG examination after admission. 2 cases were clinically diagnosed as ruptured ectopic pregnancy. Incomplete abortion was clinically diagnosed in 8 patients and as they were bleeding severely they were not subjected to USG examination (Table 4).

In cases with incomplete abortions and missed abortions, instrumental evacuation was done. Patients with ruptured ectopic pregnancy had undergone emergency laparotomy and salpingectomy. Those 2 patients received multiple blood product transfusions and also were on critical care support.

Age Distribution (In Years)	Number	Percentage
≤19	16	15.7
20-25	47	46
26-30	31	30.4
31-35	5	4.9
≥36	3	3
Total	102	100

Table 1. Age Distribution

Clinical Features at Presentation	No.	%
Excessive bleeding P/V with pain abdomen	75	73.5
Passage of products of conception (fleshy mass expulsion)	13	12.7
Ultrasound report of retained products	12	11.7
Shock/features of ruptured ectopic pregnancy	2	1.9
Total	102	100

Table 2. Clinical Features at Presentation

Hb% (g/dL)	Number	Percentage
≥11	15	14.7
10-10.9	51	50
7-9.9	21	20.9
4-6.9	9	8.8
≤4	6	5.6
Total	102	100

Table 3. Hb% (g/dL) on admission (WHO 2011)

Ultrasound Findings	Number	Percentage
Incomplete abortion	57	55.9
Complete abortion	15	14.7
Missed abortion	5	4.9
Live gestation	3	2.9
Not subjected to USG examination	22	21.6
Total	102	100

Table 4. Ultrasound Examination Findings

	Thaker et al ⁽¹⁾	Bajwa et al ⁽⁹⁾	Sarojini et al ⁽¹¹⁾	Present Study
No. of patients and study period	37 women/ 1 year	260 women/ 2 years	104 women/ 2 years	102 women/18 months
Presenting complaint	Bleeding P/V 89.1%		Bleeding P/V 69.3%	Bleeding P/V with pain abdomen 73.5%

Ultrasound findings	Incomplete abortion 70.2%	Incomplete abortion 41.5%	Incomplete abortion 72.2%	Incomplete abortion 55.9%
Instrumental evacuation	75.6%		90.4%	83%
Ectopic pregnancy	5.4%	1.15%	1.9%	1.9%
Shock	5.4%	nil	2.9%	1.9%
Sepsis	8.1%	6.54%	4.8%	Nil
Death	2.7%	nil	1.9%	Nil

Table 5. Comparison of Results with Similar Studies

DISCUSSION

Present study highlights the consequences of self-medication of abortifacient agents. All women in this study easily procured the drug over the counter at local pharmaceutical shops without any premedication check-up by gynaecologists or RMP recognised for performing MTP. As per WHO recommendations, medical abortion are restricted upto 7 weeks, but unfortunately in our study > 55% women had consumed the pills beyond the recommended period of gestation.

In this study, 46% women were gravida 2 and 43.2% were gravida 3 or more. This indicates the abortifacient agents were consumed to get rid of unwanted pregnancy. Similar observation was reported by Sarojini et al.^[11]

In our study, most common clinical presentation was bleeding P/V associated with pain in lower abdomen (73.5%). Similar observation was made by Sarojini et al (69.3%) and Thacker et al (89%).^[11,11]

On ultrasound examination only 14.7% had complete abortion, whereas remaining 85.3% had incomplete abortion, missed abortion, continuation of pregnancy or ruptured ectopic. Three cases were diagnosed as live foetus by USG, but after counselling regarding teratogenic effect of abortifacient drugs all women agreed for surgical evacuation. All cases USG diagnosed complete, incomplete and missed abortions as well as 8 clinically diagnosed cases of incomplete abortion had undergone instrumental evacuation.

There were 2 cases of ruptured ectopic pregnancy. Both patients were 2nd gravida with previous full term vaginal delivery. One of the patients had undergone surgical evacuation by a local untrained person suspecting a case of incomplete abortion. Both patients were in 8 weeks of gestation and had neither undergone clinical examination nor USG evaluation before consumption of pills for medical abortion. Incidence of ectopic pregnancy (1.9%) reported by Sarojini et al is similar to present study.^[11]

Incidence of anaemia (75%) reported by Sarojini et al is similar to present study (85%). Fortunately, in our study only 15% women received blood transfusion, whereas 52% women had received one unit blood transfusion and 23% women were administered more than one unit in the study conducted by Sarojini et al.^[11]

In a study conducted on 80,000 patients over 18 months, only 0.01% patients required blood transfusion when the drugs were given under medical supervision.^[12] No patient required blood transfusion when drugs were given under medical supervision in a study conducted by Deshpande et al.^[13]

Table 5 compares present study with previous studies. All the four studies show comparable results.

CONCLUSION

Health care and health protection is every woman's right. All women should be counselled regarding advantages, drawbacks, risks and limitations of different methods of abortion. Government must stop over-the-counter sale of drugs that are used for medical abortion. Drugs should be made available via health care facilities under supervision to reduce maternal morbidity and mortality due to indiscriminate use of abortifacient pills. Training on various regimens for medical abortion and advancement is also required for medical practitioners who are qualified under the MTP Act. In the event of suspicion of ectopic pregnancy on clinical examination, ultrasound examination is recommended prior to administration of abortifacient pills. Prevention of unwanted pregnancy is the best way to prevent unsafe abortion. Hence, awareness on contraceptives and emergency contraception should be encouraged.

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