

**Clinical Study of Second Trimester Abortions in a Tertiary Care Hospital**Anju<sup>1</sup>, Sukham Sandhu<sup>2</sup>, Satinder Pal Kaur<sup>3</sup>, Preetkanwal Sibia<sup>4</sup><sup>1</sup>Associate Professor, Department of Obstetrics & Gynaecology, GMC & Rajindra Hospital, Patiala<sup>2</sup>Junior Resident, Department of Obstetrics & Gynaecology, GMC & Rajindra Hospital, Patiala<sup>3</sup>Associate Professor, Department of Obstetrics & Gynaecology, GMC & Rajindra Hospital, Patiala<sup>4</sup>Professor, Department of Obstetrics & Gynaecology, GMC & Rajindra Hospital, Patiala

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Corresponding author: Dr. Satinder Pal Kaur

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**Abstract:****Objective:** To analyse the demographic profile of women seeking second trimester termination of pregnancy.**Material and Methods:** This prospective observational study included all cases of second trimester termination of pregnancy over a period of one and half years. A detailed history, physical and obstetrical examination was carried along with necessary investigations. Written informed consent and documentation was done.**Results:** Total 112 cases were studied. The prevalence of second trimester abortion in our study was 13.9%. 35.7% of the patients were in the age group of 28-32 years. 51.8% were Sikhs by religion followed by 45.5% Hindus. 67% cases were unbooked and 75.9% were from rural areas. 70.5% were multigravidas out of which 23.3% were grandmultiparas. Out of 70.5% of multigravidas 95.1% were not using any contraceptive.**Conclusion:** Counselling about contraception use should be done. Unmet needs of abortion services should be taken care at all levels of health care. Education about signs and symptoms of pregnancy will promote earlier identification of pregnancy and seeking early care. All health workers must be imparted knowledge about laws of abortion care.**Keywords:** Second Trimester Termination of Pregnancy, Abortion, Second Trimester Abortion.This is an Open Access article that uses a funding model which does not charge readers or their institutions for access and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>) and the Budapest Open Access Initiative (<http://www.budapestopenaccessinitiative.org/read>), which permit unrestricted use, distribution, and reproduction in any medium, provided original work is properly credited.**Introduction**

Second trimester abortion is an important component of comprehensive women's health care. Second trimester abortion defines the miscarriages that happen between 13 weeks and 26 weeks of gestation. [1] In India we used to follow Medical Termination of Pregnancy Act which came into existence in 1971. It's an Act to provide for the termination of certain pregnancies by registered medical practitioners and for matters concerned herewith or incidental thereto.

The upper limit of gestational age according to the Medical Termination of Pregnancy Act 1971 (Act 34 of 1971) up to which termination of pregnancy was done was upto 20 weeks. MTP Amendment Act was passed in 2021 in which upper limit upto which pregnancy can be terminated has been increased to 24 weeks. Also as per the act the upper limit of gestational age shall not apply to the termination of pregnancy where such termination is necessitated by the diagnosis of any of the substantial foetal anomalies diagnosed by the Medical Board consisting of a Gynaecologist, a Paediatrician, a Radiologist and such other members as may be notified in the Official Gazette by the State Government or Union territory. Although the majority of abortions are performed

in the first trimester, there is still a need of second trimester abortion because of delayed diagnosis of fetal anomalies and failure to recognise an undesired pregnancy in the first trimester either due to failure of contraception or non-use of contraception, which all contribute to the continuing need for late abortions. [2,3] Second trimester abortions constitute 10-15% of all induced abortions worldwide but are responsible for two-thirds of all major abortion related complications [4].

A study by Purandare et al revealed the enormous stigma attached to pregnancies amongst unmarried girls in India. A pregnancy in an unmarried girl was perceived to ruin a family's reputation. Family and society even perceived suicide as an acceptable option for pregnant, unmarried young women. In this study, mean gestation at termination was nine weeks for married women and 14 weeks for unmarried girls. 24 % of participants in the study said that parents had beaten them or starved them for prolonged periods [5]. Despite the first trimester abortion facilities available, our institute is receiving many women either desiring or requiring second trimester termination due to failure of contraception, non-use of contraception, late

diagnosis of congenital anomalies, so we have conceptualized this study to analyse the demographic profile of women seeking second trimester termination of pregnancy.

### Material and Methods

This prospective observational study was conducted in the Department of Obstetrics and Gynaecology, Government Medical College and Rajindra Hospital Patiala.

The study included all cases of second trimester termination of pregnancy over a period of one and a half year i.e. April 2021 to September 2022 which reported to the OPD of Dept. of Obstetrics & Gynaecology, GMC & Rajindra Hospital, Patiala.

### Inclusion Criteria

1. Gestational age between 13 weeks to 20 weeks.
2. No regular uterine contractions.

### Exclusion Criteria

1. Period of gestation more than twenty weeks.

2. Heart problems such as angina, valvular disease, arrhythmia which can lead to sudden cardiovascular collapse.
3. Renal, liver or respiratory disease (bronchial asthma is not a contraindication since Misoprostol (PGE1) is a bronchodilator)
4. Current long term systemic corticosteroid therapy.
5. Uncontrolled seizure disorder
6. Chronic adrenal failure.

### Methods

- On arrival, a detailed history was taken.
- A thorough physical & obstetrical examination was carried out along with the necessary investigations.
- An ultrasound was done to confirm the period of gestation and the type of congenital malformation if any.
- Written informed consent, Documentation, filling of Form C, Forms I and II was done and records were maintained.

### Results

**Table 1: Socio demographic characteristics of the participants (n=112)**

Age of respondents	Frequency	Percent
18-22	16	14.3
23-27	37	33.0
28-32	40	35.7
33-37	13	11.6
38-42	6	5.4
Total	112	100

Amongst the 112 patients, the oldest was 42 yrs and the youngest 19 yrs. Majority of the patients were in age group 28-32 years (35.7%), followed by 23-27 years (33%), 18-22 years (14.3%), 33-37 years (11.6%), 38-42 years (5.4%)

**Table 2: Marital status of the patients (n=112)**

Marital status	Frequency	Percent
Single	1	0.9
Married	110	98.2
Separated	1	0.9
Total	112	100

Within this sample, a higher proportion of women (98.2%) were married whereas single and separated only contributed a lesser proportion (0.9%) each.

**Table 3: Booked/Unbooked status of the patients (n=112)**

Variable	Number	Percent
Booked	37	33.0
Unbooked	75	67.0
Total	112	100.0

Among the 112 patients, the majority 75 (67%) were unbooked and 37(33%) were booked patients.

**Table 4: Urban and rural distribution of patients (n=112)**

Locality	Number	Percent
Rural	85	75.9
Urban	27	24.1
Total	112	100

Among the 112 patients, majority 85 (75.9%) belonged to rural areas and 27(24.1%) belonged to urban areas.

**Table 5: Contraception history of patients (n=82)**

Contraception Use	Number	Percent
Yes	4	4.9
No	78	95.1
Total	82	100

Among the 112 patients, 33 were primigravidas and 7 had previous abortions so from the remaining patients n=82, only 4 patients gave history of contraceptive use and majority 78 did not give any history of use of contraceptive.

**Table 6: Gravidity of the patients (n=112)**

Gravidity	Frequency	Percent
1	33	29.5
2	27	24.1
3	26	23.2
4	15	13.4
5	6	5.4
6	3	2.7
7	1	0.9
8	1	0.9
Total	112	100

Out of the 112 patients, majority of the patients were multigravidas 70.5%, out of which grandmultiparas were 23.3% and primigravidas were 29.5%

### Discussion

**Table 1: Prevalence of second trimester abortions**

	Prevalence
Present Study	13.9%
Muyuni et al	15.3%
Amlaku Mulat et al	19.2%

In our study, the prevalence of second trimester abortion was 13.9% which was comparable to similar study by Muyuni et al (6) in which point prevalence was 15.3% and prevalence was 19.2% in a similar study by Amlaku Mulat et al [7].

**Table 2: Most common age of participants**

	Most common age of participants
Present study	28-32 years (35.7%)
Muyuni et al	20-24 years (32%)
Modak et al	20-24 years (27.1%)
Bharti A et al	26-30 years (44%)
Amlaku et al	20-24 years (33.6%)

The most common age of participants in our study was between 28-32 years which was comparable to a similar study by Muyuni et al [6] and Modak et al [8] in which the most common age was 20-24 years and was 26-30 years in a study by Bharti A et al [9] and it was 20-24 years in a study by Amlaku Mulat et al [7].

**Table 3: Urban or rural distribution of patients**

	Rural	Urban
Present study	75.9%	24.1%
Modak et al	10.9%	89.1%
Bharti et al	20%	80%
Amlaku et al	39.4	60.6%

In our study majority of the patients were from rural areas which is different from a similar study by Modak et al [8], Bharti A et al [9], Amlaku Mulat et al [7] in which the majority of patients were from urban areas. The reason for rural distribution may be the rural setup where the approach to health facility for second trimester MTP may not be there and our facility is the catering area for them.

**Table 4: Gravidity of the patients**

	Multigravidas	Primigravidas
Present study	70.5%	29.5%
Muyuni et al	71.7%	28.3%
Modak et al	82.2%	17.8%
Bharti A et al	81%	19%
Amlaku et al	40.4%	59.6%

In our study majority of the women who had second trimester abortions were multigravidas which was comparable to other studies by Muyuni et al [6] and Modak et al [8] and Bharti A et al [9] in which majority of the women were multigravidas and it was different from a study by Amlaku Mulat et al [7] in which majority of the patients were primigravidas as majority of respondents did not plan their pregnancies, most women did not want to lose their job/drop out of school or had unsupportive friend/husband.

**Table 5: Contraceptive history of patients**

	Yes	No
Present study	3.6%	96.4%
Muyuni et al	12%	88%

In our study majority of the patients (96.4%) gave no history of use of any contraceptive which was comparable with a similar study by Muyuni et al [6] in which majority of women (88%) did not give history of usage of contraceptive.

### Conclusion

Counseling about contraception use should be done. Unmet needs of abortion services should be taken care at all levels of health care. Education about signs and symptoms of pregnancy will promote earlier identification of pregnancy and seeking early care. All health workers must be imparted knowledge about laws of abortion care.

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