

Unsupervised Use of Abortion Pills and Its Impact on Woman's HealthShweta Shalini¹, Abhinav Mehrotra², Pallawi Singh³¹Senior Resident, Department of Obstetrics and Gynecology, Sri Krishna Medical College and Hospital, Muzaffarpur, Bihar²Senior Resident, Department of Surgery, Sri Krishna Medical College and Hospital, Muzaffarpur, Bihar³Associate Professor, Department of Obstetrics and Gynecology, Sri Krishna Medical College and Hospital, Muzaffarpur, Bihar

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Conflict of interest: Nil

Abstract:

Background: The MTP Act of India (1971) permits that abortion pills be prescribed by only registered medical practitioners and not by non-allopathic doctors or by pharmacists. In spite of clear guidelines and recommendations, self-administration of these drugs by pregnant women without any medical consultation or supervision has become highly prevalent due to over the counter availability of these drugs without any prescription.

Methods: 200 patients attending outpatient and emergency department after unsupervised intake of abortion pills (purchased over the counter by self/family member without medical guidance/ supervision) for medical method of medical termination of pregnancy (MTP) willing to participate in the study were included and studied between January 2022 to December 2022. Informed consents were obtained. Women were evaluated on the basis of predesigned proforma. According to the condition of women and complications, treatment and contraceptive advice given were noted.

Results: In the present study, 85% women had incomplete abortion which was very high. 60% women belonged to 21-30 years of age group. 55% consumed MTP pills between 7-9 weeks of gestation. Gravida three women were the most common (25.5%). The most common presenting complain was bleeding per vaginum (78.5%). 1.5% women had history of dilatation and evacuation done before visiting the hospital. All patients had to undergo surgical intervention for definitive treatment, D&E being the most common. Laparotomy was done in 2 women with ruptured ectopic pregnancy. One woman had molar pregnancy for which suction and evacuation was done.

Conclusion: Unsupervised use of abortion pills is rampant due to ignorance and unawareness on the part of women as well as its widespread misuse by the untrained professionals. Restriction of the over-the-counter dispensation of abortion pills needs to be strictly implemented and knowledge of women regarding the unfavourable outcome of MTP pill intake without proper consultation needs to be improved.

Keywords: Abortion Pills, Incomplete Abortion, D&E, Blood Transfusion, Laparotomy.

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Introduction

Medical methods of abortion (MMA) are a method of termination of pregnancy using a combination of drugs (abortion pills- mifepristone and misoprostol). It is noninvasive, does not require hospital settings or anesthesia, effective, safe and feasible alternative to surgical abortion when consumed under medical supervision with a success rate of 93-98%. Clear guidelines have been formulated by organizations like WHO and in India by FOGSI regarding the use of abortion pills. WHO(2012) guidelines indicates the necessity of pre-abortion care for women requesting to confirm pregnancy, to estimate the correct gestational age and to locate the site of pregnancy as either intra or

extra uterine. It also emphasizes the need to obtain a detailed medical history to rule out contraindications for medical abortion such as bleeding disorders, uncontrolled seizure disorder, chronic adrenal failure, etc and the importance of bimanual examination to assess the size of the uterus and a basic laboratory workup. The MTP Act of India (1971) permits that abortion pills be prescribed by only registered medical practitioners and not by non-allopathic doctors, midwives, village practitioners or by pharmacists. WHO(2012) recommends that the person or facility prescribing abortion pills, should have a backup health care facility in case of failed or incomplete

abortion or excessive hemorrhage. The medical abortion carries a very high success rate. But if the medical supervision is not exercised during its use, these pills can prove to be highly fatal. Women rely on medical abortion and consider it as a better method to space the births. The present scenario is such that it is thought to be a domestic method where there is hardly any need for medical consultation or to fulfill any pre-requisite criteria. The ease of over the counter availability of these pills and their reckless administration by the quacks has made the problem worse, subjecting the poor and helpless women folk to a lot of medical problems. In India, unsafe abortion is one of the important cause of increasing maternal morbidity and mortality. It is not only hampering the quality of life of patient and her family but also increasing the economic burden of society and government. The aim of the study was to analyse the percentage of cases of incomplete abortion associated with unsupervised use of abortion pills and its impact on woman's health.

Materials and Methods

Study Design- Prospective Observational Study

Study Area – Department of Obstetrics and Gynecology, Sri Krishna Medical College and Hospital, Muzaffarpur, Bihar

Duration of study – January 2022 to December 2022

Study population – 200 women

Inclusion criteria- Patients attending outpatient and emergency department of Obstetrics and Gynecology in Sri Krishna Medical College and Hospital, Muzaffarpur, with history of unsupervised intake of abortion pills were included in the study.

Exclusion criteria: D&E's done for spontaneous abortion, missed abortion (without history of unsupervised intake of abortion pills), and blighted ovum were excluded.

Method of collection of data: Patients attending outpatient and emergency department after unsupervised intake of abortion pills for medical method of medical termination of pregnancy (MTP) willing to participate in the study were included. Informed consents were obtained. Women were evaluated on the basis of predesigned proforma.

Statistical analysis:

Statistical testing was conducted with the statistical package for the social science version SPSS 17.0. Crosstabs procedure (contingency coefficient test) and Frequency distribution curve were applied in the present study to evaluate the data

Results and Analysis

200 women with history of intake of unsupervised abortion pills were evaluated on different parameters in SKMCH, Bihar. Among these women, the total percentage of cases of incomplete abortion was 85% which was very high. 60% belonged to 21-30 years of age group.

The mean age was 23 years. 55% consumed MTP pills between 7-9 weeks of gestation. Gravida three women were the most common (25.5%). 78.5% women had previous vaginal deliveries. 6.5% women had previous one cesarean delivery and 2.5% women had previous two cesarean deliveries. There was one woman who consumed abortion pills without medical guidance even after having previously three cesarean deliveries indicating that consumption of abortion pills is considered to be a domestic event which do not require any medical supervision.

These women are unaware of the severe complications which they may suffer from, endangering their lives. The most common presenting complain was bleeding per vaginum (78.5%). Most (65.5%) of the women presented to the hospital within one week of consuming the abortion pills. 1.5% women had history of dilatation and evacuation done before visiting the hospital. Based on ultrasound findings, 47% women had incomplete abortion, 8% had missed abortion, 4% had live gestation, 1% had ruptured ectopic pregnancy and 0.5% had molar pregnancy.

Ultrasound was not available in 39.5% women. Based on clinical diagnosis, 38% women had incomplete abortion, 1.5% had septic abortion. Therefore, in total, 85% women had incomplete abortion, 8% had missed abortion, 4% had live gestation, 1.5% had septic abortion 1% had ruptured ectopic pregnancy and 0.5% had molar pregnancy. The most common complication was anemia. All patients had to undergo surgical intervention for definitive treatment, D&E being the most common. Laparotomy was done in 2 women with ruptured ectopic pregnancy.

One woman had molar pregnancy for which suction and evacuation was done. 19% women required blood transfusion and 21% required injectable iron as supportive treatment. 1.5% women required higher antibiotics for the treatment of septicemia 26.5% women were advised permanent sterilization, 25.5% women were advised for IUCD insertion, 33.5% for OCP, 8.5% were advised for progesterone only pills, 4% for injectable progesterone and 2% for condoms. Along with D&E, 15% women underwent BLTL, 18% women had IUCD insertion and 9% women were given injectable progesterone. In the follow up, 3.5% women underwent sterilization and 1.5%

women had IUCD insertion. Women advised for OCP, POP and condom were lost to follow up.

Table 1: Presenting complain at the time of consumption of abortion pills

Presenting complain	Number	Percentage (%)
B/P/V	126	63
Irregular B/P/V	31	15.5
Shock	24	12
Pain Lower Abdomen	16	8
Fever	3	1.5

Table 2: Outcome of unsupervised intake of abortion pills

Outcome	Number	Percentage (%)
Incomplete abortion	170	85
Missed abortion	16	8
Live gestation	8	4
Septic abortion	3	1.5
Ruptured ectopic pregnancy	2	1
Molar pregnancy	1	0.5

Discussion

Unsupervised use of abortion pills by pregnant women has become highly prevalent due to over the counter availability of these drugs without any prescription.

Many women depend on medical abortion and consider it as a method of spacing between pregnancies. Due to unrestricted availability of these drugs, the society considers it to be an extremely safe option to get rid of unwanted pregnancies. Life-threatening complications like excessive hemorrhage, sepsis and deaths due to undiagnosed ectopic pregnancies are not uncommon in women consuming these drugs by themselves.

In the present study, 60% women consuming unsupervised abortion pills belonged to 21-30 years age group which was similar to the findings of Srivastava M et al (2018) of having 65.4% women belonging to 21-30 years age group. 55% women consumed abortion pills without supervision between 7-9 weeks of gestational age which was in agreement with the findings 46.67% and 46.66% of Kumari R et al and Rani A et al respectively.

The most common presenting complain was bleeding per vaginum (78.5%) which was comparable to the findings of Mishra et al (2017) and Nivedita et al (2015) of having 77.07% and 77.5% respectively. In the study done by Kumari R et al, 11.67% women took the pills without undergoing ultrasound examination resulting in ruptured ectopic pregnancy.

In the present study all patients had to undergo surgical intervention, D&E being the most common. Laparotomy was done in 2 women with ruptured ectopic pregnancy. One woman had molar pregnancy for which suction and evacuation was done. In our study, OCP was advised to 33.5%

women which was in agreement with the findings of Bhalla Set al (2018) having 16%.

Conclusion

Unsupervised use of abortion pills is rampant due to ignorance and unawareness on the part of women as well as its widespread misuse by the untrained professionals. 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. This study is also an indicator of unmet need for contraception in the community which must be addressed. Contraceptive methods prevent unwanted pregnancies thereby reducing the need for abortions as well as the side effects and health hazards associated with termination of pregnancy. There is a need for widespread dissemination of information on contraceptive methods in the community. All women of reproductive age visiting the health care facilities should be informed and counselled about the choice of contraception available to prevent unwanted pregnancies.

References

1. Kumari R, Sharma A, Najam R, Singh S, Roy P. Mortality and morbidity associated with illegal use of abortion pill; a prospective study in tertiary care center. *Int J Res Med Sci* 2016; 4: 2598-602.
2. Pandey D, Gupta M, SalhanS, Anlaysia of self-prescribed abortion pill: An eye opener. *Indian J Obstet Gynecol Res* 2019; 6(2):144-149.
3. Bela Ganatra, Vinoj Manning & Suranjeen Prasad Pallipamulla. Availability of Medical Abortion Pills and the Role of Chemists: A

- Study from Bihar and Jharkhand, India, *Reproductive Health Matters*, 2005;13:26: 65-74.
4. Anjali R, Agrawal NR. Over the counter abortion pill: a boon or curse for women of low socioeconomic status in eastern part of Uttar Pradesh India. *Indian J Research*. 2015; 4(9):346-7.
 5. Nivedita K, Fatima S. Is it safe to provide abortion pills over the counter? A study on outcome following self-medication with abortion pills. *J Clin Diagn Res*. 2015; 9(1):1-4.
 6. Srivastava M, Srivastava A, Namrata K. Abortion pills as over-the-counter drugs- a boon or a curse. *J. Evolution Med. Dent. Sci*. 2018;7(07):820-823,
 7. Bhalla S, Goyal LD, Bhalla S, Kaur B. Self-administered medical abortion pills: evaluation of the clinical outcome and complications among women presenting with unsupervised pill intake to a tertiary care hospital in Malwa region of Punjab, India. *Int J Reprod Contracept Obstet Gynecol* 2018; 7:1537-42.
 8. Mishra N. Unprecedented use of medical abortion can be injurious to health. *Journal of Evaluation of Medical and Dental Sciences*. 2013; 2:856.
 9. Sarojini TR, Ashakiran BT, Bhanu R. Over-the counter MTP pills and its impact on women's health. *J Obstet Gynecol India*. 2017; 67(1):37-41.