



International Journal of Current Research in Medical Sciences

ISSN: 2454-5716

(A Peer Reviewed, Indexed and Open Access Journal)

www.ijcrims.com



Original Research Article

Volume 9, Issue 7 -2023

DOI: <http://dx.doi.org/10.22192/ijcrms.2023.09.07.001>

A retrospective study of MTP complication follow up with self-administration at Janaki medical college, Nepal

¹Dr Pankaj Pratap Deo

¹Department of Obstetrics and Gynecology
Janaki Medical College & Teaching Hospital, NEPAL

Email address: Pankajpratapdeo@gmail.com

Contact (+977-9851130833, 9807615811)

Abstract

Background:

Medical termination of pregnancy (MTP) has been legalized in NEPAL since 2002. MTP pills are well effective in the early weeks of gestation and safe only when used under medical supervision.

Aims and objectives

To study the complications and consequences including maternal morbidity and mortality following indiscriminate self-consumption of MTP pills reporting to a tertiary care center.

Materials and Methods:

This was a retrospective observational study conducted at Janaki medical college and teaching hospital, Janakpur, Dhanusha, NEPAL from JAN 2023 to JUN 2023. All together 39 patients were included in the study. Following factors were studied such as chief complaints, complications, treatment given and blood transfusion.

Observations and results

In this study, there were all together 39(100%)cases among them 30(76.93%)cases was incomplete abortion, 3(7.69%) cases of complete abortion, 4(9.75%)cases of irregular bleeding and 3(7.31%) cases are continuation of pregnancy ,8(13.8%)cases received blood transfusion.

Conclusion:

This study shows urgent need for government action on 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 on clinical examination, ultrasound examination is recommended prior to drug administration. This is also an indicator of unmet need for contraception in the community which must be addressed

Keywords: MTP pills, Mefiprisiton, Misoprotal, Incomplete Abortion, PV Bleeding

Introduction

Abortion is willful termination of the pregnancy before the period of viability. Nepal legalized abortion in 2002 in response to advocacy efforts that emphasized the high rates of maternal morbidity and mortality attributed to unsafe abortions.[1]. Despite this, women who want 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 the necessary skills or in an environment lacking minimal medical standards or both [2]. The World Health Organization (WHO) recommendations on medical abortion are restricted to early first trimester (up to 63 days since the first day of the last menstrual period) [3]. Antiprogestosterone drugs such as mifepristone (RU 486) and prostaglandins like misoprostol have been approved by the United States Food and Drug Administration (USFDA) for medical abortion [4]. As per Medical Termination of Pregnancy (MTP) Act of NEPAL, this method can only be administered by gynecologists and registered medical practitioners (RMP) recognized for performing MTPs up to 63 days since the first day of LMP [1]. The medical abortion carries a very high success rate of 93–98 % if they are used judiciously, that is, after properly assessing the gestational age as well as the health of the patient [8]. Nepal Obstetrics and Gynecological Societies (NESOG) recommends close monitoring of distribution of these drugs and that the medical profession and pharmaceutical industry should exercise due diligence in the promotion and usage of drugs that are used for medical abortion. Being a tertiary care center, we come across many cases of self-medication with abortion pills leading to many complications causing maternal mortality and morbidity; however self-administration of

abortion pills is rampant throughout the country due to over-the-counter availability of these drugs and complications are not uncommon due to this practice

Aims The objectives of this study were to evaluate the clinical presentation and complications following self-administration of MTP pills.

Materials and Methods

This is an observational retrospective study conducted at Janaki medical college and teaching hospital, Janakpur, Dhanusha, Nepal between January 2023 to JUN 2023 for six months. This study is undertaken with the objective of studying the various clinical features, complications, different management approaches with maternal mortality and morbidity as a consequence of self-consumption of MTP pills .All 39 women who reported to our hospital after self-consumption of abortion pills (purchased over the counter by self/family member without medical guidance or supervision) are included in the study. History regarding previous pregnancies, gravida, gestational age at which MTP pills were taken and present complaints is noted.

On admission, detailed general, systemic and obstetric examination and routine investigations were done in all women. Degree of pallor, rise in body temperature, sign's of shock;infection and presence of acute abdomen noted. Presence of retained products, incomplete abortion, continue pregnancy are documented, need for blood transfusions and development of complications are noted.

Analysis of data was done and results were tabulated.

Results

Table 1 Age Distribution

Age	Number	Percentage
<19	1	2.56
20-30	28	71.79
'>30	10	25.64
Total	39	100

Table 2 Ultrasound examination findings

Ultrasound finding	Number	Percentage
Incomplete abortion (RPOC)	30	76.93
Complete abortion	3	7.69
Live fetus	4	10.25
Missed Abortion	2	5.12
Total	39	100

Table 3 chief complaint at clinical presentation

Chief complain	Number	Percentage
Per vaginal bleeding	27	65.85
Lower abdominal pain	5	12.19
Irregular bleeding	4	9.75
Continued pregnancy	3	7.31
infection	2	48.78
Total	41	100

Table 4. Complication and treatment received

Complication	Number	Percentage
Anemia	15	25.9
Iv antibiotics	5	8.62
MVA	13	22.4
Blood transfusion	8	13.8
Suction and evacuation	17	29.3
Total	58	100

Discussion

Unsafe abortion is an important cause of increased maternal morbidity and mortality in developing countries. All women in this study easily bought 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 the drug initially. However, its widespread misuse, ignorance, and unawareness of complications of unsupervised intake on the part of women and easy over-the-counter availability of the pill have made this a public health hazard.

In our study, the majorities of women were age 20-35 year and were gravid 3 or more; both data indicate that MTP pill consumption might be to get rid of unwanted pregnancy.

Most common presentation on our OPD or gynecology emergency was bleeding per vagina (65.85%) followed by pain abdomen (12.19%), irregular periods (9.75%), continuation of pregnancy (7.31%) and infection (48.78%). Similar results are also reported by Thacker et al. [5] (89.1%). 35.6% had consumed pills before 7 weeks of pregnancy which is the recommended period for medical termination of pregnancy. 64.4% had taken the pills beyond the recommended period of gestation, and 51% had not followed the recommended schedule or dosage of the regimen. This substantiates the findings by Thacker et al. [5] and Tran [8] that when there is a self-medication, women may take the abortion pill whatever may be the gestational age and are not aware of possibility of serious life-threatening condition like ectopic pregnancy, sepsis, hemorrhages and death. On ultrasound examination, only 7.69% had complete abortion, 76.93% had incomplete abortion, 5.12% missed abortion, 10.25% continuation of pregnancy. All 3 cases with complete abortion had taken the pills within 7 weeks of gestational age and had come to us for slight bleeding per vagina. Both patients had neither undergone clinical examination nor ultrasound evaluation before consuming the pill for medical abortion. This clearly suggests the need for clinical examination. In this study, 25.9% women were anemic requiring blood transfusion. 13.8% had received one or more unit blood transfusion. No women required a blood transfusion when drugs are given under medical supervision. Another complication that was found in our study was Infection. In present study, 2 women had infection which responded very good to higher antibiotics. 3 case reported with 2 and half months of amenorrhea, had consumed MTP pills 14 days after the recommended guideline and was present with continues pregnancy, 30 case reported to us with incomplete abortion, had consumed over-the-counter pills before reporting, was having bleeding per vagina for several days.

Conclusion

This study shows urgent need for government action on 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, on clinical examination, ultrasound examination is recommended prior to drug administration. This is also an indicator of unmet need for contraception in the community which must be addressed.

Acknowledgements

The authors would like to extend gratitude and special thanks to the department of obstetrics and gynaecology, and the record section of Janaki medical college and teaching hospital, Janakpur, Dhanusha, Nepal for their invaluable support towards the accomplishment of the study.

Declaration of Conflict of Interest

The author/s declares no conflict of interest

References

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5473051/#:~:text=Nepal%20legalized%20abortion%20in%202002,throughout%20the%20country%20in%202004>.
2. Chaudhari SK. Pregnancy termination. In: Practice of Fertility Control a Comprehensive Manual, 7th ed. New Delhi: Elsevier; pp 237–263.
3. International Consensus Conference on Non-surgical (Medical) Abortion in Early First Trimester on Issues Related to Regimens and Service Delivery. Frequently asked clinical questions about medical abortion. Geneva: World Health Organization; 2006. ISBN 92-4-159484-5.
4. Ellertson C, Waldman SN. The Mifepristone–Misoprostol regimen for early medical abortion. Curr Women Health Rep. 2001;1:184–90.

5. Thaker RV, Deliwala KJ, Shah PT. Self medication of abortion pill: women's Health in Jeopardy. NHL J Med Sci. 2014; 3(1):26-31.
6. <http://www.mohfw.nic.in/index1.php?sublinkid=3613&level=3&lid=2597&lang=1>
7. Coyaji K. Early medical abortion in India: three studies and their implications for abortion services. J Am Med Womens Assoc. 2000;55(3 suppl):191-4.
8. Tran NT, Jang MC, Choe YS, et al. Feasibility, efficacy, safety and acceptability of Mifepristone-Misoprostol for medical abortion in the Democratic People's Republic of Korea. Int J Gynecol Obstet. 2010;109(3):209-12.
9. Debnath J, Gulati S, Mathur A, et al. Ectopic pregnancy in the era of medical abortion: are we ready for it? Spectrum of sonographic findings and our experience in a tertiary care service hospital of India. J Obstet Gynecol India. 2013;66(6):388-93
10. Dogra A, Kumar V. Self-administration of MTP Pills and its Complications: An Observational Study. Intl Sci Stud 2019;7(7):1-5.
11. The Journal of Obstetrics and Gynecology of India (January-February 2017) 67(1):37-41
DOI 10.1007/s13224-016-0916-9

Access this Article in Online	
	Website: www.ijcrims.com
Quick Response Code	Subject: Medical Sciences

How to cite this article:

Pankaj Pratap Deo. (2023). A retrospective study of MTP complication follow up with self-administration at Janaki Medical College, Nepal. Int. J. Curr. Res. Med. Sci. 9(7): 1-5.

DOI: <http://dx.doi.org/10.22192/ijcrms.2023.09.07.001>