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Research Article

A cross sectional study to assess the effects of unsupervised use of illegal over the counter pill for medical termination of pregnancy a cosmopolitan city of Central India

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ABSTRACT

Background: In India, lack of awareness about the potential adverse effects of medical termination of pregnancy (MTP) pills and their easy over the counter illegal availability facilitates unsupervised usage. The objective of the study was to analyze the percentage of cases of incomplete abortion associated with unsupervised use of illegal over the counter MTP pill.

Methods: This cross sectional observational study is conducted at tertiary level medical college Indore, India, from January 2011 till December 2011. Data of all patients who came during this duration for MTP, D and C for incomplete abortion/retained product of conception or with complications of medical abortion was analyzed prospectively.

Results: Total 45 MTP and 60 D and C for incomplete abortion/retained products occurred in year 2011 out of which 44.44% of MTP were done for patients who had received medical abortion pills but not aborted. A staggering 80% of these patients received the pill over the counter without the prescription of the doctor. 61% of D and C performed were for incomplete abortion occurring due to medical abortion pills which were received over the counter. Three percent of the D and C were septic abortions out of which none was following instrumentation but all were following unprescribed medical abortion. Only 1.7% MTP was due to contraception failure, and the rest were due to unwanted pregnancy. 57.77 % women accepted post MTP contraception.

Conclusions: Majority of patients who underwent MTP and D and C in this study have received over the counter pills for medical termination of pregnancy before seeking medical advice. Contraception acceptance remains the same. Over the counter availability of medical methods for termination of pregnancy represents a significant public health problem. Administrative measures, media publicity for and reduced cost of methods of contraception, strict legal rules for prescription and sale of medical methods of pregnancy termination is warranted.

Keywords: Abortion, Contraception, Over the counter, MTP pills

INTRODUCTION

Abortion is accepted as an alternative to contraception by a fairly large number of women in India.¹ Lack of awareness about the potential adverse effects of MTP pills and their easy over the counter illegal availability facilitates such kind of usage.² A substantial number of

patients admitted with incomplete abortion at tertiary level medical college, Indore, had taken the MTP pill unsupervised. This is the reason why the authors thought of documenting the exact percentage of such usage and determining its social implications as this is a significant public health problem. Unsafe abortion is responsible for 13% of maternal deaths worldwide.^{3,4} The present study

was contemplated with the aims of analyzing the percentage of cases who received unprescribed medical abortion pills, out of MTPs and D and Cs done in year 2011 at a tertiary level super-speciality medical college health institute and at the same time to determine the percentage of Post MTP contraceptive usage.

METHODS

Cross sectional observational study was done from January 2011 to December 2011 at Sri Aurobindo Institute of Medical Sciences, Indore, India. 105 patients were taken for the study (45 MTP'S and 60 D and C'S).

Inclusion criteria

Women coming to the obstetrics and gynaecology department for MTP, D and C because of incomplete abortion/retained products of conception and for other complications of medical abortion were included.

Exclusion criteria

D and Cs done for spontaneous abortion, missed abortion and blighted ovum were excluded.

Data was collected from the MTP forms and history sheets obtained from the inpatient files.

Analysis

Appropriate statistical analytical tools like MS excel and SPSS ver. 20 were used for data analysis and interpretation.

RESULTS

Total 45 MTPs and 60 D and Cs were performed in 2011 in the department out of which 44.44% of MTPs (20 MTPs) were done in patients who had already received medical abortion pills. 80% (16 MTPs) of the above patients (35.5 % of the total) received unprescribed pills in various different dosages. Only 1.7% of the MTPs were done due to contraception failure who directly came to hospital for care.

61 % (37 D and Cs) of the total D and Cs were done in patients who had received medical abortion pills. 90 % (32 patients) of the above (56 % of the total) patients received unprescribed medicines.

3% of these 56% (having unprescribed pills) had septic abortions while there was none in the other category. 73.33% of the patients (77 patients out of 105) agreed to use contraceptive methods: 40% agreed for CuT, 17.8% agreed for tubectomy, 15.55% agreed for OCPs/barrier devices. Total number of patients included in study was 105 out of which patients undergoing D and C or complications of medical abortion pill were 57 (54.28%).

Table 1: Table showing complication of MTP pills in the two groups-over the counter and prescribed MTP pill.

Complication of MTP pill	Number	Over the counter MTP pill	Prescribed MTP pill
Continued pregnancy after pill	20	16	4
Incomplete abortion	36	32	4
Septic abortion	1	1	0
Total patients	57	49	8

DISCUSSION

In present study 46.66% cases had self-administered the abortion pills while in a study by Nivedita K et al 31.25% cases of D and C had self-administered the abortion pills.⁵ In a study by Kallner K et al it was concluded that medical abortion with mifepristone followed by home administration of vaginal misoprostol is safe and highly acceptable also to women with gestational length of 50-63 days as compared with shorter gestations.¹³ Efficacy, acceptability and preference for future place of administration of misoprostol, were women to have another abortion, did not differ between women with gestation below 50 days or between 50 and 63 days.

Incomplete abortion with bleeding was most common presentation after unsupervised abortion pills, in present study being 30.4%, in Nivedita K et al it was 62.5%, in Sukhwinder et al, 60% in Giri A et al study.⁵⁻⁷

In the study by Armo M, total cases of unsafe abortion admitted with complication were 400 of which 142 (35.5%) women had a history of self-medication.⁸ Majority of patients were surprisingly educated, rural, from the low socioeconomic background and Hindu by religion. The most frequent complaint for admission was severe bleeding. The majority sought an abortion in the first trimester. The most common reason for the termination was unintended pregnancy. The major complications observed in 51 (35.9%) cases only and surgical interventions required in 64 (45%) women.

The incidence of incomplete septic abortion in this study was 3%, in study by Shannon et al was 0.92%, in Nivedita K et al it was 7.5% and 6.54% in Sukhwinder et al study.^{5,6,9}

CONCLUSION

Medical abortion when used safely and correctly as per guidelines are 92-97% effective but huge chunk of the patients use unprescribed methods for termination of pregnancy due to media publicity and over the counter availability in India without any rules to govern there sale.¹⁰⁻¹³ Media, government and doctors all need to join

hands to stop over the counter termination pill abuse and spread awareness and benefits of regular contraceptive usage because contraceptives acceptance rate is impressive after proper counselling as shown by present study.

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Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Ramachandara L, Peltob PJ. Medical abortion rural Tamil Nadu, South India: a quiet transformation. *Reprod Health Matters.* 2005;13(26):54-64.
2. Ganatraa B, Manningb V, Prasad S, Pallipamulla. Availability of medical abortion pills and the role of chemists: a Study from Bihar and Jharkhand, India. *Reprod Health Matters.* 2005;13(26):65-74.
3. Pazol K, Gamble SB, Parker WY, Cook DA, Zone SB, Hamdan S. Abortion surveillance-United States, 2006. *MMWR Surveill Summ.* 2009;58(8):1-35.
4. Ahman E, Shah IH. New estimates and trends regarding unsafe abortion mortality. *Int J Gynaecol Obstet.* 2011;115(2):121-6.
5. Nivedita K, Shanthini F. Is it safe to provide abortion pills over the counter? A study on outcome following self-medication with abortion pills. *Clin Diagn Res.* 2015;9(1):1-4.
6. Bajwa SK, Goraya SPS, Singh Anita. Medical abortion: Is it a blessing or curse for the developing nations? *Sri Lanka J Obst Gynae.* 2011;33:84-90.
7. Giri A, Srivastav VR, Suwal A, Sharma B. Study of complications following self-administration with medical abortion pills. *Nepal J Obst Gynae.* 2015;19(1):20-4.
8. Armo M, Babbar K, Viswas S. Self-medication for medical abortion in rural scenario: why to choose unsafe way? *Int J Scientific Study.* 2015;3(6):115-7.
9. Shannon C, Brothers LP, Philip NM, Winikoff B. Infection after medical abortion: a review of the literature. *Contraception.* 2004;70(3):183-90.
10. Anjali R, Agrawal NR. Over the counter abortion pill: a boon or curse for women of low socio-economic status in eastern part of Uttar Pardesh India. *Indian J Research.* 2015;4(9):346-7.
11. Zubeda H. Rampant use of abortion pills in the city, *The Indian Express, Chennai edition;*2009.
12. Abortion pill being sold as over the counter product. Available at <http://www.dnaindia.com/health/report-abortion-pills-being-sold-as-over-the-counter-product-1141037>. Accessed on 23 March 2016.
13. Kallner KH, Fiala C, Stephansson O, Danielsson GK. Home self-administration of vaginal misoprostol for medical abortion at 50-63 days compared with gestation of below 50 days. *Hum Reprod.* 2010;25(5):1153-7.

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