



Unsupervised Pills: Who are Likely to Consume?

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Abstract

Background: Federation of obstetrics and gynecological societies of india (FOGSI) recommends close monitoring of distribution of drugs that are used for medical abortion 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. Despite this, it has been perceived by the society that, medical abortion are extremely safe option even in hands of untrained personnel, leading to its over the counter dispensing and possibly increase in unsupervised terminations and life threatening complications.

Objective: To Study the demographic profile of women consuming unsupervised abortion pills

Study Design: Prospective Observational Study

Study Settings: This study is to be conducted at Kamla Nehru State Hospital for Mother and Child, IGMC Shimla.

Study Period: 1st July 2018 - 30th June 2019

Inclusion Criteria

All women who have consumed unsupervised abortion pills and reported to the hospital.

Exclusion Criteria

Women coming with Spontaneous abortion, Missed abortion and Blighted ovum.

Results: Data was collected from 121 patients who had history of self medication of abortion pills. 74% women were in age group 21-30 years and 88.4% were married. uneducated women were 5%. 93% were multigravidas. Source of procurement of drug was seen to be chemist in 79.3%. 7 (6%) of the patients in the study used the pills between 9-12 weeks of gestation and another 13(11%) used it after 12 weeks.

Conclusion: Health care and health protection is every women's right. Every women must be counseled regarding advantages, drawbacks, risk and limitations of different method of abortion. awareness on contraceptives is must for all. The chemist also needs to be aware about the MTP act and consequences of medicines that are taken without medical supervision. training on various regimes and advancement is also required for the medical practitioner.

Introduction

Abortion has been practiced over ancient times by means of various methods. Laws, cultural and religious views related to abortion are different all around the world and have evolved over various eras.

Abortion is a willful termination of pregnancy beyond period of viability.¹ Medical abortion is defined by World health organization as "Usage of pharmacological drugs to terminate pregnancy".² World health organization defines unsafe abortion as a procedure for terminating an unwanted

pregnancy either by persons lacking the necessary skills or in environment lacking minimal medical standards or both.³ Abortion has been legal in India for over four decades since the introduction of Medical termination of pregnancy act 1971.⁴ The goal of act was to regulate and ensure access to safe abortion⁴ and thus protect women from “Inflicted pregnancies” and “Forced motherhood”. It was amended in years 2003 and medical method of abortion using Mifepristone and Misoprostol was approved as legal method for termination of early pregnancy.⁵

It has been seen that half of the unintended pregnancies (nearly 46 million) are terminated every year worldwide.⁶ Unsafe abortion is associated with higher maternal morbidity and mortality accounting to around 13% of maternal death worldwide.⁷ Mortality attributed to unsafe abortion is estimated to be around 47,000 women per year.⁸ The number of induced abortions in India in approved centers is estimated to be 6,20,472 and the maternal mortality due to unsafe abortions is 8% as reported in the family welfare statistics 2011.^{9,10} Thus unsafe abortion is a persistent but preventable pandemic.

Abortion can be done by two methods either by surgical method or by medical method. Medical abortion is a safe method of termination of pregnancy when performed as per guidelines, it has a success rate of 95-99%¹. It is a preferred method for abortion due to its confidentiality and safety it offers and in being non surgical method. Surgical method of termination increases the risk of uterine perforation, cervical laceration, hemorrhage, infection, future miscarriages and sterility and thus medical abortion becomes a better and safer alternative of abortion.¹¹

Documenting such indiscriminate use of medical method of abortion and determining its social implications is necessary as this is a significant health problem, keeping in view these facts a study was done in The Department of Obstetrics and Gynecology, Kamla Nehru State hospital for Mother and Child, IGMC, Shimla to analyze the complications of administration of unsupervised abortion pills and to suggest measures to prevent such practices.

Methodology

The present prospective observational study was conducted in Kamla Nehru State Hospital for Mother and Child, IGMC Shimla w.e.f. 1st July 2018 - 30th June 2019.

Inclusion Criteria

All women who had consumed unsupervised abortion pills and then reported to the hospital.

Exclusion Criteria

Women who came with Spontaneous abortion, Missed abortion and Blighted ovum.

Material and Methods

A participant's information cum Consent form was distributed to prospective participants. data was collected from patients who fulfilled the inclusion criteriae and reported to hospital after self medication of abortion pills.

After admission General physical examination, Systemic, Abdominal and Pelvic examination was done as per proforma.

Results

A total of 121 women reported to the hospital with intake of unsupervised abortion pills.

Table 1: Age wise distribution

Serial number	Age(years)	Number n=121	Percentage	95% confidence limits
1	<=20	12	10%	5.23-16.68%
2	21-25	43	36%	27.05-44.75%
3	26-30	46	38%	29.35-47.29%
4	31-35	12	9.9%	5.23-16.68%
5	>35	8	7%	2.90-12.61%

As shown in Table 1, a total of 121 cases were studied who came with unsupervised abortion pills intake, out of which 12(10%) were below or equal to 20 years of age, 43(36%) were between

21-25 years. It was observed that maximum 46(38%) were in age group of 26-30 years. 12(9.9%) were in age group of 31-35 years. Only 8(7%) cases were >35 years of age.

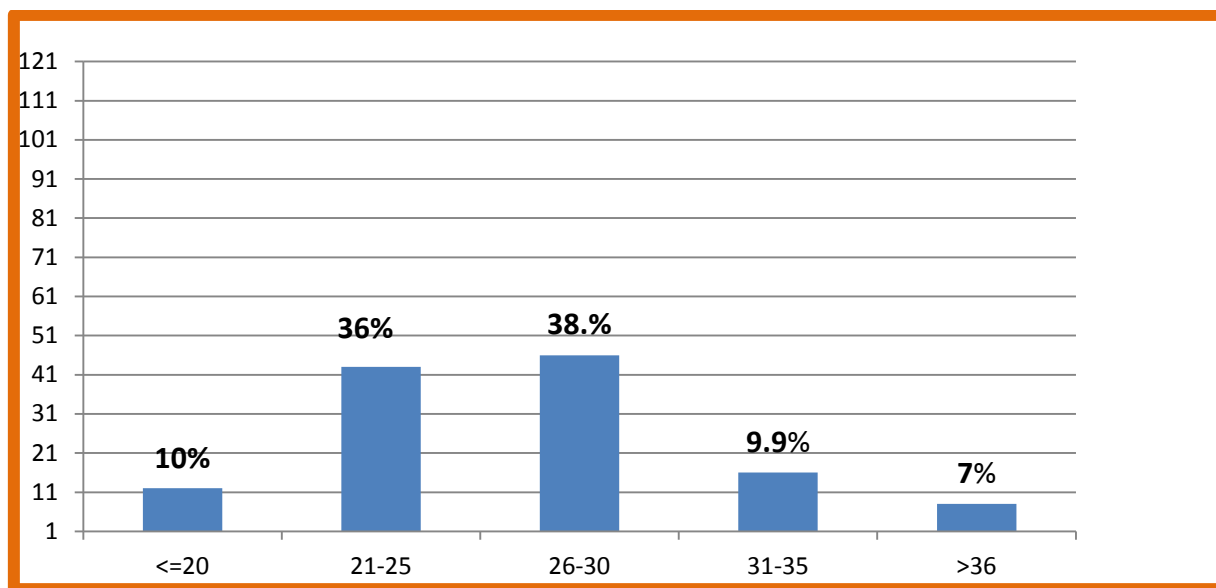


Figure 1: Age wise distribution

Table 2: Gestation at which pill consumed

Serial number	Gestation in weeks	Number n=121	Percentage	95% confidence limits
1	<9 weeks	101	83.4%	75.63-89.60%
2	9-12 weeks	7	5.7%	2.36-11.56%
3	>12 weeks	13	10.7%	5.85-17.67%

Table 2 shows the gestation at which the abortion pills were consumed. Majority of cases i.e. 102(84%) consumed MTP pill at gestation less than 9 weeks which is the recommended gestation,

followed by 13(11%) on more than 12 weeks gestation and 7(5.7%)cases consumed pills in the gestation of 9-12 weeks .

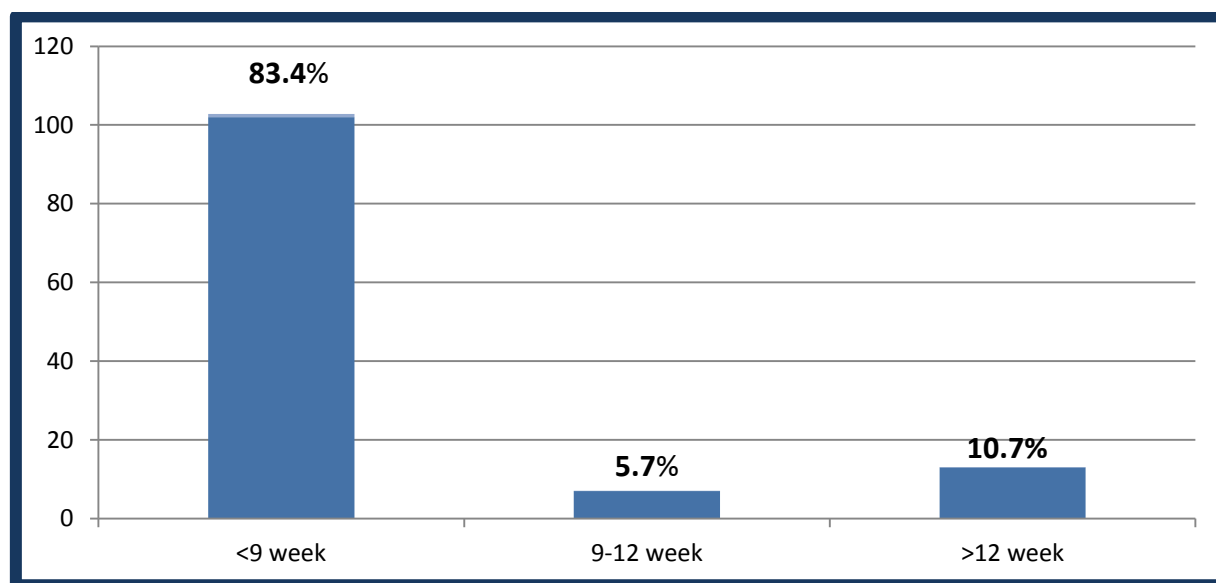


Figure 2: Period of gestation at which pills consumed

Table 3: History of Contraception usage

Serial number	Contraception used	Number n=121	Percentage	95% Confidence limits
1	No	118	98%	0.51-7.07%
2	Yes	3	2%	92.93-99.49%

Table 3 shows that out of 121 cases studied 118(98%) did not have any history of contraception, while only 3(2%) had history of

contraception (oral contraceptive pills) and conceived after contraception failure.

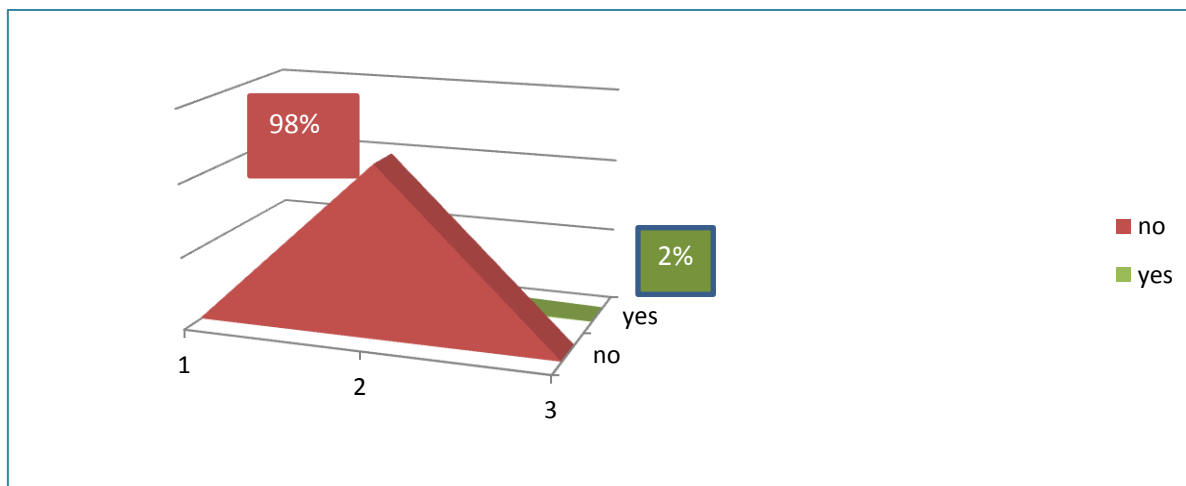


Figure 3: Distribution of cases according to history of contraception usage

Table 4: Gravidity of patient

Serial number	Gravida	Number n=121	Percentage	95% Confidence limits
1	Primigravida	8	7%	2.90-12.61%
2	2	37	31%	22.53-39.61%
3	3	45	37%	28.58-46.44%
4	4	23	19%	12.45-27.14%
5	>4	8	7%	2.90-12.61%

Table 4: It was observed that out of 121 cases only 8 (7%) were primigravida. Maximum intake was seen in multigravidae, amongst which 37 (31%) were cases having parity one and 45(37%) were

cases having parity 2. 23 (19%) and 8(7%) were cases having 4 and more than 4 parity respectively. This shows the usage of pills as substitute to contraception.

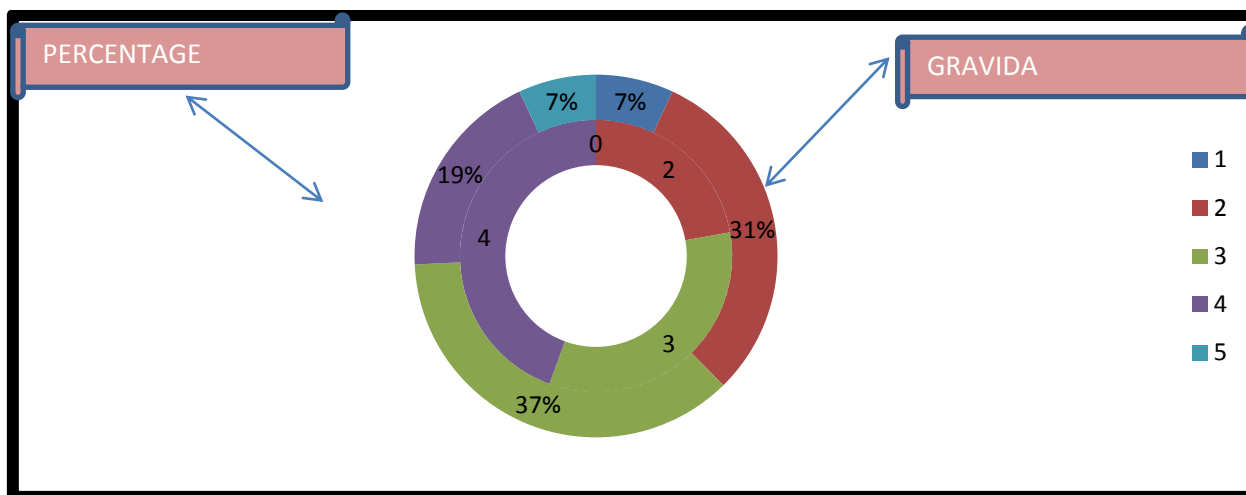


Figure 4: Distribution according to gravidity

Table 5: Distribution according to education level

Serial number	Education	Number n=121	Percentage	95% Confidence limits
1	uneducated	6	5%	1.84-10.48%
2	Primary	3	2%	0.51-7.07%
3	Middle	24	20%	13.14-28.06%
4	secondary	34	28%	20.31-36.9%
5	Higher secondary	37	31%	22.53-39.61%
6	College	17	14%	8.40-21.54%

Table 5: It was observed that maximum cases 37(31%) consuming unsupervised pills were educated till higher secondary school. 34(28%) went to school till secondary class, 24(20%) were

educated till middle school, 17(14%) were educated till college and 3(2%) till primary school. Uneducated were 6(5%) which were migrant labourer from Nepal and Bihar.

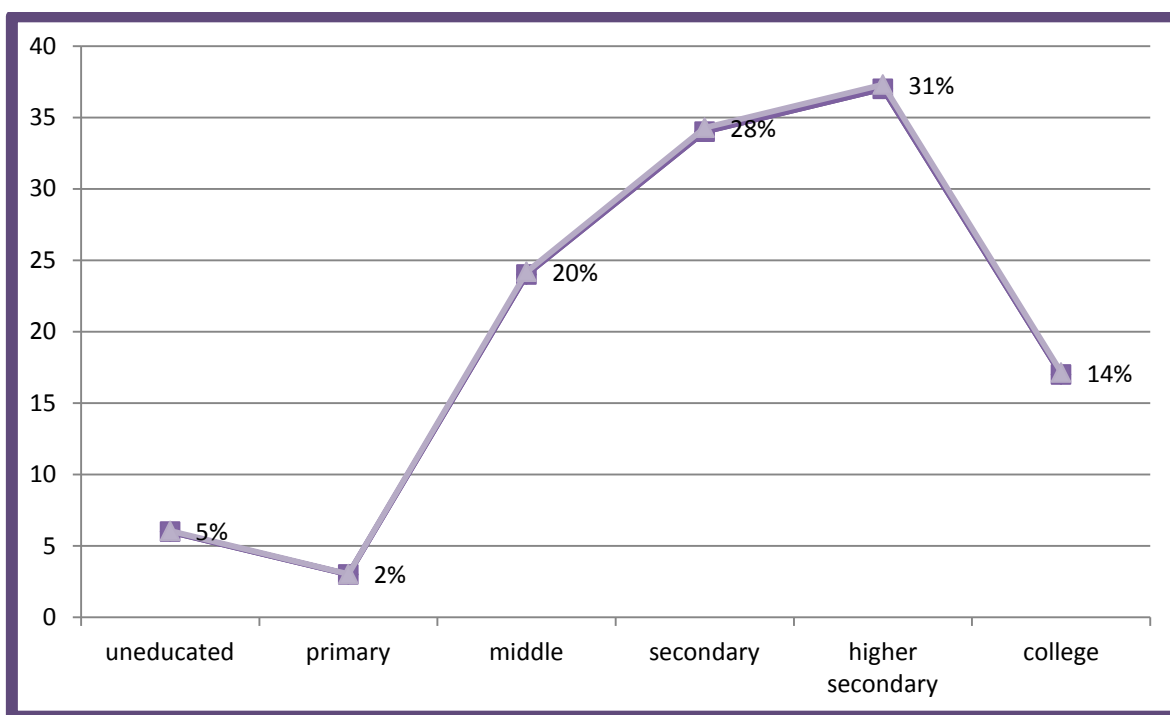


Figure 5: Distribution of cases according to education level

Table 6: Distribution according to Socioeconomic status

Serial number	Class	Number n=121	Percentage	95% Confidence limits
1	lower	17	14%	8.40-21.54%
2	Lower upper	49	40.4%	31.67-49.80%
3	Middle upper	46	38%	29.35-47.29%
4	Middle	7	5.7%	2.36-11.56%
5	Upper	2	1.6%	0.20-5.84%

Table 6 classify cases into different socioeconomic status, showing that maximum cases 49(40.4%) consuming unsupervised MTP belonged to lower upper class, 46(38%) belonged

to middle upper, 17(14%) belonged to lower class. The lowest number was seen belonging to middle class i.e. 7(5.7%) and upper class 2(1.6%).

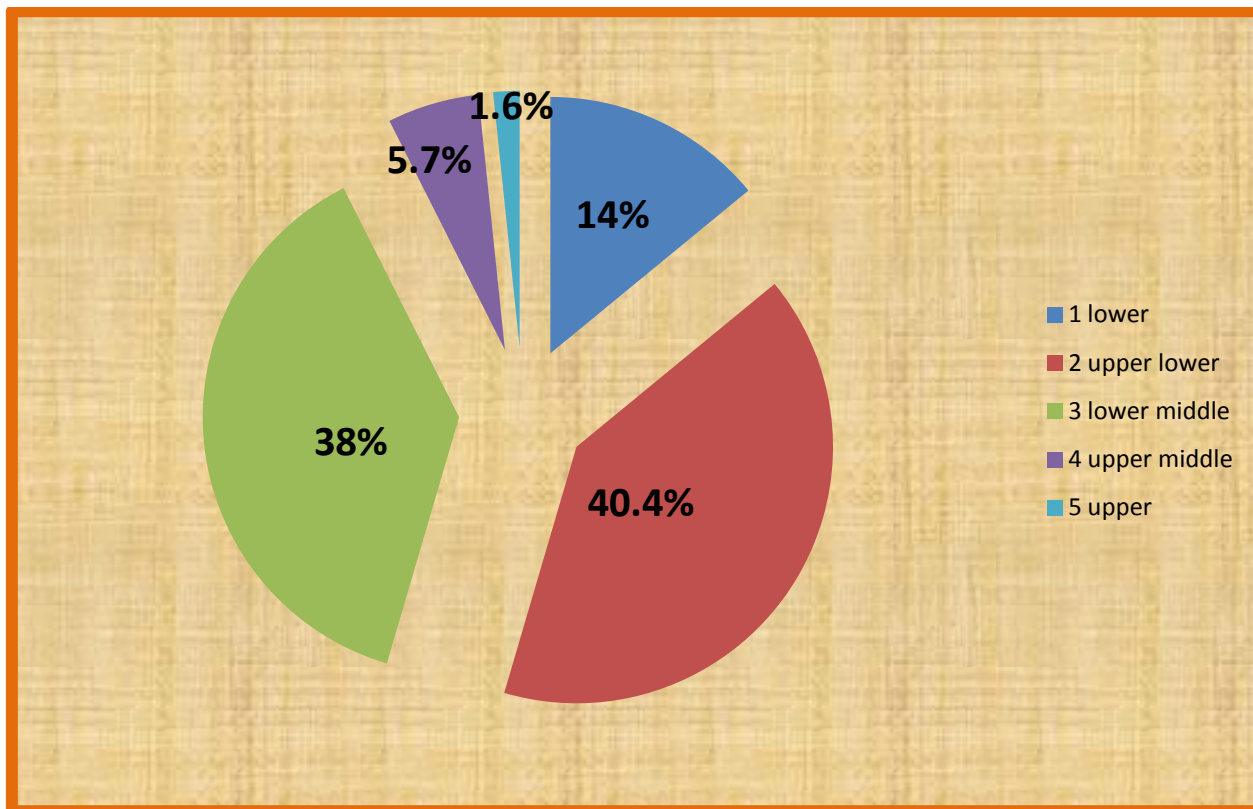


Figure 6: Distribution of cases according to socioeconomic status

Table 7: Source of procurement of abortion pills

Serial number	Source	Number n=121	Percentage	95% Confidence limits
1	Chemists	96	79.3%	71.03-86.16%
2	Private practitioner	25	20.6%	13.84-28.97%

Table 7 shows the source from where the abortion pills were procured. The source was found to be chemists in 96 (79.3%) cases, while 25(20.6%)

cases took it from private practitioner who were not licensed under the MTP act to give abortion pills.

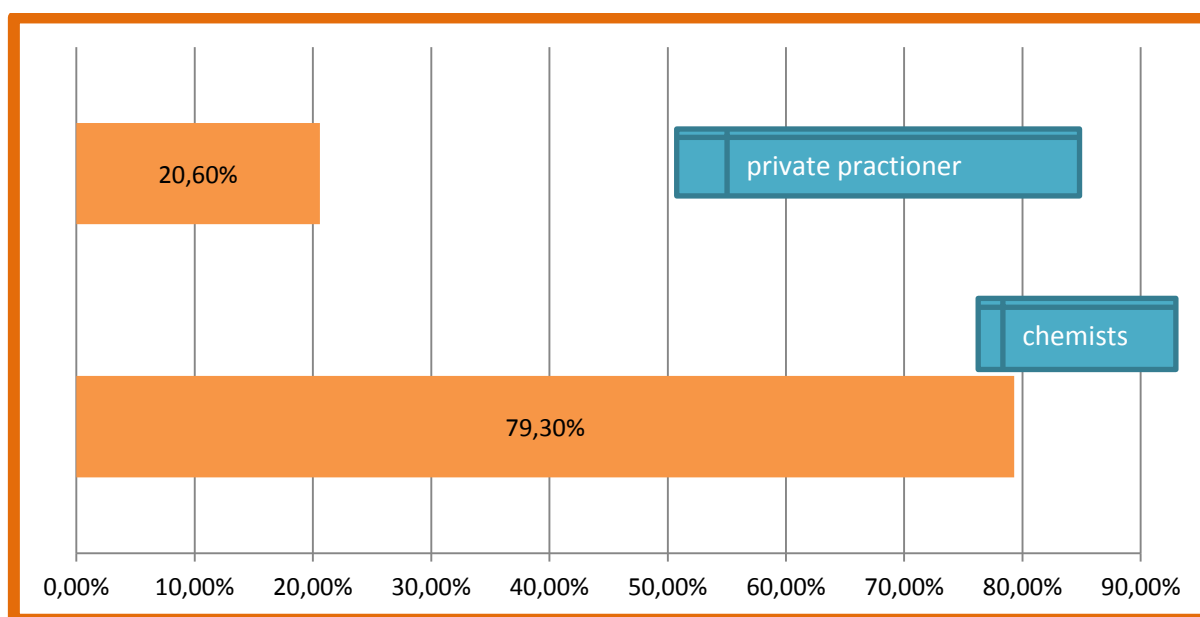


Figure 7: Source of procurement of abortion pills

Table 8: Marital status

Serial number	Marital status	Number n=121	Percentage	95% Confidence limits
1	Unmarried	14	11.5%	6.47-18.65%
2	Married	107	88.4%	81.53-93.53%

Table 8: The intake of unsupervised pills was observed to be more in married women cumulating to 107(88.4%) cases, while there were

only 14(11.5%) cases of unmarried women consuming pills. It suggests its usage in getting rid of unplanned pregnancy.

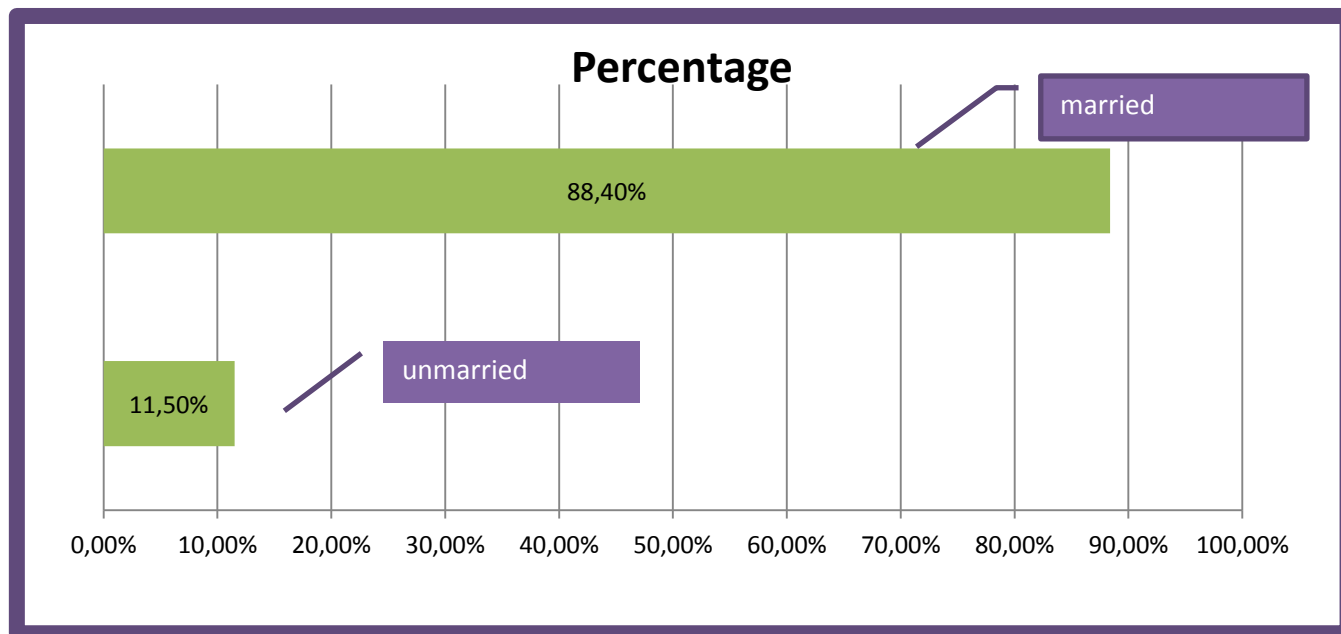


Figure 8: Distribution according to marital status

Table 9: Demographic profile

Serial number	Demography	Number n=121	Percentage	95% confidence limit
1	Rural	66	55%	45.24-63.62%
2	Urban	55	45%	36.38-54.76%

Table 9: It was seen that maximum intake of abortion pills was found in rural population 66(55%) while 55(45%) cases belonged to urban

area. It could be because of maximum population of Himachal Pradesh residing in rural area.

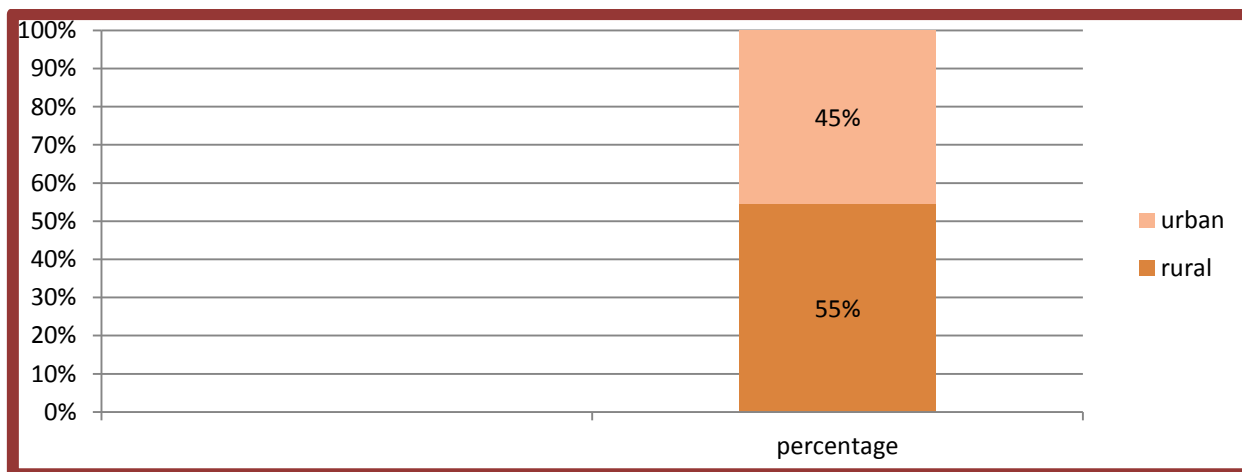


Figure 9: Distribution of cases according to demographic profile

Table 10: Prior pregnancy confirmation with USG/ bimanual examination

Ultrasound/Per vaginum examination	Number n=121	Percentage	95% confidence limits
Nothing done	91	75%	66.54-82.60%
Ultrasound done	28	23%	15.96-31.68%
Bimanual examination done	2	2%	0.20-5.84%

Table 10: Recommendation clearly state that either bimanual examination or ultrasound should be done before prescribing pills but neither of these were done in 91(75%) cases. Only 28 (23%)

had an ultrasound done prior to intake and only 2(2%) had bimanual examination done before consumption of pills.

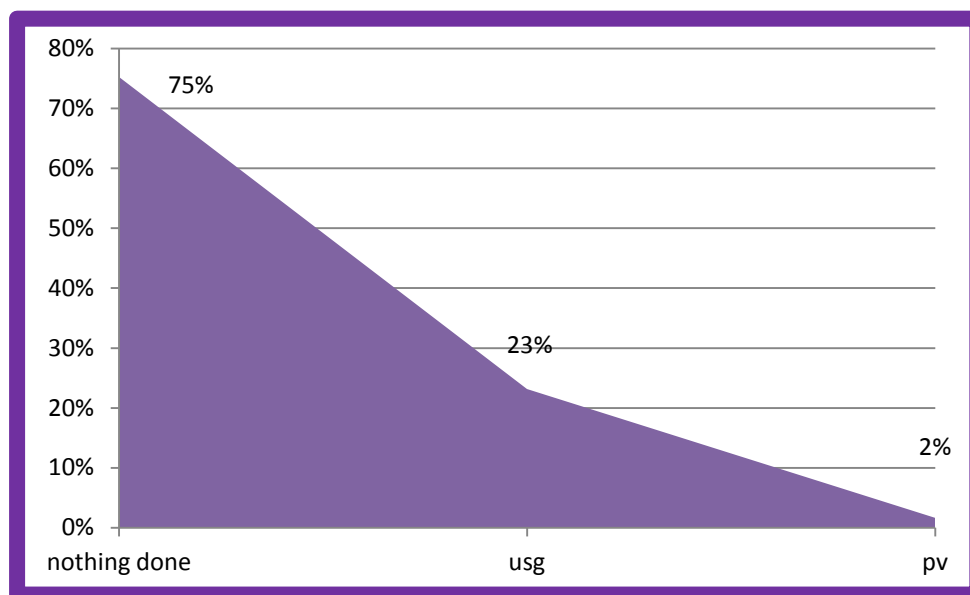


Figure 10: Prior Pregnancy confirmation before consumption of pills

Table 11: Distribution of cases according to correct regimen of abortion pills

Serial number	Medicine	Number n=121	Percentage	95% confidence limits
1	Incorrect regime	84	69.5%	60.39-77.47%
2	Correct regime	37	30.5%	22.53-39.61%

Table 11 shows that out of 121 cases the correct regimen of Mifepristone followed by Misoprostol 4 tablets intake after 48 hours was seen in 37(30.5%) cases. Incorrect regimen was found in 84 (69.5%) cases in which it was seen that Mifepristone followed by Misoprostol after 24 hrs

was seen in 47(38.8%) cases. History of Mifepristone followed by incomplete dosage of Misoprostol was seen in 11(9%) cases. The intake of only Mifepristone and only Misoprostol was seen in 16(13.2%) cases and 10(8.2%) cases respectively.

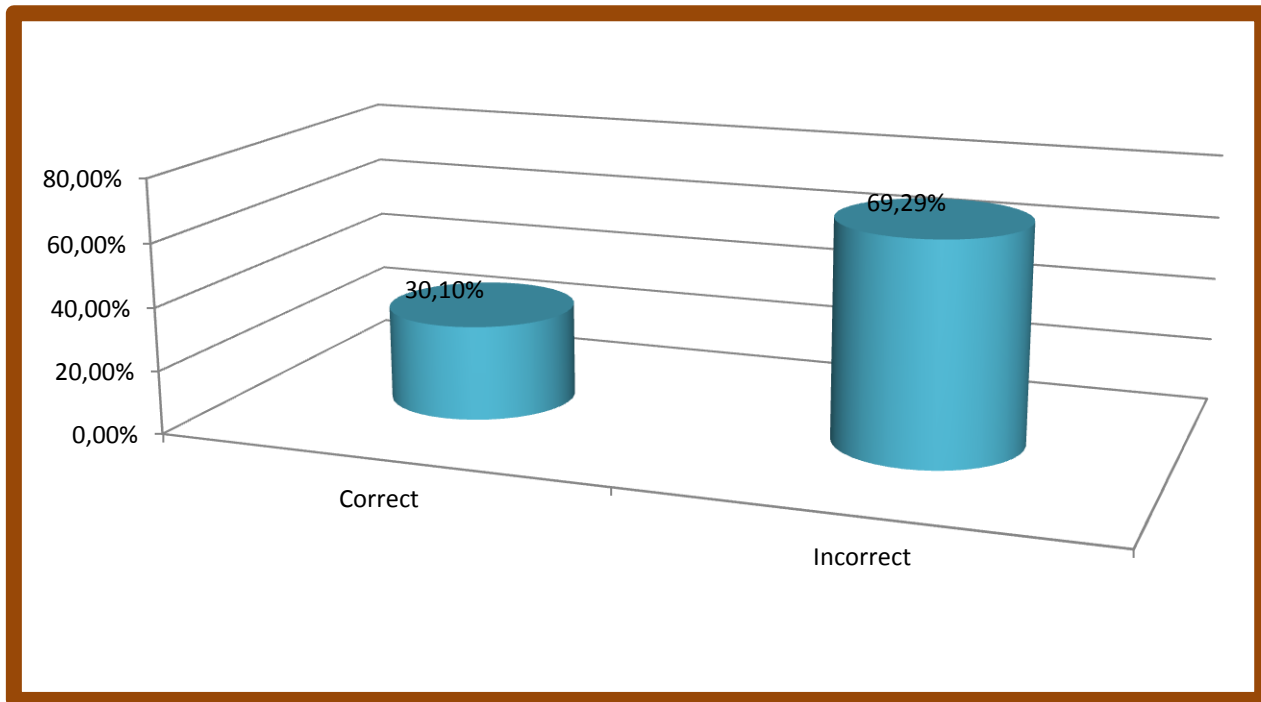


Figure 11: Distribution of cases according to regimens

Discussion

A prospective observational study was conducted in the Department of Obstetrics and Gynecology, Kamla Nehru State hospital for Mother and Child, Indira Gandhi Medical College Shimla w.e.f. 1st July 2018 to 30th June 2019. A total of 121 women reported to the hospital after consumption of unsupervised abortion pills. Most of the pill consumers i.e. 89 (74%) cases were in age group of 21-30 years. Married women 107 (88.4%) showed the maximum consumption of pills. Multigravidae constituted 113 (94%) of the total cases and maximum 45/121 i.e. 37% cases among them were Para 2. The pharmacist was the main source of procurement of drug in 96 (79.3%) cases. Majority cases i.e. 49 (40%) belonged to lower upper class. Majority cases 37/121 i.e. 31% were educated upto higher secondary. Most cases 101 (83.4%) consumed pills at the recommended period of gestation (within 9weeks) while intake of pills in 2nd trimester was found in 13 (10.7%) cases. Majority of cases i.e. 91 (75%) did not have pregnancy confirmation with either bimanual examination or ultrasound before consumption of pills. Major proportion of cases belonged to rural areas 66(55%). Incorrect regimen of intake of pills was seen in 84 (69.5%) cases.

Conclusion

Health care and Health protection is every women's right. The ability to decide if a woman wants to carry pregnancy or terminate it, is one of the important reproductive rights she holds. When women and girls can access effective contraception and safe abortion services, they are better able to safeguard their health and well being. Any procedure done beyond the bounds of law is considered unsafe, but to what magnitude and degree of unsafety it entails is what present study shows.

Medical abortion is a safe method of termination of pregnancy if a holistic approach is applied.

It starts with awareness on contraceptives which should be must for all reproductive age groups, Proper counseling of the women who wants to terminate pregnancy regarding advantages, disadvantages, risk and limitation of different method of abortion should be done.

The chemist also needs to be aware about the MTP act and consequences of medicines that are taken without medical supervision. A small warning label on the combipack can also be considered.

The change in scenario in form of shifting trend of pills used for getting rid of unwanted pregnancy to

becoming pills for contraception is alarming and needs to be seriously addressed. More and more studies and surveys needs to be carried out.

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