

## Over The Counter Medical Abortion Pills And Its Consequences

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**Abstract:** Background: Medical abortion is a safe method of termination of pregnancy when used as per given guidelines and under medical supervision. But self administration of Over the counter MTP pills is becoming a public health hazard. Aim: To study the complications and consequences of unsupervised self-administration of medical abortion pills. Materials And Methods: Retrospective observational study done in B.J. Medical College and Civil Hospital, Ahmedabad from February 2018 to August 2019. 150 patients meeting inclusion criteria were included. Case sheets were analysed to obtain data regarding self administration of MTP pills and complications secondary to its administration. Results: In our study, pill misuse was more widespread among low socioeconomic strata women(66%) owing to their ignorance and unawareness. Most of the women were of age group 20-30yrs(70%). As in table 1, More than three-fourth of the women, (78%) were gravid 2 or more. As in table 2, Most of the women(73%) in our study were either uneducated or had a formal education only of primary or secondary level. Most of them constitute housewives(77%). Most of the women(88%) in our study belonged to urban area. As per table 3, Most common presentation on admission was bleeding per vagina(80%). Anemia of varying degree, noted in 66% patients. 28% patients have severe anemia requiring blood transfusion as in table 4. As per table 5, there were 9% cases of shock. In our study, 3% women presented with features of sepsis like fever, pain abdomen etc. 1 patient in our study died due to hemorrhagic shock after heavy bleeding due to MTP pill intake. As per table 6, Majority(78%) of the patients procured the pill after advice from non- allopath doctor, relatives, quacks and chemist. Conclusion: The use of MTP pills without proper knowledge and supervision of a medical practitioner is extremely dangerous for women and may result in severe morbidity and lethal complications. [Kapadia S Natl J Integr Res Med, 2020; 11(1):41-44]

**Key Words:** MTP pills, self-administered, Over the counter, unsafe abortion.

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**Introduction:** The number of induced abortions in India in approved centres 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<sup>1</sup>. The actual number of induced abortions is greatly underestimated as a high percentage of them go unreported and also because there is uncontrolled and irresponsible practice of self-administration of abortion pills throughout the country.

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<sup>2</sup>.

The MTP act of India permits that abortion pills be prescribed by only registered medical practitioners and not by non allopathic doctors or pharmacists. WHO recommends that the person or facility prescribing abortion pills should have a backup health care facility in case of failed or incomplete abortion<sup>3</sup>. Medical abortion with mifepristone and misoprostol is a very safe option for termination of pregnancy when consumed under medical supervision with a success rate of 92-97%<sup>4</sup>.

In India Despite the advances in Medical Abortion services, some women still resort to pharmacist for over the counter drugs to induce abortion. As there is unrestricted availability of these drugs, they are freely available to each and everyone. The use of these drugs without proper knowledge and without following proper guidelines can cause a lot of morbidity and life threatening complications like severe anemia, undiagnosed ectopic pregnancy, excessive hemorrhage and sepsis amongst less aware and ill-informed women<sup>5</sup>. This study was carried out to find out the consequences of self-administration of MTP pills by women to induce abortion.

**Material And Method:** This study was done in the department of obstetrics and gynaecology, B.J. Medical College over a period from February 2018 to August 2019. All the women admitted in gynaecology ward with diagnosis of any abortion and early pregnancy complications, were interviewed. Among them, women who gave history of self-administration of medicines to induce abortion and admitted for enrolled for study after an informed consent. Self administration means that these women did not visit any registered obstetrician or any health facility recognized to give medical abortion pills

for consultation. They were followed till discharge and the treatment they received were interviewed. All the relevant data were entered into specially designed proforma and data were analysed. The data collected included age of the women, occupation, socioeconomic status, education, gestational age, reason for admission to hospital, drugadvice, need for blood transfusion, complications etc. Severity of anemia was defined according to Indian Council of Medical Research (ICMR) classification. Blood transfusion was given when Hb level was less than 8gm%.

**Results:** Result are tabulated in Table 1 to 6 Below:

**Table.1 Demographic Factors (I)**

Factor	Mean
Age	25yrs+/-5yrs
Parity	3+/-1
Period of gestation	50days+/-10days

**Table.2 Demographic Factors (II)**

Factor	Number	Percentage
<b>(1)Area</b>		
Urban	133	88.67
Rural	13	11.33
<b>(2)Socioeconomic status</b>		
Lower	99	66
Middle	49	32.67
Higher	2	1.33
<b>(3)Education</b>		
Uneducated	38	25.33
Primary school	23	15.33
Secondary school	52	34.67
Graduate	30	20.00
Post graduate	7	4.67
<b>(4)Occupation</b>		
Housewife	116	77.33
Labourer	24	9.33
Employed	10	6.67

**Table.3 Chief Presenting Complaints**

Complaints	Number	Percentage
Bleeding P/V	104	69.33
Bleeding P/V+ abdominal pain	15	10.00
Abdominal pain	06	04.00
Spotting+abdominal pain	08	05.33

Bleeding P/V+fainting	01	00.67
Bleeding P/V+Giddiness	06	04.00
Giddiness	03	02.00
Fever+Bleeding P/V	04	02.67
No menses	03	02.00
Total	150	100.00

**Table.4 Requirement Of Blood Transfusion**

Number of blood units	Number of patients requiring BT	Percentage
1	5	03.57
2	6	04.29
3	3	02.14

**Table.5 Complications**

Complications	Number	Percentage
1)Anemia		
(i)Moderate	60	40.00
(ii)Severe	34	22.67
2)Shock	13	08.67
3)No complication	38	25.33
4)Septicemia	04	02.67
5)Death	01	00.66
Total	150	100

**Table.6 Drugs Adviser**

Adviser	Number	Percentage
MBBS	33	22.00
Homeopathic	06	04.00
Quack	31	20.67
Chemist	51	34.00
Relative	29	19.33
Total	150	100

**Discussion:** WHO defines unsafe abortion as a procedure for terminating an unintended pregnancy either by individuals without the necessary skills or in an environment that doesn't conform to minimal standard or both. The advent of medical abortion pill was intended to protect women from complicated surgical procedure of abortion. However, its widespread use by untrained personnels, ignorance and unawareness of its unsupervised intake has made this pill a public health hazard.

In our study, As in table 1, Most of the women were of age group 20-30yrs(70%). Pill misuse was more widespread among low socioeconomic strata women(66%) owing to their ignorance and

unawareness as in table 2. Most of the women (73%) in our study were either uneducated or had a formal education only of primary or secondary level. Most of them constitute housewives (77%). Most of the women (88%) in our study belonged to urban area. More than three-fourth of the women, (78%) were gravid 3 or more. These results were similar to studies by Mishra et al (78%)<sup>6</sup> and Thaker et al (89.1%)<sup>7</sup>.

As per table 3, Most common presentation on admission was bleeding per vagina (80%) followed by abdominal pain. The most common associated complication was anemia of varying degree, noted in 66% patients. 28% patients have severe anemia requiring blood transfusion as shown in table 4. There were 9% cases of shock. Serious life-threatening complications like sepsis are common in women undergoing unsafe abortions. In our study, 3% women presented with features of sepsis like fever, pain abdomen etc as shown in table 5. 1 third gravid patient with previous 2 CS having around 14-16 weeks of gestation clinically (with no knowledge of gestational age), in our study died due to hemorrhagic shock after heavy bleeding due to self administration of MTP pills.

Majority (78%) of the patients procured the pill after advice from non-allopath doctor, relatives, quacks and chemist as shown in table 6. These results are similar to studies by Agrawal M et al (73%)<sup>8</sup> and also by Kumari R et al (70%)<sup>9</sup>. Hence this depicts the true scenario, that despite legal ban on over the counter supply of this drug and strict guidelines of MTP act, the drug is being widely misused.

**Conclusion:** Medical abortion is effective and safe when carried out under medical supervision. Unsupervised use of medical abortion pills were associated with many complications like higher chances of incomplete abortion, failed abortion, hemorrhage leading to anemia and requirement of blood transfusion, septic abortion and missed ectopic pregnancy. Being a tertiary care centre, we come across many cases of self medication with abortion pills leading to many complications. 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.

Educating the society regarding the need for medical counselling and supervision during an abortion, the risks of self-medication, creating awareness regarding emergency contraception and effective strategies to fulfil the unmet needs of contraception will be useful to curtail this harmful practice of self-medication with abortion pills.

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