

**Pills for medical termination of pregnancy, why it is still available over the counter**

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**How to citation this article:** Dr. Megha Banke, Prof. Dr. Nootan Chandwaskar, Prof. Dr. Sunita Mishra, Dr. Rajesh Patidar, Prof. Dr. Sonia Tiwari, “Pills for medical termination of pregnancy, why it is still available over the counter”, IJMACR-November – December - 2022, Vol – 5, Issue - 6, P. No. 451 – 454.

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**Type of Publication:** Original Research Article

**Conflicts of Interest:** Nil

**Introduction**

Abortion is a common health intervention. It is safe when carried out using a method recommended by WHO. Six out of 10 of all unintended pregnancies end in an induced abortion.

Medical abortion as defined by WHO is the “usage of pharmacological drugs to terminate pregnancy”. Medical Termination of Pregnancy (MTP Act) was passed in 1971 by Indian Parliament, with the goal to regulate and ensure accessibility for safe abortion.

Medical abortion is restricted for use in the early first trimester (up to 63 days). The dose being 200 mg of Mifepristone (oral) followed by 400 mcg of Misoprostol after 48 hrs. vaginally or orally for < 49 days, while between 49–63 days, Mifepristone 200 mg orally and Misoprostol 800 mcg vaginally or orally after 48 hrs is recommended [2].

Patient has to educate regarding correct administration of the drug, the expected duration of bleeding and complications. In spite of this Act, availability of clear guidelines, unsupervised self-prescription of the abortion pill has become widely rampant.

The women commonly procured the medical abortion pills directly from chemists, pharmacists due to over-the-counter availability of the drugs and they received inadequate, incorrect and inaccurate information regarding the regime.

**Material and Methods**

**Study design:** Retrospective observational study,

**Duration:** July 2019 to June 2021 (24 months)

**Study subject**

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.)

**Data collected**

Age, parity, duration of pregnancy as perceived by the women, Hb level on admission, whether patient was in shock, USG findings, evidence of sepsis, blood transfusion, treatment given and duration of hospital stay management.

**Results**

The total number of abortions in our institution including spontaneous and induced abortions between the periods

of July 2019 to June 2021 (24 months) was 130 out of which 54 women had given a history of self-medications of MTP pills obtained without prescription of registered

medical practitioner. Majority of the women (53%) belonged to age group of 25-30 years. Majority (87%) belonged to low socio-economic status.

Table 1: The gestational age at the time of consumption of abortion pills

Sl.no.	Gestation age	No. of patients	%
1.	Early pregnancy up to 7 wks.	14	25.9
2.	7 wks. to 9 wks.	24	44.4
3.	9 wks. to 12 wks.	09	16.6
4.	>12 wks.	07	12.9
5.	Total no. patients	54	

Table 2: Interval between pill intake and visit to hospital

Sl.no.	Gestation age	No. of patients	%
1.	<1 week	24	44.4
2.	1-2 week	17	31.4
3.	2-3 week	08	14.8
4.	3-4 week	04	07.4
5.	>4 week	01	1.85
6.	Total no. patients	54	

Table 3: The complaints with which women came after self-administration of abortion pills

Sl.no.	Complaints	No. of patients	%
1.	Excessive bleeding per vagina	34	62.9
2.	Bleeding with abdominal pain	10	18.5
3.	Fever with pain and irregular bleeding	06	11.11
4.	Not expelled product	04	07.4
5.	Total no. patients	54	

Table 4: Associated Medical or Surgical Disorders.

S.no.	Medical or surgical disorder	No.	%
1.	Severe anaemia (Hb < 7 grams)	7	12.96
2.	Rh negative	2	3.7
3.	Cardiac disease	1	1.85
4.	Bronchial asthma	1	1.85
5.	Post caesarean pregnancy	2	3.7

Table 5: Hemoglobin Level on Admission

Sl.no.	Hb levels	No. of Patients	%
1.	<7 grams	07	12.96
2.	7 – 10 grams	18	33.3
3.	>10 grams	29	53.7
4.	Total no. of patients	54	

Table 6: Outcome Following Self-administration of MTP pills

Sl.no.	Outcome	No. of Patients	%
1.	Incomplete abortion	36	66.6
2.	Complete Abortion	04	7.41
3.	Failed Abortion	08	14.8
4.	Incomplete abortion with sepsis	02	3.71
5.	Incomplete abortion with shock	04	7.41
6.	Total no. of Patients	54	

Table 7: Management of complications

Sl.no.	Management	No. of Patients	%
1.	Medical methods only ( misoprostol repeated)	09	16.6
2.	Medical method and blood transfusion	04	7.41
3.	Surgical evacuation only	30	55.5
4.	Surgical evacuation with blood transfusion	09	16.6
5.	No Intervention	02	3.7
6.	Total no. of patients	54	

### Discussion

As per guideline medical termination of pregnancy should be offered to women seeking termination of pregnancy up to 7 weeks, so Medical Abortion can be given to only those women within the 7 weeks gestational age provided the patient is able to understand the instructions and is ready for minimum three follow-up visits.

In our study we found that 54 patients among total number of abortion in our hospital during the study period came with history of self-administration of abortion pills, in spite of clear guideline, that these pills

have to be taken only under medical supervision & prescribed by registered medical practitioner.

The number of patient who had consumed pills after 12 weeks of gestation was 7 (25.9%). In our study we found that who attempted second trimester abortion, had failed or incomplete abortion and heavy blood loss with severe anemia.

34 patients (62.9%) came with complaint of excessive bleeding. Which was most common presentation, while 2<sup>nd</sup> most common complaint was abdominal pain with bleeding.

As per hemoglobin estimation in the studied patients, 7(12.96%) patients had severe anemia i.e. Hb<7 mg/dl.

Among all patients 36 (66.6%) patients had incomplete abortion while 3.7% patients had incomplete abortion with sepsis and 7.4% patients had incomplete abortion with shock. Failed abortion was present in 14.8% of the cases.

In the studies by Rajal V Thacker et al [3] and by Nivedita K et al [4], the rate of surgical evacuation for women taking OTC abortion pills was 75.6% and 67.5% respectively. Similarly, we found Among all maximum 55.5% patients required surgical evacuation, while 16.6% patients required medical method and 16.6% required blood transfusion with surgical evacuation. No intervention required in 3.7% cases.

### **Conclusion**

This study shows that MTP pills should be made available via health care facility under supervision of registered medical practitioner to reduce morbidity and mortality. Strict legislation is required to monitor & to restrict the sale of abortion pills over the counter. Effective strategies are required to fulfill unmet needs of contraception.

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