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Retrospective Study of Medical Termination of Pregnancy in a Tertiary Care Centre, Solapur

[1]Mr. Sanjay Mallinath Mulaje, M.Sc. (Statistics), Assistant Professor, Dr. V.M. G. M. College, Solapur, Maharashtra, India

[2]Dr. Digambar Mahadev Zombade, Ph.D. (Statistics), Professor, Walchand College of Arts and Science, Solapur, Maharashtra, India

[3]Dr. Viresh Ashok Nandimath, MD (Community Medicine) Assistant Professor Department of Community Medicine, Dr. V. M. Government Medical College, Solapur.

Corresponding Author: Mr. Sanjay Mallinath Mulaje, M.Sc. (Statistics), Assistant Professor, Dr. V.M. G. M. College, Solapur, Maharashtra, India.

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Abstract

Background: Medical termination of pregnancy (MTP) is done in pregnant women mostly due to congenital anomalies in the foetus, unintended pregnancy due to contraceptive failure & rarely from rape.

Objectives: To identify indications for medical termination of pregnancy and estimate the proportion of unintended pregnancies due to contraceptive failure.

Settings and Design: A retrospective record-based descriptive study.

Materials & Methods: A retrospective record-based descriptive study of 747 women seeking medical termination of pregnancy was taken. Information was gathered regarding demographic variables, contraceptive practices, and various indications of medical termination of pregnancy among study subjects.

Results: In our study, most of the women were married and few were unmarried. Contraceptive failure was responsible for more than half of all pregnancies and 37.8% of MTP was done due to a substantial risk of congenital anomalies.

Conclusions: Contraceptive failure was the most common reason for unintended pregnancy in our study, so education and knowledge of contraceptive use, sufficient follow-up with the contraceptive acceptor, and motivation will help to decrease the number of unintended pregnancies.

Keywords: Contraceptive Failure, Congenital Anomaly, Illiteracy, MTP

Introduction

Since the Medical Termination of Pregnancy (MTP) Act was passed in 1971, MTP has been permitted in India under a variety of conditions. To make safe and legal MTP services more accessible to women, the Act was revised in 2003. [1] The MTP Act was amended in 2021 by the passage of the MTP Amendment Act 2021, which permitted all women to obtain safe MTP services on the grounds of contraceptive failure and raised the gestational limit for some groups of women to 24 weeks. The package rate for surgical MTP is set at 15,500 (US$190), which includes consultation, therapy, hospitalization, medication, USG, and any subsequent treatments. MTP is fully covered by the government's public national health insurance funds, Ayushman Bharat, and Employees' State Insurance. The package pricing for medical MTP is 1,500 (US$19), which covers the consultation and USG. [2]

A recurrent pregnancy and the non-use of contraception are additional risks for women who experience negative psychological reactions after MTP. Unmarried, young, deeply religious and women who are having the surgery against their will are the ones who are most likely to experience a negative psychological reaction to it. While India's right to MTP should be upheld, more focus needs to be placed on the conditions that lead to its necessity, such as illiteracy, a lack of access to or awareness of contraceptive methods, a lack of follow-up with those who accept them, and a lack of motivation.[3]

Materials and Methods

A retrospective record-based descriptive study was carried out in a postgraduate institute in western Maharashtra. Institutes maintained information on medical termination of pregnancy in the MTP register. Information was gathered from the MTP register from April 2017 to March 2022. A total of 747 women seeking MTP Information were gathered regarding demographic variables, contraceptive practices, and reasons for the unwanted pregnancy.

Analysis of data: Data were analyzed using computer MS Excel software. The patient's demographic characteristics such as age, religion, marital status, etc. were reported as percentages.

Results

Table 1: Distribution of women according to demographic characteristics and duration of pregnancy

Characteristics	Subgroup	Total (n=747), n (%)
Age (Years)	Below 15	10 (1.3)
	15-19	64 (8.6)
	20-24	320 (42.8)
	25-29	224 (30.0)
	30-34	96 (12.9)
	35-39	28 (3.7)
	40-44	05 (0.7)
Religion	Hindu	651 (87.1)
	Muslim	93 (12.5)
	Christian	02 (0.3)
	Other	01 (0.1)
Present Marital Status	Married	686 (91.8)
	Unmarried	60 (8.0)
	Separated	01 (0.2)
Socio-Economic Class	III (Middle class)	98 (13.2)
	IV (Lower middle class)	358 (47.9)
	V (Lower class)	291 (38.9)
Education	Illiterate	43 (5.8)

	Primary	258 (34.5)
	Secondary	273 (36.6)
	Higher secondary	106 (14.2)
	Graduate & above	67 (8.9)
No. of living children	Still no any	51 (6.8)
	One child	135 (18.1)
	Two children	267 (35.7)
	More than Two children	294 (39.4)
Duration of pregnancy	Below 12 weeks	384 (51.4)
	Between 12 to 20 weeks	361 (48.3)
	Above 20 weeks	02 (0.3)

Table 1 depicts certain demographic variables among women who have undergone MTP. The age range of the women was 13 to 44 years with a mean age of 24.9 (± 5.0) years. Among 747 women majorities were Hindus (87.1%) followed by Muslims (12.4%), Christens (0.3%) & others. Maximum women (42.8%) were in the age group 20-24 years, about 9.9% of women were up to 19 years of age and 1.3% were below 15 years and only 5 (0.7%) women were in the age group 40-44 years. 91.9% of women were married. Duration of pregnancy at the time of MTP was varied from below 12 weeks to above 20 weeks, maximum MTP of women was done in below 12 weeks of pregnancy (51.4%) followed by 48.3% in between 12 to 20 weeks of pregnancy & 0.3% were done in above 20 weeks of pregnancy. In the present study, 47.9% of women belonged to lower-middle-class family while 38.9% were from the lower class & 13.2% belonged to the middle class as per the modified B. G. Prasad classification.

Table 2: Distribution of abortions as per indication of MTP

Indication of termination	N (%)
Danger to the life of pregnant women	10 (1.3)
Grave injury to the physical health of pregnant women	05 (0.7)
Grave injury to the mental health of pregnant women	07 (0.9)
Pregnancy caused by rape	51 (6.8)
Substantial risk that if the baby is born it will suffer from physical, mental, seriously handicapped	282 (37.8)
Failure to contraceptive devices	392 (52.5)
Total	747 (100)

Table 2 depicts various indications of MTP, in which 392 (52.4%) MTP were only due to failure of the use of contraceptive devices and 282 (37.7%) MTP were due to substantial risk to foetus. Rape was one of the critical issues in society which leads to MTP, in our study such MTP led to 6.8% of the total MTP. Most of the women (71.1%) were educated up to primary or secondary school, while 14.2% were studied up to higher secondary & 8.9% were graduates & above; 5.8% of women were illiterate.

Discussion

In the present study age group of women ranging between 13 to 44 years is quite similar to the study done by Susheela Singh et al. [4] in which the age ranges between 15 to 45 years. The average age of women in the present study is 24.9 ± 5.0 years which is slightly lower than the study done by Anupama Bahadur and

others. [5] Almost all women (91.8%) who underwent MTP were married, this finding is also comparable with the study done by V M Lema where married women are 91.3%. [6] Women from socio-economic Class IV and V made up more than 3/4th of the population (86.8%) as per the modified B. G. Prasad classification. Women with less education and social standing are more susceptible to unintended pregnancies and their ignorance about safe MTP methods is another factor that puts them at risk for all conceivable morbidity from MTP, this finding is comparable with the study done by Bhawna Sharma et al. in which women from classes IV and V made up 3/4th of the population (74.5%).

In terms of religious background, the majority of women were Hindu (87.1%), which may be due to a lack of knowledge or less acceptance of MTP among other religions; which has to be researched for better health program implementation in the society such finding were matched with a study done by Bhawna Sharma et al.[7] In the present study, most of the women were educated up to the primary or secondary level of education which is comparable with Bhawna Sharma et al[7] and Ganguly et al study.[8] MTP due to rape in adolescent girls is one of the serious problems in society, in the present study it accounts for 6.8% where MTP has done in the first 12 weeks of pregnancy. The finding of the present study differs from the study presented by P Bhate-Deosthali and others [9] where most of the rape survivors sought MTP before 20 weeks of pregnancy.

In the current study, the majority of women choosing MTP had two or more living children (75.1%), while 18.1% had one living child and 6.8% had none. In the study on the unmet need for family planning among married women in Calcutta, Ram et al. observed that 69% of women had more than two children and 31% of women had two children or fewer. [10]

Failure of contraceptive (52.5%) served as the primary justification for MTP in the current study, which is analogous to the study of Katke RD et al [11] in which failure of contraception served as the primary justification (257 cases). This demonstrates the unmet demand for contraception in society as well as the importance of appropriate counselling and consistent use of contraceptive methods.[12]

Conclusions

Unwanted pregnancies lead to miscarriages, unwanted births, and MTP; they are a major sign that effective contraception is needed, as are the resources and information to support it. Such pregnancies may be a sign that women are not utilizing any kind of contraception, are using it ineffectively or inconsistently, or are employing a somewhat old-fashioned approach (typically periodic abstinence or withdrawal). The term "unintended pregnancy" can also refer to pregnancies that are deemed risky for a woman's health due to factors unrelated to the use of contraceptives, such as sexual assault, changes in a woman's or family's social or economic situation, or the emergence of a medical condition. The intention status of pregnancies and the need for contraceptive services may be impacted at the macro level by broad social and economic changes related to the desire for smaller families; these changes include urbanization, advancements in women's educational attainment, and shifting gender roles.[13]

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