

Original Research Article

Demographic Profile and Clinical Outcomes of Patients Presented After Unsupervised Medical Termination of Pregnancy in a Tertiary Care Hospital In North India.

ABSTRACT

Aims: To study the demography, clinical Profile and complications of unsupervised abortion among women in a tertiary care hospital in Bathinda.

Study design: Cross-sectional analytical Study

Place and Duration of Study: Department of Obstetrics and Gynecology, Adesh Institute of Medical Sciences and Research, Bathinda, Punjab, between April 2023 to September 2023

Methodology: We included 100 patients presented in Department of Obstetrics and Gynecology after unsupervised Medical termination of Pregnancy. After the necessary intervention, the patients were interviewed using a predesigned proforma. Data were collected after obtaining written informed consent and study was approved by Institutional ethics committee. Data were analyzed by using SPSS 28.

Results: A total of 100 patients were included. The mean age of patients was 27.7 years, with most falling within the 20-30 age range. A significant portion had two or more children (52%), and the majority were housewives (61%) from rural areas (62%). Educational levels varied, with 32% completing 12th grade and 6% having a graduate degree or higher. 89% reported within three days. Vaginal bleeding was universal (100%), while pain abdomen was reported in 53% of cases. Reason for MTP included accidental pregnancy (59%) and spacing between children (38%). Complications included Retained products of conception (RPOC) in 37% followed by unaffected pregnancy in 10% of patients.

Conclusion: This study highlights the significant burden of unsupervised Medical Termination of Pregnancy (MTP) and its associated complications among women in Bathinda, Punjab. The findings underscore the pressing need for comprehensive reproductive healthcare services and effective implementation of abortion laws to mitigate the adverse outcomes of unsafe abortions.

Keywords: Abortion, Medical Termination of Pregnancy (MTP), Self-prescription, Retained Products of Conception (RPOC)

1. INTRODUCTION

Abortion, the deliberate termination of pregnancy before the foetus reaches viability, remains a contentious issue globally.[1] Annually, approximately 73 million induced abortions are performed worldwide, highlighting public health significance of this topic.[2] Despite medical advancements, complications arising from pregnancy-related issues contribute to over half a million maternal deaths annually. Of particular concern is the rising incidence of illegal abortions, which significantly impact maternal mortality rates among reproductive-age women.[3]

Illegal abortions are associated with various complications. While most complications are considered minor, such as bleeding and retained products of conception (RPOC), others can be severe, including septic abortion, peritonitis, and uterine rupture.[4]

Illegal abortions encompass a range of practices, including self-induced abortions using medication, procedures conducted in unhygienic conditions, and those performed by unqualified practitioners.[5] The Medical Termination of Pregnancy (MTP) Act of 1971 was introduced to regulate and ensure safe abortion services. This legislation grants medical professionals, especially gynaecologists, the responsibility to provide safe abortion options without legal hindrances, thereby promoting and safeguarding women's reproductive health.[6]

Recent amendments to the MTP Act have revised the guidelines for abortion procedures based on the gestational age of the foetus, ensuring appropriate medical oversight. Any abortion conducted against the provisions outlined in the MTP Act is considered a violation, emphasizing the necessity for qualified medical professionals to perform abortions with the requisite expertise and skills.[7]

With this background the present study was conducted aimed to demography, clinical Profile and complications of unsupervised abortion among women in a tertiary care hospital in Bathinda.

2. MATERIAL AND METHODS

[(Present cross-sectional study was conducted on women presenting after unsupervised MTP in the Obstetrics and Gynecology department at Adesh Hospital, Bathinda, Punjab. The study spanned a duration of six months, from April 2023 to September 2023. The sample size was determined using Daniel's formula, with a prevalence (P) of illegal abortion estimated at 0.16. [8] At confidence level 95% and power 80%, and a precision (D) of 7.5%, considering non response rate as 10% sample size came out to be 106.

Patients who voluntarily provided consent to participate in the study were included. After taking written informed consent(available in Hindi, English, and Punjabi), the patients were interviewed using a structured interview schedule after necessary intervention and management. The interviews were conducted in private consultation room. Data collection was done after approval from Institutional Ethics Committee. The recorded data were manually entered in Microsoft excel and the descriptive data were presented in terms means and percentages. Statistical analysis was performed using SPSS version 28.

3. RESULTS AND DISCUSSION

3.1 RESULTS

A total of 100 patients were included. The demographic profile of women presenting after unsupervised MTP are presented in Table 1. The mean age of patients was 27.7 ± 4.5 years. Mean period of gestation at the time of unsupervised MTP was 7.4 weeks. The majority of patients fell within the age groups of 20-25 and 26-30 years, with 37% and 34% of the sample, respectively. Notably, there were fewer patients in older age groups. A substantial portion of patients (52%) had two or more children, followed by 36% having one child, and 12% having no children. The education levels varied among patients, with a notable proportion being 12th pass (32%) and having a graduate degree or above (6%). A majority of patients were housewives (61%) and 62% were from rural area.

Table 1. Demographic profile of patients presenting after unsupervised MTP (N=100)

Characteristic	Frequency n(%)	p- value
Age (in years)		
20-25	37	<0.01
26-30	34	
31-35	25	
36-40	4	

Number of children-		
0	12	<0.01
1	36	
2 or more	52	
Education of patient-		
Uneducated	10	<0.01
5 th pass	18	
10 th pass	34	
12 th pass	32	
Graduate and above	6	
Occupation of patient-		
Housewife	61	0.02
Working	39	
Region –		
Rural	62	<0.01
Urban	38	

***Chi- square test used to find p-value.**

The majority of cases (89%) reported within three days of the termination procedure, indicating a need for timely intervention. Vaginal bleeding was universal (100%), while pain abdomen was reported in 53% of cases. Reasons for unsupervised MTP included accidental pregnancy (59%) and spacing between children (38%). Complications were observed in a substantial proportion of cases, with retained products of conception (RPOC) being the most common (37%).(Table 2)

Table 2- Clinical Profile of patients presenting after unsupervised MTP (N=100)

Characteristic	Frequency n(%)	p- value
Reporting time (after unsupervised abortion, in days) -		
Within 3 days	89	<0.01
3-7		
>7days		
Clinical features-		
Vaginal Bleeding	100	-
Pain abdomen	53	0.54
Features of shock	1	<0.01
Reason for unsupervised MTP –		
Accidental pregnancy	59	<0.01
Spacing between children	38	
Failure of contraception	3	

Complications –	Nil	53	0.014
	RPOC	37	
	Unaffected pregnancy	10	

*Chi- square test used to find p-value.

3.2DISCUSSION

Unsupervised medical termination of pregnancy (MTP) continues to be a concerning issue. In the present study the mean age of patients presenting after unsupervised MTP was 27.7 years, indicating that this procedure affects women in their reproductive prime. The majority of patients fell within the age groups of 20-25 and 26-30 years. Similar results were reported in study by Giri A et al and Thakur N et al, where majority of patients who took unsupervised MTP were in the age group 20-29 years. [9,10] Highlighting the vulnerability of young women to unplanned pregnancies and the subsequent need for termination.

More than half (52%) of patients had two or more children. The finding is consistent with a study by Bhalla S et al where most of the patient (77%) were gravida three or more. [11] Similarly Pal R et al found that 62% had parity 1-2 and 20% parity 3 or more.[12] Suggesting that a significant proportion of women undergoing unsupervised MTP may already have existing family responsibilities. This underscores the importance of accessible and effective family planning services to prevent unintended pregnancies in this population.

In our study, a notable proportion of patient had completed high school education (32%) and a smaller percentage having a graduate degree or above (6%). The majority of patients were housewives (61%) and resided in rural areas (62%), indicating that this issue is prevalent among women who may have limited access to healthcare resources and family planning services. Addressing the specific needs of these populations through community-based interventions and outreach programs is essential to mitigate the risks associated with unsupervised MTP.

In our study 89% of cases reported within three days of the termination procedure. similar results were reported by Munshi KS et al. where majority of women 30 (75%) had consumed the abortion pills 1-10 days before coming to the hospital.[13] Highlighting the need for improved access to post-abortion care services, including counselling, contraception, management of complications and timely intervention is crucial in cases of unsupervised MTP.

In our study the mean period of gestation at the time of unsupervised MTP was 7.4 weeks. All the patients presented with vaginal bleeding (100%) , more than half reported with abdominal pain (53%) underscores the importance of recognizing and addressing the physical consequences of unsupervised MTP. Similarly in a study by Kumari R et al 50% women took the abortion pills between 7-12 weeks, 32 (32.65%) before seven weeks, and 17 (17.35%) between 13-20 weeks. The most common clinical presentation was excessive vaginal bleeding in 70 (71.42%) cases. Incomplete abortions were observed in 77 (78.56%) women, missed abortions in 10 (11.22%) women, and septic abortions in 4 (4.08%) women. [14]

In the present study, the reasons cited for unsupervised MTP, including accidental pregnancy (59%) and spacing between children (38%), reflect the complex socio-cultural factors influencing reproductive decision-making. Efforts to address these underlying determinants should be multifaceted, encompassing education, access to contraception, and destigmatization of abortion services.

Furthermore, in our study a the significant rate of complications were reported particularly retained products of conception (RPOC) in 37% of cases and failure of procedure resulted in unaffected pregnancy in 10%. In a study by Singh et al. 70% of patient had incomplete abortion, 22% had complete abortion, 1.3% had incomplete abortion with shock. **Which** emphasizes the need for comprehensive post-abortion care to prevent morbidity and mortality associated with incomplete abortions.[15]

4. CONCLUSION

This study highlights the significant burden of unsupervised Medical Termination of Pregnancy (MTP) and its associated complications among women in Bathinda, Punjab. The findings underscore the pressing need for comprehensive reproductive healthcare services and effective implementation of abortion laws to mitigate the adverse outcomes of unsafe abortions. Collaborative efforts between policymakers, healthcare providers, and community stakeholders are

essential to ensure the provision of safe and legal abortion services and promote women's reproductive rights and autonomy.

CONSENT (WHEREEVER APPLICABLE)

We declare that 'written informed consent was obtained from the patients

ETHICAL APPROVAL

We declare that the study was conducted after the approval from 'Institutional Ethics Committee"
,AIMSR, Bathinda, Punjab.

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