

## SOMATIC & PSYCHOSEXUAL SEQUELAE OF MEDICAL TERMINATION OF PREGNANCY

by

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Medical termination of pregnancy is being carried out at our hospital from April, 1972, and till the end of October '74 (2 years and seven months) 900 terminations were done. Various sequelae and long term hazards have been reported which includes menstrual disorders, sterility, chronic pelvic infection, repeated abortions, premature labour and still-birth in the subsequent pregnancies. Major psychiatric disorders like guilt feelings, depressions, mental illness and psychosis have been observed by many.

With a view to study some of these aspects we decided to follow our cases. The present study includes the follow up by the department of Obstetrics and Gynaecology and department of Psychiatry. The interval between the termination and follow up was ranging from 6 months to two and half years. All were called for follow up by sending them post cards, only 200 (out of 900) came for follow up—22.22%—the response was poor mainly because many had undergone

terminations without telling their family members, parents etc., and wanted to keep it confidential. Fifty postcards were returned (25%) because of wrong address. To avoid 'domestic problems' home visits by social workers were avoided.

These two hundred cases have been analysed as follows:

*Religion:* Majority were Hindus 149 (74.5%), 33 muslims (16.5%) and 18 christians (9%). It represents all the religions in some proportion as the general attendance of our hospital (74% hindus, 17% muslims, 7% christians, others 1.2%).

*Education:* Majority were illiterate—83 (41.5%), 60 had primary level education (30%), 53 had secondary level (26.5%) and only 4 were undergraduates (2%).

*Economic status:* One hundred and thirty-four (67%) belonged to poor class, 58 (29%) low middle class, 5 middle class and only 3 were from upper middle class.

*Occupation:* One hundred and forty-eight were housewives (74%), only 45 (22.5%) were working as domestic servants, clerks, typists or teachers. 7 of them were still studying (3.5%).

*Age:* Only one case was below 15 years, 15 cases (7.5%) from 16-20 years,

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122 cases from 21-30 years (61%), 56 from 31-40 years (28%) and only 6 were above 40 years.

*Marital status:* One hundred and seventy-seven were married (88.5%), 14 unmarried (7%), 5 widows (2.5%) and 4 were separated 2%. Majority had arranged marriage and only 4 had love marriage.

*Parity:* Only 6 were nulliparae (3%) 25 primi (12.5%) 142 were from 2nd to 5th and 13 were grand multiparae.

*Duration of pregnancy:* Only one was less than 6 weeks, 108 were between 6-8 weeks, 66 between 10-12 weeks, 18 between 14-16 weeks, and 7 between 18-20 weeks.

*Method of termination:* In one case menstrual regulation was done, 170 suction evacuation, in 5 conventional Obstetric D and C and in 22 cases intra-amniotic hypertonic saline was injected. Two cases were of abdominal hysterotomy.

*Indications:* Table I shows the indication for terminations of pregnancy. Majority of them came for terminations for more than one reason, common being unwanted pregnancy, poor physical and mental health, financial stress and family

problems. Only 10 (5%) were done for failure of methods of contraception. None of the cases had psychiatric indication for undergoing termination.

*Immediate postoperative complications:* Twenty patients had irregular bleeding per vaginam following termination. Nine had intra-amniotic saline instillation, 5 required digital removal of placenta and 3 required pitocin drip; one patient required D and C as she continued to bleed for long time. Eleven patients had irregular bleeding following suction curettage—out of these 3 required repeat D and C, 1 required blood transfusion and remaining cases responded to blood transfusion and conservative treatment. Only one patient developed pelvic infection. She was readmitted and responded to conservative treatment with antibiotics.

*Sequelae of medical termination:* Table II shows the various sequelae following termination. In our study menstrual disorders, leucorrhoea and backache were the commonest short term sequelae.

*Menstrual disorders:* Menorrhagia, polymenorrhoea, oligomenorrhoea were observed in many cases, specially when

TABLE I  
Indication

Indication	No. of cases	Percentage
Ill health < Physical	49	24.5%
Mental		
Financial stress	61	30.5%
Family problems	31	15.5%
Failure of contraceptives	9	4.5%
Unmarried	14	7%
Widow	5	2.5%
Extramarital sex	3	1.5%
Bad obstetric history	3	1.5%
Had enough children	82	41%
Spacing	49	24.5%
Pulmonary Koch's	4	2%
Failure of abdominal tube ligation	1	0.5%

TABLE II  
Somatic Sequelae of M.T.P.

Method	No. of cases	Menorrhagia	Poly-menorrhoea	Metrorrhagia	Oligomenorrhoea	Dysmenorrhoea	Leucorrhoea	Backache	Expulsion of loop
S.C.	23	5	1	—	1	—	—	—	—
S.C. with I.U.C.D.	62	43	11	2	—	—	10	2	13
S.C. with T.L.	79	2	17	1	7	1	8	5	—
I.A.S.	9	1	1	—	—	—	—	—	—
I.A.S. with T.L.	12	5	2	—	3	—	—	—	—
I.A.S. with I.U.C.D.	1	1	—	—	—	—	—	—	—
Hysterotomy with T.L.	2	—	—	—	—	—	—	—	—
M.R.	1	—	—	—	—	—	—	—	—
S.C. with oral pills	6	—	—	—	—	—	—	—	—
Obst. D & C with T.L.	5	—	—	—	—	—	—	—	—
Total	200	57	32	3	11	1	18	7	13

S.C.: Suction curettage T.L.: Tube ligation M.R.: Menstrual regulation I.A.S.: Intra-amniotic saline

termination of pregnancy was followed by loop insertion or tube ligation.

**Menorrhagia:** This was the commonest sequelae. Fifty-seven patients had menorrhagia (28.5%) which was predominantly seen with cases of loop insertions. Out of 62 cases of M.T.P. with loop insertion, 43 had menorrhagia (69.3%—41 had hippos loop and 2 had CU-T insertions. D and C and loop removal had to be done in 8 cases. Abdominal hysterectomy had to be done in 2 cases for severe menorrhagia and polymenorrhoea one patient has associated fibroid uterus.

Out of 22 cases of intra-amniotic saline instillations, 7 (31.8%) had menorrhagia. 5 had undergone concurrent tube ligations and one had IUCD. Out of these 7 cases one had to be readmitted for severe anaemia. She required 2 units of blood transfusion and later on D and C.

**Polymenorrhoea:** Thirty-two cases had polymenorrhoea (16%)—11 had it following suction curettage and I.U.C.D. insertion—one required and hysterectomy and 10 responded to cyclical hormonal treatment.

**Oligomenorrhoea:** Eleven cases had oligomenorrhoea (5.5%), out of these 7 had undergone suction curettage and tube ligation and 3 had undergone intra-amniotic saline injection with tube ligation. Only one patient had simple suction curettage. All cases were observed—no hormonal treatment was given.

**Metrorrhagia:** Three cases (1.5%) had irregular bleeding per vaginam—the bleeding was mild in all and was controlled with R.C.K. and calcium tablets.

**Dysmenorrhoea:** Six cases had severe dysmenorrhoea (3%)—this was mainly seen in cases of suction curettage and loop insertions.

**Leucorrhoea:** Eighteen cases had leucorrhoea (9%)—10 were following

suction curettage and Lippes loop and 8 were with termination and concurrent tube ligation.

*Backache:* Seven cases had severe backache (3.5%)—5 had undergone suction curettage and concurrent tube ligation under spinal anaesthesia. They are under orthopaedic treatment. Two had backache following suction curettage and Lippes loop insertions.

*Expulsion of I.U.C.D.:* In 13 cases I.U.C.D.'s were expelled (6.5%)—11 had Lippes loop and 2 had CU-T. Three patients were pregnant at time of follow up—they wanted to continue pregnancy and are under antenatal care. Two were unaware of expulsion and requested for repeat termination in both intra-amniotic saline instillation and tube ligations were done. Two cases were keen on having second child and in only 4 cases CU-T were reinserted. One patient was put on oral pills and one has undergone tube ligation.

*Loop Removal for Medical Reasons:* In 18 cases (9%) loops were removed—in majority for menstrual disorders, 12 had severe menorrhagia, and one had pelvic infection. Five patients were keen on second child so loop was removed.

*Pregnancy following medical termination:* Eighteen patients became pregnant following termination. Three had fullterm normal deliveries and have undergone tube ligations. Six cases are under antenatal care, one patient had spontaneous abortion of 3 months due to high fever.

*Request for repeat termination:* Out of 18 cases of pregnancy, 8 came for repeat terminations. Three had undergone only termination of pregnancy and had refused to follow family planning advice. Three had termination and I.U.C.D. insertions—here one was preg-

nant with loop in situ. Suction curettage was done and she was put on oral pills. Second patient had D and C and loop removal for severe menorrhagia and polymenorrhoea. Third was unaware of loop expulsion and pregnancy. For both these cases suction curettage was done and Cu-T inserted. One patient was pregnant while taking oral pills. Abdominal hysterotomy and tube ligation was done for her. One patient became pregnant immediately after menstrual regulation, and has undergone repeat termination. Out of 200 cases only 7 (3.5%) had history of termination in past. Two had undergone termination twice before, one had undergone it thrice and four of them had one previous termination. Even though this number of 'habitual aborters' is small at present, it will increase as years go by causing serious problems for obstetricians and patients themselves.

*Attitude Towards Family Planning*

*Methods:* Ninety-eight cases (49%) accepted tube ligation, in 63 (31.5%) loops were inserted, 6 agreed for oral pills, 3 for condoms, thus 170 cases (85%) accepted one of the family planning methods. Thirty refused to accept any method.

*Attitude Towards Further Child bearing and Repeat Termination:* Out of the 120 cases interviewed by psychiatrist, only 7 had desire for more children, 28 said they would undergo repeat terminations and 19 said they would not like to repeat termination of pregnancy.

*Psychosexual Sequelae:* The psychiatric analysis was done by the department of psychiatry. Every patient was interviewed in detail for about half an hour in a separate room. In few cases even husbands and parents were interviewed. Some cases dropped out from psychiatric follow up as they were asked

to come repeatedly. Only 120 cases were analysed in detail.

**Marital Maladjustment:** These were present in 33% of cases, causes were financial in 29 cases (24.5%), inlaws 15 (12.5%), alcoholic husbands 21 (17.5%) paranoid husband 1 (0.83%), personal factors 21 (17.5%). The decision for abortion is impulsive and represents an attempt to deal with acute anxiety and depression. Abortion is a solution for some of their problems like financial stress and maladjustment with husbands.

**Psychosexual Orientation:** Inadequate sex knowledge in India is presumed to be common finding. Out of 120 cases, 104 had inadequate sex knowledge. Only 16 had adequate sex knowledge. One hundred and four of them had fear reactions with sex—ranging from mild to severe. This inadequacy and fear of sex-relationship resulted in favouring abortion.

**Sex Relations and Frequency:** Table III shows the attitude towards sex and frequency before and after M.T.P.

Attitudes towards sex have changed considerably after M.T.P. More couples became indifferent and disliked sex after M.T.P. Even frequency of sex relations have decreased and 18 are observing abstinence—which has a great significance. Fears of pregnancy guilt and mental disturbances played a major role in diminishing frequency.

**Neurotic Traits and Personality:** It was observed during the follow up that many of these patients had neurotic traits (45-50%) like temper tantrums, nail biting, thumb sucking, enuresis and phobias in their childhood. In personality pattern 35% were hysterical, 21% immature, 20% schizoid and anxious personality.

**Attitude towards M.T.P.:** Table IV shows the attitude towards M.T.P.

TABLE III  
Attitudes towards sex-relations and frequency before and after M.T.P.

Attitude	Before M.T.P.	After M.T.P.
Liked	87	57
Disliked	26	49
Indifferent	7	14
<b>Frequency</b>	<b>Before M.T.P.</b>	<b>After M.T.P.</b>
Daily	7	Nil
Alternate days	20	12
Once a week	40	20
Once a fortnight	22	27
Once a month	22	28
Period over a month	Nil	5
Abstinence	Nil	18
Irregular sex life	4	4

TABLE IV  
Attitudes Towards M.T.P.

Attitude	Self	Husband	Family members	Society	Religion
Accepted	115	96	64	53	1
Rejected	4	16	41	42	44
Indifferent	1	8	15	25	75

Reality pressures compel one to accept the situation. The table reflects the findings of follow 95.8% of the patients accepted M.T.P. as they were the sufferers, only 4 rejected and 1 was indifferent. Husbands who were party to it did accept but only upto 80%. The family members were next (53.3%) as they lived in same surroundings. Society (44.2%) and religion (0.83%) did not accept it as well as others. Both of them played an important role in making them feel guilty.

*Guilt and Mental illness:* Table V shows 'guilt feelings' and mental illness.

who had undergone termination against their will.

#### Discussion

The study also brings out that M.T.P. is not entirely a safe procedure. The commonest sequelae observed by US were menstrual disorders (menorrhagia and polymenorrhoea). In some cases these were severe and required either D and C or hysterectomy and blood transfusions. Oligomenorrhoea was seen following termination and tube ligation, which could be either due to damage to ovarian blood vessels or psychological

TABLE V  
*Guilt Feelings Mental Illness Before and After M.T.P.*

<i>Guilt</i>		Percentage in present Study	
Before M.T.P.		3%	
After M.T.P.		5%	
Both before and After		25%	
<i>Mental Illness</i>		No. of cases	
At the time of M.T.P.	32	3	were under active treatment
At the time of follow-up	41	18	are under active treatment
History of Mental illness in family	9		
History of mental illness in spouse	25		

There is no question that abortion represents psychological trauma to the abortee on many levels. The emotional trauma can produce guilt, anxiety or depression. In present study, 33 patients had severe guilt, feelings after M.T.P. Majority of them belonged to Muslim (12 out of 20) and Christian (7 out of 10) community. This was mainly due to religious attitudes. Forty-one cases had mental illness at the time of follow up in form of either depression, anxiety state, hysteria or schizophrenia. Eighteen patients were under active treatment either with drugs or electro-convulsive therapy. The incidence of mental illness was higher among Muslims, Christians or in those

effect.

In our series there is no evidence of lower infertility, prematurity or repeated abortions, even though in some cases conventional obstetric D and Cs were done.

In our series there is a high incidence of 'guilt feelings' and 'mental illness'. Many have changed their attitude towards sex, and are observing abstinence. The incidence of guilt and mental illness was higher in muslims and christians mainly because of religions factors.

Diggory (1969) has also reported high incidence of mental illness and depressions following M.T.P. Whittington (1970) feels that married women with

prior children were more likely to have long term unfavourable response to abortion. Droegemueller (1971) reported in some cases 'feeling of relief' following abortion but in our study no woman expressed such feeling.

Termination of pregnancy was most favourably accepted by the patients and their husbands but not by the family members, religion and the society and all these factors produced high incidence of guilt and mental illness.

#### *Summary*

Two hundred cases of termination have been followed up for various somatic and psychiatric sequelae.

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