

## MEDICAL TERMINATION OF PREGNANCY

by

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### Introduction

Medical Termination of Pregnancy Act came into force in India since 1st April 1972. It was a bold and much needed step to solve some of the problems facing India and the world today.

### Incidence

Table I describes the incidence of medical termination of pregnancy.

size less than 12 weeks and 80 MTPs were with the uterine size between 13 to 20 weeks.

Majority of the cases were done for failure of contraceptives. Two pregnancies occurred after puerperal sterilization, 3 in women using I.U.C.D. and 1 after attempted termination and vaginal tube ligation in an undiagnosed double uterus.

TABLE I  
Incidence of Medical Termination of Pregnancy

Total No. of admissions in Obstetrics wards from 1-4-72 to 30-6-73	6346	
Normal deliveries in the same period	5053	
No. of Spontaneous abortions	540	8.5% of admissions
No. of M.T.P.	377	5.9% of admissions

There were 281, 74.6% Hindus, 52, 13.8% Muslims and 44, 11.6% Christians. 11.4% of the patients were single women. All of them were below the age of 22 years and 30% below the age of 16 years (Table II).

There were 297 MTPs having uterine

TABLE II  
Marital Status of Patients for M.T.P.

	No. of cases	Percentage
1. Currently married	326	86.5
2. Never married	43	11.4
3. Once married	8	2.1

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The rest gave the history of the use of safe period or condom as a method of contraception. The second commonest indication includes the never married and the once married women (Table III).

TABLE III  
Indications for M.T.P.

	No. of patients	Percentage
1. Failure of contraceptives	324	85.96%
2. Risk of the health of women as a result of actual or reasonably remote environment	51	13.5%
3. Risk to the life of the mother	2	.54%

TABLE IV  
Various Methods used for M.T.P. in these 377 patients

Dilatation and Curettage	144
Vacuum aspiration	145
Intra-amniotic injection of hypertonic saline	71
Hysterotomy	16
Hysterectomy	1

In the initial period of the study, due to unavailability of the suction curettes, majority of the 1st trimester terminations were carried out by conventional dilatation and curettage. Now all 1st trimester terminations are done by the suction curette. All patients are admitted either the previous night or on the same morning. General anaesthesia with 0.25 to 0.59 gms of I.V. pentothal combined with 5 units pitocin is used where only termination is required. Low spinal anaesthesia is used where the termination is combined with tubal ligation. Two patients of heart disease were curetted under local anaesthesia.

In the initial period of the programme patients with the 2nd trimester pregnancy requiring tube ligation, were subjected to hysterotomy and abdominal tube ligation. This was done in 12 cases. The remaining 4 hysterotomies with abdominal T.L. were done in cases with 1st trimester pregnancy with an associated feature like previous laparotomy, previous T.L., pregnancy with Tubo-ovarian mass and pregnancy with fixed retroverted uterus.

Intra-uterine injection of hypertonic solution is reserved for patients with 2nd trimester pregnancy. In the beginning we tried using various lower strengths of hypertonic saline. However, because the injection abortion interval in these patients was prolonged to over 72-100 hours we switched to 20% saline which is used all over.

In one patient, with severe diabetes, cirrhosis of liver and severe toxæmia of pregnancy we used hypertonic glucose solution for M.T.P. and controlled the diabetes with added insulin.

All these patients are admitted and prepared. The procedure is done under local anaesthesia using a 4½-5 inch No. 15 needle. A puncture is made per abdomen preferably at the side opposite to the back of the foetus. As much liquor as possible is aspirated and the hypertonic solution is injected, the amount being about 50 cc more than liquor aspirated to a maximum of 200 c.c. Before withdrawing the needle 275 mgm of I.V. Reverin is injected into the amniotic sac. The patients are kept in ward for 24 hours after the abortion. If the patient did not abort in 48 hours intravenous pitocin drip was started to stimulate the uterus.

From Table V it is evident that nulliparous patients take longer to abort than patients who have already delivered a full term child. The abortion is more frequently complete in the multiparous women. In 15 women the placenta re-

TABLE V  
Injection Abortion Interval in Women With Different Parities

Parity	No. of cases	24 hrs.	48 hrs.	abōve 48 hrs.
0	31	4 (13%)	8 (26%)	19 (61%)
1-4	31	6 (19%)	12 (38%)	13 (43%)
more than 4	9	1 (11%)	5 (55%)	3 (34%)

mained inside. In 12 cases the abortion was completed with a pitocin drip, 1 patient required digital removal of placenta and in 2 cases we had to do a blunt curettage.

One patient developed hypernatraemia which responded to a fast infusion of 1000 cc of I.V. glucose. One patient required a reinjection as she failed to abort in 144 hours.

Patients in whom the pregnancy is 12-14 weeks at the first visit are advised to come back 2-4 weeks later for intra-amniotic injection.

In the initial period of this study patients with 2nd trimester pregnancy were either subjected to hysterotomy with T.L. or I.U. saline injection and T.L. after abortion. We found that majority of the latter group refused T.L. after abortion. Subsequently we have started doing intra-uterine saline injection and T.L. at the same sitting under spinal anaesthesia. This latter procedure has the advantage of shortening the hospital stay. Furthermore we noticed that latter group of women usually aborted much faster. We have not had any failures in this group.

#### Complications

Some of the complications encountered with intra-uterine saline injection have already been discussed. Others are mentioned in Table VI.

Contraceptive advice given is shown in Table VII

TABLE VI  
Complication in M.T. P. Cases

1. Haemorrhage during D and C	2
2. Haemorrhage following I.U.S. induced	1
3. Sepsis	1
4. Psychosis	1
5. Retained products after D and C	1
6. Broad ligament haematoma (M.T.P. with vaginal T.L.)	1

TABLE VII  
Contraceptive advise given

Tube ligation	151
Vasectomy	265

Tube ligation was done vaginally at the same sitting with M.T.P. in first trimester pregnancy. Abdominal T.L. was done with hysterotomy or either with or after intra-uterine saline injections.

In the last 2 months of the study we are introducing I.U.C.D. after M.T.P. at the same sitting.

Twenty-four patients considered eligible for the tube ligation refused it and gave reasons shown in Table VIII.

TABLE VIII  
Reasons for refusal of T.L. by eligible patients

No reasons	15
All issues females	3
Promised to get vasectomy done	4
Widow	1
Severe heart disease (physician refusal)	1

All patients were called for follow-up after one week and after one month.

### Discussion

Dilatation and curettage, suction curettage, hysterotomy, intrauterine injection of hypertonic solutions and use of Prostaglandins are the methods most commonly used to terminate pregnancy. Cervical lacerations, perforations and occasionally incomplete evacuations are likely complications with dilatation and curettage as well as vacuum aspiration (Edelman *et al* 1974). If perforation of uterus occurs in the course of D & C, majority of the patients can be observed but if it occurs with the suction curettage, exploratory laparotomy becomes mandatory as there is often a serious injury to the bowel or mesentery.

The cheapest, swiftest and universally available method for mid-trimester termination is intra-amniotic injections of various solutions like saline. (Schiffer *et al* 1973). Other solutions being tried are distilled water, normal saline, prostaglandins and urea (Mehta 1974; Stim 1972; Stewart and Goldstein 1972; Smith and Newton 1973; Feiss *et al*). The Complications encountered with intra-uterine saline injection are numerous but we did not encounter any serious complication in these 71 patients.

Hysterotomy has been described as a procedure with highest risk among the

various M.T.P. methods (Pakter *et al* 1974).

### Summary

Prospective study of 377 cases of M.T.P. done at a teaching hospital is presented. Medical termination of pregnancy is safe and simple.

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