ONE YEAR OF OUT PATIENT PREGNANCY TERMINATION†

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Out patient procedure for early termination of pregnancy has to be implemented in the legal abortion programme in India since indoor care of all abortion cases is bound to suffer because of lack of accommodation and theatre facilities in an already overcrowded maternity hospital.

Menstrual regulation and suction aspiration when performed in the first 10 weeks are easy, safe and simple. The simplicity of the technique have resulted in world wide acceptance as out patient procedures.

During a period of one year, 2420 terminations were done and out of these 1367 pregnancies were terminated on out patient basis. In the previous year, when all patients were admitted in the ward, there were only 681 terminations. This indicates that with the availability of facility for outpatient termination there is a marked increase in the number of patients and yet it has tremendously decreased the load on the operation theatre and wards and nursing staff.

Material and Methods

A careful selection was made of patients suitable to undergo terminations in the O.P.D. The criteria for selection were:—

1. Pregnancy within 12 weeks of gestation.
2. Absence of associated medical or surgical disease.
3. Absence of any local infection.
4. Patient desirous of temporary contraception or patients whose husbands were willing for vasectomy.

After a thorough clinical examination, if the patient was found medically suitable for termination in the OPD she was interviewed by the social worker and was registered. The patient was then taken on the table within half an hour without wasting any time for preparation, etc. Only a few patients required pre-medication in the form of a sedative and most of the patients co-operated well without any sedation. All patients were given local anaesthesia in the form

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of either pericervical or paracervical block and appropriate procedure like MR with Karman's cannula or/and suction aspiration was done with hand operated or Berkley II electrical suction.

After the procedure was over, the patient walked to the observation bed and was observed for half an hour to 2 hours and discharged after the 2nd interview with the social worker for advice regarding contraception and follow up.

Carefully selected patients were followed up for a period of 3 months. This follow up was of the nature of sample survey as a large majority of the patients undergoing termination of pregnancy do not wish to keep follow up for social and other reasons.

Observations

More than half of the terminations done in this hospital were in the first trimester and a very large majority of these accepted concommitant contraception.

TABLE I

MTP in Sassoon Hospitals. September, 1975 to August 1976

	MR	Suction	Hysterotomy	EAU	Saline	PG	Cu T	Total
Outdoor	315	1052	—	—	—	—	1104	1367
Indoor	8	314	390	241	49	51	—	1053
Total	323	1366	390	241	49	51	1104	2420

Age

64.74% of our patients were in the age group of 21-30; the youngest was 14 years and oldest 47 years.

Marital Status

Only 6% patients terminated in O.P.D. were unmarried indicating that very few unmarried girls report early enough to be suitable for out patient termination.

Parity

A large number of patients were of parity 1 and 2 and only 15.5% were nulliparous.

Religion

Even though a large number of patients were Hindu, Muslim, Christian and others have also availed this facility.

TABLE II

Indication for termination

Indication	No.	%
1. Injury to physical/ mental health of woman	238	17.41
2. Rape*	29	2.12
3. Failure of contraceptives*	1007	73.66
4. Environmental risk to health of woman	93	6.8

* History of patient believed.

Official indication for termination as requested for legal purposes was mainly failure of contraception. The histories told by patients as regards failure of contraception, personal worries and rape were believed in toto. In reality, most of the patients under the heading of "Failure of contraceptive" had requested terminations because of failure to take contraceptive. These included a large number of women whose last child was very young and strongly desiring spacing but had conceived inadvertantly (Table ii).

TABLE III
Concommitant Contraceptives

Method	No. of acceptors	Percentage
Cu T-200	1104	80.7
Oral pills	38	2.7
Vasectomy	41	3.0
None	184*	13.6

Includes unmarried and widows.

A good majority accepted or were convinced to accept simultaneous insertion of Cu T-200. Because of the novelty of the device, it was easier to convince the patients who were otherwise afraid of conventional loop. Forty-one i.e. 3% of the patients insisted on OPD terminations though they were eligible for permanent contraception. This was because admission of women to the hospital was inconvenient and so men underwent vasectomy. Amongst those who did not accept any contraception there were unmarried girls and widows and very few married women (Table iii).

MTP OPD where there was a fast turnover of patients was an excellent training place for doctors. This was supervised by one Reader and two Research Officers who were constantly posted in the centre. Thirty-eight Post-graduates, including residents did 396 procedures with an average of 14.2 procedures per head in a course of 6 months, whereas 7 Medical Officers from PHC did 203 procedures with an average of 29 per head within a period of one month.

Incidence of Perforation

On this background of training the incidence of perforation was only 0.83% of which 2 were done by training staff and 9 others by doctors under training. These patients were admitted for observations but recovered well with conservative treatment only.

TABLE IV
Immediate Complications

Complications	No. of patients	Percentage
1. Haemorrhage	0	0
2. Cervical laceration	14	1.02
3. Uterine perforation	11	0.83
4. Convulsions	2	0.14
5. Laparotomy required	0	0

Even though the complication rate was strikingly low, the incidence of cervical laceration and uterine perforation was worth taking notice of. Two patients had convulsions during the procedure because of intravasation of local anaesthetic agent and this possibility has to be kept in mind while providing facilities for resuscitation always ready (Table IV).

Three months complete follow up was possible only in 24.9 patients even after careful selection of patients for follow up.

TABLE V
Contraceptive Effort

Method	Followup group Acceptance	Continued at 1 mth.	3 mths.
Cu T	302	295	289
Oral pills	5	5	1
Vasectomy	19	19	—
None	14	14	14
Total	340	333	323

Amongst the 340 patients followed continuation rates with Cu T device was apparently high (95.7%), even though there were some drop outs because of real or imaginary sequalae of the device (Table v).

TABLE VI
Menstrual Pattern

Pattern	Number	Percentage
1. Scanty period	1	0.3
2. Postabortal bleeding	18	5.3
3. Menorrhagia	84	24.7
4. Irregular bleeding	25	7.3
5. Normal periods	212	62.3
Total	340	99.9

In a higher percentage of patients normal menstruation was restored within 3 months, but a sizeable group oi patients (24.7%) experienced menorrhagia necessitating treatment (Table VI).

TABLE VII
Minor Sequalae

Sequalae	Number	Percentage
1. Mild infection	12	3.5
2. Cervical erosion	8	2.3
3. Backache	58	17.00
4. Leucorrhoea	14	4.1
5. Fixed retroversion	7	2.0

Backache, leucorrhoea and mild pelvic infection were some of the leading sequalae noticed in the follow up group (Table VII).

More common indication was that the previous child was too young. Even though the avoidance of an unwanted pregnancy is safer and more logical than the termination, yet our women are not educated enough regarding temporary contraception and this number will decrease with increasing awareness of indirect contraception and spacing.

Morbidity is inevitable. The complication rates reported earlier vary from 0.9% to 55.6%. The incidence of laceration and perforation can be reduced if the doctor under training has some previous experience in dilatation and curettage of the non-pregnant uterus.

In the follow up it was found that menorrhagia and irregular bleeding were of common occurance and they were usually treated with hemostatics and cyclical hormonal treatment and some times with D. & C.

Concurrent contraception

These patients who come early are willing and well motivated and consequently accept further contraceptive advice with readiness. Even though abortions have been legalised by the Government of India, MTP is not included in Family Planning Programme. How effective it proves in lowering the birth rate can only be realised 5 years after the implementation of MRP. To avoid the repetition of any of the termination procedure, each patient has to accept some family planning method, either immediately after the procedure or at the follow up visit. Intrauterine contraceptive device is becoming popular because of the hazards of pills published in newspapers. Another procedure that is now becoming popular is out patient termination of pregnancy in a woman and vasectomy of the husband as it is convenient to the couple.

Conclusion

We thus conclude that this procedure is practicable, technically simple and safe with a low complication rate. The procedure could also be done at rural centres. And we make a plea that the legal abortion procedure be organised by the mobile Family Planning units with a view to reach all women desiring legal abortion with a contraceptive method.