

MEDICAL TERMINATION OF PREGNANCY IN ANAEMIC PATIENTS

by

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From the available literature it appears that this problem has not attracted the attention of any worker and hence no publications on the subject are available. It is likely that in well-developed countries, such a problem may not exist at all due to a high nutritious diet. In contrast to this, in developing countries like ours, anaemia is very commonly encountered and one has to treat anaemic patients coming for termination of pregnancy. As far as India is concerned, the problem would naturally assume a great significance particularly in rural area. Under the circumstances doubt arises in the mind of the operator whether to undertake the operation or not and what would be the complications expected after the procedure.

One of the factors which will govern the decision is the degree of severity of anaemia. In addition the second aspect of it would be the sequelae that will follow such a procedure. This communication is intended to present experiences and findings in this respect.

Material and Methods

Eleven thousand, four hundred and two abortions were carried out from 1972 till

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1976. Out of these 9304 were in the first trimester and 2098 in the second trimester.

Different techniques adopted for terminating pregnancy are shown in Table 1.

TABLE I
M.T.P.—Procedures

Gestations	Procedure
upto 14 days	M.R.—O.P.D.
upto 10 wks	Suction—O.P.D.
10 to 12 wks	Suction—O.T.
12 to 15 wks	E.A. injection
15 to 20 wks	I.A. injection

This is of some significance because of the amount of blood loss and/or complications such as infection depending upon the technique that is adopted.

Haemoglobin estimation was carried out by Sahli's method in 1910 patients, out of which 1460 were in the first trimester and 450 in the second trimester, Table II analysis the patients according to the haemoglobin levels both in the 1st and the 2nd trimester. In all 22.56% of the cases had Hb level less than 10 Gm%, out of which only 2.19% cases had Hb level less than 8 Gm%. There was no case of severe anaemia having Hb level below 6 Gm% in our series. Lesser number of patients below 8 Gm% are seen in the first trimester than in the second trimester where the figures are more than five

TABLE II
Analysis According to Haemoglobin levels

Hb. Gm%	1st trimester		2nd trimester		Total	
	Number	%	Number	%	Number	%
0-5.9	0	0	0	0	0	0
6-7.9	15	1.03	27	6.00	42	2.19
8-9.9	300	20.55	89	19.78	389	20.37
10-11.9	723	49.52	251	55.78	974	50.99
12+	422	28.90	83	18.44	505	26.45
Total	1460	100.00	450	100.00	1910	100.00

folds. Primarily, Nowrosjee Wadia Maternity hospital serves the local population but 20% of the second trimester patients were from rural area. These were mainly poor unmarried girls or those multiparae who wanted simultaneous sterilisation. Patients of low socio-economic group and very often unmarried girls tend to seek the advice in the second trimester by which time they become more anaemic and are prone to develop more complications because of second trimester termination in severe anaemic state.

TABLE III
Comparison Between First and Second Trimester Complications

Complication	1st trimester	2nd trimester
Bleeding	1.78	5.78
Infection	—	15.11
Infection at follow-up	0.38	2.6

Table III shows complications encountered in the cases studied. As it was noted that during the second trimester the complications such as bleeding and infection were commonly seen these complications are analysed as related to Hb level of the patients (Table IV).

Comments

In otherwise healthy patients, in a well equipped hospital, MTP under local anaesthesia is relatively a safe procedure with minimum complications by suction method in the 1st trimester upto Hb level of 6 Gm%. However, as a precautionary measure blood is to be kept ready for transfusion if required for those with Hb between 6 and 8 Gm%. It is safe to avoid MTP below 6 Gm%, but better to build her up with specific antianaemic treatment to a level where MTP proce-

TABLE IV
Complications in Second Trimester

Hb Gm. %	Excess blood loss		Infection		Total
	Number	%	Number	%	
6-7.9	1	3.70	3	11.11	27
8-9.9	4	4.50	21	23.60	89
10-11.9	13	5.18	35	13.94	251
12+	8	9.64	9	10.84	83
Total	26	5.78	68	15.11	450

...ure is not dangerous for her. This build-up has to be achieved within the minimum period so that she does not cross the 20 weeks gestation at the time of MTP. If very short period is available after her first visit to the clinic to build her up, then, it is safer to continue with the pregnancy than to terminate in severely anaemic state in the 2nd trimester.

While reviewing the subject, the available literature, current and past is quite meagre and scarce. We were not successful even after a long search of Indian and foreign material to find a single article or worthwhile reference on this score, except perhaps a sentence by Rohit Bhatt in I.F.R.P. Journal, December 1974. He strongly recommends that the Hb of the patient should be more than 10 Gm%.

The risk of sepsis is greater for anaemic women. However, it seems that there is a general lack of well documented follow-up of the cases after MTP in anaemic patients. This is a big lacuna, if MTP is to be safely carried to rural India. Hence we suggest more research should be planned in a large series of patients particularly in rural institutions, where more number of severely anaemic patients are likely to be encountered than the urban population.

Summary

The present communication reports the experience in carrying out MTP at the Nowrosjee Wadia Maternity Hospital, particularly relating to anaemia. The material is presented and discussed.

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