# A STUDY OF MEDICAL TERMINATION OF PREGNANCY

## (4008 Cases)

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Medical Termination of Pregnancy Act 1971 came into force from 1972. Since then some centres in India have reported their experiences with this procedure which is a new experience. Jain and Devi (1976) reported their experience in 1205 cases from Chandigarh. Alwani *et al*, (1976) reported 729 cases and Damodia and Thakkar (1977) reported their experience in 550 cases from Bombay. Gupta *et al*, (1977) reported their experience of 6071 cases of elective abortion from Calcutta. This paper is meant to report our experience on 4008 cases of Medical Termination of Pregnancy (M. T. P.) carried out in Zenana Hospital, Jaipur.

### *Material and Methods*

From April 1972 to December 1977 4008 cases of M.T.P. were done in Zenana Hospital, Jaipur (Rajasthan). The cases were broadly grouped in two, depending on the duration of pregnancy. For patients who were less than 12 weeks of gestation, dilatation and vacuum aspiration with check curettage (D. & V.A.) or dilatation and evacuation (D. & E.) were done. For those who were more than 12 weeks pregnant various procedures used were: hypertonic saline instillation (intra or extra amniotic—IAHS or EOHS), prostaglandins (intra or extraovular acridine dyes (unacredil 0.1%) extraovular, transcervical catheter extraovular and hysterotomies.

The present data analyse age, parity, marital status, literacy, complications, mortality and failure of the various methods.

### *Anaesthesia*

In 3311 (82.4 per cent) cases general anaesthesia (Pentothal I.V. and/or $N_2O$) was used. In 220 cases (5.5 per cent) spinal anaesthesia and in 31 cases (0.77 per cent) paracervical block with 10-20 mg diazepam was used. Local anaesthesia for AAHS was used only in 1.6 per cent of the cases.

### *Observations*

### *Age and Parity*

Maximum number of cases (63.8 per cent) belong to the age group of 21-30 years. 82.1 per cent of the cases were having 2 or more issues and only 6.6 per

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cent of cases were having no issue. Out of these 6.3 per cent of cases were unmarried girls and the remaining were married but did not want pregnancy.

*Marital Status*

89.7 per cent of women were married. 10.3 per cent of women were single. The second group included unmarried girls 6.3 per cent and the rest 4.0 per cent were either widows or those separated from their husbands.

*Religion*

Out of 4008 cases, 3832 (95.8 per cent) were Hindus, 126 (3.2 per cent) Mohammedans, and 50 (1.0 per cent) were Christians.

*Education*

The education status was not recorded in 128 cases. Out of 3880 cases 1102 were illiterates, 766 cases had education upto primary standard, 802 were educated upto high school; and 527 cases had university education.

*Period of Gestation*

Termination of pregnancy was carried out in 79.3 per cent of cases before 12 weeks of gestation and in 20.7 per cent of cases after 12 weeks of pregnancy.

*Causes*

Causes for termination of pregnancy are depicted in Table I. The main cause was the socio-economic condition of the patients and also simply for spacing.

TABLE I
*Causes for Termination of Pregnancy*

| Causes | Per cent of cases |
|---|---|
| Socio-economic condition or spacing | 92.00 |
| Contraceptive failure | 2.50 |
| Vasectomy and TL failure | 0.50 |
| Danger to physical health of mother | 0.30 |
| Rape or injury to mental health of the patient | 4.70 |

*Method of Termination of Pregnancy*

Termination of pregnancy was done by D. & V.A. or E. upto 12 weeks of gestation; and in cases where the size was more than 12 weeks other methods were adopted (Table II).

Various Methods of further contraception used in the couples after termination of pregnancy are exhibited in Table III.

TABLE II
*Method of Termination of Pregnancy*

| Less than 12 weeks | More than 12 weeks | | | | |
|---|---|---|---|---|---|
| | Hypertonic Saline | Prostaglandin | Un-acredil | Transcervical Catheter | Hysterotomy |
| 3524 | 351 | 47 | 46 | 9 | 31 |

TABLE III
*Various Methods of Further Contraceptions Used*

| Total number of cases | Methods of Contraceptions used | | | | |
|---|---|---|---|---|---|
| | IUD | Tubal ligation | Vasectomy | Others | None |
| 4008 | 898 | 1991 | 189 | 365 | 563 |

*Complications*

*Excessive Bleeding*

Three patients had profuse bleeding where termination was done by Vacuum-Aspirator and went in the hypovolaemic shock requiring blood transfusion. There was 1 more case of a single girl who died of bleeding. She had profuse vaginal bleeding after abortion followed by bleeding from vein puncture sites and erythematous patches appeared all over the body.

*Injury to Uterus and Cervix*

Nineteen Cases (0.53 per cent) out of 3524 of total D. & V.A. or E. cases had perforations of the uterus. All these 19 were explored by laparotomy, 6 had perforation over the anterior wall, 10 over posterior wall and 3 over the fundus. Repair was done in 18 cases but 1 required hysterectomy. Patient with hysterectomy died later on due to hypovolaemic shock. In another 6 cases where there was a doubt of perforation. They were treated conservatively. Out of these 6 in 2 cases with sounding only there was doubt of perforation—both these continued pregnancy and delivered normally later on. One had rupture uterus following prostaglandin $F_2$ alpha instillation (E.O.) where hysterectomy was done but patient died.

Cervical laceration and bleeding from the volsellum bite was there in 20 out of 3524 cases of D. & V.A. or E. while in hypertonic saline group 2 out of 351 had bad cervical tear on the posterior wall of the cervical canal. Because of non-dilatation of cervix foetus escaped through those rents which were stitched later under anaesthesia.

*Incomplete Abortion*

In 90 cases (2.25 per cent) there were incomplete abortions. Forty cases were from 2nd trimester group who aborted incompletely and required evacuation at that time only. In rest of the 50 cases where D. & V.A. or E. was done with check curettage, they had incomplete evacuation and came either with profuse bleeding or continuous bleeding for 15-20 days, and all required secondary curettage under general anaesthesia.

*Infection*

Ninety cases (2.25 per cent) had some or the other type of infection. Eighty cases were with tubal ligation, mostly by vaginal route. The 10 cases without tubal ligation had minimal infection which was treated, only 1 case where I.A.H.S. was done developed septicemia and endotoxic shock and died. Retrospectively she gave the history of interference with local dais. Out of 80 cases with tubal ligation, 5 developed T.O. masses on one side or bilaterally, 5 cases had pelvic abscess and 2 cases had pelvic cellulitis. The rest had mild pelvic inflammation.

One more patient where I.A.H.S. and tubal ligation was done developed tetanus, had a history of interference outside. Patient was a widow. That patient was transferred to Isolation Hospital and treated there.

*Menstrual Disorder*

187 cases (4.51 per cent) who attended Gynaecological OPD for longer time complained of various types of menstrual disorders—menorrhagia, dysmenorrhoea, irregular vaginal bleeding, polymenorrhoea and hypomenorrhoea. This problem was mainly in those cases where IUD insertion was done after M.T.P. Most of them after 2-4 cycles had normal cycles either spontaneously or after con-

servative line of treatment. Fifteen cases with Copper-T and 8 with Lippes Loop required removal of IUD and few cases required curettage because of uncontrolable situation.

*Continuation of Pregnancy*

Twelve patients continued pregnancy. All were subjected to VA. Three continued pregnancy and had normal deliveries and in rest of the 9 cases re-termination was done.

There were 45 patients with some or other type of psychological upset. Most of them regretted to the procedure. Very few number of cases had gastrointestinal Tract disturbances where $FGF_2$ alpha was used.

Two cases of $PGF_2$ alpha and 2 from saline series failed to abort requiring hysterotomies.

*Discussion*

Large scale Medical Termination of Pregnancy is a comparatively new experience for Indian Obstetricians. This paper deals with our experience on 4008 cases.

We used general anaesthesia in 82 per cent of cases. In rest of the cases we used spinal anaesthesia. In only 1.6 per cent of cases local anaesthesia was used. Damodia and Thakkar (1977) used general anaesthesia in 69.9 per cent of the cases. Some of the workers used general anaesthesia in very few cases, Khandwala and Pai (1975) used no anaesthesia in 80 per cent of the cases while Gupta *et al,* (1977) used general anaesthesia in only 0.7 per cent of cases. Unlike the experience of these later workers we strongly feel that with the use of general anaesthesia the procedure can be done smoothly and pain, trauma and stress to the patient is less.

The procedure is not entirely safe. Complications like haemorrhage, uterine and cervical injury, incomplete evacuation, infection etc. are observed. Mortality in our series was 1 per 1000. The M.T.P. should not be taken lightly and every patient should be evaluated carefully and managed with utmost care and skill. We agree with Jain and Devi (1976) that M.T.P. is only a good supplement to other contraceptive procedures which are comparatively much safe and are now being accepted by more and more couples.

*Summary and Conclusions*

(1) 4008 cases experience reviewed.

(2) It has its own hazards, should be undertaken by experienced persons.

(3) It is a good supplement to contraceptive measures which still should be given priority.

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