

# SOME OBSERVATIONS IN FIRST TRIMESTER TERMINATION

(Study of 900 Cases)

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## Introduction

Prevention of pregnancy is preferable both medically and socially to abortion. Abortion is a poor substitute for birth control, when one considers the psychological impact to the patient, the morbidity and the expenses involved.

Abraham Lincoln quoted well when he said "The dogmas of the quiet past are inadequate to the stormy present ... as our case is new, so must we think anew and act anew ... we must disenthral ourselves".

So we have welcomed the liberalisation of abortion in India because earlier laws, through their very stringency, drove countless women, married and unmarried, into the hands of unqualified and unscrupulous persons.

The objective, of this review are to describe the population obtaining abortion according to marital status, race and parity, in order to define need for contraceptive services, to establish some index of medical risk of the procedures employed and to establish socio-economi-

cal status of the patient seeking abortion.

The work about to be presented is a study of 900 cases of first trimester termination.

## Material and Method

This is a study of 900 cases of medical termination of pregnancy admitted in the department of Obstetrics and Gynaecology at Irwin Group of Hospitals, Jamnagar, from February 1977 to July, 1978.

The patients were treated on 'come in and go out' basis. All the patients were admitted, history was taken in details, and after clinical examination, method of operation was decided. The patients were discharged on the same day in the evening unless they had also undergone tubectomy alongwith M.T.P.

Upto 8 weeks size uterus the evacuation was obtained with M. R. Syringe and Karman's cannula followed by check curettage. Between 8-10 and 10-12 weeks either vacuum aspirator was resorted to followed by check curettage or traditional dilatation and evacuation was done.

Five hundred and sixty-seven cases upto 8 weeks size uterus underwent evacuation with menstrual regulation syringe followed by check curettage.

## Procedure

Premedication of 100 mg pethidine i/m

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+ 0.6 mg atropin i/m was given 45 minutes prior to the procedure. After emptying the bladder, woman was placed in lithotomy position. Vulva and vaginal were swabbed with Savlon solution. Under aseptic care vaginal examination was performed. Posterior vaginal wall retracted with Sims speculum and anterior lip of the cervix steadied with volsellum. Either intra or paracervical block was given and Karman cannula was passed according to the size of the uterus. In case of any difficulty in passing the cannula, cervix was dilated with Hegar's dilators as required. Syringe was fitted to the cannula. The uterine contents were sucked out by rotating the syringe and moving the cannula tip up and down. The end point of suction was taken when (1) no further material was found coming out and (2) the uterine wall tightly gripped over the cannula end and gritty sensation was felt. Check curettage was done to ascertain the complete emptiness of uterus.

In 198 cases from 9-12 weeks of gestation vacuum aspirator was used followed by check curettage. Here, instead of Karman's cannula, larger diameter metal cannula was used connected to electrical vacuum aspirator. Whenever the uterus was more than 10 weeks size, intravenous 20 units pitocin in 5% glucose drip was given throughout the procedure to minimise the blood loss and hasten the procedure.

One hundred and thirty-five patients underwent traditional dilatation and evacuation. Here also intravenous 20 units pitocin in 5% glucose was started before the procedure and 0.2 mg intravenous methergin was given before curettage to restore uterine tone and reduce blood loss.

Rapid dilatation of cervix with Hegars

dilators was done followed by gentle curettage till no more products remained in uterus.

In all cases postoperative antibiotics were given. Patients were operated under para or intracervical block except when vaginal sterilisation was also done simultaneously, spinal anesthesia was given and when it was predicted that abdominal sterilisation will be difficult, spinal anesthesia was given.

In patients when sterilisation operation was not done and in absence of complication, the patient was discharged two hours after the procedure.

#### *Observations*

Out of 900 cases of first trimester MTP, 648 (72%) were urban and 252 (28%) were rural, indicates the awareness of abortion law amongst urban population.

Out of 900 cases of first trimester MTP, 864 (96%) were married, 27 (3%) were unmarried, 4 (0.4%) were widow and 5 (0.6%) were separated. Ratio of legitimate to illegitimate pregnancy 24/1.

Out of 900 cases, 783 (87%) were Hindus, 54 (6%) were Muslims, 54 (6%) were Christians and 9 (1%) were of other community indicating majority of Hindus in community. 80% of the patients income was below 200 per month.

Out of 900 cases in 14.2% size of uterus was just bulky, in 11% uterus was 10 to 12 week size. While majority of cases with uterine size ranging from 6 to 10 weeks (74.8%), no relation was observed between marital status parity and size of the uterus.

Five hundred sixtyseven 3% of cases upto 8 weeks of gestation, M. R. syringing followed by check curettage was an effective method of termination. After 10 weeks, either vacuum aspiration with metal cannula or dilatation and evacuation was done in 333, 37% of cases.

Out of 864 married patients, 642 (74.37%) accepted contraception, and 222 (25.63%) did not accept any.

Two hundred and fifty-seven, 40% of patients underwent either abdominal or vaginal sterilisation. Majority of them were 3rd or more para.

Three hundred and forty-one, 53.22% had IUCD inserted. Majority of them were para 1 or 2. IUCD was accepted by 24.21% of para 4 or more when they desired pregnancy in future. Oral pills were opted for by 25, 3.92% and 19, 2.8 conventional contraceptives.

Out of 900 cases, 0.4% had perforation mainly when uterus was of 6 weeks size or less. Excessive bleeding was encountered after 10 weeks in 0.4% of cases indicating dangers of late MTP. Pyrexia was observed in 4% of cases. Mortality was nil and morbidity was 4.8% of cases.

#### Discussion

The fact that majority, 87% of the patients were Hindus is comparable with other workers report. Kanitkar and Rao report 78% Agrawal and Bhatt 97%.

Seventy-two per cent of cases were from urban and only 28% were rural findings compare well with other series (Kanitkar and Rao (1974) 74%; Agarwal and Bhatt reported 82%). Though 80% of population is in villages, 28% took advantage of abortion law showing ignorance, fear and lack of facility.

The majority of patients were from lower socio-economic group, 88% had income less than 300 rupees per month. Kanitkar and Rao (1974) reported 74.6% with this income.

Ninty six of patients were married. Only 4% were either single, separated or widow. While series from west show 63-68% of termination belonging to illigiti-

mate group, the relatively low incidence of illegitimate pregnancy reflects well India's culture and conservatism.

Majority of patients in the present series (64%) were having parity two or more. Kanitkar and Rao (1974) reported 43%, while series from west report 18% (Bracken 1972). Only 8.2% were nullipara. This was because of our attitude to persuade the married primigravidas to continue their pregnancies by convincing them that the grounds on which they contemplated this steps were unsound and they were also explained the probable effects of abortion on their future obstetric career.

Sixty-three per cent patient presented before 8 weeks. With proper education more patients can be encouraged to report as early as possible after missed period.

M. R. syringing and vacuum aspiration followed by check curettage were the methods of choice in 85% of cases. Most of the operations were performed under local anesthesia, except in vaginal tubectomy and difficult cases of abdominal sterilisation. No major complication of anesthesia was encountered.

#### Summary

Nine hundred cases of medical termination of pregnancy were studied from February 1977 to July 1978 in Department of Obst. and Gynaec. Irwin Hospital, Jamnagar. Attempt is made to carry out detailed study of social, medical and surgical aspects of the subject.

Majority of patients were Hindus, married, young and coming from urban areas with low socio-economic status.

Technically upto 8 weeks M. R. syringing and after that vacuum aspiration were found to be methods of choice.

