A STUDY OF MEDICAL TERMINATION OF PREGNANCY IN A PRIVATE NURSING HOME AT JAIPUR (400 CASES)

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Introduction

With the legalisation of abortion, medical termination of pregnancy has become an additional and indirect method of contraception, particularly in those cases where pregnancy is unwanted or unplanned. Also it is of great help in reducting morbidity and mortality associated with septic and criminal abortions.

The present study was carried out on 400 cases of medical termination of pregnancy (MTP) performed during the period—October 1976 to December 1979, in one of the renowned nursing homes at Jaipur, with the view that the patients attending private clinics are usually from higher socio-economic class, having greater awareness for their health and so certain complications in them are less than in the general population.

There is relatively higher rate of MTP for unmarried pregnant girls attending the private clinics to keep themselves secret from the eyes of the society.

Material and Methods

First trimester pregnancy (less than 12 weeks) was terminated by suction evacuation, being done as outpatient procedure. The patients were discharged after 4 to 6 hours. They were not given any antibiotics, routinely, except when indicated.

Intra-amniotic instillation of hypertonic saline 150-200 ml, was used as a method in the second trimester of pregnancy. Before injection, skin site was infiltrated with local anaesthetic agent (1% Xylocaine). Evacuation under sedation was carried out in those cases in whom products of conception were retained.

Observations and Discussion

Age: Table I shows that maximum number of patients 208 were between 20-29 years of age i.e. during the period of maximum fertility in woman's life.

TABLE I

Distribution of MIP Cases According to Age

Age Group (Years)	MTP Cases	
	Number	Per cent
15 - 19	38	9.50
20 - 29	218	54.50
30 - 39	121	30.25
Over 40	23	5.75
Total	400	100.00

Socio-Economic Status: Table II shows that maximum number of patients in the present study were highly educated (incidence 68.5 per cent) and belonged to

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higher income group (71.5 per cent). The illiterate group of 5 per cent consisted mainly of unmarried girls and widows who mostly came from villages. They usually came late in the second trimester and that too after being handled by traditional birth attendants (local dais) or quacks.

TABLE II
Distribution of MTP Cases According to Education and Socio-Economic Status

	MTP Cases	
	Number	Per cent
I *Education*		
College and University	274	68.50
High School/Hr. Secondary	80	20.00
Primary	26	6.50
Illiterate	20	5.00
II *Economic Status* (Income)		
Above Rs. 1000 p.m.	286	71.50
Rs. 500-999 p.m.	68	17.00
Below Rs. 500 p.m.	46	11.50

Parity: Table III sketches the parity of the patients. Maximum number of MTPs were performed on patients having 1-2 living children. This group constituted 70 per cent of the cases. Das *et al* (1977) from Delhi reported similar figures (67.0 per cent). This group of patients did not adopt some permanent method of contraception and usually they gave the history of failure of conventional methods of contraception.

TABLE III
Distribution of MTP Cases According to Parity

No. of Living children	MTP Cases	
	Number	Per cent
0	85	21.3
1	120	30.0
2	160	40.0
More than 2	35	8.7
Total	400	100.0

Next was the group of nulliparous patients. This consisted of 85 patients (21.3 per cent). Out of these, 78 (19.5 per cent) were unmarried, widows or separated women. This is a relatively higher figure. This may be because more unmarried cases go to the private clinics for they feel more secure and safe in a small setup. Remaining were nulliparous married women who did not want pregnancy either because of examinations or service problems.

Last Delivery-MTP Interval: This has a definite impact on adaptability of MTP. Many patients conceive during lactational amenorrhoea. They do not use any contraceptive measure under the false impression that pregnancy cannot occur during lactational amenorrhoea. In the present series maximum number of MTP (32.5 per cent) were done of women having last delivery before one year. There were 11 women whose last delivery was before 10 years or more. For these patients pregnancy was a chance occurrence. So along with MTP, sterilisation was also performed in these cases.

Duration of Gestation: Three hundred and fifty-two, 89.3 per cent of patients came in the first trimester. As the patients were educated, they were aware of advantages of coming earlier for abortion and also they gave exact date of their last menstrual period. So the size of the uterus always corresponded with the duration of the amenorrhoea. Thakkar (1977) reported 78.7 per cent of cases coming in the first trimester, whereas Das (1977) reported 81.0 to 92.0 per cent of cases coming in the first trimester which coincides with the figures of the present series. Definitely the first trimester abortion is associated with less complications and re-

duces patient's stay at hospital. Out of 78 unmarried patients, 40 came in the first trimester and 38 came in the second trimester. This shows that because of social stigma, this group reported late and another thing contributing to their late coming was their irregular cycles and their inexperience about pregnancy. Before coming to a doctor they had gone to quacks and dais. In the present series, 5 cases of pregnancy out of wedlock had been handled outside.

Complications

Complications occurred in 7 cases giving the incidence of complications as 1.75 per cent. There was no death. There were only 2 cases of perforation. In 1 case it was diagnosed immediately and patient was taken for laparotomy and perforation on fundus was sutured. In the other case, there was doubt of perforation so the procedure was stopped and patient was treated by conservative line of treatment. Follow-up of this case showed no further complication.

There were 4 cases of haemorrhage. In 2 cases profuse haemorrhage occurred during the procedure and was managed by intravenous drip, methergin injection and uterine massage. The third patient came after one day with severe bleeding because of retained products of conception, and curettage was carried out again. One patient came after 10 days with profuse bleeding and the patient was subjected to repeat curettage. Das *et al* (1977) reported retained products in 1.5 per cent of cases. The incidence in the present study was 0.5 per cent. In 11 saline cases products were retained after expulsion of the fetus, for which evacuation had to be carried out. There was not a single case of severe infection.

Failure of M.T.P.

There were 2 cases of failed suction. In 1 case repeat suction evacuation was done at the time of follow-up after 1 month, as the uterus was found to be 10 weeks' size. In the second patient, hypertonic saline was instilled at 18th week. This shows that MTP in early pregnancy has higher failure rate.

MTP with Concurrent Surgery

In 21 cases (5.2 per cent) vaginal sterilization was done along with suction evacuation. In 22 cases (5.4 per cent) abdominal sterilisation was done by Pomeroy's Method after completing suction evacuation. In 8 cases hysterotomy with sterilisation was done. Copper-T was inserted in 13 cases after suction evacuation. But later on, finding that the incidence of functional uterine bleeding was more in these cases, patients were advised for Copper-T insertion after one month.

Previous Vasectomy and Tubectomy

Two cases out of 400 had vasectomy of their husbands done previously. In 1 case duration of pregnancy coincided with the period before which vasectomy was done. One case was due to extramarital relations.

One patient had previous tubectomy done 5 years ago. Suction evacuation was done in this case and then abdomen was opened to now the patency of tubes. It was found that recanalization had occurred on right side tube after tubectomy, so that tube was religated.

Previous Loop Insertion

Only two cases had IUCD inserted in the past. In 1 case it was Lippes loop which was inserted 3 years ago, and in the other case Copper-T was inserted 2 years ago. In both the cases, IUCD was removed at the time of suction evacuation.

Menstrual Disorders Following MTP

Fifteen patients (3.75 per cent) out of 400, complained of various types of menstrual disorders like irregular vaginal bleeding, menorrhagia, and scanty menstruation. This problem was mainly in those cases where IUCD was inserted after MTP. Most of them responded to conservative line of treatment. Only 2 cases required IUCD removal.

Anaestesia

In 90.0 per cent of cases of MTP general anaesthesia was used. In only 10.0 per cent of cases, local anaesthesia (paracervical block) along with sedation was used for suction evacuation. Damodia and Thakkar (1977) used general anaesthesia in 69.9 per cent of cases. We found that under general anaesthesia, patient remained completely relaxed, so the procedure became smooth without any pain, stress and trauma to the patient.

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