INTRA-AMNIOTIC INJECTION OF DISTILLED WATER FOR TERMINATION OF PREGNANCY

by

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During the first trimester, artificial abortion can be performed safely by dilatation and curettage and vaccum aspiration. The method of evacuation of uterus with the advancement of pregnancy is still difficult. The present report concerns our experience with intraamniotic administration of distilled water for midtrimester abortion in 100 cases.

Material and Methods

One hundred women from 16 to 20 weeks of pregnancy were subjected for this study after preliminary investigations (urine analysis and estimation of Hb%). The patient was prepared for abdominal procedure and asked to evacuate her bladder. After necessary aseptic precautions a lumbar puncture needle was introduced one inch lateral to midline midway between the fundus of uterus and symphysis pubis, keeping fundus steady by the left hand. Direction of needle was backwards and slightly downwards. When the needle was in amniotic cavity stylet was removed and L.P. needle was connected to 10 cc syringe. The amniotic fluid was drawn as much as possible. Distilled water 50 cc more than the amount withdrawn was instilled through the L.P. needle. If blood tap was obtained (due to anterior implantation of placenta), needle was withdrawn and needle was again introduced lateral to that sight. After instillation of distilled water the needle was taken out and patient was watched carefully for any side effects.

Syntocinon drip was started after 24 nours, if patient did not abort within 6 hours other measures were tried.

After the patient aborted the foetus along with placenta was examined to see if they were complete. The patient was discharged next day after abortion and asked to report after one week.

Observations

Midtrimester pregnancy termination was tried with intra-amniotic distilled water in 100 randomly selected women. This group included 30 unmarried, 60 married, 5 widows and 5 divorced.

The indication of M.T.P. was multi-

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