

MID TRIMESTER PREGNANCY TERMINATION IN TEEN AGE WOMEN

(A Review of 240 Cases)

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SUMMARY

The merits and demerits of the methods used in Group A and Group B have been analysed, extra-amniotic rubber catheter is the safest economical and efficacious mode of termination of midtrimester pregnancy in nulliparous unmarried teenagers. The long pin point external os and firm cervix is not favourable for termination as it offers resistance during dilatation of the cervix. This is the only method which can be advocated safely in medical disorder complicating pregnancy. The method is safe even in the hands of junior doctors and can be practised in rural areas by trained personnel.

Introduction

The incidence of termination of pregnancy in teen age group is increasing in recent years. The pregnancy reaches mid-term by the time the patients seek medical advice. The tendency to ignore and hide the pregnancy from the parents lead to the problems of the termination in the midterm in teen age group.

The purpose of the present paper is to review the efficacy of the method utilised for midterm termination of pregnancy in teenagers.

Material and Methods

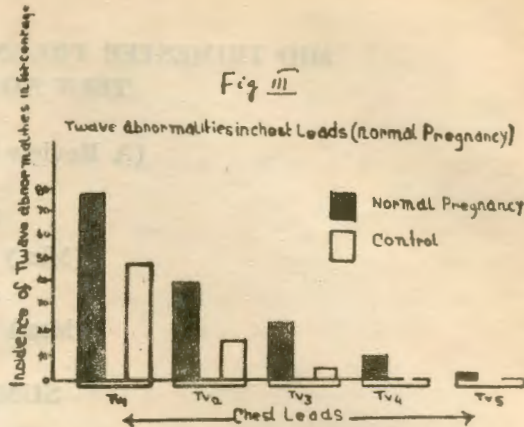
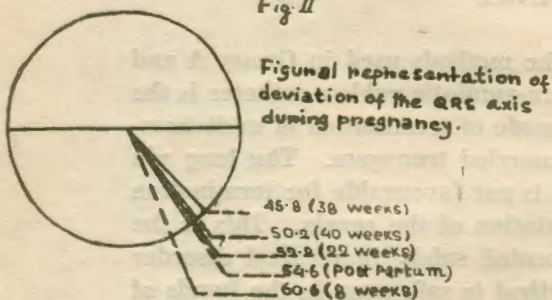
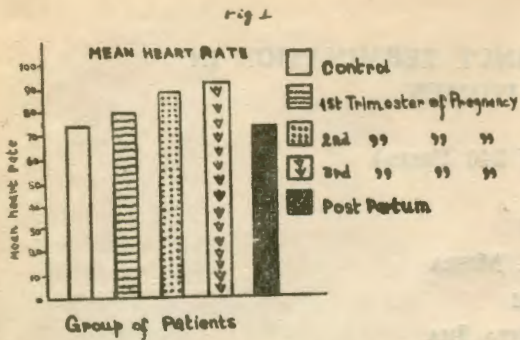
A review of 240 cases of termination of

pregnancy during the years 1977 to 1982 is made in the age group of 13 to 20 years duration of pregnancy varying from 14 to 22 weeks.

The cases were classified in 2 groups. Group A consisted of 120 cases and the mode of termination was by introducing autoclaved rubber catheter in the extra-amniotic space through the cervical canal. Radiological examination of the abdomen and pelvis was done 10 minutes after introduction of catheter in 60 cases. Group B comprised of 120 cases. The mode of termination was instillation of 20% saline through the cervical canal with the help of No. 18 spinal needle in the intra-amniotic space (Misra, 1982). Both the groups had acceleration of abortion process by oxytocin drip as a routine.

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Results

The results were analysed according to age, parity, induction abortion interval and complication in both the groups.

TABLE III
Induction/Abortion Interval in Hours (Average) in Relation to Parity

Parity	Group A	Group B
	Primigravida	32
Multigravida	21	24

All the cases had routine investigations done in addition to high vaginal swab culture and sensitivity test in the presence of discharge. These cases had immunization done by tetanus toxoid.

TABLE I
Age Incidence

Age in years	Group A		Group B	
	No. of cases	%	No. of cases	%
13-16	50	41.6	40	33.3
17-20	70	58.3	80	66.6

TABLE II
Parity Incidence

Parity	Group A		Group B	
	No. of cases	%	No. of cases	%
Primigravida	70	58.3	75	62.5
Multigravida	50	41.6	45	37.5

TABLE IV
Induction/Abortion Interval in Hours (Average)
in Relation to Weeks of Gestation

Group	14-16 Weeks	16-18 Weeks	18-22 Weeks
A Primi	40	24	30
Multi	30	18	16
B Primi	34	24	30
Multi	24	26	22

The patients were not apprehensive while using the method, it did not require any sedation at the time of introduction.

The uterine contractions started even after 2 hours of introduction of catheter in 10% of the cases. Taking up of the cervix occurred satisfactorily and after 2.5 cm dilation of the cervix oxytocine drip was started in both the groups

TABLE V
Induction/Abortion Interval in Relation to Disposition of Catheter in Extra-amniotic Space in Uterine Cavity on Radiological Examination

Fundal coiling	Total No. of patients	Abortion in 24 hours cases	Abortion in 24-36 hours cases	Abortion 36-40 hours cases
	25	(20)	(3)	(2)
Coiling lower down in the uterus	15	(5)	(3)	7
Coiling with double catheter	20	20	—	—

TABLE VI
Complications

	Group A	%	Group B	%
	No. of cases		No. of cases	
1. Incomplete abortion	6	5	15	12.5
2. Headache	Nil	—	15	12.5
3. Hypertension	Nil	—	6	5
4. Severe haemorrhage	Nil	—	10	8.3
5. Shock	Nil	—	2	1.6
6. Infection	10	8.3	15	12.5
7. Failure of the cervix to dilate	Nil	—	2	1.6

Discussion

The present study comprise of 240 cases of termination of pregnancy in midtrimester in teenage group. An analysis was made after reviewing the cases regarding the problems and efficacy of the mode of termination of pregnancy. Extra-amniotic rubber catheters were used in 120 cases.

Though the induction/abortion interval was more in Group (A) compared to Group (B), the complication rate was negligible.

Just like bougies extra-ovular placement of rubber tube has been advocated by George (1978) for the midtrimester abortion. Prolonged abortion time is a major concern in this method of abortion

as reported by Misra and Jha (1981). Rajan and Usha (1979) has advocated a combined method of prostaglandin and catheter. In the present series, oxytocin drip was added as a routine to augment process.

Regarding the mode of action catheter causes mechanical irritation. Moreover liberation of prostaglandin during the process of placement of extra-amniotic catheter enhances the abortion process as a result of separation of membranes. The myogenic nature of uterine contractions has been reported by Manabe (1967). This method by virtue of being safe could be utilised in medical disorders complicating pregnancy as reported by Misra and Jha (1981).

Use of the catheter in multiparous women helped in expeditious termination of pregnancy. Fundal coiling of the catheter also enhanced the abortion process.

The only drawback was that the catheter might drop during defecation and urination. Re-introduction was done without increase in infection rate with successful results.

Group B also consisted of 120 cases of intra-amniotic instillation of 20% Saline by vaginal route which is also a method of choice of termination particularly in midtrimester in unmarried young girls

when one wants to avoid the abdominal scar.

The patients were more apprehensive in Group B compared to Group A. Vaginal route of instillation was preferred because it avoids accidental entry in to the paritoneal cavity and local anaesthesia used, by the abdominal route. Injury to the bowel and bladder is also prevented. Chances of myometrial injury and hypernatraemia is negligible. In the present series there was hypertension in 5% of the cases.

The only drawback in this Group was that the cervix failed to dilate in 2 cases and cervicotomy had to be done to terminate the pregnancy. There was leakage of saline through the vaginal route in 10% of the cases without any adverse effect.

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