

MENSTRUAL REGULATION

(Clinical Study of 5000 Cases)

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SUMMARY

Five thousand cases of menstrual regulation were studied. Maximum women (2654) had amenorrhoea of 41 to 45 days pregnancy was confirmed in by histological examination of scrappings in 40.5% and probable pregnancy (decidual reaction) in 31.12%.

Introduction

Since its introduction menstrual regulation has gained wide acceptance as safe and effecient treatment of amenorrhoea especially when unwanted pregnancy is the suspected cause. It acts as a post-conceptional antifertility measure.

Menstrual regulation is defined as the treatment of delayed menstrual period within 14 days of the expected onset of menses to ensure that woman is not pregnant or does not remain pregnant. Conventional pregnancy tests durig this period are not very reliable. Confirmation of pregnancy is not necessary before advising M.R. M.R. does not only solve immediate problem of a suspected unwanted pregnancy but offers an opportunity to give an advice regarding preconceptional contraceptive measures.

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Material and Methods

Five thousand women underwent M.R. at urban family welfare centre attached to Medical College, Aurangabad. Women who missed the period for not more than 45 days after last menses and who are in lactational amenorrhoea exceeding 45 days with or without doubt of conception, are included in the present study. A careful obstetrical and menstrual history and thorough general and pelvic examination were considered as prerequisites before the procedure. M.R. was carried out without any analgesia or anaesthesia. Instruments used are canulac of 4, 5 mm and a Karman's syringe. Dilatation of cervix was not carried out in any case. At the same time contraceptive measures were prescribed who opted for them. All patients were observed for half an hour in Out Patient Department following the procedure.

Observation

In the present study, 5000 women underwent M.R. Maximum number of

women (3985 or 79.7%) were Hindus, 966 (19.32%) were muslim and 49 (0.98) were Christians. Distribution of patients in relation to age group is shown in Table I. **Maximum number of women (68.58%)** were in age group of 21-30 years. This clearly indicates that acceptance of M.R. is maximum in highly fertile age group.

TABLE I
Distribution

Age	No. of cases	Percentage
Below 20 years	924	18.48%
21 to 30	3429	68.58%
31 to 40	611	12.22%
41 and above	36	0.72%

In the present series, 1.86% women were unmarried. Procedure is more acceptable in women with one or two living issues.

TABLE II
Distribution in Relation to Living Issues

Living issues	No. of cases	Percentage
Unmarried	93	1.86
Married (0)	234	4.78
(1)	1541	30.82
(2)	1930	38.6
(3)	806	16.12
(4) and above	391	7.82

Amenorrhoea if less than 35 days after last menstrual period was seen in 241 women (4.82%). Maximum number of women (2654 or 53.08%) had amenorrhoea from 41 to 45 days. In 1313 cases amenorrhoea of 36-40 days and in 790 two cases amenorrhoea more than 46 days was found.

Pregnancy was confirmed histologically by visualisation of chorionic villi in 40.5% (2025 cases) while decidual reaction indicating probability of pregnancy was

obtained in 31.12% (1556 patients). Secretary endometrium was encountered in 929 patients (18.58%) and proliferative endometrium in 359 patients (7.18%). In 131 women either no endometrium was obtained or every scanty endometrium was obtained. Hence opinion was not possible.

Post procedure acceptance of contraception was 80.16% in the present series while 19.84% of women did not accept the contraception at the time of procedure. Analysing the contraceptive acceptance, maximum acceptance was for I.U.C.D. in 2367 cases (47.34%) followed by condom in 1200 cases (24%), oral pill in 350 cases (7%) and male and female sterilization in 91 cases (18.2%).

A mild abdominal discomfort was complained by majority of patients during the procedure. Overall complication rate in the present study is 2.02%. In 47 cases bleeding persisted for more than a week and all were treated either by repeat M.R. or evacuation under anaesthesia. Sepsis was seen in 24 cases. Vomiting during or immediately after the procedure was seen in 27 cases.

TABLE III
Complications

Complications	Cases
Persistent bleeding	47
Vomiting	27
Sepsis	24
Continuation of pregnancy	6
Vasovagal attack	2
Tip of cannula retained	1
Total:	107

Discussion and Conclusion

Five-thousand cases were studied. Maximum number of women (68.58%) were in age group of 21 to 30 years.

Mullick and Dawn (1975) have reported 63.6% cases in the age group of 17 to 30 years which indicates that acceptance of M.R. is maximum in highly fertile age group. Maximum acceptance was seen in 69.42% women with one or two living issues. Depending upon the period of amenorrhoea maximum women (2654) had amenorrhoea of 41 to 45 days. Pregnancy was confirmed on histological examination in 40.5% and probable pregnancy (decidual reaction) was seen in 31.12%. Sarkar *et al* (1980) and Bichile *et al* (1979) have reported the incidence of pregnancy in 80.8% and 55.74% women respectively. Rajan and Kaimal (1977) have extended the duration of M.R. upto 63 days of amenorrhoea and found pregnancy rate of 68.0% in women with 33 to 49 days and 93.75% in women with 50 to 63 days. This clearly indicates that incidence of pregnancy varies according to the period of amenorrhoea.

In the present study, contraceptive coverage was accepted in 80.16% cases, while Jhaveri *et al* (1978) reported 95% contraceptive acceptance, Sarkar *et al*

(1980) reported 82.3% post M.R. contraceptive acceptance.

Complication rate in the present series was 2.02%. Brenner *et al* (1975) reported that the complications are more with pregnant uterus (2.5%) as compared to non-pregnant uterus (1.1%).

It is a safe, simple, less time consuming and effective procedure. Not only does M.R. safely and effectively solve the immediate problem of suspected unwanted pregnancy but offers us an opportunity to suggest contraceptive method to the women.

References

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