

MORBIDITY OF ELECTIVELY INDUCED ABORTIONS WITH CONCURRENT CONTRACEPTION

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SUMMARY

10,067 patients who had termination of pregnancy were studied for morbidity. 36.2% had only MTP, 46.8% had either CuT or Lippes loop inserted and 17.0% underwent tubal ligation. Morbidity was 2.75% in patients having MTP only, 4.94% when IUD was inserted and 7.72% when tubal ligation was done at the same time.

Introduction

There has been concern all over the world that due to liberal laws, abortion might be becoming an alternative to family planning. It has been observed that a woman seeking abortion is more easily motivated for contraceptive acceptance (Bhatt and Kelkar, 1979). If a woman accepts intrauterine device insertion or tubal ligation, this can be done concurrently with medical termination of pregnancy. A fear is raised in patients' mind that this concurrent surgery might predispose them to greater risk of operative complications. Keeping this in mind complication rate have been analysed in all cases undergoing MTP with or without concurrent contraception.

Material and Methods

Study includes 10,067 patients who had medical termination of pregnancy at Lady

Hardinge Medical College and associated hospital over a period of 10 years (1972 to 1981). Out of these 3647 (36.2%) patients had only MTP, 4709 (46.8%) had either CuT or Lippes loop inserted and 1711 (17.0%) patients underwent tubal ligation along with MTP. Depending upon period of gestation various techniques for medical termination of pregnancy were used. A note was made of all the complications observed during immediate post-operative period, early post-abortal period, and on subsequent follow-up visits.

Observations

Since immediate operative complications like haemorrhage, uterine perforation, cervical or gut injury etc. are inherent to MTP and are not influenced by concurrent surgery, these are not discussed. (Table I).

Analysis of immediate post-operative complications shows a higher morbidity (2.45%) in patients having sterilization along with MTP. Post-operative fever

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Accepted for publication on 7-7-1983.

TABLE J

Complications of Medical Termination of Pregnancy in Various Groups

Complications	MTP (n-3647)	MTP with IUD (n-4709)	MTP with Tubal Ligation (n-1711)
A. Immediate Post-operative Complication			
1. Post-operative fever and/or sepsis	9 (0.24%)	15 (0.32%)	11 (0.65%)
2. Post-operative pain	14 (0.38%)	22 (0.47%)	31 (1.61%)
3. Post-abortion syndrome	1 (0.03%)	2 (0.04%)	—
	24 (0.65%)	39 (0.83%)	42 (2.45%)
B. Early Complications			
1. Post-abortion bleeding	23 (0.63%)	53 (1.12%)	11 (0.64%)
2. Sepsis, requiring antibiotics	18 (0.49%)	54 (1.15%)	24 (1.40%)
3. Incomplete MTP	12 (0.33%)	22 (0.47%)	8 (0.47%)
	53 (1.45%)	129 (2.74%)	43 (2.51%)
C. Late Complications			
1. Pelvic sepsis/to mass	14 (0.38%)	31 (0.66%)	35 (2.04%)
2. DUB requiring D & C	7 (0.19%)	21 (0.44%)	6 (0.35%)
3. Continuation of pregnancy	3 (0.08%)	12 (0.25%)	6 (0.35%)
4. Ectopic pregnancy	—	1 (0.02%)	—
5. Ovarian abscess	—	—	1 (0.06%)
	24 (0.65%)	65 (1.37%)	48 (2.80%)
Overall Complications (A + B + C)	101 (2.75%)	233 (4.94%)	133 (7.76%)

and pain are commoner in patients undergoing simultaneous sterilization. Post-abortion syndrome occurred in 2 patients having MTP with CuT insertion and in 1 having MTP only.

Early and late complications also occurred slightly more frequently, when concurrent contraceptive was used. Incidence of post-abortion bleeding and sepsis increased by two-folds with simultaneous insertion of IUD. Late complications are not very significantly affected by IUD insertion. Rates for early and late complications were 2.74% and 1.37% respectively in patients having MTP with CuT insertion.

Combination of sterilization further increased early and late complication rates

to 2.5% and 2.8% respectively as compared to 1.45% and 0.65% in cases having MTP only. Pelvic sepsis and formation of inflammatory adenaxal masses were significantly more common following tubal ligation.

Overall complication rates observed were 2.75% for cases having MTP only, 4.94% for cases having MTP with IUD insertion, and 7.76% for cases having MTP with tubal ligation.

Discussion

Most women opting for MTP accept some form of contraception at the time of MTP. It is important to know the effect of institution of concurrent contraceptive measures on acceptors' health.

There is a small increase in complications when two operative procedures are combined. In our series, total morbidity was 2.75% in patients having MTP only, this was 1.8 times more (4.94%) when IUD was inserted simultaneously, and about 2.8 times more (7.76%) when concurrent tubal ligation was done. Concurrent sterilization complication rate was approximately 1½ times of concurrent IUD complication rate.

Stewart and Goldstein (1978) observed a four fold increase in haemorrhage and febrile morbidity when sterilization was combined with MTP, while Burkman *et al* (1977) noted insignificant increase in incidence of endometritis following immediate post-abortion insertion of IUD. ICMR study (1978) observed a small increase in immediate complications and morbidity when abortion was combined with sterilization. Sepsis rate was more when vaginal sterilization was done. Incidence of post-abortion bleeding was more when IUD was inserted at the time of MTP.

Hernandez *et al* (1977) quoted a total complication rate of 7.0% with interval laparoscopic sterilization as compared to 23.0% when MTP was done concurrently. Weil (1978) analysed and compared the records of 606 MTPs, 696 interval sterilizations and 448 combined procedures and found morbidity of 4.3%, 3.4% and 7.0% respectively. This shows that though complication rate is higher when two procedures are combined but it is not higher than the sum total of complications when two operations are carried out at different sittings.

Conclusion

With rapid population growth in India, proposition of combining MTP with contraception without compromising safety is highly attractive and is being increasingly used all over India. Present study analyses complications in 10,067 cases of medical termination of pregnancy. The complication rate with concurrent contraception was higher, 4.94% when IUD was inserted, and 7.76% when tubal ligation was done, as compared to 2.75% for MTP alone. This increase in complication rate is within acceptable limits as concurrent contraception not only helps in limiting family size but also saves women from hazards of repeated terminations. Besides if contraception is not offered simultaneously women may not return later for planned surgery due to domestic problems or may conceive again during the time interval.

Acknowledgements

The authors are grateful to Dr. A. Chakaravarty, Head of Department of Obstetrics and Gynaecology, and Dr. S. Chawla, Medical Superintendent, Lady Hardinge Medical College and associated hospital for their kind permission to publish this paper.

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