

FOGSI—REVIEW OF MTP PRACTICES IN INDIA

(A multicentred study of 5000 cases)

By

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SUMMARY

The MTP Committee of FOGSI initiated a multicentred collaborative study to evaluate MTP practices in the country. Twenty-nine centres participated. Five thousand proformas were analysed for patient characteristics, medical data, MTP procedures undertaken and complications encountered. 86.3% were urban patients, 1.46% were adolescents and 15% were teenagers. Patients came from all religious backgrounds. In general with increasing educational background of the husband and wife the need for MTP diminished. More than 80% of MTPs were performed for socio-economic reasons and failure of contraception. Whereas about 90% of the MTPs were performed in the first trimester about 10% were performed in the second trimester. The incidence of complications was only 2.05% and there was no mortality in the series. Concurrent tubectomy or IUCD insertion was accepted by only 61% of the patients undergoing MTP.

Introduction

In 1984, the MTP Committee of FOGSI initiated a Multicentred Collaborative Study to evaluate MTP practices in the country. Approved forms designed by the MTP Committee of FOGSI were sent out to various centres. On receipt of the first 5000 completed forms, the study was concluded. The results of the study are analysed and presented herewith.

Material and Methods

A proforma listing details of patient identification, patient characteristics, medical data, MTP procedure under-

taken, complications encountered and immediate follow up information, was designed by the MTP Committee. Twenty-nine centres from all over the country participated in the study.

Analysis and Discussion

Patient characteristics

An analysis of the characteristics of the 5000 patients included in the present study revealed that 4316 patients were of urban origin accounting for 86.3% of the cases and 684 were of rural origin accounting for 13.7% of the cases.

Age distribution

An analysis of the cases at 5 yearly intervals showed that 1.46% were adoles-

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cents and under the age of 15 years. Teenagers accounted for 16.7% of cases. The number of patients between the age group 21-35 years was 80.28% and 4.02% of the patients were over the age of 36 years.

Employment status

About 20% of women were gainfully employed and 80% were unemployed.

Religious background

Hindus accounted for 81.2% of the cases. Muslims accounted for 11.0% and Christians, Sikhs, Jains, Parsees, Buddhists and others accounted for the rest of the 7.7% of the cases.

Educational status of the couple

Women having had education upto primary schooling accounted for 37%. Women having had secondary education accounted for 35.16% of cases and women having reached graduation accounted for 15.16%. No information was available in 12.6% of cases. In contrast the analysis of the educational status of the husbands revealed that 21.6% had undergone primary education, 40.4% had undergone secondary education and 26.18% were graduates. No information was available in 11.8% of cases. It is important to realise that the women plays a (dominant role on making the decision for undergoing MTP. Emphasis on education for women would help in promoting the National Family Welfare objectives.

Marital status

Married women accounted for 92.5% of cases, unmarried women for 5.66%

and divorcees, widows and separated women accounted for the rest of the 1.89% of cases.

Contraception previously used

Failure of contraception is one of the important indications for MTP. A review of the contraceptive practices previously employed are shown in Table I.

TABLE I

Contraception previously used	Number	Per cent
None	2958	59.2
Rhythm	266	5.3
Condom	1066	21.3
I.U.C.D.	331	6.6
Pills	209	4.2
Foam/Jelly	8	0.1
Vasectomy/Tubectomy	63	1.3
Others	99	2.0
Total	5000	100.0

Indications for MTP

These are outlined in Table II.

TABLE II

Indications for MTP	Number	Per cent
Life threatening disease	18	0.4
Failure of contraception	1539	30.8
Rape	36	0.7
Socio-economic	2570	51.5
Eugenic	62	1.2
Deterioration of health	472	9.4
Others	303	6.0
Total	5000	100.0

Failure of contraception, and socio-economic factors constitute the major indications for an MTP accounting for more than 80% of the cases. Eugenic indications are now also coming to the forefront.

Duration of pregnancy

The duration of pregnancy in these women undergoing MTP is shown in Table III.

TABLE III

Duration of pregnancy in weeks	Number	Per cent
5	56	1.1
6	1368	27.4
7	137	2.7
8	1577	31.5
9	96	1.9
10-12	1228	24.6
13-15	139	2.8
16-17	240	4.8
18-20	159	3.2
Total	5000	100.0

More and more women are seeking MTP at earlier weeks of gestation. Just over 10% of patients in the present study presented for 2nd trimester termination, and more than 60% of women in the 1st trimester sought an MTP prior to 8 weeks of gestation when the rate of complication is minimal. Hence it was observed that as many as 2784, i.e. 55.7% of the MTPs were performed on an out-patient basis and the rest of the 2216 cases, i.e. 44.3% were performed after indoor admission.

Anaesthesia employed

In 6.8% of women, no anaesthesia was used. In 42.4% of women, local anaesthesia was used coupled with analgesics if required. In 11.6% of women only analgesics were used. In 34.6% of women general anaesthesia was employed and in 4.6% of women regional anaesthesia was resorted to.

Termination procedures

The MTP procedures performed in the study are outlined in Tables IV-A and IV-B.

TABLE IV-A
1st Trimester Termination

Method of termination	Number	Per cent
M. R.	338	6.7
D & C	62	1.2
Vacuum aspiration	4160	83.2
Total	4560	91.2

1st trimester MTPs were undertaken in 91.2% of cases. Of these 6.7% underwent menstrual regulation. The rest were completed by the suction evacuation technique.

The methods employed for 2nd trimester termination included extra-ovular instillation of ethacridine lactate, intra-amniotic hypertonic saline, prostaglandins, aspirotomy and surgical evacuation.

Ethacridine lactate was the abortifacient of choice. Hypertonic saline is still being used because of ready availability and low cost. The use of prostaglandins is restricted by lack of availability and high cost. Aspirotomy should be employed by experts in well-equipped centres only. Hysterotomy is rightly receding into the background.

Concurrent procedures

Following the MTP, an IUCD was inserted in 1546 women, i.e. 30.9% and a simultaneous tubectomy performed in 1502 women i.e. 30.1% of cases. It is of concern to note that 1952 women accounting for 39.0% were not given any effective contraceptive advice.

TABLE IV-B
2nd Trimester Termination

Method of termination	Number	Per cent
<i>Intra-amniotic procedures</i>	(144)	(2.9)
1. Hypertonic saline	132	2.6
2. Prostaglandins	5	0.08
3. Others	7	0.14
<i>Extra-ovular methods</i>	(219)	(4.4)
1. Hypertonic saline	15	0.3
2. Prostaglandins	2	0.05
3. Ethacridine lactate	199	4.00
4. Others	2	0.03
<i>Rest</i>	(77)	(1.5)
1. Hysterotomy	47	0.96
2. Aspirotomy	27	0.50
3. Hysterectomy	2	0.02
Total	5000	100.00

Complications

Major and minor complications encountered in this series are as shown in Table V.

TABLE V

Complications	Number	Per cent
None	4897	97.95
Infection	43	0.85
Haemorrhage/DIC	26	0.51
Embolism	3	0.06
Perforation of the uterus	16	0.32
Visceral injury	3	0.06
Anaesthetic	1	0.03
Others	11	0.22
Total	5000	100.00

Whereas 98% of the women had no significant complications, minor problems can arise, hence observance of rigid surgical techniques are mandatory. Occasionally life-threatening complications may arise. In the present series 19 women, i.e. 0.38% required hospitalization. Of these 5 women were given blood transfusions and 4 women required surgery. In 2 cases a rent in the uterus required to be sutured. In 1 case a bowel injury occurred following a dilatation and evacuation of a 2nd trimester MTP, requiring resection anastomosis. In 1 case an abdominal subtotal hysterectomy was required for irreparable trauma to the uterus. There was no death in the present series.

We would like to emphasise that the reduction in the complication rate should

not yield place to complacency because vigilance and strict observance of medical principles alone can ensure MTP as a safe procedure.

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