

Self-Medication for Abortion: Safety Issues

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Dear editor,

We read with interest the article on “Over the counter MTP pills and its impact on women’s health” in January–February 2017 issue of your esteemed journal. This is a burning topic as it not only affects women’s health, but also increases unnecessary emergencies which obstetricians face in day to day life.

We have done a similar observational study at BJRM Hospital, New Delhi, between January and July 2016. Our hospital mainly caters to the urban slums of the city. Hundred women who attended the gynecology department with complaints following recent intake of MTP pills from local chemists were included in the study.

The mean age in the study group was 24 years, and 47 patients were second gravidas (47%).

Fifty women in our study were illiterate (50%), and only eight (8%) had completed secondary schooling as compared to 32.4 and 21.6% respectively, in a study conducted by Thaker et al. [1].

Fifty-nine women had their pregnancy confirmed on ultrasonography (USG), while 26 (26%) had both USG and urine pregnancy test done, and 11 (11%) women took MTP pills without even confirmation of pregnancy.

Majority of the women that is 82 (82%) had consumed incorrect dose of MTP pills and at inappropriate gestational age. In our study, there were eight (8%) women who took MTP pills at >12 weeks gestation in comparison with 17.5% reported by Nivedita et al. [2]. These women had bought the drug from local chemist without any prescription. They had received information regarding MTP pills from their friends, husband or the chemists.

Excessive bleeding per vaginum was the most common presentation in 47 women (47%), followed by irregular bleeding in 40 (40%), abdominal pain in 22 (22%), shock in five and fever with foul smelling discharge in two (2%) women in our study. Excessive bleeding per vaginum was the presenting complaint in 35, 77.5 and 69.3% women in the study by Thaker et al. [1], Nivedita and Shanthini [2] and Goyal and Goyal [3], respectively.

We had one case (1%) of ruptured ectopic pregnancy who underwent emergency laparotomy. This patient had taken MTP pill without any prescription and without prior examination. Other studies have reported ectopic rate as 5.4 and 1.15% [1, 4].

There were two (2%) patients with septicemia in our study who responded to injectable antibiotics. Sarojini

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et al. [5] also reported two cases of septicemia of whom one suffered maternal mortality. There were 68 (68%) women with incomplete abortion, 15 (15%) with complete abortion and 11 (11%) with missed abortion (all confirmed on USG), in comparison with 70.2, 5.4 and 2.7%, respectively, as reported by Thaker et al. in their study.

Surgical evacuation was done in 72 (72%) of the women. Medical management with tab misoprostol was given in ten (10%), two women continued their pregnancy, and one needed laparotomy for ruptured ectopic pregnancy. Blood transfusion was done in eight women and two received injectable antibiotics. No intervention was done in seven while 28 women were given hematinics.

Conclusion

The awareness regarding medical abortifacients is dismal in our country, the main reason being illiteracy. The focus should be to increase the knowledge and to have regulations in place to curb indiscriminate distribution of these drugs over the counter by local pharmacists. Contraception should be promoted and should be made easily accessible and available to women to meet their unmet needs. Every

endeavor should be made to reduce the menace of the rampant use of medical abortifacients and its consequences on maternal morbidity.

Compliance with Ethical Standards

Conflicts of interest The author declares that they have no conflict of interest.

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