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Abortion Pills over the Counter: Maternal Life at Risk?

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Abstract: ***Objectives*: To analyse the complications and consequences and morbidity following indiscriminate self-consumption of abortion pills reporting to a tertiary care centre. *Methodology*: This is an observational study conducted at Umaid hospital between March 2018 to July 2018 for 5 months. 200 women were studied with respect to period of gestation, parity, clinical features at presentation and management in the institution. An analysis of maternal morbidity and complications was done with respect to surgical interventions, ICU admissions, need for blood transfusions. *Observations and Results*: In this study, there were 164 (82%) cases of incomplete abortion, 26 (13%) cases of missed abortion, 5 (2.5%) cases of ruptured ectopic and 1 (0.5%) cases of rupture uterus. (20 %) cases received blood transfusion, 5 (2.5%) were admitted to ICU. *Conclusion*: Strict legislations are required to monitor and also to restrict the sales of abortion pills over the counter and access to abortion pills for the public should be only through centers approved for MTP. Educating the society regarding the need for medical counselling and supervision during an abortion, the risks of self-medication, creating awareness regarding emergency contraception and effective strategies to fulfill the unmet needs of contraception will be useful to curtail this harmful practice of self-medication with abortion pills.***

1. Introduction

The number of induced abortions in India in approved centers is estimated to be 6,20,472 and the maternal mortality due to unsafe abortions is 8% as reported in the Family Welfare Statistics 2011 [1]. The actual number of induced abortions is greatly underestimated as a high percentage of them go unreported and also because there is a rampant and irresponsible practice of self-administration of abortion pills throughout the country.

Unsafe abortion is becoming a global epidemic; with22 million unsafe abortions leading to 5million/ yr morbidity &47,000/ yr mortality(source: WHO 2011).An **unsafe abortion** is defined as "a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both."

Along with other methods for unsafe abortion; **Self administration of Over-the-Counter MTP Pills is emerging as another method of unsafe abortion.**

Although medical abortion with mifepristone and misoprostol is a very safe option for termination of pregnancy when consumed under medical supervision with a success rate of 92-97% [2].The patient has to be educated with details of the procedure& subsequent follow-up. In addition to the contraindications mentioned above, FOGSI also discourages medical abortion in patients with Hb < 8 g and if they lack access to 24 h emergency services. It also recommends anti-D injection to Rh negative mothers following medical abortion but routine use of antibiotics is not recommended [2].

The MTP act of India permits that abortion pills be prescribed by only registered medical practitioners and not by non allopathic doctors or by pharmacists. WHO recommends that the person or facility prescribing abortion pills should have a backup health care facility in case of failed or incomplete abortion [3].

Inspite of such recommendations, self-administration of these drugs by pregnant women without any medical consultation or supervision has become highly prevalent due to availability of these drugs over the counter without any prescription. Many women depend on medical abortion and consider it as a method of spacing between pregnancies [4]. Due to unrestricted availability of these drugs the society considers this to be an extremely safe option of termination of pregnancy. Life threatening complications like excessive hemorrhage, sepsis and deaths due to undiagnosed ectopic pregnancies are not uncommon in women administering these drugs by themselves.

2. Methods

This retrospective & prospective study was done in Department of Obstetrics & Gynaecology, Umaid Hospital, Dr. S. N. Medical College, Jodhpur, Rajasthan from March 2018 to July 2018. The data was collected from pregnant women who had given a history of induced abortion following self-administration of abortion pills.

By self-administration we mean that these pregnant women had no medical consultation with a registered medical practitioner and has taken abortion pills which was purchased from the pharmacy without any prescription either by self or by some close relative. The following data was collected. Age, marital status, parity, duration of pregnancy as perceived by the women, confirmation of pregnancy, duration between pill intake and visit to hospital, whether any intervention done elsewhere, any known medical or surgical complications, Hb level on admission, whether patient was in shock, USG findings of incomplete abortion, complete or failed abortion, evidence of sepsis like fever and tenderness on pelvic examination, blood transfusion, treatment given and duration of hospital stay.

3. Results

During the study period of March 2018 – July 2018. 827 patients withspontaneous and induced abortions were

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admitted in our institution of which **200(24.18%)** women had given a history of self-medication with abortion pills obtained without prior medical consultation: **which is very alarming**. This is due to easy availability of these pills over the counter even in rural areas.

90% women belonged to rural areas & 10% were from urban areas.

Timing of Consumption of Abortion Pills

Gestational Age	No. of cases	%
Upto 7 Week	32	16%
7week to 9 week	91	45.5%
9 week to 12 week	45	22.5%
>12 week	32	16%

The finding that **38.5%** of patients had consumed abortion pills **after 9 wk**of pregnancy is significant, as medical abortion is permitted only upto 63 d of gestation.

The **maximum period of gestation** of self-administration was done was at **4-5 months** of pregnancy and this patient presented with incomplete abortion with ultrasound findings showing RPOCs and underwent subsequent surgical evacuation which was followed by hysterectomy due to intractable post-abortal hemorrhage.

Hemoglobin Level on Admission

Hemoglobin	No. of cases	%
>7 gm/dL	44	22%
7-9 gm/dL	62	31%
>=10 gm/dL	94	47%

22% of women were severely anaemic and 31% of patients had moderate anaemia at the time of presentation. Though the haemoglobin status was not known before taking the pills.

Number of blood transfusion required

20% Patients were given blood transfusion

No. of patients given blood	No. of units of pcv transfused
2	6
3	5
7	3
8	2
20	1

Diagnosis on admission

Diagnosis	No. of cases	%
Complete Abortion	4	2%
Missed Abortion	26	13%
Incomplete Abortion	164	82%
Ectopic Pregnancy	6	3%

3% patients presented with **ruptured ectopic pregnancy** following self-administration of abortion pills.

Duration of Hospital Stay

No. of Days	No. of cases	%
1	108	54%
2-5	52	26%
>5	40	20%

Number of ICU admission

5 patients required ICU admission. Although there were no mortalities.

Maternal Near Miss

7 cases of MNM occurred during study period. When Clinical criteria of WHO Scoring system was used to identify MNM cases, we found that 1 MNM patient had shock. When Management based criteria of WHO Scoring system was used. We found that 5 patients needed >= 5 unit of prbc transfusion & 2 patients had hysterectomy.

Management

Management	*No. of cases*	*%*
Conservative/ No Intervention	4	2%
Medical Management	1	0.50%
Surgical Evacuation	187	93.50%
Laparotomy	8	4%
a) ectopic preg	5	
b) rupture uterus	1	
c) hysterectomy	2	

4. Discussion

Globally 13% or 1 in 8 maternal deaths were due to unsafe abortion [4]. The MTP act of India, legalizing abortions was passed with the aim of reducing the number of maternal deaths due to unsafe abortions. But still 8% of maternal deaths are attributed to unsafe abortions in India [5]. Any procedure which is performed outside the bounds of law tends to be unsafe and 5 million unsafe abortions are performed per year in India. In 2008, 21.6 million unsafe abortions were estimated to have occurred, causing the deaths of 47000 women. Deaths due to unsafe abortion are mainly caused by severe infections or bleeding resulting from the unsafe abortion procedure, or due to organ damage.

We found that almost 21.48% of patients of the total number of abortions in our hospital had come with history of self-administration with abortion pills in spite of clear guidelines that these pills have to be taken only under medical supervision and can be prescribed only by a person authorizedunder the MTP act. This is due to easy availability of these pills over the counter even in rural areas.

The number of patients who had consumed abortion pills after 12 wk of gestation was 32 (16%). Studies indicate that the complication of II trimester medical abortions is high with an increased risk of surgical evacuation and infection [6].

The duration of bleeding following medical abortions ranged between 1-54 d with a median of 7 d and increased gestational age was associated with longer bleeding time. Only some women (29.5%) reported as early as 1-5 d to the hospital whereas many did not visit the hospital even after 15 d of prolonged bleeding and other complications.Due to lack of pre- abortion counselling in these women, they did not know what to expect following self-administration of the abortion pills.

The prevalence of anaemia in pregnant women in our country is almost 87% and estimated maternal deaths due

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anaemia is 22,000 / year [7]. Self-medication of abortion pills in these women with anaemia could be fatal.

The overall frequency of infection after medical abortion is <1% compared to surgical methods when done under prescribed settings [8]. However, the complication of sepsis tends to be higher in women undergoing unsafe abortions. Studies comparing intake of abortion pills with medical supervision and self-administration showed that serious complications like anaemia, sepsis, failure and incomplete abortion is higher in women who self-administered the drug [9].

The chance of failed abortion is 1 % following medical abortion and the possibility of teratogenesis due to misoprostol in the form of skull defects and limb abnormalities are documented and hence the process should be completed by surgical evacuation and continuation of pregnancy is not an alternative [10].

With the above list of complexities involved in medical abortion, we find that our society perceives medical abortion as a very safe option for terminating pregnancy. The reasons for this attitude are lack of education, lack of awareness regarding legal status of abortion, lack of awareness of the complications involved in medical abortion, the necessity to maintain secrecy, the cost involved and mainly because the drugs are available to them without any restriction. Second trimester medical abortions done in this manner could be also sex selective in our scenario.

5. Conclusion

Strict legislations are required to monitor and also to restrict the sales of abortion pills over the counter and access to abortion pills for the public should be only through centers approved for MTP. Educating the society regarding the need for medical counseling and supervision during an abortion, the risks of self-medication, creating awareness regarding emergency contraception and effective strategies to fulfill the unmet needs of contraception will be useful to curtail this harmful practice of self-medication with abortion pills.

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