

Case Report on Self-Prescribed Abortion Pill Intake: A Downhill to Maternal Morbidity

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ABSTRACT

The mortality is more common in the countries where the abortion is not legalized. Unsafe abortions cause 8–11% of global maternal deaths and occur predominantly in low-income and middle-income countries.^[1] Medical Termination of Pregnancy (MTP Act) was passed in 1971 by Indian Parliament, with the goal to regulate and ensure accessibility for safe abortion. After the passage of this Act, legal position was given to abortion in India.^[2] This act defined when, where and by whom it can be done. World Health Organization (WHO) and Federation of Obstetrician and Gynecologist Societies of India (FOGSI) have formulated guidelines for pre-abortion work up and examination for confirmation of pregnancy, correct gestational age and confirm the intra-uterine location of the pregnancy.^[3] Despite liberal abortion care services provided in India, many women tend to self-medicate with abortion pills for MTP. This in turn results in high rate of unsupervised abortions and life-threatening complications. We are hereby presenting a case report on 28 year old P₁₊₁ with history of OTC abortion pill intake at approximately 9 week with excessive bleeding per vaginum with endometritis with previous LSCS.

Keywords: Abortion, self-prescribed abortion pill, OTC abortion pill, MTP, Medical Termination of Pregnancy

CASE REPORT

A 28 year old P₁₊₁ presented to gynecology OPD at Civil Hospital, Bhawarna with spotting on and off, foul smelling blood

mixed discharge per vaginum and pain lower abdomen for last 2 months which was gradually increasing in intensity. On detailed history taking she revealed that she had 1 full term cesarean delivery 1 years back followed by one self-induced abortion of 8- 10 weeks gestation 40 days back. According to her she took MTP kit without the prescription of any registered medical practitioner. She had on & off bleeding per vaginum for approximately 2 months.

On general examination her pulse rate was 126 bpm and temperature were raised to 100⁰f. On per-speculum examination revealed extremely foul-smelling pus discharge. On per vaginal examination, uterus was approximately 12 week size and tender. Patient was further investigated and it was found that her total leucocyte count and crp was raised. LFT, RFT, urine microscopy and coagulation profile were normal. Her ultrasound revealed bulky uterus, with heterogeneously hyperechoic lesion in lower uterine segment with ??presence of fluid in endometrial cavity as shown in figure no. 1.

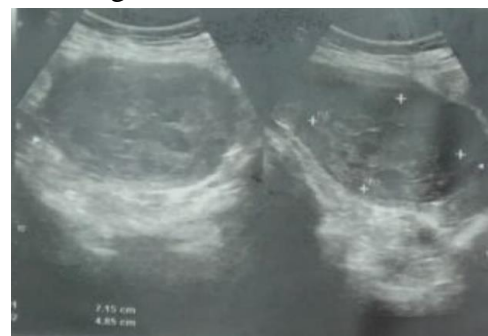


Figure no. 1: USG pelvic organs

She was diagnosed with postabortion endometritis. Patient started on piperacillin - tazobactam and gentamycin. Examination under anesthesia done and after dilatation of os, approximately 30- 40 cc of pus drained which is also sent for culture and sensitivity. Antibiotics were continued for 5 days. Patient's condition improved. Contraceptive counselling done and patient opted for interval contraception with injection depot medroxyprogesterone acetate.

DISCUSSION

Over the counter use of abortion pills without medical supervision leads to many complications such as failed abortion, incomplete abortion, ruptured ectopic pregnancy, sepsis, shock. Although self-induced abortion is highly prevalent, it is associated with very high morbidity & to some extent mortality as well.^[4] In our OPD, we are managing above mentioned complications of unsupervised abortions daily. We found that there is lack of awareness and phobia regarding use of contraceptive methods. Women should be educated about the availability of the various contraceptive methods to prevent unwanted pregnancies.^[5] Strict legislative measures are needed to reduce over-the-counter usage of MTP pills.^[5] Awareness about complications of unsafe abortions should be given to all women to prevent over-the counter usage of MTP pills.^[5]

CONCLUSION

In our conclusion, Women need to be educated about contraceptive usage. Myth about contraceptive usage need to be cleared. Awareness about unsupervised abortion pill complication is necessary. As

well as marketing of OTC abortion pill should be banned.

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Conflict of Interest: None

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