International Journal of Recent Trends in Science And Technology, ISSN 2277-2812 E-ISSN 2249-8109, Volume 4, Issue 1, 2012 pp 19-21

Legalising Medical Abortion...Where We Stand?

Deepa Kala[1], Rajesh B. Goel[2*], Dipti Khedekar[3]

{[1]Associate Professor, [3]Junior Resident} Department of Obstetrics & Gynaecology, Terna Medical College & Hospital, Navi Mumbai, Maharashtra, INDIA.

[2]Associate Professor, Department of Community Medicine, MGM's Medical College & Hospital, Navi Mumbai, Maharashtra, INDIA.

[*]Corresponding Address:

rbg1971@gmail.com

Research Article

Abstract: **Aim:** This study was undertaken to know if the availability of medical abortifacients can legitimately be considered a public health success in our country or is it a curse to the medical society by increasing the burden of unsafe and septic abortions. **Methods:** A group of hundred general practitioners were voluntarily asked to fill a proforma. Their answers were graded on a scale of minimum "1" to maximum "2" score. The whole data was then analysed for statistical significance. **Result:** Almost 63% of GP's are offering Medical Abortion, out of which 40% have poor knowledge about it. The quality of medical abortion services offered by various GP's does not correspond to the type of degrees they hold. The maximum quality of skills offered by GP's is average. **Conclusion:** By modifying a few current MTP policies, medical abortion can be safely merged into the existing Indian health care infrastructure.

Introduction:

The provision of safe abortions is recognised as one of the important strategies for reducing maternal mortality and morbidity in India[1]. In India abortion is legalised and medical abortion with mifepristone and misoprostol has been recognised. Medical abortion offers great potential for improving abortion access and safety as it requires a less extensive infrastructure than surgical abortion [2].Also women can enjoy more privacy, flexibility and control in their abortions with home use of misoprostol[3].Yet, medical abortion has its own set of service delivery challenges[2].In our country medical abortion is legal only if provided for by specified and trained (government or certified) medical practitioners. But it is easily accessible to many primary health care providers[4]. And its use by primary care providers (mostly general practitioners) will come under illegal abortion. Therefore, are we really able to achieve our goal to reduce unsafe abortions by using legalised medical abortion?

Aims & Objective:

This study was undertaken to know if the availability of medical abortifacients can legitimately be considered a public health success in our country or is it a curse to the medical society by increasing the burden of unsafe and septic abortions.

Material and Method:

A group of hundred general practitioners were voluntarily asked to fill a proforma. The proforma included questions based on prescribing medical abortion drugs, their knowledge about dosages, side effects and adverse drug reactions. Their perception of the procedure, its complications and post abortion care was reviewed. Their answers (Drug, Dosage, Eligibility, Pre pill care, Confirmation of abortion, Post pill care, Complications) were graded on a scale of minimal "1" to maximum "2" score. The total scores were graded as poor score (below 5), average score (6-9), and good score (10-14).The data was then analysed for statistical significance.

Discussion:

MMA is a non surgical, non invasive method of termination of pregnancy by a drug or a combination of drugs. Most commonly used drugs are Mifepristone and Misoprostol, which have been widely studied and safely used by millions of women in many countries[5]

In India, its use has been approved upto 9 weeks by Drug Controller of India. It has a high success rate of 93-95% and takes about 8-12 days for the process to get completed[6]. Mifepristone blocks progesterone activity in the uterus, leading to detachment of the pregnancy. It also causes the cervix to soften and the uterus to contract[6]. Misoprostol is a prostaglandin analogue developed for gastrointestinal indications and also has the effect of softening the cervix and stimulating uterine contractions to expel the pregnancytissue[6].

Since, in Medical Methods of Abortion, the provider has lesser control over the process and the abortion process gets completed outside the health

care facility, counselling plays an important role in this technology. Key things to be emphasized during counselling are:

- Acceptability of a minimum of three visits to the health centre
- Easy access to appropriate health care facility, if required
- Probability of surgical evacuation in case of excessive bleeding or method failure
- Side effects of the drugs
- Risk of congenital anomaly if pregnancy continues[7]

Abortion procedure performed by trained health care provider with proper equipment, correct technique and sanitary standards is one of the safest medicalprocedures.[7]

In case of termination of early pregnancy up to seven weeks using Mifepristone and Misoprostol, the Registered Medical Practitioner, as defined by the MTP Act, can prescribe the drugs at his/her clinic provided he/she has access to a place approved for terminating pregnancy under the MTP Act. The place where MMA is prescribed does not need approval provided the clinic displays a certificate of its referral linkage to an approved place.

An MBBS doctor is not allowed by law to provide MTPs unless she/he has undergone the training and certification specified in the MTP Act and Rule.

Type of Abortions	Provider Characteristics	Site Characteristics
Safe & legal	Qualifications & training as per the MTP Act	Certified as per the MTP Act
Safe, but not legal	Qualified, but Not certified as MTP Act	Eligibility may/may not be adequate infrastructure & hygiene
Unsafe & illegal	Incompetent unskilled	Inadequate infrastructure equipment and poor hygiene / not certified as MTP site

Result and Analysis:

The data collected via the questionnaire was statistically compressed in following tables.

1. DEGREE Wise classification of GPs

Degree	Frequency	Percent
BAMS	11	11.0
BHMS	38	38.0
MBBS	49	49.0
MD (Hom)	2	2.0
Total	100	100.0

2. Delay Period

Number of Patients with Delayed Menses	Frequency	Percent
< 5	51	51.0
5 – 10	35	35.0
10 – 20	12	12.0
> 20	2	2.0
Total	100	100.0

3. SELF Treatment

Self treatment	Frequency	Percent
N	9	9.0
Y	91	91.0
Total	100	100.0

4. Methods Used for Treatment

Methods	Frequency	Percent
NO	8	8.0
Homeopathic	12	12.0
MP- Forte	3	3.0
MTF	1	1.0
Progesterone	5	5.0
MP- Forte & Progesterone	3	3.0
Progesterone & Urine Pregnancy Test	6	6.0
Urine Pregnancy Test	62	62.0
Total	100	100.0

5. IDEA OF Medical Abortion (MA)

Idea of MA	Frequency	Percent
N	11	11.0
Y	89	89.0
Total	100	100.0

6. PRESCRIBE MA

Prescribe MA	Frequency	Percent
N	37	37.0
Y	63	63.0
Total	100	100.0

7. Knowledge about DRUG

Drug	Frequency	Percent
N	43	43.0
Y	57	57.0
Total	100	100.0

8. Knowledge about DOSE

Dose	Frequency	Percent
N	60	60.0
Y	40	40.0
Total	100	100.0

9. Knowledge about ELIGIBILITY

Eligibility	Frequency	Percent
N	59	59.0
Y	41	41.0
Total	100	100.0

10. Awareness about PREPILL PROCEDURE

Pre pill Procedure	Frequency	Percent
N	38	38.0
Y	62	62.0
Total	100	100.0

11. Confirmation of Abortion

Confirmation of abortion	Frequency	Percent
N	39	39.0
Y	61	61.0
Total	100	100.0

12. Knowledge about POSTPILL

Post pill care	Frequency	Percent
N	43	43.0
Y	57	57.0
Total	100	100.0

13. Information about Abortion

Inform about abortion	Frequency	Percent
N	67	67.0
Y	33	33.0
Total	100	100.0

14. Awareness about COMPLICATIONs

Complication	Frequency	Percent
N	27	27.0
Y	73	73.0
Total	100	100.0

15. Refer to Gynaecologist

Refer to Gynaecologist	Frequency	Percent
N	4	4.0
Y	96	96.0
Total	100	100.0

Statistical analysis of Data:

Medical Abortion	Frequency	Percent
N	37	37.0
Y	63	63.0
Total	100	100.0

Medical Abortion Scoring	Frequency	Percent
Poor	40	40.0%
Average	37	37.0%
Good	23	23.0%
Total	100	100.0%

Degree Vs Rate of Scoring

DEGREE	Rate of Scoring			Total
	Average	Good	Poor	
BAMS	8	0	3	11
BHMS	14	11	13	38
MBBS	14	12	23	49
MD (Hom)	1	0	1	2
Total	37	23	40	100

Chi-square Test = 9.853 and P Value = 0.131. Medical Educational degree Vs Rate of Scoring of Medical Abortion is not statistically significant at 5% level i.e. P > 0.05.

Therefore the quality of medical abortion services offered by various GP's does not correspond to the type of degrees they hold.

Medical Abortion Vs Rate of Scoring

	Rate of Scoring			Total
Provision of Medical Abortion services	Average	Good	Poor	
YES	25	21	17	63
NO	12	2	23	37
Total	37	23	40	100

*Chi-square Test = 15.447 and P – Value = 0.0001. provision of Medical Abortion services Vs Rate of Scoring of knowledge about Medical Abortion is statistically highly significant at 5% level i.e. P < 0.05.

Therefore, it can be said that knowledge about medical abortion is same (Poor) in both kind of GPs i.e. those who are providing abortion services and those who are not.

Conclusion:

GPs cover a large number and variety of patients. In order to increase the usefulness of MA pills we can train these GPs in their use.

This will help to increase the coverage of MA and also legalise their use by these doctors. At present it is creating more harm as these doctors are using MA without having knowledge about these pills. At this rate it will become a bane for women as they are many times not even being informed that they are undergoing abortion.

Medical abortion is potentially more accessible to providers of primary care, women's health, and family planning services. By modifying a few current MTP policies, medical abortion can be safely merged into the existing Indian health care infrastructure.

References:

[1] Progress and prospects of MAPnet. Sushanta K Banerjee, Jaydeep Tank, Mandakini Parihar.2007:1

[2] Early medical abortion in India: three studies and their implications for abortion services.J Am Med Womens Assoc. 2000;55(3 Suppl):191-4.

[3] In-depth interviews with medical abortion clients thoughts on the method and home administration of misoprostol. Elul B, Pearlman E, Sorhaindo A, Simonds W, Westhoff C. J Am Med Womens Assoc. 2000;55(3 Suppl):169-72. Population Council, New York City, USA.

[4] Advanced practice clinicians and medical abortion: increasing access to care. Kruse B. J Am Med Womens Assoc. 2000;55(3 Suppl):167-8 Aurora Medical Services, Seattle, Washington, USA.

[5] Guidelines for use of early medical abortion in india using Mifepristone and Misoprostol.WHO CCR in Human Reproduction,AIIMS,New Delhi.In collaboration with Ministry of Health and Family Welfare.Government of India. Government India.2006.Central drug standard Control Organisation:Directorate General of Health Services.File No-103/2001-DC.Nirman Bhawan,New Delhi.

[6] Safe Abortion: Technical & Policy Guidance for Health Systems.Geneva,(WHO, 2003). WHO Task Force on post ovulatory methods of fertility regulation.Termination of pregnancy with reduced doses of Mifepristone.

[7] Universal Law Publishing Co.Pvt.Ltd.2005. The Medical Termination of Pregnancy Act,1971. Ministry of Health and Family Welfare.2005.RCH Phase II-National Program Implementation Plan.MoHFW.Government of India.