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# Self- Induced Medical Abortion: An Emerging Issue of Safety and Access

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## ABSTRACT

**Introduction:** Access to safe abortion services has been the need of the current era. Medical abortion (MA) is a simple, safe and effective method of induced abortion. MA drugs have been approved by Government of Nepal for termination of pregnancy up to 63 days of gestation in safe abortion service sites. But registered as well as unregistered MA drugs have been widely and easily available without prescription even in rural settings. This has led to a tremendous increase in self-induced medical abortions and its adverse consequences. Aim of our study was to find out incidence of abortion related admissions and description of self- induced MA presented to our institution.

**Methods:** Descriptive study was conducted in Department of Obstetrics and Gynecology of KIST Medical College Teaching Hospital (KISTMCTH) from January 2015 to December 2016. Cases of complications of self-induced medical abortions were studied in detail which included age, parity, gestational age, address, type of complications and management.

**Results**: Total number of Gynecology related admission over the period was 308. Among these, abortion related admission were 95 (30.84%).44(46.3%) were spontaneous abortion and 51(53.7%) were induced abortion.22(43.1%) were admitted due to complications of self- induced MA like incomplete abortion, bleeding, shock, sepsis and renal failure. Most of the patients were of age group 20-25 years and were multigravida and had done MA in first or second trimester.

**Conclusion:** Self-induced medical abortion is still practiced even in urban area, landing to tertiary care hospital with complications. Thus MA should be provided by registered medical practitioner.

**Keywords**: Medical abortion, Self-induced medical abortion, Tertiary care center.

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## INTRODUCTION

Access to safe abortion services has been the need of the current era. Medical abortion (MA) is a simple, safe and effective method of induced abortion. According to World Health Organization (WHO) data, between 2010 to 2014, around 56 million induced (safe and unsafe) abortions had occurred worldwide each year.[1,2] Each year between 4.7% to 13.2% of maternal deaths can be attributed to unsafe abortion.[3] Around 7 million women are admitted to hospitals every year in developing countries as a result of unsafe abortion.[4] In Nepal, surgical abortion was legalized in 2002 and MA in 2009.[5] MA drugs (Mifepristone and Misoprostol) has been approved by Government of Nepal for termination of pregnancy up to 63 days gestation. These drugs should be provided by Safe abortion service sites and by trained listed service providers. However unregistered MA drugs are widely and easily available without prescription even in rural settings. An estimated 60% of all abortions performed in 2014 were unsafe, with unsafe abortion continuing to be a leading contributor to maternal mortality.[6] Also many studies have reflected on the safety, acceptability and efficacy of MA which has led to reduction of serious morbidities and even mortalities following unsafe surgical abortions like sepsis, perforation of uterus and injury to other viscera which were common previously.[7,8,9] However, there has been tremendous increase in self-induced medical abortions and its adverse consequences.

Aim of our study was to find out the incidence of abortion related admissions and self induced MA, patient profile, complications, management and acceptance of family planning methods with self-induced MA.

## METHODS

A descriptive study was conducted in Department of Obstetrics and Gynecology of KIST Medical College Teaching Hospital (KISTMCTH) from January 2015 to December 2016. Approval of the institutional Ethical Committee was obtained for the study. Performa for data collection was prepared. Cases of complications of self induced medical abortions were studied in detail. Age, parity, gestational age, address were noted. Type of complications, management and final outcome were analyzed using bivariate analysis. Also acceptance of family planning methods among the patients having self-induced MA were noted.

## RESULTS

Total number of admission in gynecology ward over the period was 308. Among these, abortion related admissions were 95 (30.84%). 44(46.3%) were spontaneous abortion and 51(53.7%) were induced abortion.(Table 1) Among the induced abortion 22(43.1%) were admitted due to complications of self-induced MA. Most of the patients were of age group 20-25 years and were multi-gravida and had done MA in first as well as second trimesters .(Table 2) Two women were unmarried. All of the patients with self induced MA presented with incomplete abortion and most of them had excessive bleeding (63.6%), others had anemia (40.9%), shock (31.8%), sepsis (36.4%), renal failure (4.5%) and few even continued pregnancy (4.5%).(Figure 1) Surprisingly most of patients with the self-induced MA were from Imadol area where our hospital is situated. Management included Manual vacuum Aspiration (MVA) and intravenous antibiotics for most of the patients. 14 patients needed blood transfusion, 5 patients were admitted in intensive care unit (ICU) and 1 patient needed hemodialysis (Figure 2). Although done proper counseling about the contraception, 18 (81.9%) of patients with self induced abortion did not accept any methods of contraception on discharge. (Figure 3)

**Table 1. Admissions in gynecology and obstetrics department**

| | |
|---|---|
| Total admissions | 1584 |
| Total Obstetric admissions | 1276 |
| Total Gynecological case admissions | 308 |
| Abortion related admissions | 95/308 (30.84%) |
| Spontaneous abortion | 44/95 (46.3%) |
| Induced abortion | 51/95 (53.7%) |
| MA (self induced) | 22/51 (43.1%) |

**Table 2. Profile of patient with self-induced medical abortion**

| **Age distribution(years)** | Number | Percentage (%) |
|---|---|---|
| <20 | 3 | 13.6 |
| 20-25 | 9 | 40.9 |
| 26-30 | 5 | 22.7 |
| 31-35 | 4 | 18.8 |
| ≥36 | 1 | 4 |
| **Parity** | | |
| Nulliparous | 5 | 22.7 |
| Primipara | 5 | 22.7 |
| Parity 2 | 7 | 31.8 |
| Parity 3 | 4 | 18.2 |
| Parity 4 | 1 | 4.6 |
| **Gestational age(weeks)** | | |
| 6-9 | 16 | 72.7 |
| ≥10 | 6 | 27.3 |
| **Marital status** | | |
| Unmarried | 2 | 9 |
| Married | 20 | 91 |

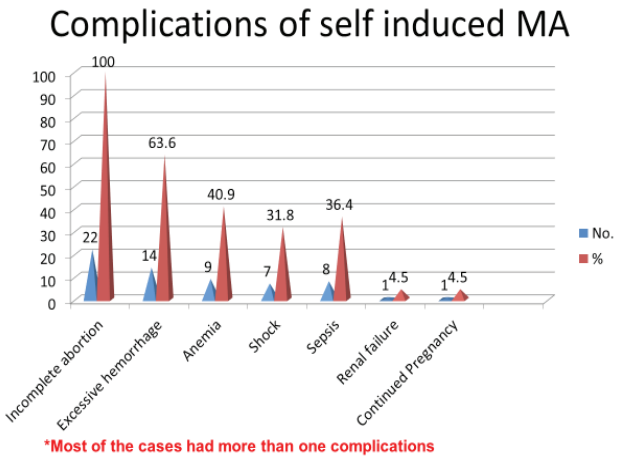


**Figure 1 Complications of self induced MA (Most of the cases had more than one complication)**

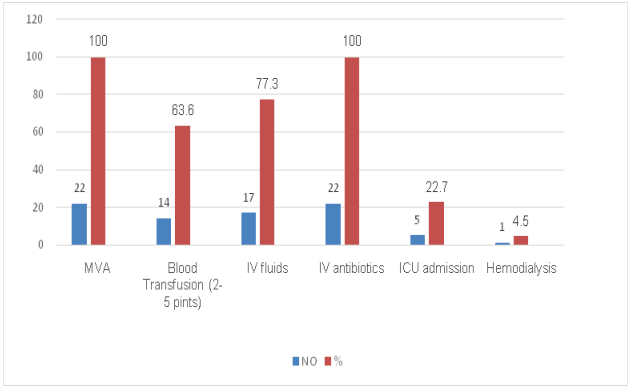


**Figure 2 Management done for self-induced abortions.**

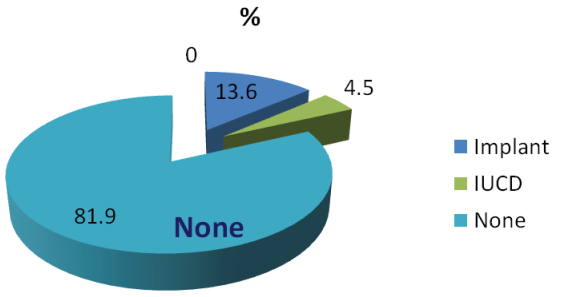


**Figure 3 Acceptance of family planning methods after abortion.**

## DISCUSSION

Medical abortion is a safe method if provided within the rules set by law. Abortion legalization has shifted the paradigm in Nepal. Here women's reproductive rights are recognized as fundamental human rights and abortion is constitutionally protected.[10]Despite this in Nepal a large number of abortions are still illegal.[6] Women are resorting to self - induced MA without any pre-abortion checkup or counseling. Like in our study, women with self-administered abortion did not have any checkup, investigation or counseling. In our study, similar study done in India, showed that 77% of clients came with complications following self-induced MA.[11] Around 50% of clients who took self were within 2 kilometers vicinity of our hospital, still they preferred self-MA. Other safe abortion facilities

are also within reach e.g. Marie Stopes, Private hospitals and clinics. But in rural set up, access to safe abortion service sites maybe the issue. Study done in India revealed similar finding showing that, despite of access to health service within 10km clients took self-MA assuming method to be safe, did not involve a visit to the doctor or hospital.[11] So here arises a question to why the clients go to the local pharmacy rather than coming to the hospital where there is safe abortion service. The reasons could be: being unaware about need for regular contraception, lack of awareness about the consequences of unsupervised MA, believe it to be safe, and presumed that a visit to the hospital and will be avoidable, first contact being the pharmacists who are more trusted and not referring the cases to SAS sites, quick service without checkup and formality, privacy and confidentiality issues and cost issues including loss of wages of accompanying person on visit to the hospital.

MA drugs though strictly being under surveillance by the regulating bodies, still are available and are given without prescription. Usually MA drugs are found to be purchased by husband, friend, family member or relatives and not the woman herself. And drugs are provided by local pharmacies without any prescription. Due to which many clients land up with complications. Another study done in 2013 in Nepal also revealed that despite legalization of abortion women continue to obtain clandestine or unsafe abortion requiring hospital care.[12] In our study out of 51 women who came to our centre, 29 women came desiring early abortion whereas 22 women came following complications due to self- induced MA, which is quiet significant number. Whereas study done in India in 2015 showed 77.7% women presented with complications of self-induced MA.[10] Whereas multicenter study done in Nepal in 2013 showed that around 69.6% of women had self -induced MA.[12] Despite of the patients suffering from serious complications, the contraception acceptance was found to be extremely low in our study (81.9%). This is very alarming, as this can lead to future self medical abortions. Study done by Rocca in 2014 showed that 56% of the patients left facility without any contraceptive methods post abortion.[13]

Complications of unsupervised self-induced medical abortions are preventable. Overburden of health facilities with resultant complications of MA can be reduced, which can help in avoiding abortion related morbidities and even mortalities. Even when self-induced MA is successful, the women loses an opportunity for thorough check up, screening, contraceptive counseling and acceptance leading to repeated self-induced MA. Those women may encourage others to resort to self-induced MA.

Limitation of our study is that it is just done in single tertiary care hospital of Nepal. Hence it might not be representative of the entire population as it does not represent the rural areas of Nepal. Also, we could not obtain the data of how the medicines were taken.

## CONCLUSION

Medical abortion is safe and effective if provided by registered medical practitioner within the law. Though abortion has been legalized in Nepal still there is stigmata in patients, due to which they resort to self-induced unsafe abortion landing into complications. Self-induced medical abortion is still practiced even in urban area, landing to tertiary care hospital with complications. Thus MA should be provided by registered medical practitioner.

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