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Safety and efficacy of medication abortion

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Abstract
Medication abortion is simple and safe procedure for termination of pregnancy.
Aims and objectives: This study was carried out in Mahaveer Hospital to study safety and efficacy of medication abortion in 70 patients who opted for this option.
Materials and methods: The sociodemographic information and obstetric history was collected from the participants. The predesigned questionnaire for collecting data on side effects and complication if any was used. Follow up was planned at 7th and 14th day of drug administration
Results: Majority of women were in age group of 26-30 yrs (45%). 32(45%) Patients Had 4-5 Weeks Pregnancy and 28(40%) Patients Had 5-6 Weeks Pregnancy. Most Of Subjects Were Graduates 40 (57.1%). Most of patients had either one child 34 (50%) or 2 children (35.7%). Incidence of side effects like nausea and vomiting was 50% (34 patients), 7(10%) had severe pain, 5(7.1%) had excessive bleeding, 7(10%) had fever/chills. Majority of complete abortion 65 (92.8%) only 5 (7.1%) had incomplete abortion for which surgical evacuation was carried out.

Keywords: Safety, efficacy, medication abortion

Introduction
Medication abortion is simple and safe non surgical procedure in which drugs are used to induce abortion. Medication abortion India in approved upto 7 wks of amenorrhea. One of the most effective and safest medication abortion regimen consists of use of a combination of mifepristone and misoprostol [1]. According to WHO in 2006 a number of factors should be taken into account when counseling a women for medication abortion [2]. Safety and effectiveness is similar between medical and surgical abortion [2]. Surgical abortion using vaccum aspiration has been method of choice for termination of pregnancy since many years [3]. However, surgical evacuation has certain complication like perforation, hemorrhage, sepsis, cervical incompetence, incomplete abortion etc. [4] Hence over last three decades medical methods has been used for termination of pregnancy.
Mifepristone was approved by drug controller of India in April 2002 for medical termination of pregnancy. Mifepristone blocks the action of progesterone to enhance the contractility of uterus and prompt the detachment of implanted embryo. Misoprostol was licensed for use in India in 2002 [5]. It is a synthetic analog of prostaglandin E-1. It binds to myometrial cells causing strong uterine contraction cervical softening and dilation. This leads to expulsion of conceptions from the uterus [2].
The recommended dose is 200 mg mifepristone followed by oral administration of misoprostol 400 mg after 48 hours. MA option have made abortion more available to women in a variety of health care settings and home administration of MA is also highly acceptable [1].
The common side effects reported with this regime of MA pills include pain, bleeding, nausea, vomiting, fever with chills, diarrhea, headache, dizziness and fatigue [6]. A large number of studies have shown that this method is successful in more than 90% women upto 7 wks of gestation [7].

Aims and objectives
The present study was carried out to study safety and effectiveness of mifepristone and misoprostol in termination of early pregnancy.

Material and methods
The present prospective observational study was carried out between June 2017 to June 2018 at Mahaveer hospital Indore to assess safety and efficacy of mifepristone and misoprostol combined therapy for medication abortion. Mifepristone was administered under the supervision

of qualified service providers as specified under MTP act 2002 and MTP rules 2003 in a total of 70 pregnant women who had opted for the medical termination of pregnancy. The pregnancy was confirmed by urine pregnancy test. An ultrasound was carried out to determine exact gestational age and rule out ectopic pregnancy [2].

Patient with known hypersensitivity to mifepristone/misoprostol, IUCD in situ, chronic adrenal failure, renal or hepatic failure, porphyria and hemorrhagic disorders, with concurrent anti coagulant therapy or long term corticosteroid therapy were excluded from study.

The sociodemographic information and obstetric history was collected from the participants. The predesigned questionnaire for collecting data on side effects and complication if any was used. Follow up was planned at 7th and 14th day of drug administration. Those women who could not come for follow up were contacted by telephone for obtaining required information. Thus, maximum attempts was done to minimize lost to follow up.

The complete removal of the product of conception was assessed by ultra sonography during follow up. Women having failure with MA method were immediately shifted to surgical abortion method after completion of stipulated action period.

Results

Table 1: Age Wise Distribution of Subjects

18-20 yrs	4 (5.7%)
21-25 yrs	19 (27%)
26-30 yrs	32 (45%)
31-35 yrs	8 (11.4%)
>35 yrs	7 (10%)

Majority of women were in age group of 26-30 yrs (45%).

Table 2: Mean Duration of Pregnancy.

4-5 weeks	32 (45%)
5-6 weeks	28 (40%)
6-7 weeks	06 (8.5%)
8 weeks	04 (5.7%)

32(45%) Patients Had 4-5 Weeks Pregnancy and 28(40%) Patients Had 5-6 Weeks Pregnancy.

Table 3: Educational Status of Patients.

Illiterate	03 (4.2%)
8TH	06 (8.5%)
10TH	09 (12.8%)
12TH	12 (17.1%)
Graduate	40 (57.1%)

Most Of Subjects Were Graduates 40 (57.1%).

Table 4: Gravidity and Parity Status

Nullipara	10 (14%)
1 Child	34 (50%)
2 Children	25 (35.7%)
3 Children	01 (1.4%)

Most of patients had either one child 34 (50%) or 2 children (35.7%).

Table 5: Side Effects Medication Abortion

Nausea/Vomiting	34 (50%)
Severe Pain	7 (10%)
Excessive Bleeding	5 (7.1%)
Fever/Chills	7 (10%)

Incidence of side effects like nausea and vomiting was 50% (34 patients), 7(10%) had severe pain, 5(7.1%) had excessive bleeding, 7(10%) had fever/chills.

Table 6: Effectiveness of Medication Abortion.

Complete Abortion	65 (92.8%)
Incomplete Abortion	05 (7.1%)

Majority of complete abortion 65 (92.8%) only 5 (7.1%) had incomplete abortion for which surgical evacuation was carried out.

Discussion

Recently, the use of mifepristone and misoprostol for medication termination of pregnancy has gained wide acceptance by women and medical practioners [8].

The overall complete abortion rate is our study was 92.8%. in a retrospective analysis of Ashok *et al.* [9] for 2000 women receiving medication abortion the overall success rate in this study was 97.5%. Schaff *et al.* [10] similarly reported a success rate of 97% in 933 women of < 56 days gestation [10] Surgical intervention was required in 7.1% of women in our study.

Incidence of side effects like nausea and vomiting was 50%(34 patients), 7(10%) had severe pain, 5(7.1%) had excessive bleeding, 7(10%) had fever/chills. The most common symptoms reported by Schaff *et al* [10] were nausea (44.6%), cramping (36.5%) nausea (42.5%) and fever chills (32.2%). Most frequent adverse events reported in some studies include abdominal pain or discomfort (56%) nausea (54%) tiredness (50%) and breast pain (28%) [11].

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