

Acceptability and Feasibility of Reducing Unsafe Abortion through Medication among Early Pregnant Women who are Attending in RHSTEP at DMCH

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ABSTRACT

Background: Over the past two decades, the health evidence, technologies and human rights rationale for providing safe, comprehensive abortion care have evolved greatly. Unsafe abortion is one of the four main causes of maternal mortality and morbidity.

Material & Methods: A prospective study were done from December, 2013 to January, 2015, over 13th months in RHSTEP at DMCH. Pregnant women of 5-9 weeks of pregnancy wanted to terminate their pregnancy were included in this study. Pregnant women had over 9th week of pregnancy, ectopic pregnancy, molar pregnancy and severe anemia were excluded from this study. A total 294 patients were enrolled in this study and MRM service was given them.

Results: Among the 294 patients 268 (91%) found successful termination of pregnancy and 26 (8.8%) patients found unsuccessful termination. In these 26 patients, 24 had incomplete abortion and two had viable pregnancy (failed MRM). Most of the patients complained of moderate bleeding (156) and pain (182) after taking medication but some of them revealed excessive bleeding (138) and marked pain relieved by pain killer (112). Some of them also had fever (76), nausea (82), diarrhea (12), vertigo (30) and few also found itching palm (05) and oral ulcer (02). 87% patients told overall side effects were acceptable and 8 % said natural & only 5 % found unacceptable. On interview about the satisfaction of the patients in using this method for early termination, 90 % patients were satisfied with this method.

Conclusion: Menstrual regulation with medication (MRM) using mifepristone and misoprostol is a safe, effective and acceptable method for early termination of pregnancy. Expansion of this service will reduce unsafe abortion in our country.

Key Words: Menstrual regulation with medication (MRM), Mifepristone, Misoprostol

Introduction

Over the past two decades, the health evidence, technologies and human rights rationale for providing safe, comprehensive abortion care have evolved greatly. Despite these advances an estimated 22 million abortions continue to be performed unsafely each year¹. Unsafe abortion is one of the four main causes of maternal mortality and morbidity. It accounts for 13 % of maternal deaths², and 20% of the total mortality and disability burden due to pregnancy and childbirth³.

Globally about 210 million women become pregnant every year. Of these 75 million ends in still birth and abortion. In 2008 an estimated 21.6 million unsafe abortions were performed worldwide, and almost all were done in developing countries, in which about

47000 women died due to unsafe abortion⁴. Bangladeshi women are at particularly high risk of unwanted pregnancy and unsafe abortion, because unmet need for family planning is higher here than in other regions of the world. In 2010, 372,000 unsafe abortion led to complications, among them 231,000 were treated at health facilities in Bangladesh⁵. So access and availability of safe MR is essential for reducing unsafe abortion and its complication.

Menstrual regulation with medication (MRM) is a globally endorsed method that involves the use of various medicines to evacuate the uterus. Research in the past two decades has identified several highly effective regimens for early medical abortion with a success rate of 93 to 98 percent, consisting of 200

mg of mifepristone followed by 400 or 800 mcg of misoprostol⁶⁻⁸.

MRM using mifepristone and misoprostol is a safe, effective and acceptable option for MR⁹⁻¹². Studies consistently show that 85-95 % of women are satisfied with this method¹³⁻¹⁴. MRM services has the potential to greatly improve access to safe abortion because, it is simple to deliver, easy to manage, require less equipment, facilities & staffing and cost effective than the other methods¹⁵.

The present study was aimed to assess the acceptability and feasibility of MRM in early pregnant women to reduce the unsafe abortion in resource poor settings like Bangladesh and subsequently helping health policy makers to take necessary strategies to lessen the risk of abortion associated complications and mortality.

Materials and Method

A prospective study were done from December, 2013 to January, 2015, over 13th months in RHSTEP at DMCH. Pregnant women of 5-9 weeks of pregnancy wanted to terminate their pregnancy were included in this study. Pregnant women had over 9th week of pregnancy, ectopic pregnancy, molar pregnancy and severe anemia were excluded from this study. After details explanation of the procedure and proper counseling to the patients a written informed consent were taken from the patient and data collection sheet were filled up. Then all data have been analyzed and plotted in different chart and diagram.

Results

A total 294 patients were enrolled in this study and MRM service was given them. The mean age of the enrolled women in the study was 29 years and gestational mean age was 6.3 weeks. Patient's demographic data also reveals that, most of them were educated (complete secondary school) and mostly house wife having 3-4 para on obstetrical history & commonly used barrier method for family planning (table-1). Among the 294 patients, 235 were come for follow-up and face to face interview were taken up. Remaining 59 patients interviewed over telephone and confirmed

no complications. Among the 294 patients 268 (91%) found successful termination of pregnancy and 26 (8.8%) patients found unsuccessful termination. In these 26 patients, 24 had incomplete abortion and two had viable pregnancy (failed MRM). Overall successful and unsuccessful cases have been shown in the flow chart (Fig-0.1). Among 294 patients, most of the patients complained of moderate bleeding (156) and pain (182) after taking medication but some of them revealed excessive bleeding (138) and marked pain relieved by pain killer (112). Some of them also had fever (76), nausea (82), diarrhea (12), vertigo (30) and few also found itching palm (05) and oral ulcer (02). The patient complains are shown in the bar diagram (Fig-0.2). Though there were some complications in this method, 87% patients told overall side effects were acceptable and 8 % said natural & only 5 % found unacceptable. On interview about the satisfaction of the patients in using this method for early termination, 90 % patients were satisfied with this method and they said they will advise their friends and relatives for using this method for early termination of pregnancy.

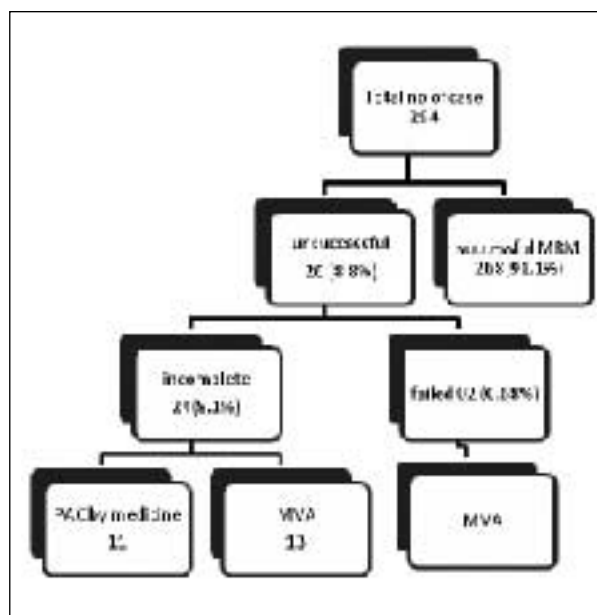


Fig 1: Flow chart of effectiveness of MRM kit

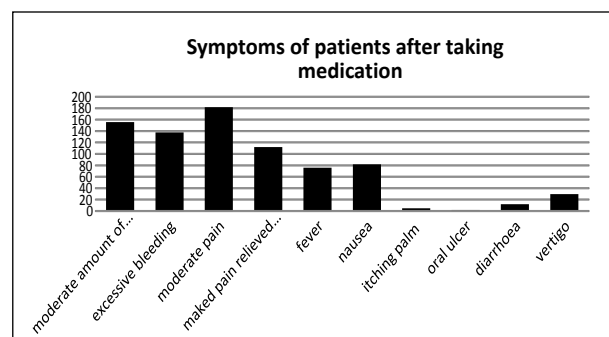


Fig 2: patients complains after taking MRM kit

Table: Socio-demographic Characteristics

Age in years

Range:14-43 Mean age:29

Age	No. of EMAs
14-19 years	25
20-25 years	102
26-31 years	107
32-37 years	46
38-43 years	14

Length of gestation

Gestational age: 5-9 wks Mean gestational age: 6.3 wks

Gestation	No. of EMAs*
5 weeks	56 (19%)
6 weeks	111 (37.8%)
7 weeks	88 (39.9%)
8 weeks	35 (11.9%)
9 weeks	4 (1.4%)

Education

Primary incomplete	13
Primary	48
Secondary	116
Higher secondary	86
Graduation or higher	31

Number of pregnancies

0-2	72
3-4	126
4+	96

Occupation

Housewife	186
Service	41
Student	38
Others	29

FP Methods used

Pill	82
Condom	140
Injectable	38
Other*	14
Nil	20

Percentage distribution of women who had a menstrual regulation with medication, selected responses:

Responses	%
Satisfaction	
Satisfactory	90
Natural	8
Unsatisfactory	2

Overall side effect

Acceptable	87
Natural	8
Unacceptable	5

Discussion

Despite relatively high contraceptive prevalence (61%) compared to other developing countries, Bangladesh continues to have a low utilization of long term or permanent contraceptive methods, a high discontinuation rate, and unmet needs for family planning¹⁶. Some women in Bangladesh resort to menstrual regulation (MR) to avoid unwanted and unplanned childbearing.

In Bangladesh, MR is legally provided through MVA by registered service providers (e.g. paramedics, FWVs, physicians) in primary, secondary, and tertiary government facilities, select NGOs, and private facilities. Because of the stigma, shame, and fear of disclosure associated with MR, however, women often turn to illegal measures and substances for abortion that are ineffective,

harmful, and life threatening. In these circumstances, medical abortion using drugs is an important alternative to surgical methods⁴. Mifepristone followed by a prostaglandin analog, most commonly misoprostol, has been shown to be safe and effective up to nine weeks (63 days) of pregnancy and is the method of abortion recommended by the World Health Organization.

Several studies showed the rates of MRM success 93-98% (17-21). A study by Alam A et al 2013, in Bangladesh used 200 mg of mifepristone followed by 800 mcg of misoprostol found 93% women evacuated the uterus without surgical intervention and overall 92% were satisfied with use

In a study by Beverly Winikoff, 1995 compared surgical abortion to medical abortion and found overall 84% of the women enrolled said they would prefer a medical abortion. Success rates were high for both methods (100% for surgical abortion and 97% for medical abortion), but bleeding lasted about twice as long for women who had a medical abortion²³. In our study, we found most of the patients complained of moderate bleeding (53%) and pain (62%) after taking medication but some of them revealed excessive bleeding (47%) and marked pain relieved by pain killer (38%). Though there were some complications in this method, 87% patients told overall side effects were acceptable and 8 % said natural & only 5 % found unacceptable. On interview about the satisfaction of the patients in using this method for early termination of pregnancy, 90 % patients were satisfied with this method and they said they will advise their friends and relatives for using this method for early termination of pregnancy.

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