

Editorial

Early termination of pregnancy

Termination of pregnancy or abortion is the removal of embryo or fetus from the uterus for purposes other than that of either producing a live birth or disposing of a dead embryo. Early termination of pregnancy generally means termination pregnancy of less than 10 weeks, counted from the first day of last menstrual period before it has a chance to develop¹.

Early termination of pregnancy is a safe, effective, highly acceptable and cost-effective method of termination of unplanned pregnancies of 9 weeks (63 days) or under². Historically many different drugs in different routes and combinations have been used in an attempt to cause termination of pregnancy; many do not work very well or are unsafe. For last two decades, safe and effective drugs have become available for this purpose.

Two kinds of approaches can be used to end an early pregnancy. It can be performed medically or surgically. Medical termination of pregnancy is also referred to as medication abortion, non surgical abortion or the abortion pill³. Medical abortions are those induced by abortifacient drugs. Medical abortion became an alternative method of abortion with the availability of prostaglandin analogs in the 1970s and the antiprogesterone mifepristone in the 1980^{4,5,6}. The common early first-trimester medical abortion regimens use mifepristone in combination with a prostaglandin analog (misoprostol or gemeprost) up to 9 weeks of gestation, methotrexate in combination with a prostaglandin analogs up to 7 weeks gestation, or a prostaglandin analog alone⁴. In very early abortions, up to 7 weeks gestation, medical abortion using a mifepristone–misoprostol combination regimen is considered to be more effective (98%)⁷. This combination regimens are more effective than misoprostol alone⁸. Having a medical abortion is more natural, non-invasive, avoids surgical & anesthetic risk, provide greater patient autonomy, safety and privacy. Medical abortion usually takes a few days from the first dose of medicine until the process is completed. Bleeding usually begins a few hours after the last dose of pills. Bleeding builds up over a couple of hours. Most women have a few hours of heavy bleeding and cramps. Then, the bleeding

slows down and the cramps go away but there is need to return for follow up in a week or so to make sure the abortion is complete. If bleeding does not slow down but continues to be heavy that soaks more than 2 sanitary pads an hour, for 2 hours or more in a row⁹ or pass clots bigger than a lemon, immediate consultation is necessary.

Standard dose of mifepristone is 200mg orally and misoprostol 400µgm to 800µgm orally, buccally or vaginally. The efficacy of vaginal misoprostol with higher dose is more (97%) in comparison to oral (91-95%)^{10,11} and buccal route (96%) . Two original articles one from our country and another from India has been published in this issue of journal. Jayati et al showed sublingual misoprostol to be more effective although other study showed similar efficacy between the sublingual and vaginal misoprostol¹². In another study Rafat et al obtained good outcome in medical termination with mifepristone and misoprostol within 49 days of pregnancy.

Surgical abortion also known as aspiration abortion, vacuum abortion, suction abortion are procedures where, a health care provider inserts a small cannula through the cervix into the uterus to perform the abortion. Either a handheld suction device or an electrical suction machine is used to empty the uterus.

Current surgical methods recommended by WHO are Manual vacuum aspiration, and Dilatation & evacuation¹³. If medical abortion fails, surgical abortion must be used to complete the procedure. Out of surgical methods for termination of pregnancy vacuum aspiration is safer & less painful than D&C with 98-99% success rate. If suction evacuation is done from 7 to 12 weeks cervix may need to be dilated at the time of procedure, or can be dilated overnight with a prostaglandin preparation. Dilation and curettage (D&C), the second most common method of surgical abortion, is a standard gynecological procedure performed for a variety of reasons, including examination of the uterine lining for possible malignancy, investigation of abnormal bleeding, and abortion¹⁴. Curettage is needed to clean the walls of the uterus with a curette only when MVA is unavailable.

An estimated 22 million abortions continue to be performed unsafely each year worldwide, resulting in the death of an estimated 47000 women and disabilities for an additional 5 million women⁴. Almost all of these deaths and disabilities can be prevented through sex education, family planning, and the provision of safe and legal facilities for performance of abortion and care for post-abortion complications. Medication in lieu of manual vacuum aspiration (MVA) may increase access to safe services in settings where the necessary supplies and equipment and/or trained personnel required to perform vacuum aspiration are not available. Bangladesh's Menstrual Regulation with Medication (MRM) Working Group, a non-governmental organization formed in 2006 has been advocating for the introduction of medical termination of pregnancy in this country for a long time.

Every women who needs an abortion , should have access to safe abortion so that she does not suffer from the consequences of unsafe abortion.

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