

# Profile of abortion seekers in tertiary care center Visakhapatnam with review of medical termination of pregnancy act in India

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## I. Introduction:

Abortion is one of the foremost causes of maternal morbidity and mortality .

The access to safe and legal abortion is one of the fundamental women's reproductive rights.

In an estimate, it was observed, that abortions were reported in nearly one third of all pregnancies and almost half of the pregnancies are unintended.

About 15.6 million abortions transpired in India in 2015. Out of these, 81 % abortions were done by medical methods, surgical methods were adopted in 14 %, while 5 % abortions were estimated to be unsafe.

In an effort to reduce maternal morbidity and mortality as a result of unsafe abortion, The Medical Termination of Pregnancy (MTP) Act was passed by the Indian Parliament in 1971 . It specifies the guidelines and describes the conditions for termination of pregnancy in accordance with the Indian laws .

Although India has legalized abortion on reasonably generous grounds, still the number of legal abortions, performed in India, is miserable and assessed to be only 0.5 million of the annual estimate of over 6 million abortions.

## II. Materials And Methods

A registry-based retrospective study was carried out among pregnant women, attending the gynecologic outpatient department for MTP at the tertiary care hospital visakhapatnam .

The records of women, seeking MTP during a 1-year period between July 2021 and June 2022, were reviewed and information on their demographic and obstetric profile, reason for undergoing MTP, and acceptance of contraception, following MTP was recorded in the data sheet.

## III. Result

A total of 90 pregnant women underwent MTP between July 2021 and June 2022.

**Table 1** Socio-demographic & obstetric profile of pregnant women seeking MTP

AGE GROUP[YEARS]	NUMBER %
<20	15(16.6%)
21-25	44(48.8%)
26-30	19(21.15%)
31-35	12(13.35%)
RELIGION	NUMBER%
HINDU	70(77.75%)
MUSLIM	20(22.3%)
MARITAL STATUS	NUMBER%
UNMARRIED	2(2.2%)
MARRIED	88(98.8%)

EDUCATIONAL STATUS	NUMBER%
ILLETRATE	5(5.5%)
PRIMARY	20(22.2%)
SECONDARY	35(38.8%)
HIGHER SECONDARY	25(27.7%)
GRADUATE	5(5.5%)
WORK STATUS	NUMBER%
HOUSE WIFE	60(66.6%)
WORKING	309(43.4%)

PARITY	NUMBER%
1	19(21.15%)
2	20(22.3%)
3	31(34.4%)
>3	18(20%)
CURRENT PERIOD OF GESTATION	NUMBER%
1 <sup>st</sup> TRIMESTER	69(76.6%)
2 <sup>nd</sup> TRIMESTER	21(23.3%)

TABLE :2

METHODS OF MTP	NUMBER%
MEDICAL	65(72.2%)
SURGICAL	15(16.6%)

TABLE :3 REASONS FOR SEEKING MTP

REASON	NUMBER%
THERAPEUTIC	10(11.1%)
EUGENIC	10(11.1%)
HUMANITERIAN	2(2.2%)
SOCIAL	50(55.5%)
ENVIRONMENTAL	18(20%)

TABLE:4 REASON FOR SEEKING MTP ACCORDING TO AGE

REASON	AGE <20 YRS(n=15)	21-25 YRS n=44	26-30 YRS n=19	31-35 YRS n=12	>35 YRS n=0
THERAPEUTIC	2(13.3%)	5(11.3%)	3(15.7%)	0	0
EUGENIC	3(20%)	1(2.2%)	3(15.7%)	3(25%)	0
HUMANITERIAN	2(13.3%)	0	0	0	0
SOCIAL	3(20%)	35(79.5%)	10(52.6%)	2(16.6%)	0
ENVIRONMENTAL	5(33.3%)	3(6.8%)	3(15.7)	7(58.3%)	0

TABLE : 5 DURATION OF PREGNANCY DURING MTP AND REASON FOR MTP

DURATION	THERAPEUTIC n=10	EUGENIC n=10	Humanterian n=2	Social n=50	ENVIRONMENTAL n=18
<9 WEEKS	3(30%)	0	2(100%)	30(60%)	7(38.8%)
9-12 WEEKS	3(30%)	2(20%)	0	14(28%)	7(38.8%)
>12 WEEKS	4(40%)	8(80%)	0	6(12%)	4(22.2%)

TABLE:6 CONTRACEPTION METHOD ADOPTED FOR FAMILY PLANNING AFTER MTP

METHOD	NUMBER%
TEMPORARY	30%
PERMANENT	55%
NONE	15%

#### IV. Discussion

In socio-demographic and obstetric profile of the study population. The mean age of the women was 29.70±5.70 years (range, 13–45 years). 48.8% women between 21–25 years of age underwent MTP, followed

by 21.1% women aged between 26-30 years. .2.2% women were unmarried. Maximum (70%) women belonged to the Hindu community. Maximum women, attending MTP clinic, secondary education or higher secondary and only 5 % women were illiterate and graduate. The majority (60%) of women was housewives and only 43.45 were working.

Regarding the obstetric profile, the majority (44.4%,) were para 3. 76.6% of women underwent MTP in the first trimester. The medical method of MTP was adopted in majority 72.2%

The reasons for the termination of the current pregnancy are detailed in Table 3. Social reasons were cited as the most common reason {55.5%}. Table 4 depicts reasons for seeking pregnancy termination according to age. Social reasons were more evident in women aged 26 to 30 years. 80% pregnancies were terminated in the second trimester (>12 weeks) on eugenic ground, while 30% pregnancies were terminated in the first trimester (6–12 weeks) on social grounds.

The termination of pregnancy on therapeutic grounds was also higher in the second trimester (40%).

Only 55% women opted for sterilization or family planning after MTP

The Medical Termination of Pregnancy Act, 1971 was enacted as an exception to the IPC, to provide for the termination of certain pregnancies by registered medical practitioners

Under this act, a pregnancy could be terminated by a registered medical practitioner up to 20 weeks of gestation. However, a second doctor's opinion was a prerequisite for termination of pregnancy beyond twelve weeks of gestation.

A pregnancy could be terminated in a Government hospital or a place for the time, being permitted for the purpose of this Act by the Government. In an attempt to simplify the registration of private doctors as abortion service providers and thereby to further expand access to safe abortion services, amendments to the MTP Act and Regulations were made in 2002 and 2003

In the present study, the majority of pregnancies terminated on eugenic ground, were in the second trimester. Most of the fetal abnormalities were spotted late on ultrasonography, even more than 20 weeks of intrauterine life. The majority of the Indian population resides in rural area and lacks access to healthcare facilities, including sonologists and qualified obstetricians. It was observed, that it is not uncommon in a reasonable number of patients to be diagnosed with fetal malformation beyond 20 weeks.

They observed in their study on pregnant women with fetal malformations that 66.9 % of fetal abnormalities were diagnosed after 20 weeks. 109 out of 312 patients had their first USG after 20 weeks and 100 had USG prior to 20 weeks but the malformations were missed here exist fetal malformations, which are difficult to diagnose before 20 weeks of gestation.

These abnormalities are agenesis of corpus callosum; cystic congenital adenomatoid malformation, extralobar sequestration; Dandywalker malformation and variants; duodenal atresia; hydronephrosis, renal agenesis, duplex kidney; bowel obstruction.

Under these circumstances women have no option left except to have their pregnancy aborted at substandard centers, as they fail to access safer abortion in a legalized manner as per the legal provisions of the MTP act. Most of such patients deteriorate due to septic abortion and may have to undergo

The Government of India introduced the MTP Amendment Bill 2020, which was passed in the year 2021.

As per the earlier provisions under the MTP Act, a pregnancy could be terminated by only a married woman in the case of failure of a contraceptive method or device. Now, unmarried women can also access safe abortion services on grounds of contraceptive failure.

Opinion of one Registered Medical Practitioner (RMP) for termination of pregnancy up to 20 weeks of gestation.

Opinion of two RMPs for termination of pregnancy of 20-24 weeks of gestation.

Opinion of the State-level medical board is essential for a pregnancy to be terminated after 24 weeks in case of substantial fetal abnormalities.

As per the earlier laws, for abortion beyond 20 weeks, women had to obtain the permission from the court, and even now also they require clearance of the medical board for pregnancy termination beyond 24 weeks.

Another issue was that the Bill is unrealistic for the population, residing in rural area. It would be extremely difficult for the women to have an opinion from two doctors if she wants to abort beyond 20-weeks. The scarcity of the specialist qualified doctors in the rural area is another dark area

## **V. Conclusion**

The latest amendments in the MTP Act, give a ray of hope to the women who wish to abort their pregnancies on eugenic grounds in the latter gestation. They can have access to safer abortion facilities, which is their fundamental right. Some of the possible lacunae in the present bill need to be focused as and when the rules are formulated.

We conclude from the results of the present study that women in the peak reproductive age (21–30 years) are more likely to seek pregnancy termination and this group of women needs to be the focus of contraceptive counseling and family planning services.

Timely ultrasound scans by an expert sonologist may be a step forward towards lowering the rates of late pregnancy termination.

There is a need to educate women to avail and use contraceptive methods in an effective manner and to make them aware of utilizing sterilization services, once they complete their families to avoid unwanted pregnancies

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