



DR ALPESH GANDHI
FOGSI PRESIDENT 2020



DR MANDAKINI MEGH
ICOG CHAIRPERSON

FOGSI MTP COMMITTEE
BULLETIN 2020-ISSUE 2

SAFE AND LEGAL ABORTION-
AN UPDATE ON Medical Method of Abortion in
1st Trimester



DR ATUL GANATRA
VICE PRESIDENT

EDITOR-



DR JAIDEEP TANK
SECRETARY GENERAL



PROF . BHARTI MAHESHWARI
FOGSI MTP COMMITTEE CHAIRPERSON-2020

Indications of Medical METHOD OF ABORTION (MMA)in 1st trimester

- Women seeking termination of pregnancy up to 9 weeks

Contd....

Clinical assessment

- Confirmation of pregnancy
- Exact period of gestation
- Woman's general health condition
- Associated gynaecological disorders and infection
- Associated medical problems

Role of ultrasound examination

- **may be helpful for accurate dating** when there is a discrepancy in the size of the uterus by LMP and bimanual examination.

However, this test is **not a mandatory** requirement for the provision of MTP.

- Where it is available, it can also be used to **detect ectopic pregnancies** along with quantitative β HCG measurements.
- Since it is an obstetric USG, it must be done in accordance with the **Pre-Conception Pre-Natal Diagnostic Techniques (PCPNDT) Act**.

Laboratory investigations

- Haemoglobin
- Urine for albumin and sugar
- Blood group-Rh
- Urine for pregnancy test with Nischay kit (wherever required)
- In case of existing infections, samples should be taken for culture for a final diagnosis of the type of infection.

Detailed history and clinical examination to rule out contraindication of MMA

- Anaemia (Haemoglobin <8 gm%)
- Confirmed or suspected ectopic pregnancy
- Undiagnosed adenexal mass
- Uncontrolled hypertension; BP > 160/100 mm Hg

Detailed history and clinical examination to rule out contraindication of medical method-

- Heart problems such as angina, valvular disease and arrhythmia which can lead to sudden cardiovascular collapse
- Severe renal, liver or respiratory disease
- Current long-term systemic corticosteroid therapy
- Current anti-coagulant therapy
- Inherited porphyrias
- Uncontrolled seizure disorder
- Allergic or intolerance to mifepristone/misoprostol or other prostaglandins
- Glaucoma

Conditions for Special Precautions in MMA

- Pregnancy with IUCD in situ: Remove IUCD before giving drugs
- Pregnancy with uterine scar: Although safe, exercise caution with history of LSCS, hysterotomy or myomectomy
- Bronchial asthma: Misoprostol, a bronchodilator can be used, but not other prostaglandins
- Pregnancy with fibroid
- Women on anti-tubercular drugs

Provider and Site Eligibility for MMA

Provider:

- MMA drugs can be prescribed **ONLY** by **Registered Medical Practitioners (RMPs)**, as per the MTP Act

Site:

- Primary, secondary and tertiary level of public sector sites
- Private sector facilities, which have been approved by the government as certified MTP sites
- Outpatient facilities (clinics) with an established referral linkage to an MTP approved site and certificate by owner of approved site displayed at clinic



Documentation/Reporting Requirement for MMA

1. Form I – Opinion Form
2. Form II – Monthly Reporting Form (to be sent to the district authorities)
3. Form III – Admission Register for case records
4. Form C – Consent Form



About Mifepristone

- An antiprogestin which blocks the progesterone receptors in the endometrium causing the necrosis of uterine lining and detachment of implanted embryo
- Causes cervical softening and increased production of prostaglandins, leading uterine contractions
- Sensitizes the uterus to the effect of prostaglandins
- Available as 200 mg tablet for abortion
- A small percentage of women (3%) may expel products with mifepristone alone

About Misoprostol

- A synthetic prostaglandin E1 analogue
- Binds to myometrial cells causing strong uterine contractions, cervical softening and dilatation. This leads to expulsion of conceptus from the uterus
- Available as 25, 100 and 200 mcg tablets.

Advantage of misoprostol over other prostaglandins:

- Economical and stable at room temperature in comparison to PGF2alpha derivatives
- Well absorbed from different routes of administration

Pre procedure counselling

- Women should be told about available method of termination and their consequences
- Should be discussed in detail about option for contraception
- Oral contraceptives can be started from day of mesoprostol-2nd visit and IUCD immediately after completion of process

Pre procedure counselling

- Women should be ensured she will not be denied if will not opt for contraception
- If women not decide, post procedure again counselling should be done to adopt regular contraception
- Counsellor should help woman to take decision for termination of pregnancy and method of termination and contraception
- Follow up schedule should be explained to woman

First Visit /Day 1 /Day of Mifepristone Administration

1. Detailed history
2. Counselling including general and method specific counselling
3. Physical and pelvic examination
4. Contraceptive options
5. Investigations (Injection Anti D 50 mcg if Rh negative)
6. Informed consent
7. Mifepristone 200 mg orally
8. Give contact address and phone number of the facility where woman can go in case of an emergency
9. Complete the follow-up card

**First visit may sometimes not be the day of mifepristone administration. The day of mifepristone administration is however, taken as Day 1.*

Follow-up Card for Medical method of abortion



एम.एम.ए. कार्ड



स्वास्थ्य केंद्र का नाम :

डॉक्टर का नाम :

संबाईल नम्बर : फोन नं.

दिनांक:

दिन 1	दिन 3	दिन 15
<input type="text"/>	<input type="text"/>	<input type="text"/>

आपातकालीन स्थिति में तुरंत संपर्क करें

स्वास्थ्य संस्था का नाम :

फोन नं. :

सामान्य लक्षण:

औषधीय गर्भपात के दौरान आप निम्न में से एक या एक से अधिक प्रभाव महसूस कर सकती हैं। ये थोड़े समय के लिए ही होते हैं और प्रक्रिया पूरी होने के बाद खत्म हो जाते हैं:

- आपकी शांति माहवारी से ज्यादा खून गिरना
- पेट में दर्द या ऐंठन
- बुखार या सर्दी
- मतली या उल्टी
- दस्त
- सरदर्द
- चक्कर आना

यह चार्ट जीवनि द्वारा गर्भपात प्रक्रिया के 15 दिनों के दौरान आपको अपनी सेहत का ब्यौर रखने में सहायता करेगा। इन 15 दिनों के दौरान, प्रतिदिन आपको जो भी लक्षण महसूस हों आप उस खाने में ✓ का निशान बना दें।

प्रक्रिया के दौरान → 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

	घबरे जाना														
	सामान्य रूप से खून गिरना														
	ज्यादा खून गिरना														
	मतली/उल्टी होना														
	दर्द/ऐंठन होना														
	बुखार/सर्दी लगना														

नोट: नीचे एवं पन्द्रहवें दिन की नियमित जीव के लिए तथा आपातकालीन स्थिति में अपनी एम्बेस वाहन का उपयोग निःशुल्क उपलब्ध है। आप आवश्यकता पड़ने पर ऊंचा कार्यकर्ता से भी संपर्क कर सकते हैं।

अगर आपको निम्न से कोई भी लक्षण महसूस हो तो स्वास्थ्य केंद्र में डॉक्टर से तुरंत संपर्क करें:



लगभग दो घंटों तक ज्यादा खून जाना जिसमें हर घंटे में 2 या उससे ज्यादा मैक्सी सेनेटरी पैड इस्तेमाल करने पड़े



दूसरी दवा लेने के 24 घंटों तक भी बिनाकुल खून न जाना



दूसरी दवा लेने के बाद लगातार बुखार व गौनि से बदबूदार रिसाव

Second Visit/Day 3/Day of Misoprostol Administration

1. Note any history of bleeding/pain or any other side effects after mifepristone
2. Misoprostol 400 mcg (two tablets of 200 mcg) oral /vaginal
3. Observe for four to six hours in the clinic/hospital
4. Prescribe drug for pain relief
5. Perform bimanual examination just before discharging her from the facility, to rule out expulsion of POC
6. Inform the woman about warning signs
7. She must keep filling the card

Plan of action if there is no bleeding 24 hours after administration of Misoprostol

- Detailed history, examination and ultrasonography
 - Continuation of pregnancy-vacuum aspiration
 - Nonviable /missed----repeat dose of mesoprostol

Third Visit/Day 15/Day of Follow-up

1. Note relevant history
2. Carry out pelvic examination to ensure completion of abortion process
3. Reinforce contraceptive counselling and services
4. Advise USG if pelvic examination does not confirm the expulsion of POC or completion of abortion process or if bleeding continues
5. Ask the woman to report back if there are no periods within six weeks

Medical method of abortion-3 visits-checklist

FIRST VISIT /DAY 1 /DAY OF MIFEPRISTONE ADMINISTRATION

1. Detailed history
2. Counselling including general and method specific counselling
3. Physical and pelvic examination
4. Contraceptive options
5. Investigations (Injection Anti D 50 mcg if Rh negative)
6. Informed consent
7. Mifepristone 200 mg orally
8. Give contact address and phone number of the facility where woman can go in case of an emergency
9. Complete the follow-up card

*

2ND VISIT-3RD DAY

1. Note any history of bleeding/pain or any other side effects after mifepristone
2. Misoprostol 400 mcg (two tablets of 200 mcg) oral /vaginal
3. Observe for four to six hours in the clinic/hospital
4. Prescribe drug for pain relief
5. Perform bimanual examination just before discharging her from the facility, to rule out expulsion of POC
6. Inform the woman about warning signs
7. She must **keep filling the card**

3rd visit-15th day

1. Note relevant history
2. Carry out pelvic examination to ensure completion of abortion process
3. Advise USG if pelvic examination **does not confirm** the expulsion of POC or completion of abortion process or if bleeding continues
4. Ask the woman to **report back** if there are **no periods within six weeks**
5. Reinforce contraceptive counselling and services

Treatment of failed medical method

- PRESENTING SYMPTOMS—BLEEDING WITH PAIN

- **VITALS STABLE**--→ EXAMINE-----

- POC felt at os—evacuate,

- POC NOT felt- do USG

- **On USG—**

- NON VIABLE GESTATIONAL SAC-**ADDITIONAL DOSE-600- mcg sublingually** --- FU after 7 days

- VIABLE SAC- **VACCUME ASPIRATION**

- NO SAC-DECIDUAL BITS----**CONSERVATIVE TREATMENT—FU** after 7 days

VITALS UNSTABLE-----

FLUID,BLOOD,OXYGEN,ANTIBIOTICS,OXYTOCIN-----FOLLOWED BY evacuation

Protocol for MMA for upto 9 Weeks

Mifepristone on Day 1 200 mg (1 tablet) orally (available as 200 mg tablet)	Misoprostol on Day 3		Day 15
	Dose	Route	<ul style="list-style-type: none"> • Confirm and ensure completion of the process • Contraception
	400 mcg- 800mcg	Oral/vaginal/ sublingual/buccal <i>(WHO, 2012)</i>	

Effectiveness of MMA

Condition	Effectiveness*
Complete abortion	95-99%
Heavy bleeding requiring vacuum aspiration	1-2%
Incomplete abortion requiring vacuum aspiration	1-2%
Heavy bleeding requiring blood transfusion	0.1-0.2%

**Ref.: Guidelines for Early Medical Abortion in India using Mifepristone and Misoprostol. WHO-CCR in Human Reproduction. AIIMS and MoHFW.*

Side Effects with MMA Drugs

- a. Bleeding per vaginum
- b. Abdominal pain
- c. Fever, warmth and chills
- d. Gastrointestinal side effects
- e. Headache and dizziness



Potential Complications with MMA

- i. Severe vaginal bleeding
- ii. Incomplete abortion
- iii. Continuation of pregnancy
- iv. Infection



Chart - Excessive Vaginal Bleeding, Clinically Stable Woman

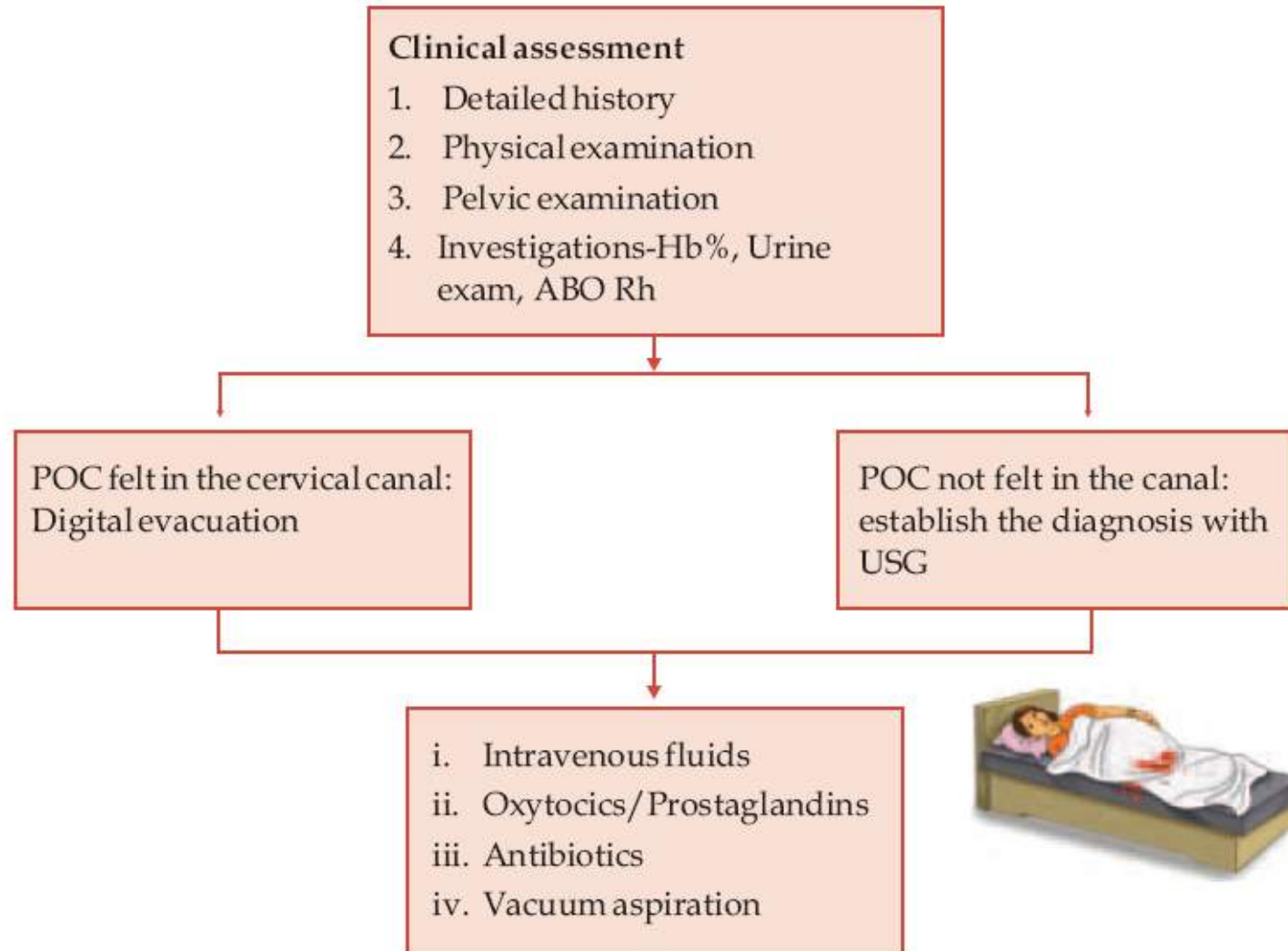


Chart - Excessive Vaginal Bleeding, Clinically Unstable Woman

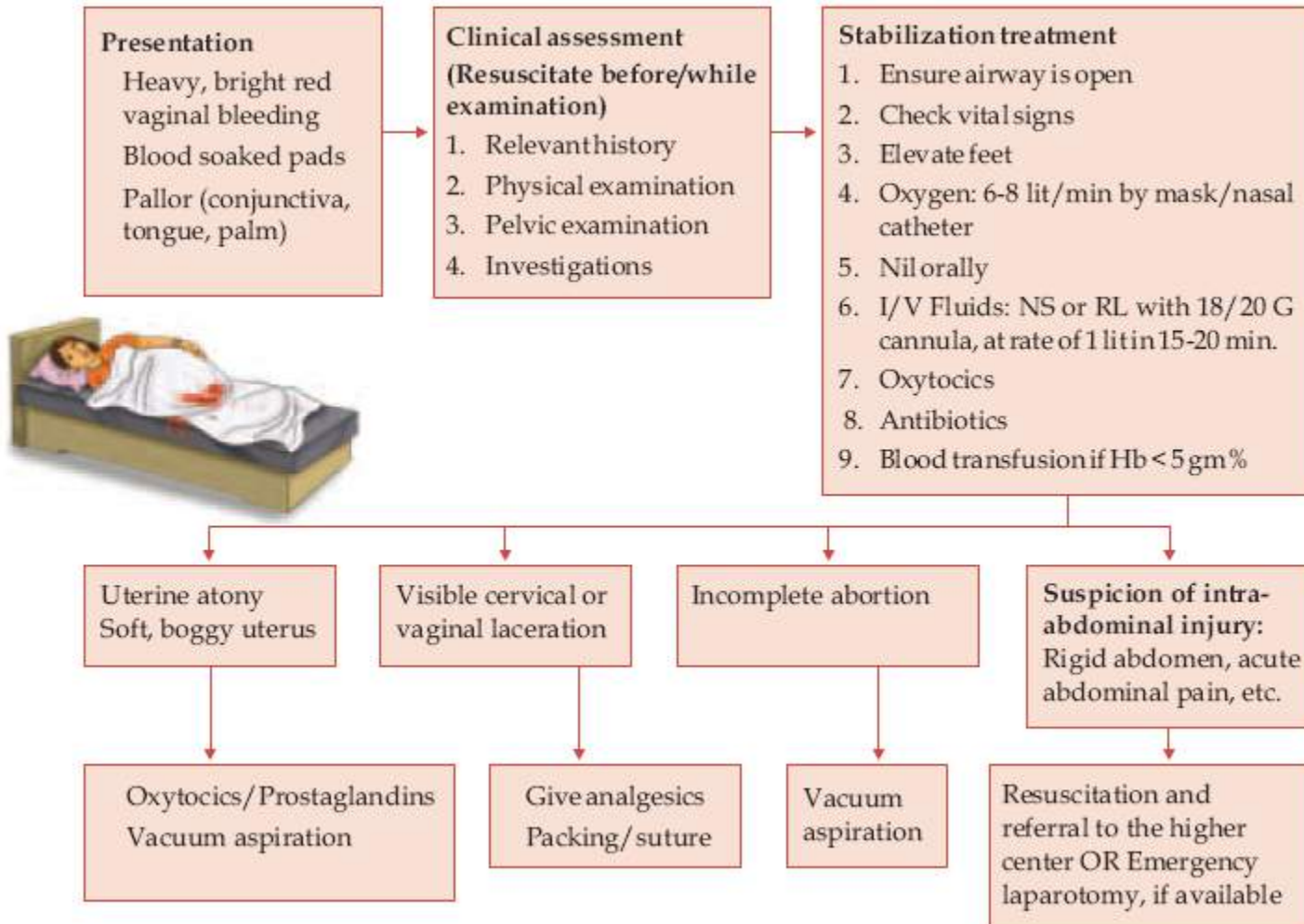
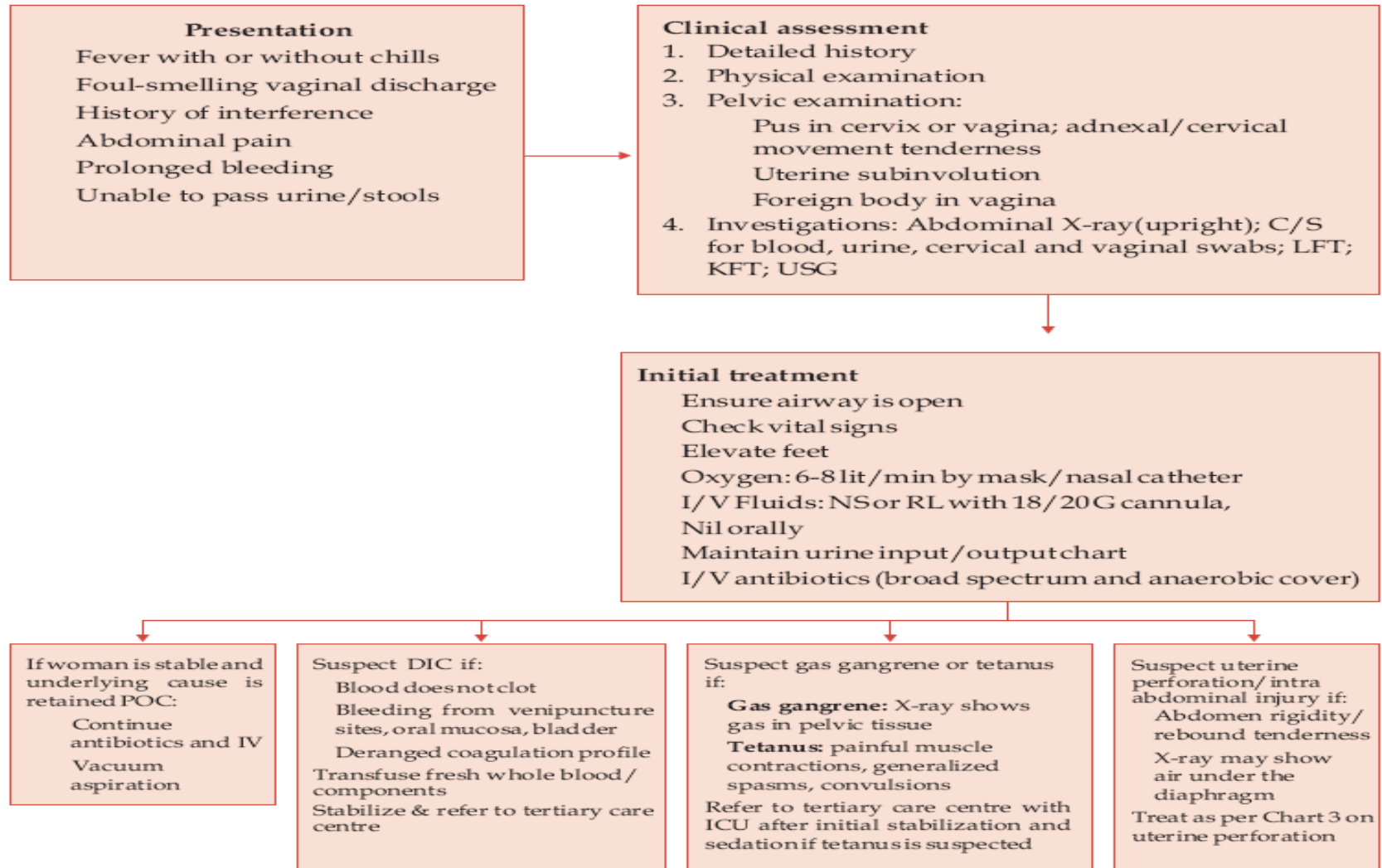


Chart - Sepsis



Summary

- Abortion can be offered at an early stage of pregnancy and with more privacy by MMA.
- Counselling and ruling out contraindications is mandatory before initiating MMA procedure
- All the documentation required for surgical abortions is also required for MMA (including Forms C, I, II and III)

Summary

- The drug protocol should be strictly followed for the success of MMA
- Potential side effects during the MMA process and the warning signs and symptoms should be discussed with the woman before initiating the procedure
- Once initiated, the process of abortion has to be completed by VA in case of failure of the procedure because of a slight risk of teratogenic effect of the drugs

Pregnant woman comes for MTP



1. Confirmation of pregnancy
2. Confirmation of gestational age (P/V or USG)
3. Identify indication of MTP
4. Discussion on method of MTP: medical/surgical
5. Provide counselling for contraception



Provide MTP service



1. Obtain informed consent of woman/guardian in Form C
2. Complete the Form I (If gestation age is more than 12 weeks, opinion of 2 RMPs is required)



1. Form C and Form I should be placed in an sealed envelope
2. 'Secret' and Serial No should be written on the envelope
3. Complete Form III: Admission Register
4. All forms to be kept in custody of Head/Owner of Institute and should not be open for routine inspection
5. Only the Chief Medical Officer (CMO) has authority to inspect these confidential documents
6. Strict confidentiality is to be maintained
7. Form II is to be submitted to the CMO's office every month



Even In case of Medical Abortion- All the above forms have to be filled

All records to be preserved till a period of five years from the last entry in the register

In the admission register, the serial no. of MTP in that hospital/ clinic for each year will restart from serial number 1 every calendar year (from January).

**FOGSI
MEDICAL
TERMINATION
OF
PREGNANCY
COMMITTEE
2018-2020**

**MTP & PCPNDT RULES
“KNOW & FOLLOW”**



CHAIRPERSON

PROF. BHARTI MAHESHWARI

(MD, FICOG, FIAOG, FIME)

Ph.: 9927856780

email: bhartinalok123@gmail.com



बेटी बचाओ, बेटी पढ़ाओ

REFERENCES-

- NHM guidelines
- Comprehensive abortion care training and service delivery guidelines-2nd edition