UNIT 3    MEDICAL ABORTION AND MTP ACT

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3.0 INTRODUCTION

Unsafe abortions significantly contribute to maternal morbidity and mortality in India. According to Sample Registration System (SRS) 2001-03, unsafe abortions account for nearly eight per cent of all maternal deaths in India. Numerous barriers limit access to safe abortion services including shortage of trained providers; lack of infrastructure at the facilities; and lack of information about legality and availability of services among women and the community. Medical Methods of Abortion (MMA) is one of the safest technologies of abortion care that helps to improve access to abortion care services particularly in early pregnancy. However, it is not to be considered or used as a method of family planning. With this background the present unit discusses all the important concepts of MMA and MMA under the purview of Medical Termination of Pregnancy (MTP) Act, 1971.

3.1 OBJECTIVES

After completing this unit, learner will be able to:

• define abortion and enumerate methods of abortion;
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- enumerate indications and contraindications of Medical Methods of Abortion (MMA);
- discuss the process of MMA and tell the drugs used in MMA;
- counsel a women who has come for termination of pregnancy; and
- enlist 3 key conditions of MTP using medical methods, under MTP Act.

3.2 ABORTION

Abortion is defined as termination of pregnancy before the foetus becomes viable (capable of living independently i.e. before 28 weeks or when the foetus weighs less than 1000 g).

Abortions are categorised as spontaneous and induced. Spontaneous abortions are the type of abortions that occur spontaneously due to some medical or unknown reasons. It is considered as “Nature’s method of birth control”. Induced abortions are those that are deliberately induced. They may be legal or illegal. Legal abortion is the one which is done by a qualified doctor, in a recognised hospital, under specific indications. Illegal abortion is the one which is performed by an unqualified person under hazardous conditions. They are usually the last resort of women to end their pregnancies at the risk of their own lives.

Illegal or unsafe abortions contribute to 8 per cent of maternal deaths. In absolute numbers, close to 10 women die due to unsafe abortions each day. The official report from India indicates that only two legal abortions per 1,000 women were performed in 2008.

3.2.1 Methods of Inducing Abortion

It can be of two types: medical and surgical. Medical abortion refers use of pharmacological drugs to terminate pregnancy. Use of trans-cervical procedures for terminating pregnancy, including vacuum aspiration, and dilatation and evacuation (D&E) is called as surgical abortion.

Check Your Progress 1

1) Define abortion.

2) Enumerate the methods of surgical abortion.
3.3 OVERVIEW OF MEDICAL METHODS OF ABORTION (MMA)

MMA is a non-surgical, non-invasive method for termination of pregnancy by using a drug or a combination of drugs. It can be offered at all levels of health care, including primary levels. It can also be provided on an outpatient basis and simplifies the requirements of place and equipment required for vacuum aspiration procedures.

3.3.1 Indications and Contraindications of MMA

The MMA can be offered to all women coming to health facility seeking termination of pregnancy up to 7 weeks of gestation (49 days from the first day of the last menstrual period in women with regular cycles of approximately 28 days). However, MMA are contraindicated in women with:

- Anaemia (haemoglobin < 8 gm%)
- Confirmed or suspected ectopic pregnancy/undiagnosed adnexal mass
- Uncontrolled hypertension or Blood Pressure >160/90
- Known cases of heart problem such as angina, valvular disease, arrhythmia, which can lead to sudden cardio-vascular collapse; renal, liver or respiratory disorder (except asthma); current long term corticosteroid therapy; uncontrolled seizure; chronic adrenal failure; inherited porphyrias and hypersensitivity to Mifepristone/Misoprostol or other prostaglandins.

Besides absolute contraindications for MMA, there are conditions where caution has to be exercised. Such conditions are:

- Women who are not sure about their last menstrual period or with lactational amenorrhoea
- Pregnancy with IUCD in situ: IUCD to be removed before giving MMA drugs
- Pregnancy with uterine scar: Although safe, exercise caution with history of Lower Segment Caesarean Section (LSCS), hysterotomy or myomectomy
- Pregnancy with fibroid: Large fibroid encroaching on endometrial cavity can cause heavy bleeding and can interfere with uterine contractility
- Women on anti-tubercular drugs: Rifampicin is a liver enzymes inducing drug, which can lead to increased metabolism and hence decreased efficacy of MMA drugs
- Breastfeeding: Women have to withhold feeding for four hours after Misoprostol administration

3.3.2 Drugs used in MMA

Recommended drugs for MMA are Mifepristone and Misoprostol. They are schedule H drugs and are to be sold on the prescription of registered medical practitioner only.

Mifepristone is an anti-progestin that blocks the progesterone receptors in the endometrium, causing necrosis of uterine lining and detachment of implanted embryo. It also causes cervical softening and an increased production of prostaglandins, causing uterine contractions.
Misoprostol is a synthetic prostaglandin E1 analogue. It binds to the myometrial cells, causing strong uterine contractions, cervical softening and dilatation. This leads to the expulsion of Products of Conception (POC) from the uterus. Misoprostol can be given through different routes of administration (oral, buccal, vaginal and sublingual). Sublingual route is the most recommended route of administration for misoprostol as it has fastest onset of action and prolonged duration of action.

Mifepristone and Misoprostol are safe drugs for terminating pregnancy as long as the woman does not have any contraindications for their use. A combination of Mifepristone and Misoprostol has an effectiveness of 95–99% for termination of early pregnancy up to seven weeks.

3.4 MEDICAL METHODS OF ABORTION PROTOCOL AND PROCESS

MMA process typically requires three visits (Day 1, 3 and 15) when the MMA drugs are used by the woman and to confirm the completion of the abortion process.

<table>
<thead>
<tr>
<th>Visit</th>
<th>Day</th>
<th>Drugs Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>1</td>
<td>200 mg mifepristone oral; Anti D 50 mcg if Rh negative</td>
</tr>
<tr>
<td>2nd</td>
<td>3</td>
<td>400 mcg misoprostol (two tablets of 200 mcg each) sublingual/oral/vaginal/buccal; Analgesics (Ibuprofen); Antiemetics; Offer contraception</td>
</tr>
<tr>
<td>3rd</td>
<td>15</td>
<td>Confirm and ensure completion of abortion; Offer contraception, if already not done so.</td>
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</tbody>
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3.4.1 First Visit/DAY 1/ Day of Mifepristone Administration

First visit usually starts with assessment of suitability of women for MMA. Suitability is judged by conducting a clinical examination, necessary investigations
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and excluding the contraindications. First visit may sometimes not be the day of Mifepristone administration. It is the day of Mifepristone administration which is taken as Day 1.

**History Taking:**

A detailed history about the demographic information of the women (that includes age, religion and complete address); menstrual history: length and duration of the cycle, flow, and last menstrual period; obstetric history: gravida, parity, live births, mode of delivery of previous child births, previous abortions; history of pre-existing medical or surgical conditions including drug allergies, history of tubal/ectopic pregnancies or abdominal surgery; history of treatment of tuberculosis, infertility or pelvic inflammatory disease; history of any intervention (medical or surgery) undertaken to terminate the present pregnancy; contraceptive history; history of sexual assault or domestic violence; status of tetanus immunisation; and psycho-social assessment.

**Counselling:**

Counselling is more than information provision and refers to a focused, interactive process through which the woman voluntarily receives support, information and non-directive guidance from a trained person.

While preparing to counsel the patient, ensure that a clean unit is prepared for examination of the patient. Maintain privacy and ensure extra care regarding the dignity of the women. Give assurance to the patient and explain the confidentiality of her information will be maintained. Maintain aseptic techniques while examine the patient. Keep in mind the physical, psychological and social stigma, she may face after an abortion. Provide quality care to prevent complications and do a regular follow up to know the current status of the patient.

At the time of counselling for about termination of pregnancy or abortion methods, the provider should follow the GATHER approach for counselling. Ensuring confidentiality and privacy is crucial for all counselling sessions.

<table>
<thead>
<tr>
<th>G</th>
<th>Greet</th>
<th>Greet the client. Build a rapport with client by greeting the client and making her feel comfortable.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Ask</td>
<td>Ask questions effectively in a friendly manner using words that client understands and listen patiently, without being judgmental. Identify client needs by asking relevant questions about personal, social, family, medical and reproductive health including reproductive tract infections, sexually-transmitted diseases, family planning goals and past/ current use of family planning methods. Also ask about her existing knowledge and beliefs about abortion options.</td>
</tr>
<tr>
<td>T</td>
<td>Tell</td>
<td>Tell the relevant information to help her reach a decision and make an informed choice regarding method of abortions.</td>
</tr>
<tr>
<td>H</td>
<td>Help</td>
<td>Help the client to reach a decision and give other related information like side effects of drugs etc.</td>
</tr>
<tr>
<td>E</td>
<td>Explain</td>
<td>Explain about the method in detail including information about the need for follow-up. Also discuss infection prevention aspects</td>
</tr>
</tbody>
</table>
Method specific counselling: If the women chooses MMA, then she should be provided the following information:

a) MMA is a non-invasive and non-surgical method. The process is similar to a natural miscarriage.

b) She needs to make a minimum of three visits to the facility (day 1, 3, & 15). Home administration of Misoprostol is allowed on provider’s discretion. In such cases, the number of facility visits will reduce to two.

c) She has to follow a definite drug protocol. She can be explained about different routes of administration.

d) She should be counselled to be ready for Vacuum Aspiration (VA) procedure in case of failure of the method or excessive bleeding (soaking two or more thick pads per hour for two consecutive hours).

e) She has to stay within the accessible limits of the appropriate health care facility. She should not be left unattended at home. In case of women with no support at home, she should be admitted in hospital for MMA procedure.

f) She should be told that following symptoms could be experienced by her during the MMA process:
   - Bleeding per vaginum is an essential part of the MMA process since it is similar to miscarriage. Bleeding is usually heavier than what is experienced during a menstrual period. Bleeding often lasts for 8 to 13 days. Soaking of two thick pads within one to two hours after taking Misoprostol, but decreasing over time is considered normal.
   - Abdominal pain is experienced as a part of the MMA process. It is similar to severe menstrual cramps. Sometimes the pain begins following ingestion of tablet Mifepristone, but most often it starts one to three hours after Misoprostol administration and is heaviest during the actual abortion process, often lasting up to four hours. If the pain is persistent, the possibility of ectopic pregnancy should always be ruled out.
   - Nausea, vomiting, diarrhoea, etc. are normal side effects of drugs.

g) There could be teratogenic (harmful) effect on the foetus, if pregnancy continues.

h) A small percentage of women (3%) may expel products with Mifepristone alone, but total drug schedule with Misoprostol must be completed.

i) During the abortion process, it is ideal to avoid intercourse to prevent infection, or use barrier methods.

Activity: Counsel a 25 year old women who has come to health facility for termination of pregnancy. Her period of gestation is 6 weeks. (This can be done in the form of role play)
Check Your Progress 3

1) Define Counselling. What is GATHER Approach in counselling?

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2) Government of India’s standard MMA drug protocol (for gestation upto 49 days) is:
   a) 600 mg Misoprostol followed 2 days later by 400 mcg Mifepristone vaginal/sublingual
   b) 200 mg Mifepristone orally followed 2 days later by 400 mcg Misoprostol sublingual/buccal/vaginal/oral
   c) 600 mg Mifepristone orally followed 2 days later by 400 mcg Misoprostol oral/vaginal
   d) 200 mg Misoprostol orally followed 2 days later by 800 mcg Mifepristone vaginal/buccal

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3) After giving Misoprostol, the woman should be called for follow-up on which day:
   a) 5th  b) 15th  c) 7th  d) 10th

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Physical Examination and Investigations:

After the history and method specific counselling, a detailed general physical, systemic, abdominal and pelvic examination needs to be done. Few investigations such as pregnancy test, haemoglobin, routine urine examination and blood group ABO Rh especially in case of primi-gravida, are recommended. It is not mandatory to perform ultrasonography for all women undergoing termination of pregnancy with medical methods. However, it can be performed when women are unsure of her last menstrual period or when there is discrepancy between history and clinical findings and when there is strong suspicion about ectopic pregnancy.

Before prescribing the MMA drugs, take informed consent from the women/guardian in requisite format. 180 tablets of Iron and Folic Acid (to be taken for next six months) should be given to all women undergoing MMA procedure. Two packets of sanitary napkins could be provided to all women undergoing MMA. Routine use of prophylactic antibiotics is not indicated except in cases of nulliparous women. Antibiotics should also be given to women with vaginal infections. Women may be instructed to return after 2 days for Misoprostol administration. She should be advised to avoid intercourse during this period or to use barrier method while doing so. She should be explained that she should report to the health facility in case she experiences severe abdominal pain or excessive bleeding.

3.4.2 Second Visit/DAY 3/ Day of Misoprostol Administration

As the women arrives on Day 3, assess her general condition and note if there are any side effects of mifepristone like excessive bleeding or pain. After that, ask
the women to empty the bladder and give /insert two tablets of 200 mcg Misoprostol (total 400 mcg) by sublingual/buccal/vaginal/oral route. Ask her to lie in bed for half an hour after vaginal insertion. If she vomits tablet misoprostol within half an hour of its intake, the same dosage (400 mcg misoprostol) should be repeated.

She should be observed for four hours after Misoprostol administration in the clinic/hospital and monitored for blood pressure and pulse, time of start of bleeding and expulsion of POC and any side effects of drug.

Usually the pain starts within one to three hours of taking Misoprostol, so analgesic can be taken well in time before pain becomes intolerable. Tablet Ibuprofen 400 mg is recommended. Perform pelvic examination before the woman leaves the clinic and if cervical os is open and products are partially expelled, remove them digitally.

In case the women does not abort at the health facility/clinic or takes misoprostol at home, she should be advised to return back in case of excessive bleeding or severe abdominal pain or if there is no bleeding even after 24 hours after taking the drug. She should be advised to use clean sanitary napkins and avoid douches and tampons. She should also report back in case she experiences side effects such as nausea, vomiting, diarrhoea (usually mild), headache, fever, dizziness.

If everything goes fine, she should return for follow up on Day 15 for the third visit.

3.4.3 Third Visit/ DAY 15/ Follow up Visit

When the women arrives for follow up visit on Day 15, note down relevant history and ensure that abortion process is complete by carrying out pelvic examination. Advise USG in case complete expulsion of POC is not confirmed, continuation of pregnancy is suspected or bleeding continues. Provide Post MMA contraception advice and ask women to report back in case the menstrual periods do not return within six weeks.

Post MMA Contraception:

Hormonal methods, whether combined (estrogen and progestogen) or progestin-only, can be started on the day of the Misoprostol administration (day 3) or day 15 of the MMA regimen. Injectable hormonal methods like Depot Medroxy Progesterone Acetate (DMPA) can also be started on day 3 or 15 of the MMA regime. IUCD can be inserted after confirmed complete abortion, provided the presence of infection is ruled out, on day 15. Condoms can be used as soon as she resumes sexual activity after abortion. Tubal ligation can be done after the first menstrual cycle. However, if desirous of concurrent tubal ligation, vacuum aspiration is preferred. Vasectomy, however, can be done independent of the procedure.

3.5 MTP ACT AND MEDICAL METHOD ABORTION

Illegal abortion was one of the causes of increased maternal morbidity and mortality before 1970. In order to reduce the hazards of population explosion and to reduce maternal mortality rate, termination of pregnancy was legalised by
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The MTP Act, 1971 lays down:
1) The conditions under which the pregnancy can be terminated.
2) The person or persons who can perform such terminations.
3) The place where such terminations can be performed.

3.5.1 The Conditions under which Pregnancy can be Terminated

There are 4 conditions that have been identified in the Act:
a) Medical: where continuation of the pregnancy might endanger the mother’s life, or cause grave injury to her physical and mental health.
b) Eugenic: where there is substantial risk of the child being born with serious handicaps due to physical or mental abnormalities.
c) Humanitarian: where pregnancy is the result of rape.
d) Failure of contraceptive devices: This is a unique feature of the India law and virtually allows abortion on request in view of difficulty of proving that pregnancy was not caused by failure of contraception.

3.5.2 The Person or Persons who can Perform Abortions

MTP can be legally provided by only a ‘registered medical practitioner’ (RMP) who has one or more of the following experience or training in gynaecology and obstetrics:
a) Has completed six months as house surgeon in gynaecology and obstetrics; or
b) Has experience in any hospital for a period of not less than one year in the practice of obstetrics and gynaecology; or
c) Holds a post-graduate degree or diploma in gynaecology and obstetrics; or
d) Has assisted an RMP in the performance of 25 cases of MTP of which at least five have been performed independently, in a hospital established or maintained by the Government, or a training institute approved for this purpose by the Government.

3.5.3 Place where Pregnancy can be Terminated

Hospital established or maintained by the Government or a place approved by the Government or the District Level Committee (DLC) headed by the Chief Medical Officer (CMO) or District Health Officer (DHO). In government facilities, pregnancy may be terminated up to:

- 8 weeks of gestation at Primary Health Centre (PHC)
• 12 weeks of gestation at Community Health Centre (CHC)
• 20 weeks of gestation at District Hospital and above facilities

DLC may approve private place to conduct terminations up to 12 weeks and 20 weeks.

### 3.5.4 Documentation

It is mandatory to fill and record information for all abortion cases in the following forms:

- **Form C-Consent Form**: Consent of only the woman is required if she is of and above the age of 18 years. Only in case of a minor and/or a mentally ill woman of any age, her guardian’s consent is required.

- **Form I-Opinion form**: It must be duly filled with reason for termination of pregnancy and signature with date within three hours of termination of pregnancy. The opinion of second RMP must also be recorded in case of second trimester abortions.

- **Form II-Reporting formats**: A monthly statement of all MTPs done (both surgical and medical) must be sent to CMO on this format.

- **Form III-Admission register**: All MTPs conducted at the facility must be recorded in the (confidential) admission register maintained at the facility for each calendar year.

Note: Incomplete abortion, inevitable abortion, missed abortion, blighted ovum are obstetric complications and do not come under the purview of the MTP Act and thus need not be recorded as per the MTP Act.

### 3.5.5 MTP Act, 1971 (Amendment 2003)

Amendment to MTP Act in 2003 includes decentralisation of power for approval of places as MTP centres from State to district level with aim of enlarging the network of safe MTP centres and MTP providers. The strategy at community level includes: Spreading awareness regarding safe MTP and availability of services; enhancing access to confidential counselling to safe MTP; train health/link workers like ANM, ASHAs, AWWs; and promote post abortion care. At the facility level strategy is: to provide MVA at all CHCs and 50 per cent PHCs that are being strengthened for 24 hour deliveries; provide comprehensive and high quality MTP services at all First Referral Units (FRUs); and encourage participation by private sector.

### 3.5.6 MMA under MTP Act

Following are the key conditions/requirements of MTP using medical methods, under MTP Act:

- It can be performed only by certified abortion providers
- It can be performed for gestation age up to seven weeks, from approved sites as well as clinic of a RMP with referral linkages, provided a certificate of access to an approved site is displayed
- All documentation formats, filled for vacuum aspiration, are to be filled for MMA also.
Check Your Progress 4

1) Enumerate the conditions under which pregnancy can be terminated under MTP Act.

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2) Enumerate the conditions of MTP using MMA under MTP Act.

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3.6 LET US SUM UP

Medical Method of abortion (MMA) is safe technology of abortion in which POCs are expelled with help of drugs Mifepristone and Misoprostol. It can be used up to 7 weeks of gestation and is 95–99% effective. It require minimum of three visits that includes administration of drugs and follow-up. Drugs are to be provided only by trained health provider. It requires only few hours of hospital stay in each visit. There is no risk of injury to cervix or uterus as no instrumentation is involved. Documentation of MMA is just as any other abortion under MTP Act.

3.7 MODEL ANSWERS

Check Your Progress 1

1) Abortion is defined as termination of pregnancy before the foetus becomes viable (capable of living independently i.e. before 28 weeks or when the fetus weighs less than 1000 g).

2) Methods of surgical abortion are: Vacuum Aspiration and Dilatation and Evacuation.

Check Your Progress 2

1) Indication: MMA can be used in all women coming for termination of pregnancy with seven weeks of period of gestation.

- Contraindications: Anaemia, ectopic pregnancy/adnexal mass, hypertension or known cardiovascular, respiratory or any medical problem.

2) Mifepristone and Misoprostol

3) A 95–99%

Check Your Progress 3

1) Counselling is more than information provision and refers to a focused, interactive process through which the woman voluntarily receives support, information and non-directive guidance from a trained person.

- GATHER approach refers to Greet Ask Tell Help Explain Return
Check Your Progress 4

1) Medical, eugenic, humanitarian, and failure of contraceptive
2) It can be performed only by certified abortion providers
   - It can be performed for gestation age up to seven weeks, from approved sites as well as clinic of a RMP with referral linkages, provided a certificate of access to an approved site is displayed
   - All documentation formats, filled for vacuum aspiration, are to be filled for MMA also.

3.8 REFERENCES

5) WHO. Health Worker roles in providing safe abortion care and post abortion contraception. Switzerland: Geneva; 2015.