

Unsupervised Medical Abortions: A Cause for Concern of Safety

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ABSTRACT:

Medical abortions have been a national as well as social concern for the society, especially in India. There have been certain laws, acts and amendments that have been designed to promote safe abortions. Despite, the rules in place, there is still need to have more awareness as the women still face difficulties in accessing abortion services. The reasons may include legal hurdles, stigma, financial concerns and many more. Through this article, we would like to emphasize the role of government, medical professionals, health care providers to come together and form more dependable guidelines that may help women to access safer abortions.

KEYWORDS: abortions; MTP Act; contraception, abortion pills

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INTRODUCTION:

Women have the right to access safe abortion services. The right to safe abortion is grounded in principles of bodily autonomy, reproductive rights, and women's health. Access to safe and legal abortion services is essential to protect the health, well-being, and human rights of women.

The World Health Organization (WHO) recognizes that safe abortion services should be available to every woman who needs them. Access to safe abortion means that women can terminate a pregnancy in a legal and medically safe environment, with trained healthcare providers, using evidence-based methods and practices. Safe abortion services help prevent maternal morbidity and mortality associated with unsafe abortion procedures^[1].

International human rights frameworks, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the International Covenant on Economic, Social, and Cultural Rights (ICESCR), also emphasize the importance of ensuring access to safe abortion services

as part of women's reproductive rights and healthcare.

Governments and healthcare systems need to provide access to safe abortion services, following national laws and policies, to ensure that women can make informed decisions about their reproductive health and have access to the necessary care and support. This includes access to counselling, information, contraception, and post-abortion care.

Promoting access to safe abortion services is not only a matter of human rights but also contributes to public health and social well-being. It reduces the incidence of unsafe abortions, prevents complications, and supports women's reproductive autonomy and agency.

It is important to continue advocating for and working towards ensuring that all women have the right to access safe and legal abortion services, without facing barriers or stigma, and with the necessary support from healthcare systems and providers.

Current scenario: This article highlights important issues related to unintended pregnancies, unsafe abortions, and maternal mortality in India: Below are

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some of the facts related to abortions in the Indian Scenario

1. *Unintended Pregnancies*: Out of the 48.5 million pregnancies that occur annually in India, approximately 44% are unintended. These pregnancies may result from a lack of access to contraception or inadequate knowledge about family planning methods.^[2]
2. *Abortion and Unsafe Abortions*: Of the 16 million unintended pregnancies, about 77% (approximately 12.32 million) result in abortions. However, it is concerning that around 800,000 of these abortions are unsafe. Unsafe abortions are performed without proper medical supervision or in unhygienic conditions, increasing the risk of complications and maternal health problems.
3. *Maternal Mortality*: Among the unsafe abortions in India, 10% result in maternal mortality, meaning approximately 80,000 women may lose their lives due to unsafe abortion practices each year. Maternal mortality refers to the death of a woman during pregnancy, childbirth, or within 42 days after delivery.
4. *Impact of COVID-19 Pandemic*: Between January and June 2020, during the COVID-19 pandemic in India, it is estimated that there were significant increases in unsafe abortions, unintended pregnancies, and maternal deaths. The estimates suggest that an additional 1 million unsafe abortions, 650,000 unintended pregnancies, and 2,600 maternal deaths may have occurred during this period.
5. *Socioeconomic Disparities and Access Barriers*: Poor and illiterate women, those from marginalized castes and religions, and those living in rural regions face greater barriers to accessing safe and legal abortion services. These disparities further increase the risks they face, including the potential for illegal abortions.

These statistics shed light on the challenges faced by women in India regarding unintended pregnancies, unsafe abortions, and maternal health. Addressing these issues requires comprehensive strategies that prioritize access to contraception, education on family planning, safe abortion services, and the empowerment of women in making informed choices about their reproductive health.^[3,4,5]

The Medical Termination of Pregnancy Act, (1971): The act was enacted to provide a legal framework for safe and regulated abortions in India. The Medical Termination of Pregnancy (MTP) Act, of

1971 allowed for the termination of pregnancies up to 20 weeks gestation under specific conditions. These conditions include:

- (1) If the continuance of the pregnancy would pose a risk to the life of the pregnant woman or cause grave injury to her physical or mental health.
- (2) If there is a substantial risk that the child if born, would suffer from physical or mental abnormalities that would be incompatible with a normal life.
- (3) If the pregnancy is a result of contraceptive failure in a married woman or her husband, where they have voluntarily undergone family planning procedures.

This article expresses concern about the issue of unsupervised medical abortion and the potential risks associated with it.

The appropriate time for medical abortion is until 9 weeks or 63 days of gestation. The studies have reported a significant number of patients had self-administered abortion pills, with a considerable portion taking them after the approved period of 63 days of gestation. This indicates a lack of awareness or adherence to the guidelines regarding the proper use of abortion pills.

Unsupervised, self-administered abortion pills in undiagnosed ectopic pregnancy can endanger the life of a woman causing rupture of ectopic, hemoperitoneum and hemorrhagic shock requiring laparotomy and blood transfusions to save the life of a woman.

The common presentation among these patients can be excessive bleeding which can be a serious complication requiring medical intervention. Other complications observed included severe anaemia and shock, which further highlight the risks associated with unsupervised medical abortion. Unsupervised abortion can be dangerous in Rh -ve women and may cause isoimmunization, hypertension, bronchial asthma, cardiac disease, and epilepsy.^[6]

The outcomes of these self-administered abortions are also concerning. A Study reported a majority of patients (62%) had incomplete abortions, indicating that the abortion process was not completed. Additionally, a significant portion (22.5%) experienced failed abortions, where the abortion pills did not effectively terminate the pregnancy. In some cases, incomplete abortion was accompanied by sepsis (7.5%), a severe and potentially life-threatening infection.

Surgical evacuation was required in most

cases (67.5%), indicating the need for medical intervention to complete the abortion process. Some patients (12.5%) also required surgical evacuation along with blood transfusion, emphasizing the potential for severe complications arising from unsupervised medical abortions.^[7] At least 2-3% of women require a blood transfusion, indicating the potential for complications even when following the approved methods.

The common methods adopted for abortion as per various studies were pills followed by Ayurvedic medicine, homemade concoctions (Kahva, papaya, chilli), vaginal insertion of metal sticks/ herbs and external massage. Interestingly, most do not seek advice from a medical person but the source of advice, as noted in various studies, is either a family member, friend, village quack, nurse, Anganwadi worker, local doctor or chemist.^[8]

Access to abortion services can be impeded by various barriers, which can vary depending on the country or region. Here are some common reasons why women may face difficulties in accessing abortion services:^[9]

1. *Legal Restrictions:* Restrictive laws and policies surrounding abortion can create significant barriers for women. In some places, abortion may be entirely illegal or highly regulated, limiting access to safe and legal services but in India, laws are liberal which allows easy access to the services.
2. *Stigma and Discrimination:* Stigma surrounding abortion can deter women from seeking services due to fear of judgment, social ostracization, or discrimination. This stigma can be perpetuated by cultural, religious, or societal norms.
3. *Limited Availability of Services:* Inadequate provision of abortion services, particularly in rural or remote areas, can make it challenging for women to access the care they need. This includes a lack of trained healthcare providers, facilities, or equipment to perform abortions.
4. *Financial Constraints:* Economic barriers, such as the cost of the procedure, transportation, accommodation, and time off work, can make accessing abortion services unaffordable for many women, particularly those from low-income backgrounds.
5. *Legal and Administrative Hurdles:* Requirements, such as long waiting periods, mandatory counselling, parental consent requirements for minors, or mandatory ultrasound examinations or blood tests can create additional barriers and may be barriers to accessing abortion services.

6. *Lack of Information and Education:* Limited knowledge about available abortion services, the legal framework, and women's reproductive rights can prevent women from seeking appropriate care. Insufficient sexual education and limited access to comprehensive information about contraception and pregnancy options can also contribute to barriers.

7. *Provider Refusals and Conscientious Objections:* Some healthcare providers may refuse to provide abortion services due to personal or religious beliefs. This can limit the availability of services and create barriers for women seeking care.

The perception that medical abortions are extremely safe even in the hands of untrained personnel can be misleading and potentially dangerous. While medical abortions using mifepristone and misoprostol have been proven to be safe and effective when used appropriately and under medical supervision, it is crucial to emphasize the importance of proper training and supervision in the administration of these medications.^[10,11]

The recommendation by the Federation of Obstetrics and Gynaecological Societies of India (FOGSI) for close monitoring of the distribution of drugs used for medical abortion reflects the need to ensure that these medications are accessed and used responsibly. The medical profession and pharmaceutical industry should exercise due diligence in promoting and advocating for the safe usage of these drugs.^[12]

Unsupervised terminations and the over-the-counter dispensing of medication abortion pills can lead to potentially life-threatening complications. Without proper medical supervision, individuals may not receive appropriate counselling, information, or follow-up care, increasing the risk of incomplete abortions, unrecognized complications, or inadequate management of side effects.

It is essential to address the societal perception that medical abortions can be safely undertaken without medical supervision. This can be achieved through comprehensive education and awareness programs that provide accurate information about the risks, benefits, and proper usage of medication abortion. Healthcare providers and organizations should play a pivotal role in disseminating accurate information and promoting responsible use of these medications.

Regulatory measures, such as strict guidelines on the distribution and dispensing of medication abortion pills, can also help ensure that these medications are accessed only through appropriate

channels and under medical supervision. These regulations should strike a balance between ensuring access to safe abortion care and mitigating the risks associated with unsupervised medical abortions.^[13,14]

By emphasizing the importance of trained personnel, medical supervision, and responsible usage, it is possible to address the perception that medical abortions can be safely undertaken without proper guidance. This approach promotes the well-being and safety of individuals seeking abortions while ensuring that they receive the necessary support, information, and healthcare services throughout the process.^[15,16,17]

Additionally, it is essential to assess the extent to which healthcare providers are trained according to the World Health Organization (WHO) guidelines on medical abortion procedures and whether these guidelines are being implemented in practice. Understanding the current training practices and identifying any gaps can help improve the quality of care provided by healthcare professionals.

CONCLUSION:

Overall, awareness is needed to address these important aspects and call for action from the government, medical, paramedical personnel, and NGOs to fill the existing knowledge gaps. One of the key steps would be the formation and implementation of strict guidelines on the distribution and dispensing of medication abortion pills, this will help optimize the provision of medical abortion, ensure patient safety, and enhance access to the safe reproductive healthcare option.

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