

Role of Mifepristone and Misoprostol in Termination of Pregnancies up to 63 Days of Gestation

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Abstract: 50 cases of medical abortion meeting the inclusion criteria were included in this study to determine the efficacy and side effect profile of a regime of 200 mg of Mifepristone administered orally followed by 800 mcg of Misoprostol after 48 hours. Abortion was complete in 45 cases while 5 patients required surgical intervention; success rate of 90%

Keywords: Medical Abortion, Mifepristone, Misoprostol

1. Introduction

According to the Consortium of National Consensus for Medical Abortion in India, every year on an average about 11 million abortions take place and around 20,000 women die every year due to abortion related complications, mostly due to illegal abortions. This study concentrates on the efficacy and safety of using oral Mifepristone and Misoprostol for termination of pregnancies upto 9 weeks.

2. Material and Methods

This study was conducted in the GOPD of Department of Obstetrics and Gynaecology, Nalanda Medical College and Hospital, Patna from January 2018 to December 2018. Medical abortion was undertaken in 50 cases.

Inclusion Criteria

Confirmed pregnancy of less than 63 days of gestation in patients of 18 years of age and above who were willing to come back to hospital for 1 – 3 follow up appointments and agreed to have surgical abortion if the medical abortion fails.

Exclusion criteria included patients with suspected ectopic pregnancy, history of allergy to either Mifepristone or Misoprostol, hypertension, severe hepatic or renal disease, severe anaemia, chronic systemic use of corticosteroids, chronic adrenal failure, coagulopathies, current therapy with anticoagulants and inherited porphyrias.

All norms as per the MTP Act 1972 by the Government of India were adhered to.

On Day 1 : 200 mg of oral Mifepristone was given

On Day 3: Patient called back and 800 mcg of Misoprostol (4 tabs of 200 mcg each) was administered per vaginam and was observed for 6 hours and reviewed after 2 weeks.

3. Results

1) 70% of the patients were \leq 30 years of age, 52% being primigravida

- 2) Mean time interval from administration of Misoprostol to the onset of bleeding was 5 hours in primi and 4 hours in multigravida.
- 3) No case started bleeding with Mifepristone alone. Bleeding started only after administration of Misoprostol.
- 4) The most common side effects were abdominal cramps, nausea, vomiting, dizziness and chills.
- 5) Abortion was complete in 45 out of 50 cases (90%) on USG evaluation. Failure rate was 10% and was defined as a need for evacuation of the uterus by a surgical technique for any reason, including the presence of persistent gestational sac seen sonographically, excessive or prolonged uterine bleeding or incomplete abortion.

4. Discussion

An estimated 41.6 million abortions occur annually and nearly 19 million (55%) of them are unsafe. Medical abortion has a great potential of being the modern, reliable, safe and non invasive method of termination of pregnancy.

5. Conclusion

Medical abortion with 200 mg of Mifepristone and 800 mcg of Misoprostol is an effective, safe, reliable and non invasive method with a success rate of 90%. The availability of this low cost medical treatment using agents which do not require special storage conditions and transport facilities and negligible operating theatre time, make this provision of safe abortion feasible in settings especially of developing countries like India where medical facilities are limited.

References

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