

Illegal Abortion Done at Home Twice by a Quack Practitioner in Rural Village of South 24 Parganas (WB)

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Introduction

MTP or induced abortion is killing the foetus either by surgical or by medical methods.

MTP act implemented in 1972, revised in 1975. MTP act amended in 2021, where few changes done.

MTP should always done by a trained medical practitioner. Place should be gov approved and gestational age limit 20 weeks, special case age limit 24 wks. where permission of two medical practitioners are required. It is surprising that even after fifty-two years of legalizations of MTP its availability in rural area is very limited. Irrespective of marital and social status safe abortion is right of every woman. Sometimes repeated illegal unsafe abortion services are accepted by relatives of women. So, all women should get the information about immediate and late complications of unsafe abortion.

Case Report

A 23-year young female patient came with abdominal huge distension, fever, shock like features.

She lives in rural area of South 24 Parganas, belongs to lower middle-class family. She has 2 girl children at home. She was two-month amenorrhoeic and had termination of pregnancy at home by a local quack practitioner. Home manoeuvre done two times by the quack. She became serious and went to local nursing

home. The experienced Gynaecologist Of NH advised USG, report showed huge collection in abdomen. She was referred to nearby medical college.

After admission all blood reports sent, blood requisition done. Her condition was very grave.

Consent for laparotomy taken after proper counselling of relatives.

On opening abdomen multiple uterine fundal perforation and small bowel injury found, repaired under general anaesthesia. Ileostomy performed and abdominal lavage given. She stayed at home after the procedure and came to hospital after 4-5 days.

At present she is in ICU, struggling to revive.

There are MTP rules and regulations, Who, Where MTP can be performed according to GOI.

So, who will take the responsibility?

Investigations

Blood CBC, Na, K, urea, creatinine and USG whole abdomen done. USG shows huge collection in abdomen, mild blood clots in uterine cavity.

Discussion

In this case it is an illegal abortion, done by an untrained practitioner and done in unauthorised place. This should be considered an offence. There is violation of MTP rule. MTP done twice at home by surgical methods, which is unthinkable.

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Any person terminating a pregnancy who is not a registered medical practitioner is an offence.

Terminating a pregnancy at a place which is not approved is violation of rule.

Mandatory document of consent, opinion, case recording and monthly reporting are not adhered to.

Unsafe abortion is a major killer.

About 4 million unsafe abortion occurs per year in India.

WHO (1994)-15-24 UNSAFE ABORTION /1000 women in Indian subcontinent, In India 70-90 women /100000 L.B. die from unsafe abortions.

Uterine perforation and gut injury can occur in surgical methods of MTP, specially when done by a quack practitioner. The risk increases with gestational age and in post caesarean pregnancy. Perforation increases if the cervix is tight, uterus is retroverted, fibroid uterus, infection, uterine anomalies and repeated evacuation procedure. In this case first procedure done followed by bleeding and lower

abdominal pain, without doing any report second time evacuation done after 4 days.

Prevention involves risk assessment, adequate preparation, accurate gestational age determination. Cervical preparation with prostaglandins helps to reduce trauma to cervix.

Conclusion

Unwanted pregnancy and unsafe abortions lead to maternal mortality and morbidity. All couples and individuals should have access to effective, client oriented and confidential family planning services. The SDG3 covered all major health topics. SGD 3.7 ensures access to sexual and reproductive health care including family planning information and education, integration of reproductive health into national programs by 2030.

Abbreviations

SDG-SUSTAINABLE DEVELOPMENT GOALS

USG-ULTRASONOGRAPHY



Patient in ICU after ileostomy procedure completion

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