

USE OF MISOPROSTOL FOR THE TREATMENT OF POSTABORTION COMPLICATIONS

POSTABORTION COMPLICATIONS

INCIDENCE OF ABORTION IN PAKISTAN

A national study conducted by Population Council in 2002 projected that in Pakistan, 890,000 induced abortions took place in 2002. The study estimated that 197,000 women were treated for complications of abortion in public health facilities. In another study conducted by Population Council in 2013 showed that 696,000 women visit public and private facilities for treatment of postabortion complication.

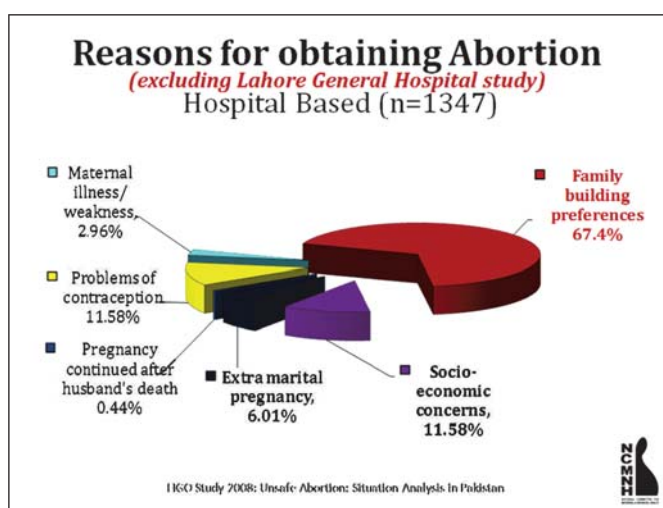
BACKGROUND

Characteristics of women seeking termination of unwanted pregnancy

- Age 59% of women are between the ages of 30-39
- Marital status 88% are married
- Education 65% have no education
- NO. of children 65% have 3 to 5 children
- Residence 60% are rural
- Economic status 77% are poor
- Usually accompanied by relatives/husband

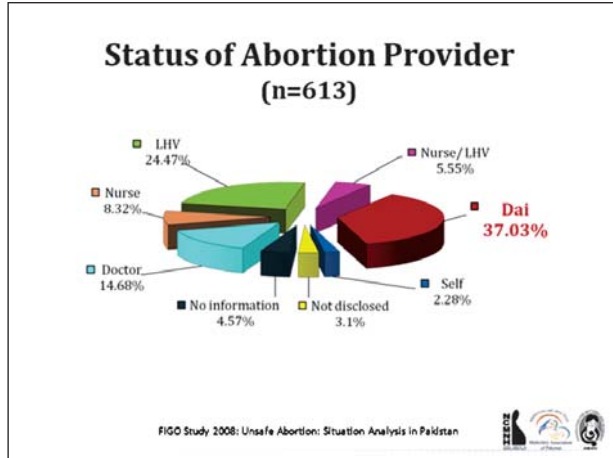
Reasons for obtaining abortion

- Family building preference 67%
- Socioeconomic concerns 12%
- Problem access to contraception 12%
- Extra marital pregnancy 6%
- Maternal health 3%



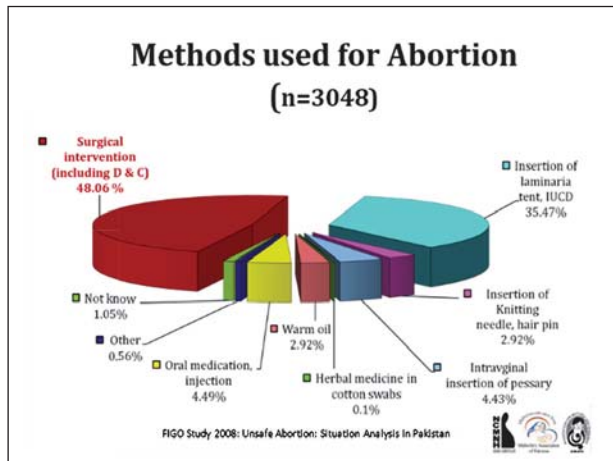
Abortion providers are:

Dai	37%
LHV/Nurse	33%
Doctors	15%
Self	2%



Methods used for inducing abortion

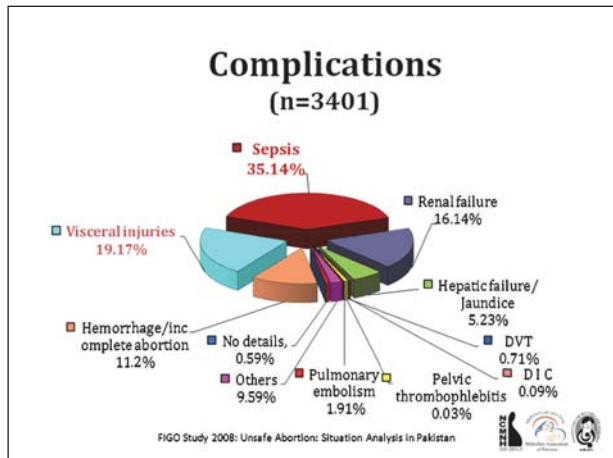
Surgical intervention (including D&C)	48%
Insertion of laminariatents, IUD	35%
Oral medication/Injection	4.4%



Complications of abortion

The major complications detected:

- Sepsis 35%
- Visceral Injuries 19%
- Renal Failure 16%
- Haemorrhage/Incomplete abortion 11%



The two most common methods used to terminate unwanted pregnancy as shown in 2012 survey of Population Council were misoprostol 36% and 22% and D&C 25% and 24% in urban and rural areas respectively.

MISOPROSTOL FOR TREATMENT OF POSTABORTION COMPLICATIONS

Misoprostol causes uterine contractions and therefore is commonly used for uterine evacuation in cases of incomplete abortion/miscarriage/missed abortion.

Doses and routes according to indications

TREATMENT	DOSE/ ROUTE	7 DAYS AFTER TAKING MISOPROSTOL		FOLLOW UP
		IF STILL INCOMPLETE, SELECT ONE OPTION	IF STILL ONGOING OR COMPLICATION	
Incomplete abortion / miscarriage <i>(open cervix, bleeding, uterine size <13 weeks)</i>	<ul style="list-style-type: none"> Single dose of 400 mcg (200mcg x 2 tablets) given sublingually <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> Single dose 600 mcg (200 mcg x 3 tablets) orally 	<ul style="list-style-type: none"> Additional 400 mcg (200mcg X 2 tablets) Sublingually MVA 	MVA	After 7 days
Therapeutic abortion / uterine evacuation* <i>(up to 9 weeks LMP)</i> <i>*where legal</i>	800 mcg (200 mcg x 4 tablets) [sublingual] Maximum 3 doses, every 3 to 12 hours apart			
Missed abortion <i>(closed cervix, fetus with no heartbeat)</i>	Single dose 800 mcg (200 mcg x 4 tablets) (vaginally) <p style="text-align: center;">Or</p> 600 mcg Sublingually every three hours maximum of three doses (1800mcg)			

Before administering Misoprostol the woman has to be told that sometimes Misoprostol does not empty the uterus completely. There is a possibility that she might require vacuum aspiration to complete the uterine evacuation.

1. INCOMPLETE ABORTION: WHEN PRODUCT OF CONCEPTION ARE PARTIALLY EXPELLED

Eligibility, contraindications and precautions for use of misoprostol for incomplete abortion

1.1 Eligibility

- Open cervical os
- Vaginal bleeding or history of vaginal bleeding during the pregnancy
- Uterine size up to 13 weeks

1.2 Contraindications

- Previous allergic reaction to misoprostol or other prostaglandin
- Known or suspected ectopic pregnancy
- Signs of pelvic infection and/or sepsis
- Hemodynamic instability or shock

1.3 Precautions

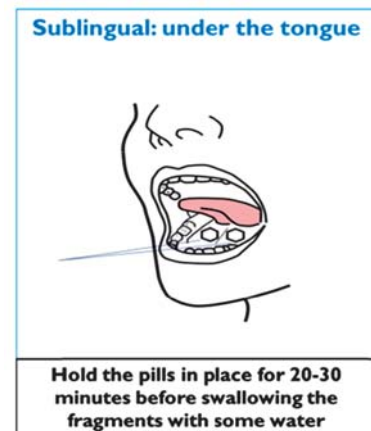
If an IUD is in place, remove the IUD before providing the misoprostol.

1.4 Place of administration

Misoprostol can be taken at the clinic or given to the woman to take at home.

For home administration the care provider must give detailed information to the women about:

- How to take Misoprostol
- What to expect
- Normal effects of Misoprostol
- Side effects and how to manage them
- Use of pain medicine, such as Ibuprofen or Panadol
- Whom to contact, and where to go in case of any condition which is a source of anxiety for the woman or her family.



1.5 Normal expected effects

Start of vaginal bleeding and cramps within a couple of hours after taking Misoprostol. This is a sign that the medicine has started working.

Bleeding can continue for 2 weeks. After 2 weeks spotting can continue until the next menses. Menses usually happen 4 to 6 weeks after taking misoprostol.

Cramping can start 30 minutes after taking misoprostol. The pain may be much stronger than pain during menses. Painkillers can be used for pain relief.

1.6 Other side effects

Most side effects are expected and temporary. Long-term or serious side effects are uncommon. The side effects associated with misoprostol within the first 6 hours are:

Chills/Fever

Chills are common. Fever is less common. Both chills and fever are temporary.

Nausea and Vomiting

Nausea and vomiting should settle in 2 to 6 hours after taking misoprostol. Anti-nausea medicine can be taken.

Diarrhea

Diarrhea may also happen but should settle down within a day.

1.7 Complications

Counsel women to go to health center if after 6 to 24 hours of taking Misoprostol, she has:

- High fever
- Chills or sweating
- Vomiting
- Severe stomach pain that is not better with painkillers or rest
- Foul smelling vaginal discharge
- Feeling lightheaded or weak or faint
- Very heavy bleeding (2 extra-large sanitary pads are soaked in 1 hour)

1.8 Follow-up

If the woman reports she had very little bleeding or none seen at the time of follow up visit (after 7 days), it means that uterus has not been evacuated. Abortion is incomplete. Treat it as such (see chart above).

2. MISSED ABORTION

When the fetus dies in the uterus, it means that abortion has taken place. Because the products of conception are not expelled spontaneously it is called missed abortion. In the case of missed abortion, there is no bleeding and cervix is closed. Missed abortion is often diagnosed with ultrasound. A woman in good health with uterine size of up to 13 weeks can be given Misoprostol (for doses see chart above).

Family planning counseling and provision of contraceptives to the client are an integral part of PAC.

3. Contraceptive needs after uterine evacuation.

Contraceptive of the woman's choice must be provided immediately to her as she has to prevent pregnancy for at least 6 months.

In general, all modern contraceptive methods can be used immediately following first-trimester uterine evacuation with misoprostol provided that there are no contraindications. Contraception may be started with the administration of misoprostol. IUDs may be inserted as soon as it is clear the process was successful and there is no infection. Delaying IUD insertion puts women at risk of unintended pregnancy as rates of return visits may be low.

Fertility awareness-based methods should only be used after a woman has had at least one post abortion menses and only if she had regular menstrual cycles prior to the uterine evacuation.

If a woman desires long acting contraception or sterilization but it cannot be provided, an interim method should be given and referral made to the appropriate facility

IMPACT ON BREAST FEEDING

It is very common that women who are breast feeding depend on LAM for family planning. They become pregnant and then seek abortion. Should such a woman seek advice about breast feeding, it should be explained to her that she can continue to breast feed.

