

MEDICAL TERMINATION OF PREGNANCY (MTP)

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➤ *MTP Act 1971 and 2002 amendment*

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Legal abortions :

- Termination done for conditions and within the gestation prescribed by the Act with the consent of women.
- Termination done by a medical practitioner approved by the Act.
- Termination done at a place approved under the Act.
- Other requirements of the rules & regulations with the act are complied.

Gestational age:

- Up to 20 weeks of gestation, with the consent of the woman, If the woman is below 18 years or is mentally ill, then with consent of a guardian.
- The opinion of a RMP has been formed in good faith, under certain circumstances.
- Opinion of two RMPs required for termination of pregnancy between 12 and 20 weeks

Indications :

- Risk to the life or grave injury to the physical or mental health of woman
- Substantial risk of physical or mental abnormalities in the fetus.
- Pregnancy caused by rape (presumed grave injury to mental health)
- Contraceptive failure in married couple (presumed grave injury to mental health)

Experience:

- Experience in the practice of Gynaecology and obstetrics for a period of not less than three years.
- Completed six months of house surgery in Gynaecology and obstetrics
or
- Assisted a RMP in the performance of twenty five cases of Medical termination of pregnancy in a hospital established or maintained or a training institute approved for this purpose by the Government.

1ST TRIMESTER MTP FACILITY



2nd Trimester mtp facility



MTP

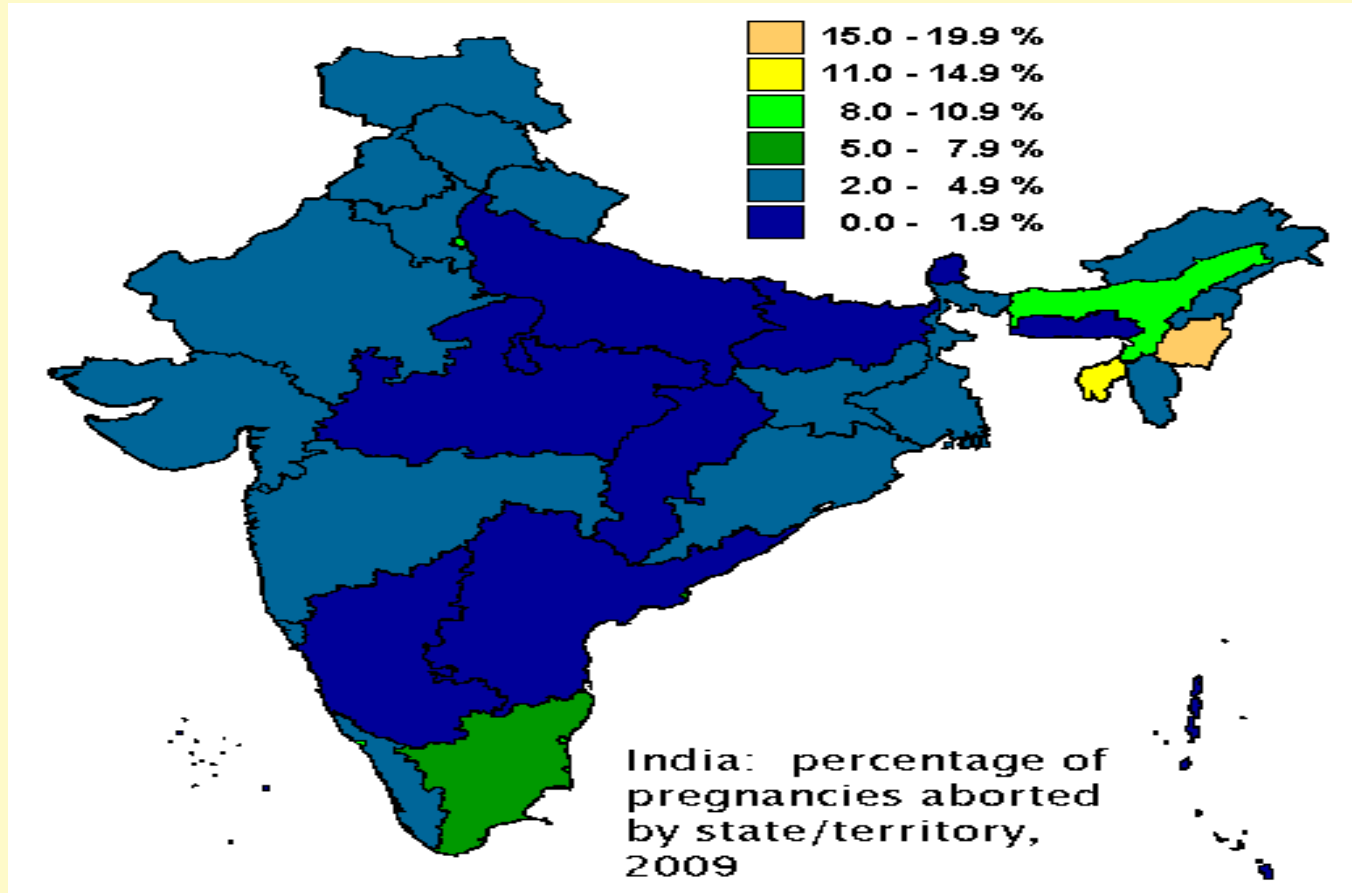
- Deliberate termination of pregnancy before the period of viability is called induced abortion
- Through MTP Act 1971, induced abortions in India became legalized

SCENARIO

Worldwide -42 million / year

Illegal -20 million / year

10-13 % of maternal mortality



METHODS OF MTP

Ist Trimester

➤ Medical

- *Mifeprestone* + *Misoprostol* method

➤ Surgical

- 'Menstrual regulation'
- Dilatation & suction evacuation

- ***II Trimester***

- Medical

- *Misoprostol* method
- By other prostaglandins
- Extra-amniotic *ethacridine* lactate method
- Intra-amniotic hypertonic saline method
- High dose *oxytocin* method

- Surgical

- Hysterotomy

Mechanism of Medical Abortion :

- Antagonising or negating the action of Progesterone.
- Inhibiting development of trophoblast.
- Inducing myometrial contraction.
- Agents used for the purpose are:
 - Mifepristone* as anti-progesterone (RU-486).
 - Methotrexate as cytotoxic drug for growing embryo
 - Misoprostol*, which stimulates uterine contraction.

MEDICAL METHODS

Pre-requisites:

- Bimanual pelvic examination/ sonological confirmation of intrauterine pregnancy
- Baseline hematocrit
- Blood group RH factor
- Used with in
 - 63 days of gestation (WHO)
 - 49days of gestation (GOI and ACOG)

Protocols:

1. (WHO 2003) 200 mg *mifepristone* followed after 36-48 hrs by 800µg vaginal *misoprostol* or 400µg oral *misoprostol*
2. 600mg of *mifepristone* followed after 48 hrs by 400µg oral *misoprostol* unless abortion has occurred

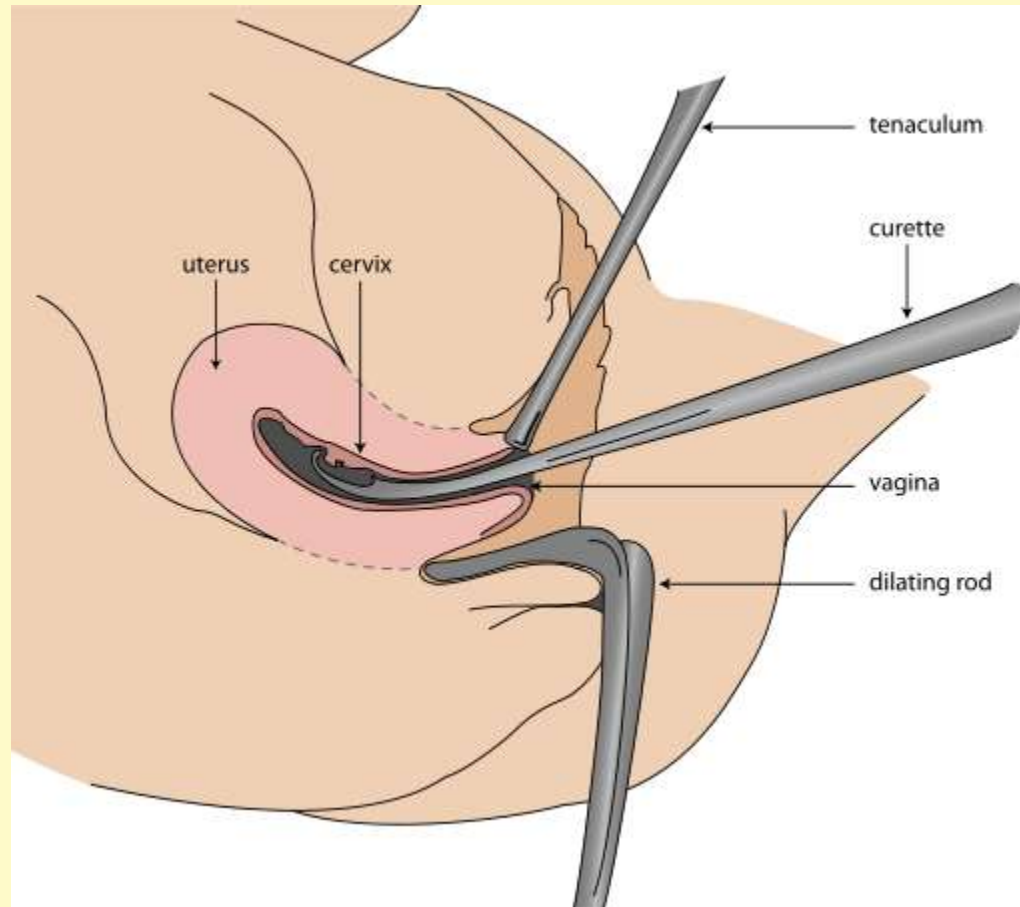
Follow up

- Patient is re-examined after 10 -14 days
- Vaginal examination done. USG done if required
- Complete abortion seen in 95% cases, incomplete in 2% and 1% do not respond
- If both history and physical examination or ultrasound fail to confirm complete abortion surgical method used

MENSTRUAL REGULATION



DILATATION AND CURETTAGE



2ND TRIMESTER

Intra-amniotic instillation

Hypertonic saline (20% , 10 ml /wk)

Hyperosmotic urea solution (40% , 10 ml /wk)

Extra-amniotic instillation

Ethacridine dye (0.1%)

Prostaglandins

Complications

Early

- Haemorrhage
- Perforation
- Incomplete evacuation
- Sepsis
- Procedure specific

Late

- Chronic PID
- Subfertility



Thank
you