

Termination of pregnancy in Medically Complex Pregnant Women: An Observational Study

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Introduction: Women with pre-existing medical conditions like cancer, cardiovascular, renal, autoimmune diseases are increasingly embarking on pregnancy due to advances in fertility and medicine. Pre-conception counselling, appropriate contraceptive advice to stabilise the medical condition and personalised antenatal care are vital for these medically complex women. However, more often we see unplanned pregnancies in this group. This then needs multidisciplinary input for urgent optimisation of maternal health and if that cannot be achieved a termination is eventually advised. This is a unique study of cases focussing on this subset of women that needed termination of pregnancy due to their medical condition.

Methods: The study was conducted in a tertiary care teaching hospital in Mumbai, India. It was a retrospective observational study over 8 years.

Results: A total of 1596 termination of pregnancies were done in the study period. Out of the these 138 cases were done in medically complex women. Thus the prevalence of termination in this high risk group was **8.6%**. Further analysis of the data is as follows:

Reason for termniation	Number of cases	Percentage
Cardiac Disease	44	32%
Cancer	42	30%
Complicated SLE	10	7%
Chronic Kidney Disease	9	6.5%
Teratogenic Drugs	6	4.5%
Tuberculosis	8	6%
Blood disorders	5	14%
Primary Pulmonary HTN	3	
Intractable hyperemesis	3	
Hepatic failure(chronic hepatitis)	2	
Severe psychiatric illness	2	
Endocrine abnormalities(Type 1 DM, severe hypothyroidism)	2	
Seizure disorder	2	
Total	138	100%

Table 1: Reasons for termination of pregnancy

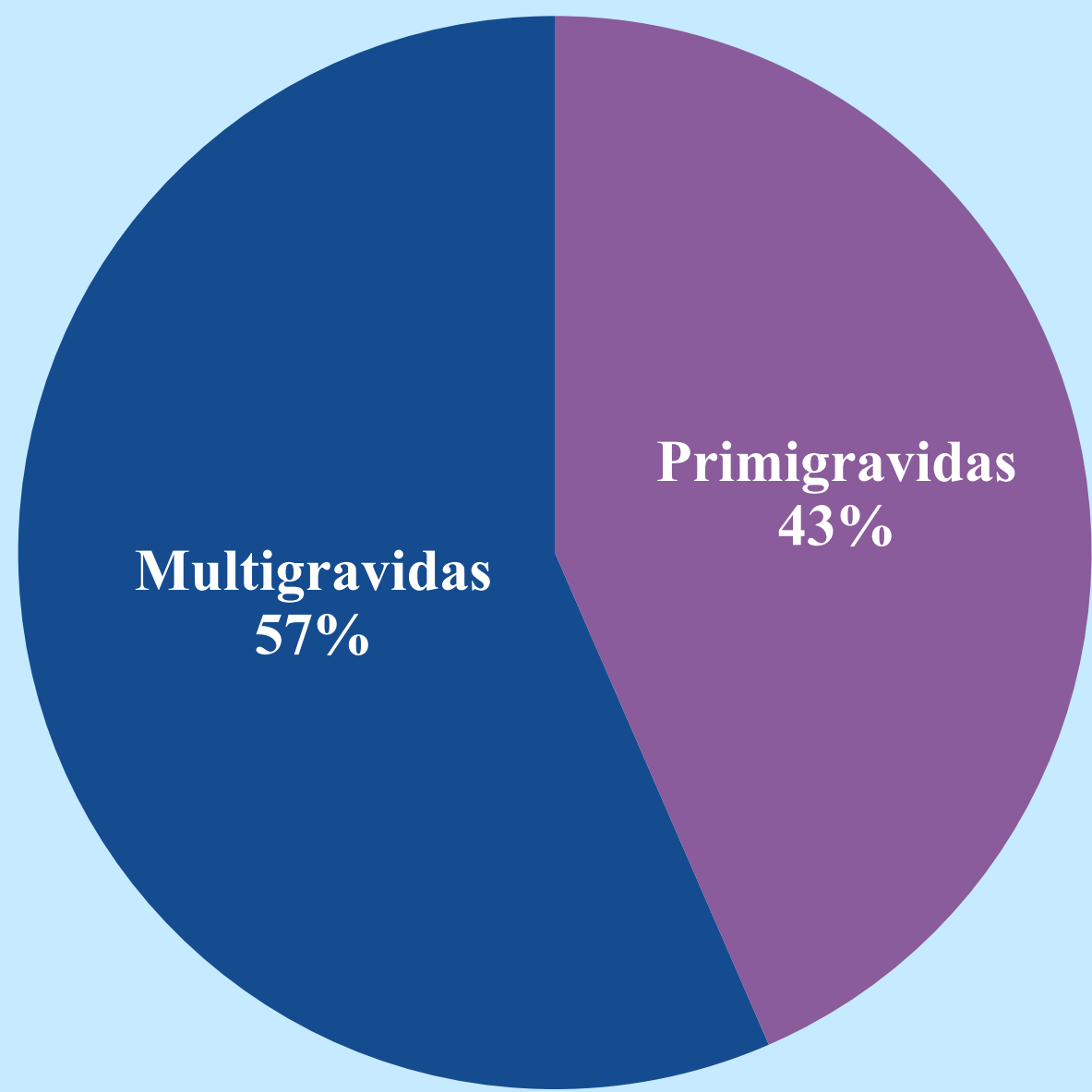


Figure 1: Percentage distribution of cases according to parity

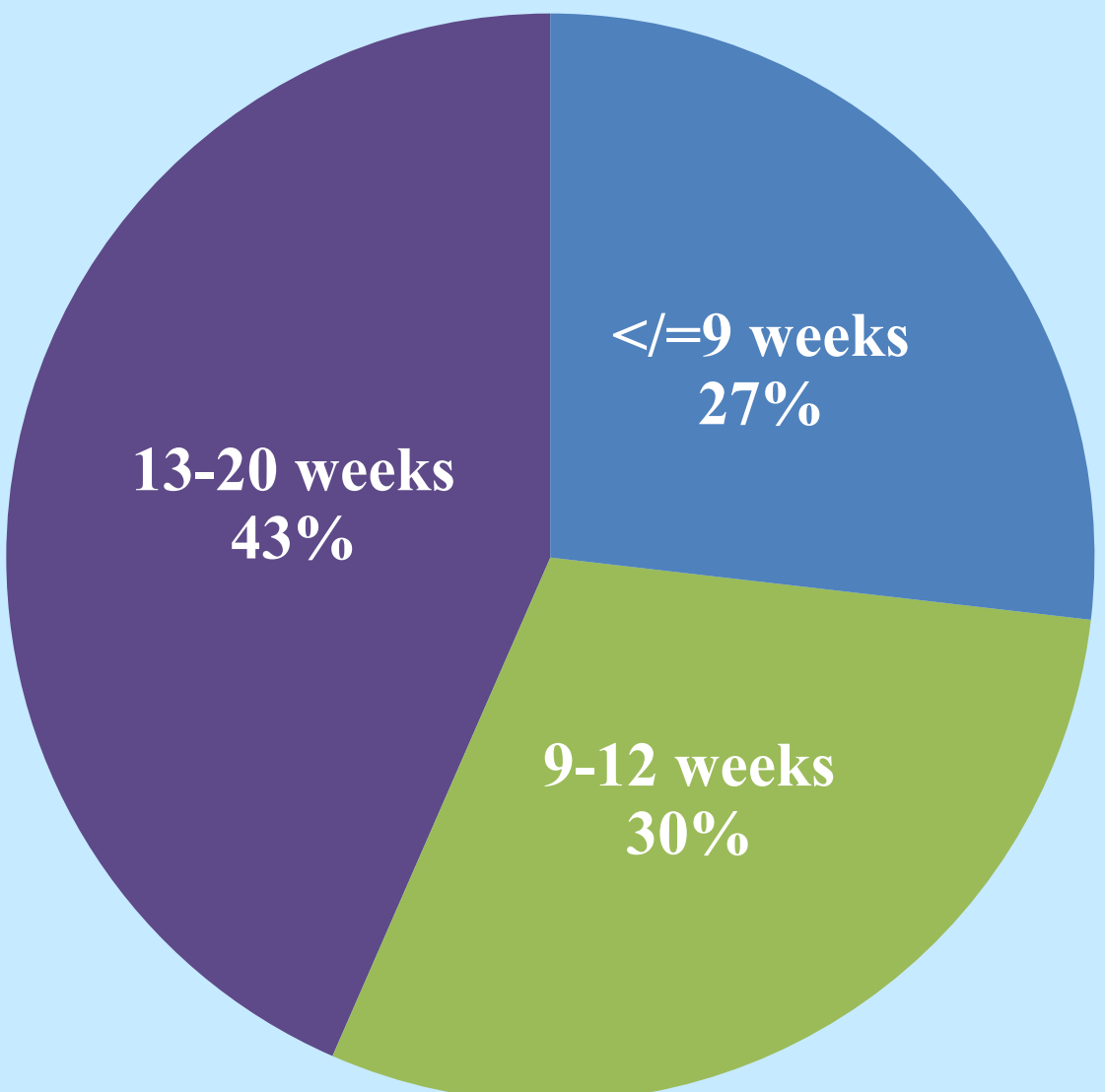


Figure 2: Percentage distribution of cases according to gestational age

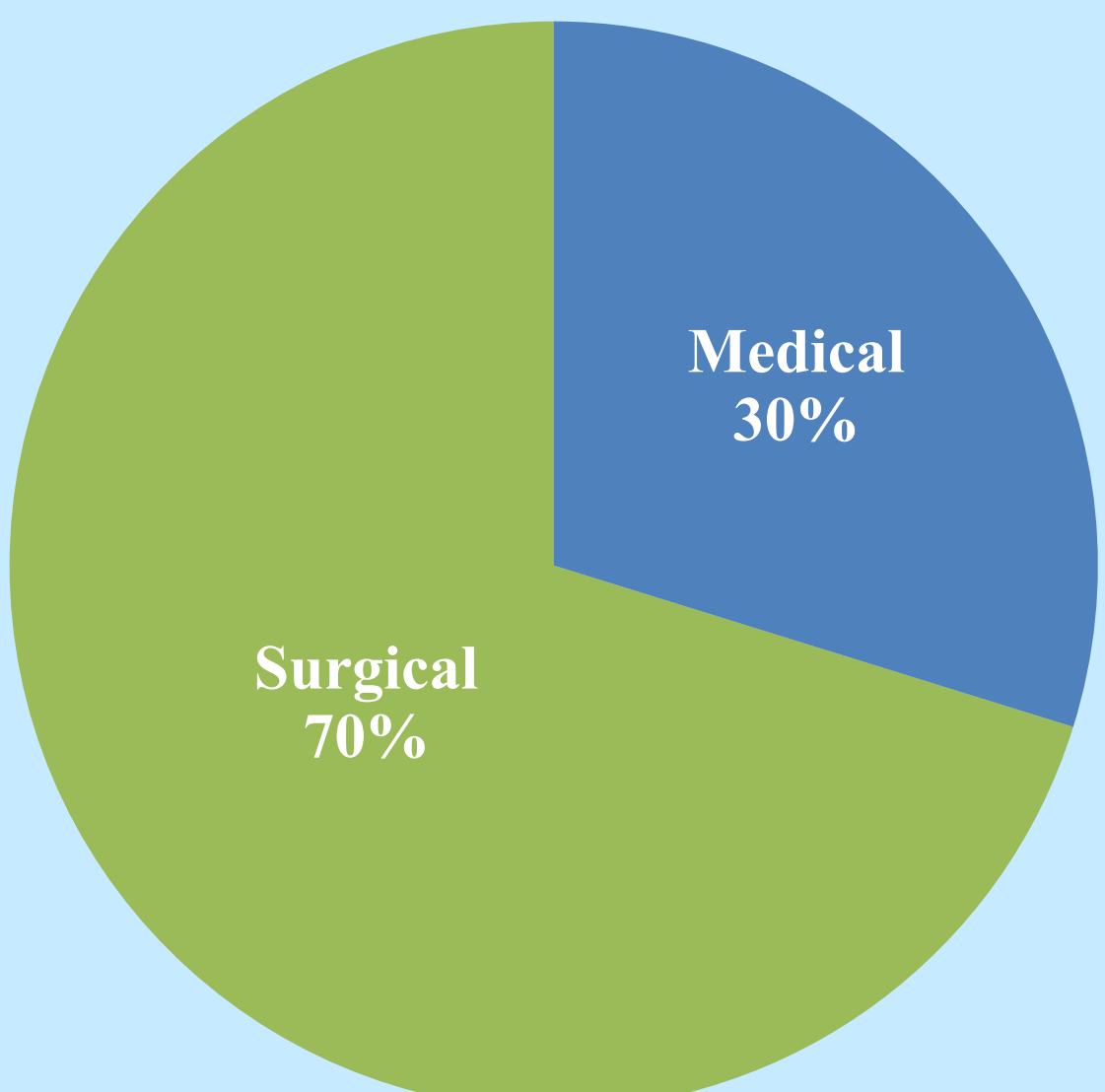


Figure 3: Methods for First Trimester Terminations

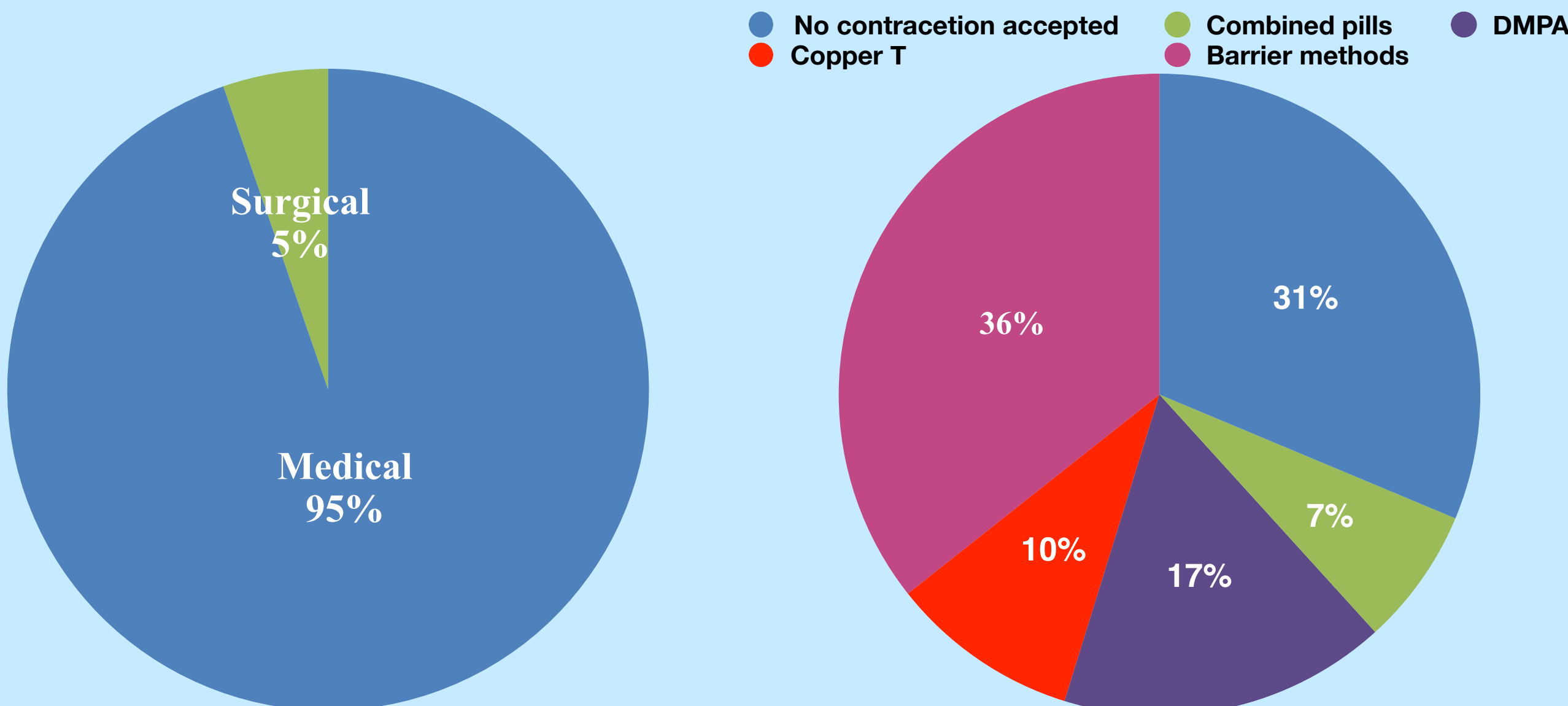


Figure 4: Methods for Second Trimester Terminations

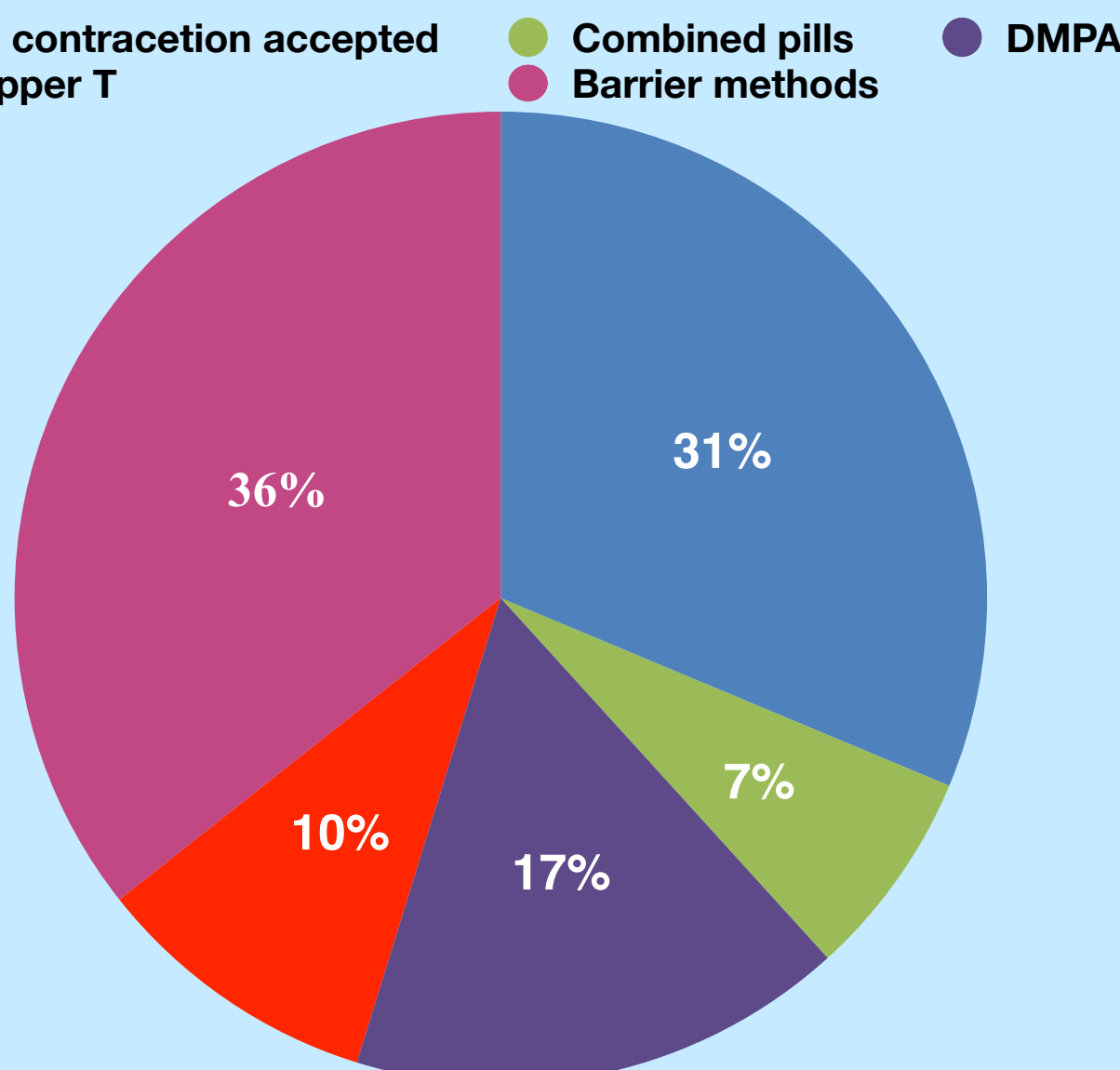


Figure 5: Contraception opted for post termination of pregnancy

Discussion: The leading causes of termination in our study was heart disease followed by cancer needing treatment. In patients undergoing termination for heart disease, the commonest cause was rheumatic heart disease in 57% cases with mitral stenosis being the commonest lesion encountered. Majority of the first trimester terminations were done surgically by suction and evacuation whereas majority of the second trimester terminations were done using mifepristone and misoprostol. Medical and surgical methods both are well established for first trimester terminations in this high risk population. Studies in India report a prevalence of 0.7% to 2.24% for maternal health reasons.[1,2] Data from US suggests that the proportion of women in this category has significantly increased over the last two decades.[3] Data published by British Pregnancy Advisory Service (BPAS) in 2018, the leading cause of referral to abortion services in UK was heart disease followed by epilepsy and blood disorders.[4] This is similar to our data where in one third of the cases the cause of termination was heart disease and patients on cancer treatment. The rates of unplanned pregnancies in cancer survivors is same as that of general population with Shandly et al. reporting it at 46%. [5] The complications of the procedure noted were (a)evacuation of retained products in 21.7% and (b)need for intensive care in 2.8% cases.

Conclusion: Women of reproductive age with chronic medical conditions like heart disease, cancer, SLE area majority of times already under the care of a physician. These results stress on the role of pre pregnancy counselling and joint clinics by physicians and obstetricians where the risks of these unintended pregnancies can be mitigated by creating this awareness in this high risk population.

References:

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5. Shandley LM, Kipling LM, Spencer JB, Morof D, Mertens AC, Howards PP. Factors Associated with Unplanned Pregnancy Among Cancer Survivors. J Womens Health (Larchmt). 2022 May;31(5):665-674.