

## **Common Second Trimester Abortion Procedures**

The method of abortion used depends on how far along the pregnancy is and the woman's health. More than 90 percent of all abortions are done in the first 14 weeks after a woman's last menstrual period. Only 1 out of 10,000 is performed after 24 weeks. In addition to the methods described below, there are other, less common methods of abortion. Your provider knows your medical history and condition and is the best person to discuss any contraindications to the procedures. This page provides only general, but medically accurate information about unintended pregnancy options. For more information, ask your physician.

A second trimester abortion occurs between 16-20 weeks' gestation. In Iowa abortions are not generally allowed after 20 weeks of the pregnancy. A woman with Rh negative blood will be given an injection of immune globulin to prevent blood incompatibility problems in future pregnancies.

### **Dilation and Evacuation (D&E)**

The D&E technique usually requires preparation before the procedure and the use of grasping forceps to remove the fetus. Cervical preparation is recommended before D&E to decrease the risk of injury to the cervix. Cervical softening and dilation can be achieved by placement dilators before the procedure or by the use medications. After the cervix is dilated and pain medication or sedation is given, D&E is accomplished by suctioning the amniotic fluid and removing the fetus with instruments through the cervix and vaginal canal. A final suction curettage is often performed to ensure that the uterus is completely evacuated. The fetus is often dismembered during the procedure.

Intact D&E is a variation of D&E that requires more advanced cervical dilation, usually achieved over several days. The procedure involves the removal of the intact fetus. The intact D&E procedure is preferable in certain cases. Additionally, compared with D&E, the intact D&E procedure may be associated with lower risks of uterine perforation and infection because it minimizes the use of forceps, and reduces the risk of retained fetal tissue.

ACOG reports that the mortality rate associated with abortion is low (0.6 per 100,000 legal, induced abortions), and the risk of death associated with childbirth is approximately 14 times higher than that with abortion. Abortion-related mortality increases with each week of gestation, with a rate of 0.1 per 100,000 procedures at 8 weeks of gestation or less, and 8.9 per 100,000 procedures at 21 weeks of gestation or greater.

Rare complications associated with both D&E include hemorrhage, cervical laceration, retained products of conception, and infection. Uterine perforation can occur with D&E, whereas uterine rupture can occur with medical abortion.

The procedure takes about 45 minutes.

Women who have an early second-trimester abortion can expect:

- Cramping during and after the procedure.
- Bleeding like a menstrual flow for several days following the procedure.
- Antibiotics may be prescribed for a few days

## **Medical Abortion or Induced Abortion**

Second-trimester abortion also can be safely accomplished through medical induction or medical abortion. Compared with D&E, termination by induction with misoprostol is costlier and has greater risk of complications such as incomplete abortion. Medical abortion in the second trimester may be prolonged. The induction method is usually carried out in a hospital. Prior to inducing labor, dilators or a hormone gel may be used for up to two days to soften and open the cervix. The time from the beginning of the procedure to delivery varies greatly. Most women deliver in 10 to 20 hours. Often the placenta does not separate readily and scraping is necessary to completely remove it. In rare cases where the induction method fails or cannot be used, surgery is performed to remove the fetus. This is similar to a cesarean section delivery and carries the same risks.

Rare complications associated with both methods include hemorrhage, cervical laceration, retained products of conception, and infection. Uterine perforation can occur with D&E, whereas uterine rupture can occur with medical abortion.

Women who have an induction method abortion can expect:

- Cramping while dilators or hormone gel are in place.
- Heavy cramping and labor pains which usually last several hours during the induction and delivery.
- Nausea, diarrhea, chills and fever due to hormone gels.
- An overnight stay in the hospital.
- Bleeding like a menstrual flow for several days following the procedure.
- Breasts may fill with milk a few days after delivery.
- Antibiotics may be prescribed by the doctor.

### **Possible complications of a second trimester abortion procedure may include:**

- Allergic reactions to anesthetics or other medications.
- General anesthesia is linked to higher rates of bleeding and perforation of the Uterus (womb). About one woman in 5,000 has a serious reaction to anesthesia, which may include high fever, seizures, cardiac arrest and other life threatening symptoms.
- Minor reactions to medications may produce rash, discomfort or mild fever.
- A cut or torn cervix.  
Cervical damage occurs during 1 in 90 D & E abortions. Stitches may be required. There may be increased risk for premature delivery in future pregnancies.
- Perforation of the wall of the womb and/or other organs.  
Perforation of the womb occurs during 1 in 300 D & E abortions. Serious perforations are usually marked by heavy bleeding and pain. Surgery is needed to repair the damage and if bleeding cannot be stopped the womb must be removed.
- Blood clots in the womb.  
One woman in 100 experiences large clots and may require medical treatment.
- Incomplete abortion.
- One woman in 300 may retain tissue in the womb. A second abortion procedure is performed to completely empty the womb.
- Heavy bleeding that requires medical treatment.
- After a D & E procedure, 1 woman in 400 has bleeding severe enough to

- require a transfusion and possible hospital stay.
- Infection.  
One woman in 75 develops an infection and fever which must be treated with antibiotics. Untreated infections may cause infertility or, in rare cases, be life-threatening and require hospitalization.
- Uterine Rupture that requires surgical treatment (more common with induced abortions).

### **Psychological complications of abortion**

Some reports suggest that some women experience reactions such as sadness, grief, regret, anxiety and guilt.

A review of 250 studies conducted on the subject has found that factors which may influence the decision about abortion include: personal values, feelings about abortion, pressure from others, ending an originally desired conception, a decision made late in the pregnancy, or the lack of support by a partner or family.

### **Effects of abortion on fertility and future pregnancies**

Most studies show no impact of first trimester abortion on fertility or subsequent pregnancies. The effect of second trimester abortion is undetermined. Having more than one abortion may increase the risk for future complications such as a premature delivery, especially if the abortions are performed after the first trimester. Abortion complications may cause infertility or reduced fertility.