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What does abortion later in pregnancy entail?

Summary

For the purposes of this fact sheet, abortions later in pregnancy are defined as those occurring after the first trimester of pregnancy, which is calculated from the start of an individual's last menstrual period (LMP) and is often confirmed by ultrasound. During the first trimester, abortion procedures are performed using medication or aspiration (additional details: prochoice.org/think-youre-pregnant/im-pregnant-what-are-my-options/abortion/). The procedures used for abortion later in pregnancy differ depending on the gestational age of the pregnancy and the practice of the provider. In the United States, a procedure called dilation and evacuation (D&E) is a safe and medically-proven method of abortion used for abortions up to about 26 weeks after the LMP.[1,2] After 24–26 weeks after the LMP, most abortions in the United States are completed by giving medications, which cause contractions and expulsion of the fetus, often called induction abortion. These medications can be used also in the earlier part of the second trimester.[3] The safety of these procedures has recently been summarized in a report from the National Academies of Sciences, Engineering, and Medicine.[2] The World Health Organization has published global safe abortion guidelines,[4] and Gynuity Health Projects has published clinical instructions for use for medication abortion in pregnancies 12–24 weeks of gestational age.[5]

Dilation and evacuation

This procedure consists of several steps, and these steps may be completed all in one day or may take a few days, depending on the circumstances of the pregnancy and the preferred practice of the clinician. D&E procedures can be performed safely in a free-standing clinic or a hospital, and they usually do not require an overnight hospital stay.

The first step of the D&E procedure involves softening and dilating the cervix, which is the opening from the vagina into the uterus. This process is called cervical preparation. Normally, the cervix is firm and closed, so cervical preparation is necessary to help open the cervix and ensure safe removal of the contents of the uterus. Cervical preparation techniques can vary, and some techniques take longer than others. These techniques may include using medications, such as misoprostol, or osmotic dilators (small sticks that are placed in the cervix that absorb moisture from the body). As the dilators absorb moisture, they expand, and this expansion gently pushes the cervix open. Depending on how much the cervix needs to dilate, the dilators may need to stay in the cervix overnight. Occasionally, more than one set of osmotic dilators is needed in order to achieve enough dilation.

The second step of the D&E procedure is uterine evacuation, which means removing the contents of the uterus. Depending on gestational age and the preferences of the patient and the clinician, an injection of digoxin into the uterus or umbilical cord may be used to cause fetal demise before uterine evacuation. During the evacuation step, intravenous (IV) medications are used to relax the patient and reduce pain. Most patients fall asleep and do not remember the procedure. Once the patient is comfortable, the clinician removes the osmotic dilators and uses suction and gynecological instruments to empty the uterus. Ultrasound is sometimes used during the procedure to help the clinician see inside the uterus and make sure that the products of conception have been removed completely. The procedure generally takes about 10–20 minutes. Following the procedure, the patient is monitored in a recovery room for approximately 1–3 hours before going home. Most patients feel ready to resume their normal activities the day after the procedure.

Induction abortion

Induction abortion with medications usually does not require cervical preparation. Induction abortion involves giving medications, most commonly misoprostol (which may be used with or without mifepristone)[6–8] at periodic intervals to cause uterine contractions. These two medications also are used for abortions earlier in pregnancy, but different doses are used for procedures later in pregnancy. Over time, the contractions open the cervix and push out the contents of the uterus, including the pregnancy and the placenta. The patient receives pain medications to reduce discomfort during this process, which may take several hours or occasionally longer. Sometimes, gentle suctioning is necessary to remove some or all of the placenta.

Frequently asked questions

How is pain managed during abortion care later in pregnancy?

There are a range of pain management options available for abortion care, and people have different experiences with and different tolerances for pain. The patient may receive IV medications that relieve pain and cause sleepiness. In some cases, general anesthesia is used. For induction abortion, patients may receive epidural pain medication.

How can I find a clinician who can provide abortion care later in pregnancy?

The referral hotline from the National Abortion Federation can help you locate a clinician who provides care throughout a pregnancy. They can be reached at (877) 257-0012. Planned Parenthood can also help you locate a provider. They can be reached at 1-800-230-PLAN or text "PPNOW" to 774636 (PPINFO).

What are the potential complications of abortion care later in pregnancy?

Overall, abortion is extremely safe, as documented in the recent report from the National Academies of Sciences, Engineering, and Medicine.[2] However, complications happen slightly more often for abortions later in pregnancy compared to those provided during the first trimester of pregnancy. Rare complications that require a

repeat suctioning procedure include blood clots in the uterus[8] and incomplete abortion,[8] which happens when some tissue from the pregnancy remains in the uterus after the first procedure. Other rare complications include infection,[8] a tear in the cervix,[8] perforation (puncture) of the uterine wall, and excessive bleeding.[8,10] The use of general anesthesia for pain management may have additional risks, but these are rare.[11]

What happens during abortions in the first trimester?

Like later abortion, there are two main types of procedures for abortion during the first trimester. A surgical or aspiration abortion uses suction to remove the contents of the uterus. Surgical abortions in the first trimester generally take 10–15 minutes. A medication abortion procedure uses the same medications used for abortion later in pregnancy, though at a different dosage.[3,5] The process generally takes several hours to a few days. Global safe abortion guidelines have been published by the World Health Organization,[4] and Gynuity Health Projects has published a guidebook for providing medication abortion in low-resource settings.[11]

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