

## SECOND TRIMESTER ABORTION

### What is it?

A second trimester abortion is performed between 16 and 20 weeks of pregnancy. A solution of prostaglandin or saline is injected into the uterus, terminating the life of the fetus and causing contractions of the uterus to expel the fetus and placenta.

### Seeing a doctor.

At your initial visit the doctor will confirm your pregnancy, and determine the number of weeks you are pregnant. It is possible the doctor may ask you to have an ultra-sound, a procedure which uses sound waves to produce an image or photograph of the fetus in the amniotic fluid. The office receptionist will set up an appointment at Vancouver General Hospital (VGH) if an ultra-sound is necessary. The receptionist will also notify you of the date you are to go to the hospital for your abortion.

Some doctors ask you to return to the office 24 hours before your admission time. At this time he/she will insert a laminaria, a compressed 'sponge' of sterilized seaweed which is inserted into the cervix. As it absorbs the moisture of the cervical tissue it expands, gently opening the cervix. This may cause some mild cramping and occasional light bleeding.

### At the hospital.

You will be given a time to check in at the hospital, usually early morning. You may eat a light breakfast. After routine admitting procedures you'll be taken to the induction room.

A small area of your abdomen is wiped with an antiseptic. You can request a local anaesthetic to numb the abdomen. The doctor will insert a needle which penetrates the abdominal wall and enters the amniotic sac filled with fluid that surrounds the fetus. Some fluid is slowly extracted and replaced by either prostaglandin or saline. Prostaglandin, a synthetic form of a chemical found in our bodies, is most often used. Saline is a concentrated salt solution. This procedure doesn't hurt, but may leave you feeling bloated. The entire procedure takes 10-15 minutes.

When you return to the ward you may sleep, walk, read - whatever you feel like. You will be assigned a blue 'hat'-shaped receptacle to use whenever you go to the toilet. It fits under the toilet seat and serves to catch urine (for measurement) and possibly the fetus if you expel it while on the toilet. If you feel uncomfortable getting up to the toilet you can ask for a bedpan or commode chair (portable chair).

Contractions take several hours to begin. When they begin, an intravenous (IV) is set up to supply adequate fluid intake. Blood may be taken at this time for routine testing. Generally you will be allowed no food once contractions begin. Initially contractions are like mild cramps. As labour progresses they become stronger. It is useful to use breathing techniques to help you through these contractions. If you have a support person with you, he/she can help with breathing or massaging tension areas.

If the pain becomes too much for you or you are too tired to cope, ask for pain medication. If you are asked to wait before taking medication it is because there is concern that the medication will slow or stop your progress. Often oxytocin, another hormone, is given intravenously to stimulate contractions. Eventually the amniotic sac breaks, releasing the liquid out through the vagina.

When the contractions are strong ask to be moved to an empty room (the induction room is often empty); or if this is not possible you may want to draw the curtains around your bed for privacy.

At the end of about 8-36 hours of contractions (this varies for every woman) the fetus will be expelled, followed by the placenta. The placenta is generally expelled within 1-4 hours after the fetus. If this does not occur spontaneously, a D & C (dilation and curette) will be performed. If you expel the fetus while on the toilet (into the 'hat' receptacle) call a nurse. She will help you back to bed.

You may want some time to look at the fetus or be alone. You should be aware that when prostaglandins are used the fetus may show signs of life for a few minutes. Although this may be upsetting for you, some women find it helpful to look at the fetus. Your decision to terminate this pregnancy need not negate your feelings for the fetus. It is natural to feel grief, sorrow, relief- it can be useful to express these feelings.

Once you're in bed again, the nurse will help you clean up. For two hours she will check that you are not losing too much blood.

#### Afterwards.

After you have had some rest the doctor will discharge you from the hospital. Some doctors routinely prescribe antibiotics after an abortion as a preventative measure against infection. To avoid infection:

- do not use tampons
- no tub baths (showers are o.k.)
- no douching
- no swimming
- no sexual intercourse

All of the above are to prevent bacteria from entering your uterus. You should continue with these preventative measures for at least 2 weeks. It is normal to have a bloody discharge for 1-2 weeks. Watch for signs of infection:

- fever
- cramps
- foul odor or discharge from your vagina
- vomiting
- excessive bleeding.

If you suspect you have an infection, get in touch with the doctor or hospital emergency as soon as possible. Treatment will likely be antibiotics.

Be aware of your general health, eat well and rest. Your next period should start in 4-6 weeks. You should consider yourself fertile immediately and choose a method of birth control to protect against another pregnancy. You should make a follow-up appointment with the doctor after you abortion; he/she will check that no complications have arisen from the abortion.