



**Karolinska
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Mid trimester abortion Workshop Fiapac 2016

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Second trimester medical abortion - for whom?

May be preferred in the following situations:

- For severely obese women
- The presence of uterine malformations or fibroids, or previous cervical surgery
- If the woman wants to avoid surgical intervention
- If skilled, experienced providers are not available to provide D&E

Why is the least invasive method- with the fewest complications- NOT first hand choice in abortion care?

WHO practical guidelines for abortion care 2014

Second trimester medical abortion - recommended regimen

- **200 mg mifepristone orally**
followed by
- **800 microgram misoprostol vaginally 36-48 hours later**
followed by
- **400 microgram misoprostol given vaginally, sublingually (or orally) after 3 hours**
 - Repeated every 3 hours, maximum of 5 doses

What happens if this fails??

- start over next day, consider mechanical dilatation, oxytocin-
Single D&E's performed in Sweden in the last years.

Medical abortion in practice

When do women abort?

And how?

- Start treatment with vaginal misoprostol at 07.00
- Most women abort early afternoon- supported by studies-
→ mean induction to abortion interval 5-7 hours
- As the water breaks the fetus is aborted and the placenta follows.
- In some cases the umbilical cord has to be tied off and the placenta has to be removed by forceps or uterine fundal pressure

Need for surgical intervention

- Between 2-15%
- Lowest level of intervention in a Scottish study 2,5% in one of the groups and 5% overall intervention
- Few women do not abort the placental- removed in local or general anaesthesia.

A randomized trial of mifepristone in combination with misoprostol administered sublingually or vaginally for medical abortion at 13-20 weeks gestation.

Hamoda H, Ashok PW, Flett GM, Templeton A.

Hum Reprod. 2005 Aug;20(8):2348-54. Epub 2005 May 5.

How to avoid unnecessary surgery

- Don't rush!! If the woman is not bleeding heavily there is time
- Examine properly in stirrups!!
 - If the cervix is heavily dilated, the placenta can be evacuated using forceps in most cases
- Only cases where the placenta cannot be evacuated using forceps and fundal pressure should go to surgery!!

Pain management

- Low level of evidence in abortion treatment for prophylactic pain treatment in abortion care
- Consider NSAID and paracetamol as a base and add whatever is needed.
- Paracervical block (PCB)
- The goal is to have good pain management for the woman!

Pain treatment

Studies with focus second-trimester MTOP

Morfin + metoclopramid iv (Rosenblatt 1991-92, USA)

PCB med bupivacaine (Winkler 1997, Tyskland)

PCA med morfin/fentanyl (Castro 2003, Kanada)

Diclofenac (Fiala 2005, Sverige)

Jackson & Kapp

Pain control in first- and second trimester MToP: a systematic review

Contraception 2011

HOW? WHAT?

Profylactic

paracetamol (500mg)
kodein (10mg)
ibuprofen (600mg)

Additional

- 1) ibuprofen (max 1800mg/d)
- 2) opioider vb
 - oxycodone 4mg iv/10mg po
 - petidin 50-75 mg
 - tramadol 50-100mg

Mentula, Kalso & Heikinheimo

**”Same-day and delayed reports of pain intensity in II-trimester MToP:
a brief report ”** *Contraception* 2014

Experiences

nurses/midwives caring for women undergoing second trimester abortion

- The feeling of supporting women's rights bridges the difficulties nurses/midwives face in caring for women undergoing second-trimester MTOP.
- Mentorship from experienced colleagues and structured opportunities for reflection on ethical issues enable the nurses/midwives to develop security in their professional roles and also feel confident in their personal life situation.

Andersson et al Contraception 2014 89:460-465

Experiences

women undergoing second trimester abortion

- Women undergoing second trimester abortion need to have time and possibility to reflect on their feelings and thoughts in connection to the abortion.
- It is important to listen to the woman's individual needs and give the opportunity to view the fetus if the woman wishes regardless of the reason for the abortion.

Post-abortion contraception in the second trimester

- Very few studies on post-abortion contraception after second trimester medical abortion
- LARC
 - In practice- Implants are inserted after completion of abortion- before the woman leaves the clinic
 - In practice- if the uterus is well contracted- IUD/IUS is inserted after completion of surgical intervention
 - In cases of complete medical abortion IUD/IUS is inserted 2-3 weeks after the abortion-
 - studies are lacking on immediate insertion!
- All other methods can be started immediately