# MEDICAL TERMINATION OF PREGNANCY
# LECTURE 2

# DILATATION AND EVACUATION

- **RAPID METHOD (one stage procedure)**
- **SLOW METHOD ( two stage procedure)**

# RAPID METHOD

***Advantage***

- *As it is done as an outdoor procedure, the patient can go home after the sedative effect is over.*
- *Chances of sepsis is minimal.*

***Draw back***

- *Chances of cervical injury is more.*
- *Uterus should not be more than 6-8week of pregnancy*
- *All the drawback of D+E*

- **SLOW METHOD ( two stage procedure)**
- ***First stage***:
- Slow dilatation of the cervix is achieve by introducing Laminaria tents or synthetic dilators like dilapan into the cervical canal.
- The woman is kept in bed for 12 hrs during which time the tents swell up due to its hygroscopic property dilating the cervix.
- ***Second stage:***
- After 12 hrs, the tents are removed and cervix further dilated with metal dilators up to the desired extent for introduction of an

# SLOW METHOD

- ***Advantages***
- Chance of cervical injury is minimal
- Suitable in cases of therapeutic indications.

- ***Drawback:***
- Hospitalization is required at least for one day.
- Chances of introducing sepsis.
- All the complication of D+E.

- **Rapid method**:
- Cervical dilatation is done with metal dilators followed by evacuation is done at one stage.
- The steps of the procedure are similar to those followed in the second phase of the two procedure.

# MEDICAL METHODS

- Mifepristone (RU-486) and Misoprostol:
- Protocol–
- 1st day ---- 600mg of mifepristone orally
- 3rd day ----- 400µg of misoprostol ($PGE_1$ ) orally
- Patient remains in the clinic for 4hrs during which expulsion of the conceptus (95%) often occurs. Patient is reexamine after 10-14 days. If it is fails surgical method of termination should be applied. Oral Mifepristone 200 mg with

# Methotrexete and Misoprostol

- Methotrexate 50 mg/ $M^2$ IM (before 56 days of gestation) followed by 7days later Misoprostol *800* µg vaginally is highly effective. Misoprostol may have to be repeated after 24 hrs if it fails. Methotrexate and Misoprostol regimen is less expensive but takes longer time than Mifepristone and Misoprostol . Misoprostol

# TAMOXIFEN AND MISOPROSTOL

- Oral Tamoxifen 20mg daily for 4 days followed by misoprostol 800µg vaginally results in complete abortion in 92% cases. Duration of pregnancy should be less than 63 days.

# CONTRAINDICATION:

- Mifepristone should not be used in women aged over 35 years, heavy smokers and those on long term corticosteroid.

# MID TRIMESTER TERMINATION ( BETWEEN 13-15 WEEKS. 16-20 WEEKS

Between 13-15 weeks:

It is difficult to terminate pregnancy in the second trimester with reasonable safety as in first Trimester. The following principles may be employed.

1. D & E
2. Prostaglandins: $PGE_1$ (misoprostol) ,$PGF_{2\alpha}$, and $PGE_2$ and their analogues (used intravaginally, IM or intra amniotic ally.

They are extensively used specially in the second trimester. They act on the cervix and the uterus.

3. Transcervical extra-amniotic instillation of 0.1 ethacrydine lactate or intra-amniotic instillation of hypertonic saline (20%) may be tried with limited success.
4. To allow the pregnancy to continue, so that the uterus will be enlarged to about 16 weeks when the available intrauterine instillation techniques using pharmacological agents can be employed.
5. Hysterotomy - hysterotomy is less often done these days.

**Between 16-20 weeks:**

- **Intra-uterine instillation of hypertonic solution**

  **Intra-amniotic or Extra-amniotic**

- **Prostaglandins'**
- **Oxytocin**
- **Hysterotomy.**

# COMPLICATIONS

- *Gynecological*
- *Menstrual disturbance*
- *Chronic pelvic inflammation*
- *Infertility due to cornual block*
- *Scar endometriosis*
- *Uterine synechiae leading to secondary amenorrhea.*

- *Obstetrical*
- *Recurrent mid-trimester abortion.*
- *Ectopic pregnancy*
- *Preterm labour*
- *Dysmaturity*
- *Increase parinatal loss*
- *Rupture uterus*
- *Rh-isoimmunisation.*

- NURSING DIAGNOSIS:
- Risk for fetal injury
- Risk for infection.
- Ineffective airway clearance
- Risk for aspiration
- Anxiety
- Altered family processes.
- Risk for altered parenting
- Health seeking behaviour.

# BIBLIOGRAPHY

1.JB Sharma" midwifery and gynecological nursing" 1st edition,2015, published by Avichal publishing house, page n0-231-236

2. Dc Dutta " textbook of obstetrics" 8th edition ,2006, published by Jaypee brothers

3.I Clement "Basics of community health nursing"2nd edition 2009,published by Jaypee brothers, Page no : 189-191