

OUTCOMES OF DILATATION AND EVACUATION WITH AND WITHOUT FETICIDE: A SERVICE EVALUATION

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Dilation and evacuation (D&E) is the procedure for surgical abortion in the second trimester of pregnancy. Medicines that cause fetal death are often given the day before a D&E to make the surgery easier, faster, and safer. However, there aren't any studies to show that it works for these reasons. Some studies show that feticide makes no difference and others show that it increases complications, like infection or delivery of the fetus before surgery. If delivery does occur, feticide can avoid the risk of live birth. We wanted to know whether feticide before D&E was clinically best for women.

For 6 months, we collected information about all 291 D&Es performed with feticide at three abortion clinics in England. We then stopped feticide and for the next 6 months collected the same information on all 257 D&Es performed without it at the same clinics. We also held focus groups with staff to hear about their views and to address any concerns about using or not using feticide.

We found that procedures with feticide were shorter by 3.8 minutes on average. However, they were also associated with more pain, nausea, and poor contraction of the womb after surgery. This complication, called uterine atony, happened more often in women who received feticide even though more medicines to prevent it were given to them. Very few complications occurred and the total number of women who had a complication was not different between groups. Deliveries outside of theater also did not differ and there were no live births during the evaluation.

Most women found their procedure acceptable whether or not feticide was administered. Staff and surgeons' views varied with some finding that feticide made coping with second trimester abortion easier and made surgery less technically challenging. Some staff worried about out of theater deliveries and wanted support in knowing how to manage them. Staff valued sharing their views and wanted to continue to contribute whatever the evaluation outcome.

There may be some benefit to using feticide before second trimester abortion because it shortens the length of the procedure and may make it more tolerable for staff and easier for surgeons. Providers should balance this relatively modest benefit against the increase in side effects and uterine atony, cost, and potential impact on service delivery.