CERVICAL PREPARATION BEFORE DILATION AND EVACUATION AT 16-24 WEEKS GESTATION: A MULTICENTER RANDOMIZED TRIAL COMPARING OSMOTIC DILATORS ALONE TO DILATORS PLUS ADJUNCTIVE MISOPROSTOL OR ADJUNCTIVE MIFEPRISTONE (C.PREP)

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Many women have limited access to second trimester abortion services and must travel long distances to access care. Given the logistic and financial burden on patients, providers feel tremendous pressure to provide abortion services as quickly as possible. Studies have shown that adequately preparing a woman's cervix before her abortion procedure can improve cervical dilation and safety, but cervical preparation takes time. Cervical preparation methods include inserting osmotic dilators into the cervix and/or administering mifepristone or misoprostol, medications that soften the cervix.

In this study we randomly assigned 300 women from seven clinics across the U.S. to receive one of three methods of cervical preparation before their second trimester abortion: (1) osmotic dilators alone, (2) osmotic dilators plus misoprostol, or (3) osmotic dilators plus mifepristone. Study participants were divided into two groups based on the gestational age of their pregnancies, an earlier group (16-18 weeks gestation) and a later group (19-24 weeks gestation). We assessed the impact of each cervical preparation method on operative time, initial cervical dilation, abortion completion on first attempt, need for additional dilation, and complications.

We found that there was no difference in operative time between the three methods of cervical preparation. Initial cervical dilation was better with dilators plus misoprostol than dilators alone in the earlier gestational age group. There was no difference between the three methods of cervical preparation in the ability of physicians to complete the abortion procedure on the first attempt. There was no significant difference in complication rates between the methods. In the later gestational age group, physicians found the procedures technically easier after adjunctive mifepristone. Mifepristone was not associated with any additional side effects while misoprostol was associated with more pain, fever and chills. Mifepristone is expensive and misoprostol is inexpensive.

There may be benefit to adjunctive mifepristone or misoprostol for cervical preparation before second trimester abortion, but benefits are modest. Providers should balance the relatively modest benefits of these adjunctive therapies against the side effects, cost, and potential impact on service delivery when selecting treatment.