

Surgical Termination of Pregnancy 14-18 weeks

After 14 weeks of pregnancy, surgical termination is performed by a technique called Dilatation and Evacuation (D&E).

The cervix is gently stretched and opened (this is known as dilatation) so that the pregnancy can be removed in fragments with forceps. Sometimes suction tubing is used as well. An ultrasound is performed at the same time to reduce the risk of complications and make sure that all the pregnancy is removed. This is done under general anaesthetic.

What happens before the procedure?

An appointment will be made for you to meet with a doctor before the procedure. They will review your case and discuss the options with you.

Do I need any treatment before the procedure?

Preparation of the cervix (the neck of the n

Are there risks after the abortion?

Problems can occur in the first few weeks:

- About 1 in every 50 women will get an infection after an abortion. Taking antibiotics at the time of the abortion helps to reduce this risk.
- The uterus may not be completely emptied of its contents and further treatment may be needed.

Should complications occur, further surgery, very rarely including hysterectomy, may be required.

How may I be affected emotionally?

For most women the decision to have an abortion is not easy. How you react will depend on the circumstances of your abortion, the reasons for having it and how comfortable you feel about your decision. You may feel relieved or sad, or a mixture of both. Most women will experience a range of emotions around the time of the decision and the abortion procedure.

The majority of women who have abortions do not have long-term emotional problems; long-term feelings of sadness, guilt and regret appear to linger in only a minority of women. Talk to your doctor if you do have any concerns.

An abortion will not cause you to suffer emotional or mental health problems in itself, but if you have had mental health problems in the past you may experience further problems after an unplanned pregnancy. These problems are likely to be a continuation of problems experienced before and to happen whether you choose to have an abortion or to continue with the pregnancy.

Will abortion affect my chances of having a baby in the future?

If there were no problems with your abortion, it will not affect your future chances of becoming pregnant.

Will abortion cause complications in future pregnancies?

Abortion does not increase your risk of early miscarriage, ectopic pregnancy or a low placenta in a future pregnancy. You may however have a slightly higher risk of a miscarriage after 12 weeks, or preterm birth.

When should I start using contraception again?

You should start using contraception straight away. It is safe to have an intrauterine device (IUD) or intrauterine system (IUS) fitted immediately. The contraceptive implant, Nexplanon, and the contraceptive injection Depoprovera, can also be arranged at the same time.

What if my blood group is RhD-negative?

If you are RhD-negative, you should have an anti-D injection at the time of your abortion.

Contact numbers

Counsellors	01392 406678
Wynard Ward	01392 406512
Clinic 2 Co-ordinator	01392 406503

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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