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Bulletin provides guidelines for second-trimester abortion

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(HealthDay)—New evidence-based guidelines provide guidance on medical and surgical methods for second-trimester abortion and management of associated complications, according to a practice bulletin published in the June issue of *Obstetrics & Gynecology*.

The members of the Committee on Practice Bulletins-Gynecology note that the second trimester is usually defined as between 13 and 26 weeks of gestation, calculated from the last menstrual period. Based on a review of the current scientific evidence, there is strong evidence to recommend cervical preparation before dilation and evacuation to

reduce cervical trauma; the use of mifepristone and misoprostol or misoprostol alone for medical abortion; administration of prophylactic antibiotics to reduce infection after surgical abortion; and the use of nearly all forms of contraception starting the day of the abortion.

Members of the committee made additional conclusions and recommendations based on limited scientific evidence or consensus and expert opinion. Among these, they suggest that dilation and evacuation is associated with fewer complications than misoprostol-based medical abortion; vasopressin in the paracervical block may reduce blood loss from dilation and evacuation; and that there is a need for integrated abortion training during residency.

"When comparing methods for second-trimester abortion, providers should consider safety, effectiveness, cost, logistics, patient preference, and indication," the authors conclude.

More information: Abstract
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