

# Termination of pregnancy in the second trimester

The purpose of this leaflet is to provide the patient with information about the nature and specifics of termination of pregnancy in the second trimester.

## **Reasons for termination of pregnancy**

- the pregnancy poses a threat to the life and health of the pregnant woman
- the unborn child may have severe mental or physical health issues
- the pregnant woman's illness or health problem hinders their ability to raise a child

## **Termination of pregnancy**

A woman's pregnancy may only be terminated at her own request. A pregnancy can be terminated upon the decision of a medical council until the end of the 21st week of pregnancy, i.e. in the second trimester. Termination of pregnancy in the second trimester takes place in the Gynaecology Department. Medications that induce uterine contractions are administered to promote the emptying of the uterine cavity and stop bleeding. A medication called Cytotec (misoprostol) is used in Estonia. This medication is well tolerated by most patients, causing only temporary side effects such as nausea, abdominal pain, fever and chills. Following the administration of medications, the pregnancy should terminate within a day, but it may take longer and it may be necessary to use different combinations of medications.

The process of expelling the foetus can be as painful as childbirth. The pain is alleviated with various painkillers. If the pain is severe, be sure to inform the nurse on duty so that they can administer the painkillers on time. Any changes in your condition after the onset of uterine contractions should be reported to the nurse, you have to go to the toilet with an escort as well. The foetus exits the uterus through the vagina under the supervision of the nurse in the hospital room. Complete emptying of the uterine cavity may take time, there may be a need for surgical cleaning of the uterine cavity: the larger the pregnancy, the higher the probability of the need for surgical cleaning. Vaginal bleeding immediately after the expulsion of the foetus is heavier than a typical menstruation. Over the next few days, the bleeding gets lighter. Rarely, the blood loss is so significant that a blood transfusion may be necessary.

Following termination of pregnancy in the second trimester, your breasts may produce milk. This is manifested as fullness and tenderness of the breasts. To relieve pain, take painkillers and apply cold compresses to your breasts. A supportive bra is recommended. A small amount of milk can be expressed from overly engorged and painful breasts but avoid emptying the breast! The situation usually resolves on its own within about a week. If the tenderness of the breasts does not go away or a painful lump (node) appears in the breast, accompanied by fever, a gynaecologist should be consulted.

## **Things to keep in mind**

- Vaginal bleeding can last up to five weeks (until the next menstruation).
- A check-up with a gynaecologist is performed within two to four weeks after leaving the hospital.
- Having sexual intercourse without a condom, using tampons, swimming and bathing are not allowed for three weeks after termination of pregnancy.
- An effective method of contraception can be started right away. Additional information about this will be provided by your gynaecologist.
- In case of a fever above 38 °C, severe abdominal pain or bleeding after termination of pregnancy, seek emergency medical care at the Women's Clinic at Ravi 18, Tallinn. If complications arise, antibiotics or medications that control bleeding may be administered, surgical cleaning of the uterine cavity may be performed and hospitalisation may be necessary.
- Terminating a pregnancy is emotionally challenging for every woman; while in the hospital, it is possible to meet with a pregnancy crisis counsellor.
- If you are rhesus negative, you will be given a medication called Rhesonativ after termination of pregnancy to prevent Rh incompatibility in future pregnancies.
- A single pregnancy termination without complications does not affect the outcome of future pregnancies.

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