

Dilatation and Evacuation (D&E)

Sponge-like tapered pieces of absorbent material are placed into the cervix. This material becomes moist and slowly opens the cervix. It will remain in place for several hours or overnight. A second or third application of the material may be necessary. Following dilation of the cervix, intravenous medications may be given to ease discomfort or pain and prevent infection. After a local or general anesthesia has been administered, the fetus and placenta are removed from the uterus with medical instruments such as forceps and suction curettage. Occasionally for removal, it may be necessary to dismember the fetus.

Possible Complications

- blood clots in the uterus
- cut or torn cervix
- incomplete abortion
- perforation of the wall of the uterus
- heavy bleeding
- pelvic infection
- anesthesia-related complications

Labor Induction (Includes Intra-Uterine Instillation)

Labor induction may require a hospital stay. Medicine is placed in the cervix to soften and dilate it. There are three ways to start labor early: (1) medication is given directly into the bloodstream of the pregnant woman starting uterine contractions. (2) medication inserted into the vagina to start uterine contractions, and (3) medication injected directly into the amniotic sac by inserting a needle through the mother's abdomen and into the amniotic sac. This stops the pregnancy and starts uterine contractions. Labor and delivery of the fetus during this period are similar to the experiences of childbirth. The duration of labor depends on the size of the baby and the contractibility of the uterus. There is a small chance that a baby could live for a short period of time depending on the baby's gestational age and health at the time of delivery.

Possible Complications

If the placenta is not completely removed during labor induction, the doctor must open the cervix and use suction curettage (removal of uterine contents by low-pressure suction).