Risk Factors for Complication After Second Trimester Dilation & Evacuation

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Figure 1. Complication type as a percent of all complications

Figure 2. BMI is similarly distributed in procedures with and without complications

Figure 3. Gestational age distribution among complicated procedures is skewed towards more advanced gestational age.

Table 1. Characteristics of Women Undergoing D&E

Table 2. Complication and Intervention Rates

Table 3. Adjusted odds of any complication after D&E

CONCLUSIONS

- Major complications of D&E are rare (<2%), even at a high-risk center.
- Hemorrhage accounted for nearly half of all complications in our study. Our definition of hemorrhage was more inclusive than other studies. This likely accounts for the higher proportion of overall complications we observed.
- BMI appears to contribute minimally to risk of complications after D&E; therefore obesity may not warrant referral to higher acuity providers.
- Prior cesarean delivery is the strongest independent predictor of complications (OR 1.8). Prior vaginal delivery (OR 1.5) is also an independent predictor.
- Each additional week of gestation is an independent predictor of complications (OR 1.3).

Our findings suggest that no level of BMI warrants referral to a tertiary abortion center. In fact, the delay associated with referral may increase risk for complications.

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