

# Understanding treatments for 2<sup>nd</sup> trimester pregnancy loss

Being diagnosed with a serious pregnancy complication is extremely difficult for most women.

The OPT decision aid (video + this worksheet) is intended for you and your provider to identify the best method for you.

Both methods are equal in safety and effectiveness.

## Values clarification

**Now that you've watched the video, we would like you to discuss it with your provider.**

1. What is important to you in the next steps of this process?
2. Were there particular experiences or feelings that you connected with in the video? What were they?
3. Which procedure do you think lines up with your emotional needs right now? And in the future?

## Logistical details

### Dilation and evacuation (D&E)

- You will most likely go home the same day
- Pre-operative visit for dilator placement 1 day (occasionally 2 days) before procedure
- Procedure lasts 5 – 20 minutes but you may be at the procedure site for most of the day
- You will most likely have intravenous sedation, general anesthesia, or regional anesthesia (spinal or epidural)
- You can ask for mementos such as footprints and you can ask if viewing the baby is an option
- Fetal autopsy is an option – talk with your provider

### Labor induction

- You will stay overnight in the hospital
- Your provider may ask you to take a medication 24 hours before starting the induction or to have dilators placed
- Procedure lasts 3 – 24 hours but you may be there for longer
- You will be offered regional anesthesia (spinal or epidural) or intravenous sedation and you will be awake
- You can ask for mementos such as footprints and you can view and hold the baby – it is your choice
- Fetal autopsy is an option