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Favoured methods

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Dutch context
Termination of Pregnancy Act (1984)

Formal license for
Abortion clinics (n=18)
Hospitals

Dutch context
Termination of Pregnancy Act (1984)

Mandatory five-day 'consideration period'
between first consultation and actual
abortion

Termination of Pregnancy Act

Formal licence
First trimester abortion
Second trimester abortion
(i.e., 14 - 24 weeks gestation)
abortion clinics n=9
hospitals n=47

Health Care Inspectorate of the Netherlands

Annual report includes:

- First trimester abortion
- Second trimester abortion (i.e., 14 - 24 weeks gestation)

Health Care Inspectorate of the Netherlands

Annual report does not include:

- Morning-after pill
- Early stage intervention (< 44 days amenorrhea)
- Late pregnancy termination (i.e., 24 weeks gestation or beyond)

Health Care Inspectorate of the Netherlands

Annual report (2005):

- 32.982 total number of abortions
- 94.2% termination in abortion clinic
- 153 no of abortions per 1000 liveborns
- 8.6 per 1000 women aged 15-44

Health Care Inspectorate of the Netherlands

Annual report (2005):

- 32,982 total number of abortions
- 56.5% abortion prior to 7 weeks'
- 15.2% second trimester abortion (n=5024)

Health Care Inspectorate of the Netherlands

Second trimester abortion (2005):

- 5024 total number of abortions
- 93.4% in abortion clinics (n=4.693)
- 6.6% hospital (n=331)

Second trimester abortion

Preferred method

- Hospital: medical methods
- Abortion clinics: surgical methods

Advantages versus disadvantages

	method	
	medical	surgical
Expertise	-	++
Day care	-	+
Side –effects	±	±
emergency care	++ (H)	± (AC)
Post-mortem	+	-
Psychological	?	?

Special considerations

In abortion clinics most pregnancies are unwanted while this is not the case in hospital settings

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Increase of second trimester abortion following screening for fetal congenital anomalies
Informed choice (whether or not to terminate)

Conclusion

Favoured method
for second trimester pregnancy termination?

From the medical point of view both are 'safe' in experienced hands and under proper conditions, but...

Discussion

Logistic problems/costs

- 'unwanted' pregnancies
- fetal anomaly

Should women have an informed choice?

- *note: women with increased obstetric risk (e.g., uterine scar, placenta praevia)*