

[Log in or Register](#) [Subscribe to journal](#) [Get new issue alerts](#)



Articles ▾



Advanced Search

[Articles & Issues](#) [CME](#) [Collections](#) [ABOG MOC II](#) [Podcasts](#) [Videos](#) [Journal Info](#)

[< Previous Abstract](#) [Next Abstract >](#)

[Log in to view full text.](#) If you're not a subscriber, you can:

[Buy Article](#)

[Subscribe](#)

[Society Membership](#)

[Content & Permissions](#)

Ovid®

Institutional members
access full text with
Ovid®

ARTICLES: PDF ONLY

Turok David K. MD MPH; Gurtcheff, Shawn E. MD; Shah, Mahdri MD; Esplin, Sean M. MD; Silver, Robert M. MD; [Tauscht-Van Horn, Jennifer MD](#)

Obstetrics & Gynecology: April 2003 - Volume 101 - Issue 4 - p 17S

[BUY](#)

[Cite](#)

[Share](#)

[Favorites](#)

[Permissions](#)

CONCLUSIONS: The 1-month survey results show that NuvaRing was well accepted by the participants in the Premier Program.

Second Trimester Termination of Pregnancy: A Review of Complications by Site and Procedure Type

David K. Turok, MD, MPH
University of Utah, Salt Lake City, UT

Shawn E. Gurtcheff, MD, Mahdri Shah, MD,
M. Sean Esplin, MD, Robert M. Silver, MD,
and Jennifer Trauscht-Van Horn, MD

OBJECTIVE: There is a national shortage of abortion providers, especially for second trimester terminations. Few residents are trained in this procedure, which is relatively more morbid and performed less frequently than first trimester terminations. We hypothesized that complications for second trimester terminations are higher in a low volume residency training program than in a high volume private practice. Thus, our purpose was to compare complications and cost in women undergoing second trimester D&E or induction of labor at a university hospital with D&E at a private, outpatient facility.

MATERIALS: Subjects included patients undergoing D&E ($n = 83$) or medical pregnancy termination ($n = 89$) between 13 and 24 weeks' gestation in a university hospital (5 years), and D&E at a private outpatient facility (1 year; $n = 253$).

RESULTS: Major complications including hospitalization, blood transfusion, and additional major surgery occurred in 9.6% of the D&E-university, 7.9% of the induction-university, and 1.6% of the D&E-outpatient groups ($P = 0.0019$). Estimated blood loss, procedure time, infection rates, and hospital stay were all significantly greater for both hospital groups compared to the D&E-outpatient group. The mean total charge for services was \$4625 in the D&E-university, \$5029 in the induction-university, and \$1105 in the D&E-outpatient groups ($P = 0.0001$).

CONCLUSION: Second trimester terminations of pregnancy performed by D&E in a dedicated outpatient facility are safer and cheaper than hospital-based D&E or induction of labor. These findings have important implications regarding the optimal setting for abortion services and training.

An Assessment of ORTHO TRI-CYCLEN Lo on Body Weight and Study Discontinuation

Ronald Burkman, MD
Baystate Medical Center, Springfield, MA

Katherine LaGuardia, MD, Alan Fisher, MD,
Shu-Chen Wu, MD, and Gary Shangold, MD

OBJECTIVE: To evaluate the effect of ORTHO TRI-CYCLEN Lo (NGM 180/215/250 $\mu\text{g}/\text{EE}$ 25 μg) on body weight and study discontinuation.

DESIGN: ORTHO TRI-CYCLEN Lo ($n = 1723$) was evaluated along with Loestrin Fe 1/20 and two cyclophasic regimens in a 13-cycle, randomized, parallel group study.

MATERIALS/METHODS: Body weight was measured at baseline and at cycles 1, 3, 6, 9, and 13. The distribution of percentage body weight change across five categories was determined (greater than 10% decrease, 5–10% decrease, within 5%, 5–10% increase, greater than 10% increase) in the safety evaluable population at the final visit.

RESULTS: Mean increase from baseline to last visit was 0.75 kg (1.2% increase) for ORTHO TRI-CYCLEN Lo, and 83% of subjects either lost weight, remained unchanged, or had an increase of less than 5%. Marked weight gain was reported by six subjects (0.35%), and weight gain was associated with the permanent discontinuation of study medication in one subject (0.06%). Overall, the discontinuation rate due to adverse events was 4.3%. These results were comparable to those seen in the Lo-Estrin group.

CONCLUSIONS: ORTHO TRI-CYCLEN Lo had no appreciable effect on body weight over 13 cycles in a randomized, parallel group study; was well tolerated; and had a low discontinuation rate.

Related Articles



Second Trimester Termination of Pregnancy: A Review of Complications by Site and Procedure Type

OBSTETRICS & GYNECOLOGY
April 2003



Is There an Association Between Second Trimester Blood Pressure and Pregnancy-Induced Hypertensive Disorders? [19L]

OBSTETRICS & GYNECOLOGY
May 2020



Vaginal Misoprostol Compared With Buccal Misoprostol for Termination of Second-Trimester Pregnancy: A Randomized Controlled Trial

OBSTETRICS & GYNECOLOGY
September 2015



Association of Second-Trimester Cervical Length With Prolonged Pregnancy

OBSTETRICS & GYNECOLOGY
September 2015



Complications of Dilation and Evacuation and Induction of Labor for Second-Trimester Fetal Demise [31J]

OBSTETRICS & GYNECOLOGY
May 2020

[See more related articles >](#)

Article Level Metrics

There is no Altmetric data at this time...

Related Links

[Articles in PubMed by David K. Turok, MD, MPH](#)

[Articles in Google Scholar by David K. Turok, MD, MPH](#)



Other articles in this journal by David K. Turok, MD, MPH

[Back to Top](#)



Never Miss an Issue

Get new journal Tables of Contents sent right to your email inbox

[Get New Issue Alerts](#)

Browse Journal Content

- Most Popular
- Past Issues
- About the Journal
- Subscribe
- Current Issue
- For Authors
- Register on the website
- Get eTOC Alerts

For Journal Authors

- Submit an article
- How to publish with us

Customer Service

customerservice@lww.com
800-638-3030 (within USA)
301-223-2300 (international)
[Activate Journal Subscription](#)
[Browse the help center](#)



[Privacy Policy \(Updated June 1, 2020\)](#) - [Legal Disclaimer](#) - [Terms of Use](#) - [Open Access Policy](#) - [Contact Us](#) - [Feedback](#)
- [Sitemap](#) - [RSS Feeds](#) - [LWW Journals](#)

Copyright © 2020 by The American College of Obstetricians and Gynecologists