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## UC Davis Previously Published Works

### Title

Adherence with prescription antibiotic prophylaxis for abortions performed in the operating room

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**Methods:** At the time of surgical abortion, amniotic fluid samples were obtained from women with a gestational age range between 18 and 20 weeks (Cohort A). Samples were analyzed for TNF (tumor necrosis factor), IL-8 and IL-6, and WBC count. The same analyses were performed on previously collected samples from women who received both osmotic dilators and intraamniotic digoxin at 20–23 weeks (Cohort B).

**Results:** Ten women were enrolled in Cohort A, and 22 were enrolled in Cohort B. None of the women had any clinical evidence of infection. TNF samples ranged from 11.2 to 191.7 pg/mL in Cohort A (mean, 63.3) and 26.8 to 4960.3 pg/mL in Cohort B (mean, 522.0). IL-6 count ranged from 488 to 21,614 pg/mL in Cohort A (mean, 6478) and from 3166 to 51,225 pg/mL in Cohort B (mean, 17,557). IL-8 count ranged from 97.83 to 6725.89 pg/mL in Cohort A (mean, 2487.311) and from 1650.55 to 22,486.72 pg/mL in Cohort B (mean, 9002.441).

**Conclusions:** Markers of inflammation are elevated in women who have had osmotic dilators. Although the cohorts were separated in time, the markers of inflammation were higher in women who also had induced fetal demise. These results suggest a possible mechanism for the occurrence of spontaneous abortion after osmotic dilator removal when the pregnancy is not terminated as planned and after induced fetal demise. It is unknown whether pharmacologic cervical preparation has a different inflammation profile from osmotic dilators.

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## P41

### ADHERENCE WITH PRESCRIPTION ANTIBIOTIC PROPHYLAXIS FOR ABORTIONS PERFORMED IN THE OPERATING ROOM

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**Objectives:** To estimate the rate of antibiotic prophylaxis adherence for surgical abortions. Prophylactic antibiotics decrease the risk of postabortion infection by 40%. The family planning physicians at the University of California, Davis Medical Center (UCDMC) routinely provide an antibiotic prescription for patients to use the night prior to their scheduled procedures in the main operating room.

**Methods:** In this IRB-approved retrospective chart review, we identified women who underwent pregnancy termination at UCDMC from April 2012 to June 2013, using a departmental database. We examined electronic medical records for data including age, gestational age, race, primary language, type of insurance, pharmacy type, documentation of antibiotic use and administration of perioperative antibiotics.

**Results:** Of the 252 patients, all charts were available. Some 42% of women were white, 32% were black, 98% spoke English, and 74% had Medicaid; women's mean age was 28. Of the procedures, 49 (19%) were first-trimester (average gestational age 11 weeks) and 203 (81%) were second-trimester (average gestational age 19 weeks). Six women (2%) did not receive a prescription for preoperative antibiotics. Of those who received a prescription, 77 (31%) had no documentation of adherence; of the remaining women, 126 (72%) women were adherent. Most ( $n=42$ , 86%) of the nonadherent women and 3 (4%) women with no documentation received antibiotics from the surgeon on the day of the procedure.

**Conclusions:** Provision of a prescription for antibiotic prophylaxis in a training institution can result in inadequate documentation of adherence in the medical record. When patient nonadherence was documented, perioperative antibiotics were generally administered.

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## P42

### CRUCIBLE OF CONFLICT: TWITTER AND TEXAS ABORTION OPINIONS

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**Objectives:** To examine Twitter discussion regarding the Texas omnibus abortion restriction bill before and after Wendy Davis's filibuster in summer 2013. This critical moment precipitated wide public discussion of abortion, presenting an opportunity to capture the distribution of latent opinions about abortion in a diverse but conservative state.

**Methods:** I analyzed a large social network data set based on all 1.66 million tweets about the bill (from 277,315 users) between June 19, 2013, and July 14, 2013. I found locations for users and classified tweets as supporting or opposing abortion rights. Mapping tweets by hashtag and sentiment over time, I described how each legislative event elicited responses among supporters and opponents and described the spatial distribution of participants by opinion.

**Results:** The daily volume of tweets rose precipitously to 1.48 million on June 26. The volume of tweets opposing abortion rights in the entire period was less than 5%. Twitter users in Texas were the first to discuss the bill, with rough parity between Austin, other Texas metro areas and nonmetropolitan Texas. Compared with abortion rights supporters, opponents were slightly more likely to be from Texas as a whole (21% vs. 19%) and nonmetropolitan Texas in particular (11% vs. 8%). More users supported abortion rights than opposed them throughout Texas throughout the period.

**Conclusions:** Expressions of support for and opposition to abortion rights were precipitated by events in the Texas legislature and revealed rights supporters across Texas and the United States. At moments like these, social media data can describe spatial variation in hard-to-measure sentiments.

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## P43

### RISK OF HEMORRHAGE DURING DILATION AND EVACUATION FOR SECOND-TRIMESTER INTRAUTERINE FETAL DEMISE

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**Objectives:** To assess the risk of hemorrhage during second-trimester dilation and evacuation (D&E) performed for intrauterine fetal demise (IUFD).

**Methods:** D&Es at 12–24 weeks performed at an urban hospital from January 2006 to April 2013 were reviewed for hemorrhage (estimated blood loss  $\geq$  500 cc). D&Es performed for IUFDs were compared with those for other indications (controls). Subgroup analysis by gestational age was performed.

**Results:** Of 550 D&Es, 506 met inclusion criteria. 127 were in the IUFD group; 379 were controls. The groups were demographically similar except mean gestational age (IUFD=18.0 vs. controls=18.9 weeks,  $p=.002$ ). Hemorrhage was identified in 27 cases (5.3%); 7.9% of the IUFD group and 4.5% of controls ( $p=.17$ ). Anesthesia type, surgeon, digoxin administration and the presence of open neural tube defects were not associated with hemorrhage in either group. Fetal demise of 4 weeks or longer was associated with hemorrhage (OR 5.2, CI 1.36–19.57); all had normal fibrinogen levels. For cases with gestational age of 21 weeks or more, IUFD cases had far greater risk of hemorrhage than controls (OR 18.6, 95% CI 3.0–113.1). No women had perforations, hysterectomies or emboli. Abnormal preprocedure labs (low platelets, low fibrinogen and