

# UTERINE EVACUATION IN CRISIS SETTINGS USING MEDICATIONS AND MANUAL VACUUM ASPIRATION

## KNOWLEDGE ASSESSMENT

Date: \_\_\_\_\_ Name / Number of Trainee (ID): \_\_\_\_\_

Professional cadre: \_\_\_\_\_ Number of years provider has been in service: \_\_\_\_\_

Gender: ☐ Female ☐ Male ☐ Other/prefer not to say

Is this a pre-training or post-training assessment? (Circle one) a. PRE b. POST

**Choose the one correct answer to the questions below. If you do not understand a question or an answer, feel free to ask the facilitators for an explanation.**

1. Which of the following is **NOT** a recommended method for induced abortion prior to 13 weeks gestation according to the World Health Organization?
  - a. Mifepristone plus misoprostol
  - b. Sharp curettage
  - c. Vacuum aspiration
  - d. Misoprostol
2. Which of the following is **NOT** a recommended method of uterine evacuation for treatment of incomplete abortion with a uterine size of less than 13 weeks, according to the World Health Organization?
  - a. Sharp curettage
  - b. Vacuum aspiration
  - c. Misoprostol
3. Use of a certain method of uterine evacuation depends on all the following **except** for:
  - a. Staff skills
  - b. Preference of the woman's family members
  - c. Equipment, supplies, and drugs available
  - d. The woman's clinical condition
4. Which one of the following is **NOT** a contraindication to misoprostol for induced abortion?
  - a. Suspected ectopic pregnancy
  - b. Allergy to misoprostol
  - c. Breastfeeding
5. Which one of the following is **NOT** an expected effect of using misoprostol?
  - a. Uterine cramping stronger than a period
  - b. Foul smelling vaginal discharge
  - c. Vaginal bleeding usually heavier than a period and often accompanied by clots
6. Which of the following is **NOT** a warning sign of complications when using mifepristone and/or misoprostol for uterine evacuation?
  - a. Fever on the day misoprostol is used
  - b. Vaginal bleeding that soaks more than 4 extra-large sanitary pads over 2 hours
  - c. Foul smelling vaginal discharge

7. Which of the following contraceptive methods cannot be started at the same time medications for uterine evacuation are begun?
  - a. Combined oral contraceptives
  - b. Contraceptive injection
  - c. Contraceptive implant
  - d. Intrauterine device
8. An IUD can be placed immediately following an uncomplicated manual vacuum aspiration (MVA), but must be delayed after mifepristone and/or misoprostol until reasonably certain the woman is no longer pregnant.
  - a. True
  - b. False
9. Which one of the following tests/examinations is recommended for **all** women undergoing treatment for incomplete abortion?
  - a. Rh (rhesus) testing
  - b. Hemoglobin/hematocrit
  - c. Ultrasound
  - d. Bimanual examination
10. Which of the following is **NOT** a useful approach for pain management during uterine evacuation with medications?
  - a. Hot water bottle, heating pad, or hot cloths to the abdomen or lower back
  - b. Nonsteroidal anti-inflammatory drugs such as ibuprofen
  - c. Narcotic analgesics
  - d. Paracetamol
11. Which of the following is **NOT** a sign that a woman may have a continuing pregnancy after using mifepristone and/or misoprostol for medical abortion?
  - a. She had heavy bleeding with clots the day after using misoprostol
  - b. She feels breast tenderness and nausea two weeks after using the medications
  - c. She did not have bleeding after using misoprostol
12. Which of the following are advantages of using vacuum aspiration for uterine evacuation instead of medications?
  - a. Painless
  - b. More effective
  - c. Allows for inspection of POC
  - d. Less invasive
  - e. b & c
13. Which of the the following does **NOT** indicate a successful uterine evacuation with medications?
  - a. Uterine size smaller than at initial visit
  - b. Woman believes uterine evacuation was successful
  - c. Woman denies vaginal bleeding after misoprostol use
  - d. Woman's pregnancy symptoms have improved
14. It is important to understand the signs and symptoms of ectopic pregnancy because...
  - a. ...ectopic pregnancy is a life-threatening condition.
  - b. ...neither medical methods of uterine evacuation or vacuum aspiration can treat ectopic pregnancy.
  - c. ...ectopic pregnancy can present similarly to incomplete abortion.
  - d. All of the above.
15. Accurately determining the length of pregnancy is a critical factor in both selecting a uterine evacuation method and preventing complications.
  - a. True
  - b. False
16. Where possible, prophylactic antibiotics should be administered at the time of vacuum aspiration to reduce the risks of post-procedure infection.
  - a. True
  - b. False

17. Ultrasound is not required for provision of first-trimester abortion-related care, but it may be helpful for:
- Accurate gestational dating
  - Detecting ectopic pregnancies
  - Managing certain pre-existing conditions
  - All of the above
18. The Ipas MVA Plus® Aspirator:
- Can be used after cleaning
  - Cannot be autoclaved or boiled
  - Must be high-level disinfected (HLD) or sterilized between each patient
  - Cannot be reused in any setting
19. Ipas EasyGrip® Cannulae:
- Can be used after cleaning
  - Cannot be autoclaved or boiled
  - Must be high-level disinfected or sterile before entering the sterile uterus
  - Cannot be reused in any setting
20. Which of the following is **not** true about pain and its management during a uterine evacuation procedure?
- WHO recommends that all women routinely be offered pain medication during both medical and surgical abortions
  - Non-pharmacologic measures and a calm environment are adequate substitutions for pain medications
  - Anxiety and/or depression may be associated with increased pain
  - Paracervical block is safe, easy to do, and may be done by midlevel providers
21. The already very low risk of serious complications of paracervical block can be reduced by:
- Injecting anywhere in the cervix
  - Using more than 200 mg of lidocaine
  - Only using paracervical block when the os is open
  - Pulling the plunger back (aspirating) before injecting
22. No Touch Technique means:
- The provider should not touch the woman
  - If the aspirator is not sterile, the provider's fingertips can be used to unclog a cannula
  - The vaginal walls are sterile and cannot be touched
  - The tip of the cannula should not touch anything that is not sterile or high-level disinfected
23. Uterine perforation is a risk that can be minimized by:
- Firmly inserting a larger cannula all the way into the uterus
  - Underestimating the length of pregnancy
  - Using gentle operative technique
  - Estimating size and position of the uterus based on the woman's weight
24. Continuing pregnancy:
- Is suggested by a lack of vaginal bleeding, persistent pregnancy symptoms, and/or increasing uterine size after medical abortion
  - Risk after vacuum aspiration can be decreased by examining the aspirate immediately after the procedure
  - Both *a* & *b*
25. In postabortion care, suspect ectopic pregnancy in a woman who presents with the following:
- Ongoing bleeding and abdominal pain after a uterine evacuation procedure
  - Uterine size smaller than expected
  - Minimal vaginal bleeding after taking medications for abortion
  - All of the above