UTERINE EVACUATION IN CRISIS SETTINGS USING MANUAL VACUUM ASPIRATION

KNOWLEDGE ASSESSMENT

a. True

Da	te: Name / Number of Trainee (ID):
Pro	ofessional cadre: Number of years provider has been in service:
Ge	nder: □ Female □ Male □ Other/prefer not to say
ls t	this a pre-training or post-training assessment? (Circle one) a. PRE b. POST
	ease read the questions carefully and select what you think to be the most true and honest answer. If you do not understand a question an answer, feel free to ask the facilitators for an explanation.
1.	World Health Organization-recommended methods for uterine evacuation in the first trimester are: a. Dilatation and curettage and vacuum aspiration b. Vacuum aspiration, medical methods, and expectant management (for incomplete abortion) c. Sharp curettage and dilatation and curettage d. Dilatation and medical methods and expectant management (for incomplete abortion)
2.	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
3.	In a facility without an anesthetist or reliable electricity, a good solution for providing uterine evacuation services might be to: a. Refer women to the nearest traditional abortion provider b. Raise funds locally to hire an anesthetist c. Buy an electric vacuum aspirator (EVA) machine and work with the electric company to bring electricity to the facility d. Use manual vacuum aspiration (MVA) or medical methods with appropriate pain management
4.	When possible, counseling should take place before any clinical procedure. a. True b. False
5.	No one else should participate in counseling without the woman's prior permission, including other health care staff. a. True b. False
6.	How might a health care provider's judgmental attitudes affect a woman? a. Decrease the likelihood that the woman will listen to recommendations b. Reduce her satisfaction with her care c. Lower the chances that she will seek care from a provider in the future d. All of the above
7.	Young women are not eligible for intrauterine devices (IUDs) because of their increased risk for sexually transmitted infections (STIs).

- b. False
- 8. Postabortion contraceptive services are more likely to be effective if:
 - a. The women using them are already married
 - b. Women choose the method themselves based on their needs and informed choice
 - c. The women already have children
 - d. Providers are using contraceptive methods themselves
- 9. Which of the following is not one of the key messages all women requesting abortion-related care should receive?
 - a. She could become pregnant again within two weeks, and as early as eight days after medical abortion with mifepristone and misoprostol
 - b. Safe methods to prevent or delay pregnancy are available
 - c. Where and how she can obtain contraceptive services and methods
 - d. There are very few contraceptive methods that can be used after a uterine evacuation
- 10. Accurately determining the length of pregnancy is a critical factor in both selecting a uterine evacuation method and preventing complications.
 - a. True
 - b. False
- 11. 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
- 12. Ultrasound is not required for provision of first-trimester abortion-related care, but it may be helpful for:
 - a. Accurate gestational dating
 - b. Detecting ectopic pregnancies
 - c. Managing certain preexisting conditions
 - d. All of the above
- 13. It is important to understand the signs and symptoms of ectopic pregnancy because:
 - a. It can be challenging to rule out ectopic pregnancy
 - b. Methods of uterine evacuation cannot treat ectopic pregnancies
 - c. A woman with an ectopic pregnancy can be without symptoms
 - d. All of the above
- 14. The Ipas MVA Plus® Aspirator:
 - a. Can be used after cleaning
 - b. Cannot be autoclaved or boiled
 - c. Must be high-level disinfected (HLD) or sterilized between each patient
 - d. Cannot be reused in any setting
- 15. Ipas EasyGrip® Cannulae:
 - a. Can be used after cleaning
 - b. Cannot be autoclaved or boiled
 - c. Must be HLD or sterile before entering the sterile uterus
 - d. Cannot be reused in any setting
- 16. Which of the following is not true about pain and its management during a uterine evacuation procedure?
 - a. The World Health Organization recommends that all women routinely be offered pain medication during both medical and surgical abortions
 - b. Non-pharmacologic measures and a calm environment are adequate substitutions for pain medications
 - c. Anxiety and/or depression may be associated with increased pain
 - d. Paracervical block is safe, easy to do, and may be done by midlevel providers

17. No Touch Technique means:

- a. The provider should not touch the woman
- b. If the aspirator is not sterile, the provider's fingertips can be used to unclog a cannula
- c. The vaginal walls are sterile and cannot be touched
- d. The tip of the cannula should not touch anything that is not sterile or HLD

18. The already very low risk of serious complications of paracervical block can be reduced by:

- a. Injecting anywhere in the cervix
- b. Using more than 200 mg of lidocaine
- c. Only using paracervical block when the os is open
- d. Pulling the plunger back (aspirating) before injecting

19. Uterine perforation is a risk that can be minimized by:

- a. Firmly inserting a larger cannula all the way into the uterus
- b. Underestimating the length of pregnancy
- c. Using gentle operative technique
- d. Estimating size and position of the uterus based on the woman's weight

20. The World Health Organization does not recommend a routine follow-up visit after an uncomplicated uterine evacuation with MVA.

- a. True
- b. False

21. During abortion-related care, contraception should be offered to:

- a. Married women
- b. Women 18 years and older
- c. Women who have three or more children
- d. All women

22. Incomplete abortion:

- a. Is indicated by vaginal bleeding and pain
- b. Can lead to infection
- c. Is treatable by vacuum aspiration
- d. All of the above

23. Continuing pregnancy:

- a. Is suggested by a lack of vaginal bleeding, persistent pregnancy symptoms, and/or increasing uterine size after medical abortion
- b. Risk after vacuum aspiration can be decreased by examining the aspirate immediately after the procedure
- c. Both *a* & *b*
- d. Is caused by dilatation and curettage (D&C)

24. The first step in treating a woman presenting with postabortion complications is:

- a. Perform a rapid initial assessment for shock
- b. Check for pregnancy-related complications
- c. Perform a physical exam
- d. Get voluntary informed consent

25. In postabortion care, suspect ectopic pregnancy in a woman who presents with the following:

- a. Ongoing bleeding and abdominal pain after a uterine evacuation procedure
- b. Uterine size smaller than expected $% \left(\mathbf{r}_{1}\right) =\mathbf{r}_{1}$
- c. Minimal vaginal bleeding after taking medications for abortion
- d. All of the above