 

## *Uterine Evacuation in Crisis Settings Using Manual Vacuum Aspiration*

## Pre-test

*Instructions: Please read the questions below carefully and provide what you think to be the most true and honest answer. If you do not understand a question or an answer, feel free to ask the facilitators for an explanation.*

1. WHO-recommended methods for uterine evacuation in the first trimester are:
2. Dilatation and curettage and vacuum aspiration
3. Vacuum aspiration, medical methods, and expectant management (for incomplete abortion)
4. Sharp curettage and dilatation and curettage
5. Dilatation and medical methods and expectant management (for incomplete abortion)
6. Use of a certain method of uterine evacuation depends on all of the following except for:
	1. Staff skills
	2. Preference of the woman’s family members
	3. Equipment, supplies, and drugs available
	4. The woman’s clinical condition
7. In a facility without an anesthetist or reliable electricity, a good solution for providing uterine evacuation services might be to:
	1. Refer women to the nearest traditional abortion provider
	2. Raise funds locally to hire an anesthetist
	3. Buy an EVA machine and work with the electric company to bring electricity to the facility
	4. Use MVA or medical methods with appropriate pain management
8. True or False. Monitoring is a random tracking of services conducted occasionally
9. True or False. An example of an indicator is the number and type of abortion complications.
10. Put the steps of monitoring in correct order:
	1. Information gathering
	2. Planning
	3. Action planning
	4. Analysis
11. True or False. When possible, counseling should take place before any clinical procedure.
12. True or False. No one else should participate in counseling without the woman’s prior permission, including other health care staff.
13. What is the primary role of the abortion-related care counselor?
	1. To convince the woman about the correct option for an unwanted pregnancy
	2. To help her clarify her feelings, thoughts, questions, and decisions, and provide support
	3. To ensure she will never have another abortion
	4. To give advice about what the counselor would do in her situation
14. How might a health care provider’s judgmental attitudes affect a woman?
	1. Decrease the likelihood that the woman will listen to recommendations
	2. Reduce her satisfaction with her care
	3. Lower the chances that she will seek care from a provider in the future
	4. All of the above
15. True or False. Two ways that health systems may fail women are that facilities do not offer a full range of contraceptive options and providers do not adequately explain how to use and get resupplies of methods.
16. True or False. Young women are not eligible for IUDs because of their increased risk for STIs.
17. Postabortion contraceptive services are more likely to be effective if:
	1. The women using them are already married
	2. Women choose the method themselves based on their needs and informed choice
	3. The women already have children
	4. Providers are using contraceptive methods themselves
18. Which of the following is not one of the key messages all women requesting abortion-related care should receive?
	1. She could become pregnant again within two weeks, and as early as eight days after medical abortion with mifepristone and misoprostol
	2. Safe methods to prevent or delay pregnancy are available
	3. Where and how she can obtain contraceptive services and methods
	4. There are very few contraceptive methods that can be used after a uterine evacuation
19. Which of the following methods would not be appropriate for a woman immediately after a septic abortion?
	1. Injectables
	2. Pills
	3. Intrauterine device
	4. Patches
20. One way to demonstrate your commitment to implementing infection prevention protocols is to:
	1. Treat all clients the same, except those that are known to have HIV
	2. Insist that all workers share a basin to wash hands
	3. Wear a face shield at all times, regardless of the procedure being performed
	4. Lead by example and consistently practice standard precautions
21. True or False. Accurately determining the length of pregnancy is a critical factor in both selecting a uterine evacuation method and preventing complications.
22. True or False. Where possible, prophylactic antibiotics should be administered at the time of vacuum aspiration to reduce the risks of post-procedure infection.
23. An ultrasound is not required for provision of first-trimester abortion-related care, but it may be helpful for:
	1. Accurate gestational dating
	2. Detecting ectopic pregnancies
	3. Managing certain preexisting conditions
	4. All of the above
24. It is important to understand the signs and symptoms of ectopic pregnancy because:
	1. It can be challenging to rule out ectopic pregnancy
	2. Methods of uterine evacuation cannot treat ectopic pregnancies
	3. A woman with an ectopic pregnancy can be without symptoms
	4. All of the above
25. The Ipas MVA Plus aspirator:
	1. Can be used after cleaning
	2. Cannot be autoclaved or boiled
	3. Must be HLD or sterilized between each patient
	4. Cannot be reused in any setting
26. Ipas EasyGrip cannulae:
	1. Can be used after cleaning
	2. Cannot be autoclaved or boiled
	3. Must be HLD or sterile before entering the sterile uterus
	4. Cannot be reused in any setting
27. The Ipas MVA Plus aspirator and Ipas EasyGrip cannulae are:
	1. Intended for uterine aspiration or evacuation
	2. Indicated for treatment of incomplete abortion in uterine size up to 18 weeks
	3. Indicated for endometrial biopsy in cases of suspected pregnancy
	4. Indicated for removal of uterine fibroids
28. Which is not true about the decontamination soak?
	1. Removes some material
	2. Makes cleaning easier
	3. Use of chlorine solution assists with disinfection
	4. Makes items safe to handle with bare hands
29. Instruments that have been boiled or soaked in chlorine or glutaraldehyde:
	1. Can be stored for a week in HLD or sterile containers with tight-fitting lids
	2. Must be reprocessed the next day, ideally
	3. Can be stored for a week if the container has not been opened
	4. Can be stored indefinitely
30. Monitoring the quality of instrument processing at a facility is:
	1. Only the responsibility of the staff person who performs instrument processing
	2. Optional; staff already know how to process instruments
	3. The responsibility of the Ministry of Health
	4. Every MVA providers’ responsibility to clients, coworkers, and the community
31. Which of the following is not true about pain and its management during a uterine evacuation procedure?
	1. WHO recommends that all women routinely be offered pain medication during both medical and surgical abortions
	2. Non-pharmacologic measures and a calm environment are adequate substitutions for pain medications
	3. Anxiety and/or depression may be associated with increased pain
	4. Paracervical block is safe, easy to do and may be done by midlevel providers
32. No Touch Technique means:
	1. The provider should not touch the woman
	2. If the aspirator is not sterile, the provider’s fingertips can be used to unclog a cannula
	3. The vaginal walls are sterile and cannot be touched
	4. The tip of the cannula should not touch anything that is not sterile or high-level disinfected
33. The already very low risk of serious complications of paracervical block can be reduced by:
	1. Injecting anywhere in the cervix
	2. Using more than 200mg of lidocaine
	3. Only using paracervical block when the os is open
	4. Pulling the plunger back (aspirating) before injecting
34. Uterine perforation is a risk that can be minimized by:
	1. Firmly inserting a larger cannula all the way into the uterus
	2. Underestimating the length of pregnancy
	3. Using gentle operative technique
	4. Estimating size and position of the uterus based on the woman’s weight
35. One sign that a woman is ready for discharge is:
	1. Her vital signs are normal
	2. Bleeding and cramping have increased
	3. She is still groggy
	4. Her partner is ready for her to leave
36. True or False. WHO does not recommend a routine follow-up visit after an uncomplicated uterine evacuation with MVA.
37. During abortion-related care, contraception should be offered to:
	1. Married women
	2. Women 18 years and older
	3. Women who have three or more children
	4. All women
38. A sign that a woman needs medical attention is:
	1. Use of analgesics for pain
	2. Sore throat
	3. Prolonged bleeding and cramping
	4. Current contraceptive use
39. Uterine evacuation procedures result in immediate and long-term complications when performed by trained providers:
	1. Rarely, but complications can include infection and/or retained POC
	2. Quite often
	3. Such as breast cancer and infertility
	4. b & c
40. Incomplete abortion:
	1. Is indicated by vaginal bleeding and pain
	2. Can lead to infection
	3. Is treatable by vacuum aspiration
	4. All of the above
41. Continuing pregnancy:
	1. Is suggested by a lack of vaginal bleeding, persistent pregnancy symptoms, and/or increasing uterine size after medical abortion
	2. Risk after vacuum aspiration can be decreased by examining the aspirate immediately after the procedure
	3. Both a & b
	4. Is caused by dilatation and curettage (D&C)
42. The first step in treating a woman presenting with postabortion complications is:
	1. Perform a rapid initial assessment for shock
	2. Check for pregnancy-related complications
	3. Perform a physical exam
	4. Get voluntary informed consent
43. In postabortion care, suspect ectopic pregnancy in a woman who presents with the following:
	1. Ongoing bleeding and abdominal pain after a UE procedure
	2. Uterine size smaller than expected
	3. Minimal vaginal bleeding after taking medications for abortion
	4. All of the above
44. A condition that occurs when the uterus cannot contract to stop bleeding is:
	1. Disseminated intravascular coagulopathy (DIC)
	2. Asherman Syndrome
	3. Uterine atony
	4. Hematometra
45. A vasovagal reaction:
	1. Is the same as physiological shock
	2. Usually resolves itself and is not life-threatening
	3. Indicates uterine perforation
	4. Must be treated surgically
46. After-care for women with complications includes providing:
	1. Close monitoring
	2. Information about follow-up
	3. Counseling on medical and emotional consequences
	4. All of the above