

UTERINE EVACUATION IN CRISIS SETTINGS USING 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

Please read the questions carefully and select 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. 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).
 - a. True
 - 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:
- 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 HLD
18. **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
19. **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
20. **The World Health Organization does not recommend a routine follow-up visit after an uncomplicated uterine evacuation with MVA.**
- True
 - False
21. **During abortion-related care, contraception should be offered to:**
- Married women
 - Women 18 years and older
 - Women who have three or more children
 - All women
22. **Incomplete abortion:**
- Is indicated by vaginal bleeding and pain
 - Can lead to infection
 - Is treatable by vacuum aspiration
 - All of the above
23. **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*
 - Is caused by dilatation and curettage (D&C)
24. **The first step in treating a woman presenting with postabortion complications is:**
- Perform a rapid initial assessment for shock
 - Check for pregnancy-related complications
 - Perform a physical exam
 - Get voluntary informed consent
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