POSTABORTION CARE

WHO endorses the use of vacuum aspiration, which includes electrical aspiration, foot pump, and manual vacuum equipment. These three modalities create vacuum for aspiration. The only difference is the power to create the vacuum. If you are using electrical aspiration or foot pump, check the instructions for your equipment before following these procedures.

Step 1 – Assess Client

- Uterine size less than or equal to 12 weeks if using MVA
- Condition stable
  a. Pulse less than 110/min
  and
  b. BP more than 90/60 Diastolic

Step 2 – Prepare for the Procedure

- Make sure that:
  - All emergency drugs/equipment are available
  - Emergency back-up is available
  - Sterilized/High Level Disinfected instruments are ready
  - Family planning/birth spacing methods are available in the treatment room

Step 3 – Prepare the Patient

- Make sure that pre-procedure medication is administered:
  - IV medication – 15 to 30 minutes before procedure
  - Oral medication – 30 to 60 minutes before procedure
  - Give oxytocin 10 units IM or ergometrine 0.2 mg IM – 5 to 10 minutes before the procedure
- Have patient empty her bladder and wash her perineal area
- Wash hands properly with soap and water and put on sterilized/HLD gloves

Step 4 – Performing the VA Procedure

- If using Electric or Footpump suction:
  - Check that the VA equipment creates a vacuum
- If using MVA syringe
  - Assemble the syringe
  - Close the pinch valve
  - Pull back on the plunger until the plunger arms lock
- **Monitor vital signs and provide emotional support throughout the procedure**
- Do bimanual exam to confirm uterus size and position
- Visualize cervix by applying Grave's orCusco speculum

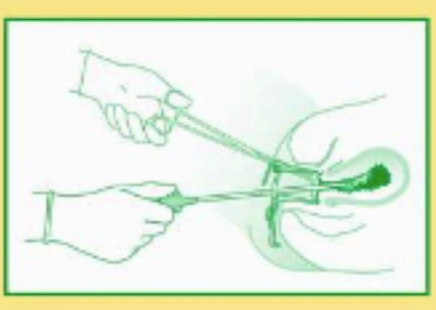
- Using no-touch technique , apply antiseptic solution two to three times to the cervix and the vagina using a sterile ring forceps and a cotton or gauze swab.

If dilatation of the cervix is needed,

i. assess the need for additional pain management before proceeding

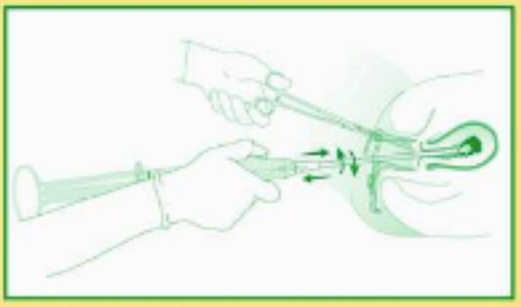
ii. use graduated dilators from the smallest dilator to the largest that ensures adequate dilation. Be careful not to tear the cervix.

- Apply gentle traction to cervix. Using the no-touch procedure:
  - Insert cannula into the uterus just past the internal os
  - Measure the depth of the uterus. Slowly push the cannula until it touches the fundus, (no more than 10 cm), then withdraw slightly (about 1 cm)



Step 5 – Evacuating the Uterus

- If using Electric or Footpump suction
  - attach cannula to suction source
- If using MVA syringe:
  - release the pinch valves on the syringe.



- Evacuate remaining contents by gently rotating the syringe from
- side to side (10 to 12 o'clock) and then moving the cannula gently and slowly back and forth within the uterine cavity
- Check for signs of completion (red or pink foam, gritty sensation, uterus contracts around cannula)

AVOID…

- **Inserting the cannula too forcefully**
- **losing the vacuum, by withdrawing the cannula opening past the cervical os**
- **grasping the MVA syringe by the plunger arms while the vacuum is established**

- Once completed, detach the syringe and place contents into a container. Withdraw the cannula and place cannula in decontamination solution
- Perform a bimanual examination to check the size and firmness of the uterus. Repeat procedure as needed.
- If needed do cervical tear repair. If patient has provided prior voluntary consent to IUD insertion, insert an IUD.

Step 6 – Tissue Inspection

- Inspect the tissue for products of conception, complete evacuation, or molar pregnancy. If necessary, strain material, float in using plain water, saline or weak acetic acid to examine.

Step 7 – Post Procedure Care

Patient:

- Observe for 1 to 2 hours, encourage eating and drinking if no problems
- Paracetamol 500mg by mouth if needed
- Other health services if possible (tetanus prophylaxis, malaria information, referral to other RH services)
- Before discharge from the facility
  - Include husband/partner in counseling if patient agrees. (please use different size font and color for emphasis)
  - Remind patients and their partners that fertility can return as early as 11 days post procedure and benefits of birthspacing for maternal and child health
  - Provide family planning counseling. If patient chooses, provide a family planning method.
  - Advise about care at home and signs of complications that require immediate attention
  - Schedule for return visit as per facility policies
- Document in patient register

Facility:

- Decontaminate all used instruments before removing gloves
- Dispose of medical waste and needles properly as per facility protocol

Adapted from:
Nepal Family Health Program.
Postabortion Care Job Aid.

WHO, Managing Complications in Pregnancy and Childbirth. 2003.

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UNFPA United Nations Population Fund

Ministry of Health