

Participant Handout 15.1: Facilities for Postabortion Care

Community Level

Staff May Include	Activities	Facilities
<p>Community health workers with basic health training including:</p> <ul style="list-style-type: none"> • Traditional birth attendants (TBAs) • Traditional healers • Community residents 	<p>Recognition of abortion and complications.</p> <p>Timely referral to the formal health care system</p> <p>Health education regarding unsafe abortion</p> <p>Family planning information, education, and services</p>	<p>There are usually no formal health care facilities at this level.</p>
<p>Remarks: The level of responsibility varies from country to country dependent on the primary health care programme. Good communication between the community health worker and the primary level is essential.</p>		

Source: WHO, Maternal Health and Safe Motherhood Programme, Division of Family Health. *Clinical management of abortion complications: a practical guide*. 1994. Geneva: WHO.

Participant Handout 15.1: Facilities for Postabortion Care (continued)

Primary Level

Staff May Include	Activities	Facilities
<p>Auxiliary health workers including:</p> <ul style="list-style-type: none"> • Health assistants • Aides • Dispensers/dressers <p>Nurses</p> <p>Some primary level facilities may have the following staff available:</p> <ul style="list-style-type: none"> • Trained midwives • Medical residents • General practitioners 	<p>All listed for the community level <u>plus</u>:</p> <p>Simple physical and pelvic exam</p> <p>Diagnosis of stages of abortion</p> <p>Resuscitation/preparation for treatment or transfer (if needed) including:</p> <ul style="list-style-type: none"> • Management of the airway & respiration • Control of bleeding • Pain control <p>Hematocrit/hemoglobin test</p> <p>Referral</p> <p>Postabortion family planning counselling and services</p>	<p>Outpatient treatment room or area</p> <p>Side laboratory</p> <p>Family planning area or clinic</p>
<p>If trained staff and appropriate equipment are available, the following additional activities can be performed at the primary level:</p> <ul style="list-style-type: none"> • Initiation of essential treatments, including antibiotic therapy, intravenous fluid replacement, and oxytocics • Uterine evacuation (first trimester) • Pain control including paracervical block, simple analgesia and sedation <p>Remarks: The activities are based on the skills available. Existing facilities are usually adequate. Rearrangement of the facilities and updating of equipment may be all that is required to improve the abortion care provided. Some facilities may already have uterine evacuation equipment on hand but for some, purchase may be required. Protocol and standing arrangements for transport to higher levels are necessary. If an ambulance is available, it must be kept in serviceable state. If no ambulance is available, standing arrangement should be made with other sectors. It is important to have a reliable system of communication with the other levels of care.</p>		<p>Separate room or private corner of treatment room</p>

Source: WHO, Maternal Health and Safe Motherhood Programme, Division of Family Health. *Clinical management of abortion complications: a practical guide*. 1994. Geneva: WHO.

Participant Handout 15.1: Facilities for Postabortion Care (continued)

First Referral Level

Staff May Include	Activities	Facilities
<p>All listed for primary level <u>plus</u>:</p> <ul style="list-style-type: none"> • Trained midwives • Medical residents • General practitioners 	<p>All activities listed for the primary level <u>plus</u>:</p> <p>Uterine evacuation for 1st and 2nd trimester</p>	<p>Treatment room in outpatient area or gynecology ward and recovery area</p> <p>Laboratory</p>
<p>Specialist including a physician with training in Ob/Gyn may sometimes be available</p>	<p>Blood cross-match and transfusion</p> <p>Treatment of most abortion complications</p> <p>Local and general anesthesia</p> <p>Laparotomy and indicated surgery, including surgery for ectopic pregnancy if skilled staff are available</p> <p>Diagnosis of pregnancy</p> <p>Diagnosis and referral of severe complications such as septicemia, peritonitis or renal failure</p>	<p>Surgical theatre</p>
<p>Remarks: Most facilities and equipment needed for treatment of abortion complications will already be present in a district hospital for general emergencies and essential obstetric functions. Expansion and/or additional equipment may be necessary. Supply logistics and maintenance procedures may need to be strengthened. A serviceable ambulance should be on hand or other arrangements made.</p>		

Source: WHO, Maternal Health and Safe Motherhood Programme, Division of Family Health. *Clinical management of abortion complications: a practical guide*. 1994. Geneva: WHO.

Participant Handout 15.1: Facilities for Postabortion Care (continued)

Secondary and Tertiary Level

Staff May Include	Activities	Facilities
<p>All staff listed for the first referral level <u>plus</u>:</p> <p>Specialists in Ob/Gyn and other allied specialties</p>	<p>All activities listed for the first referral level <u>plus</u>:</p> <p>Uterine evacuation for all abortions</p> <p>Treatment of severe complications (for example, bowel injury, tetanus, renal failure, gas gangrene, severe sepsis, septic shock, coagulopathy) including:</p> <ul style="list-style-type: none"> • Diagnostic X ray • Ultrasonography • Laparoscopy • Laparotomy including hysterectomy 	<p>Treatment room in outpatient or inpatient gynecological areas</p> <p>24 hour access to surgical theatre (may include a specific gynecological emergency theatre)</p> <p>More complete laboratory facilities</p> <p>Intensive care facilities</p> <p>Shielded X-ray room</p> <p>Blood bank</p>
<p>Remarks: Most of the facilities and equipment are present. Rearrangement of patient flow or expansion of facilities may improve services. Additional equipment is likely to include vacuum aspiration equipment.</p>		

Source: WHO, Maternal Health and Safe Motherhood Programme, Division of Family Health. *Clinical management of abortion complications: a practical guide*. 1994. Geneva: WHO.

Participant Handout 15.2

Facility Assessment for Postabortion Care Services

Pathfinder International

Clinic Assessment Guide

Pathfinder International

Introduction

This assessment guide is designed to help assessment teams, project managers, trainers, supervisors, and others collect detailed information on the range and quality of postabortion care services available at a given facility. Pathfinder intends the guide primarily to be used as a needs assessment instrument for determining what the physical, informational, training, and commodities needs of facilities preparing to improve postabortion care services are. This needs assessment also provides essential baseline information, and this assessment guide can be used again, or at regular intervals, to examine changes and the impact of program interventions. Pathfinder has designed the guide primarily for use by a team, although it may be used by an individual clinician.

Determining minimum requirements for postabortion care is a difficult task. Given the great differences in contexts and availability or resources, there is no simple means for quantifying quality of care and services. This assessment guide can help Pathfinder and its grantees determine what each facility needs in order to improve the quality of services and design appropriate interventions. The guide allows observers to look at key areas of facilities and note which areas require improvement.

Using This Assessment Guide

Discussing Objectives: Before starting to fill out the individual sections of this guide, it is extremely important that the assessment team discuss the objectives of the assessment with facility staff and supervisors. The assessment team leader should explain clearly how and why the assessment will be done, emphasizing that the assessment guide is designed not to find fault, but to identify areas where improvements can be made.

Completing the Guide: Complete only the sections of the guide which are relevant to the facility and the services it provides. The sections do not need to be completed in a particular order. For example, if there are postabortion care patients at the facility, complete those sections which require observation of patients receiving services.

Filling out the Data Collection Forms:

- For each section, fill in the information requested, using the ratings given at the start of each section. In many cases the same rating system is used to measure quality, frequency, or quantity.
- Consider whether a team or an individual will be most appropriate, and decide who will collect the data for different sections.

- Take into account the routine of the service providers and try to make data collection as unobtrusive as possible.
- Be as objective as possible—if a team is collecting data, it is important that you agree on definitions and ratings before beginning the data collection.
- Consider timing—which sections require patients, which sections can be completed when there are no clients.
- Be flexible—it may be impossible to complete the whole guide at one time. You may have to wait to observe some procedures.
- Just observe. Do not discuss procedures with service providers.
- Use the comments/recommendations column—these observations often provide the useful information.

Using the Information: Go over the data with facility staff, looking at each section and interpreting the data as a whole. Discuss which areas show the greatest strengths and weaknesses and how care and facilities could be improved. The assessment tool can provide baseline information for planning, prioritizing, and decision-making. However, the guide may be used in a number of other ways:

- As an ongoing monitoring tool.
- For annual evaluations.
- For designing training opportunities.
- For developing workplans.
- As a self-assessment tool for staff.

Organization of Assessment Guide

This guide is organized according to the sections listed below. Each section starts with an introduction about why the information is being collected, why the topic is important, and how the observations/data collection should be carried out.

- I. General Background Information
- II. Patient Volume and Range of Services Provided
- III. Personnel
- IV. Observation of Recordkeeping & Treatment Protocols
- V. Observation of Rooms, Equipment & Commodity Storage
- VI. Observation of Training Equipment & Supplies
- VII. Observation of Infection Prevention Practices
- VIII. Observation of Counseling Practices
 - General Conditions
 - Contraception
 - Providing Information About the Procedure
- IX. Assessment of Provider's Clinical Skills/Performance
 - Physical assessment
 - Clinical history
 - MVA procedure
 - D&C

I. General Background Information

This section is designed to provide general information about the facility, its size and location, as well as details of the assessment process.

Date of Visit:

Name of Facility:

Location:

Type of Facility: MOH _____ NGO _____ Other _____

Number of Beds: Total _____ Obstetrics _____ Gynecology _____

Staff Interviewed:

Person Conducting Interview and Observation:

II. Client Volume and Range of Services Provided

This section is for gathering information on client volume and the range of services provided. In order to maintain and improve the quality of services, service providers should have experience in all aspects of postabortion care, including—where appropriate—counseling, MVA, and the provision of contraceptive methods. At least one staff member trained to provide emergency postabortion care should be present at all times.

Using the facility record books, record below the postabortion care statistics for one month. If statistics vary greatly from month to month, collect 3 months worth of information and record an average for a 1 month period. Any additional comments or recommended actions should be noted in the “Comments/Recommendations” column.

Service Provided	No. of Clients	Comments/Recommendations					
Postabortion Family Planning Services							
Combined Oral Pill							
Progestin-Only-Pill							
Injectables (monthly)							
Injectables (Trimonthly/DMPA)							
IUD							
Condoms / Spermicides							
Foaming Tablets							
Norplant							
Female Sterilization							
Postabortion Care Services							
Treatment of Incomplete Abortions (MVA)							
Treatment of Incomplete Abortions (D&C)							
Postabortion consultations							
Schedule of Available Services							
Days and Hours of Services							
Services Offered	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Family Planning							
Family Planning Counseling							
MVA							
D&C							
Postabortion Counseling							

IV. Observation of Recordkeeping and Treatment Protocols

This section is designed to provide information on how the facility keeps track of the services provided and patients. It is important to keep accurate records of patients and services in order to assess patients' health against their medical history. Client records should be stored in such a way that they may be easily retrieved. Records should be accurate and complete, including information on complications and deaths. Select 10–25 patient records from the past year at random and review them for accuracy and completeness.

Review the facility's recordkeeping system and rate the record keeping on the following scale:

- 1 = Poor or Rarely/Never 3 = Good or Routine/Always
 2 = Average or Sometimes N/A = Does not apply/Not observed

Where information beyond the rating is needed or you have recommendations for improvement, use the "Comments/Recommendations" column.

General Recordkeeping	Rating	Comments/Recommendations
Is there a record of admission on arrival?		
Is the client given a card to record her visit to the facility?		
Is there a system for filing and retrieval of clients' records?		
Can records be retrieved easily?		
Are the following records accurate and complete?		
• Informed Consent Form		
• Medical History		
• Physical Examination		
• Laboratory Results		
• Postoperative evaluation if D&C/MVA Performed		
• Record of Counseling Session		
• FP Method Chosen		
• Number of FP Supplies Given		
• Referral Form		
Is there a registration book that includes incomplete abortions?		
Is the length of hospital stay for patients with incomplete abortions recorded anywhere?		
Is the collected data reviewed and analyzed? If so, by whom?		
Service trends are reported back to key hospital staff.		

IV. Observation of Recordkeeping and Treatment Protocols (continued)

Treatment Procedures/Protocol	Rating	Comments/Recommendations
Are there service delivery guidelines for treatment of incomplete or septic abortion?		
Are the protocols routinely followed?		
Are there guidelines for postabortion family planning?		
Are these guidelines followed?		
Is there a procedure followed for D&C/MVA?		
Are maternal deaths recorded?		
Is there a mechanism for reviewing maternal deaths?		
Is there a mechanism for reviewing complicated cases?		

V. Observation of Rooms, Equipment, and Commodity Storage

The questions in this section are designed to provide information on the physical aspects of the facility, including space for services, utilities, equipment, supplies, and commodities. Whenever possible, facilities should have dedicated spaces or rooms for a waiting area, private counseling area, private examination room, operating room, recovery area, training room, a room for processing contaminated instruments, and an appropriate method for disposing of medical waste. Facilities should also have certain basic amenities such as electricity, running water, adequate lighting, and functioning sinks and toilets. Sufficient supplies and equipment for the provision of postabortion care are also very important to the availability and quality of services. Procedures and facilities for storing commodities and contraceptive supplies must be adequate.

Recognizing that wide variations in context and resources available lead not only to significant differences in physical structures, utilities, and equipment, but also to unique solutions to the challenges posed by insufficient resources, it is particularly important to include comments and observations in this section. For example, if a facility has no running water, make a note of how instrument cleaning and handwashing is carried out; if there is no electricity, list alternative light sources used.

Does the clinic have dedicated room for each of the purposes listed in the chart below? If so, rate them according to the following scale.

- 83
- 1 = Inadequate, not present, needs renovation, poor quality or insufficient supply
 - 2 = Adequate facility, quality or supply
 - 3 = Good facility, good quality or good supply of an item
 - N/A = Not observed, Not applicable

If any of the rooms needs renovation, specify the necessary renovations in the “Comments/Recommendations” column of the following chart.

V. Observation of Rooms, Equipment, and Commodity Storage (continued)

Room/Area	Rating	Comments/Recommendations
Separate room for the processing of equipment		
An appropriate place for the disposal of medical waste		
Multi-purpose operating room		
Isolated operating room for treatment of incomplete abortion		
Recovery area		
Laboratory		
Training room		
Outpatient Clinic		
Private counseling area		
Private examination room		
Waiting Area		
Adequate seating for all waiting patients		
Waiting area is protected from rain		
A toilet for waiting patients		
IEC material appropriate for clients		

The Site Has:	Rating	Comments/Recommendations
Sign with clinic working hours		
Signs directing clients to services inside the clinic		
Electricity		
Running water		
Examination Room		
Functioning sink		
Adequate lighting		
An adequate supply of water		
Stethoscope		
Sphygmomanometer		

V. Observation of Rooms, Equipment, and Commodity Storage (continued)

The Site Has:	Rating	Comments/Recommendations
Thermometer		
Gloves		
Instruments for Gynecology Exam		
Gooseneck Lamp		
Equipment		
Postabortion IUD insertion/removal kits available		
MVA equipment available		
D & C equipment available		
Operating table		
Instrument trays		
Instrument table		
OR light		
Sphygmomanometer		
Stethoscope		
Gooseneck lamp		
Revolving stool		
Screens (for privacy)		
Linens		
Drapes		
Gloves		
Essential Drugs for Postabortion Care		
<i>Anesthetics, Local</i>		
Atropine		
Diazepam/Valium		
Lidocaine 1%, without epinephrine		

V. Observation of Rooms, Equipment, and Commodity Storage (continued)

Essential Drugs for Postabortion Care	Rating	Comments/Recommendations
Analgesics		
Acetylsalicylic acid		
Ibuprofen		
Pethidine (or suitable substitute)		
Antibiotics		
Ampicillin		
Benzylopenicillin		
Crystalline Penicillin		
Chloramphenicol		
Metronidazole		
Sulfamethoxazole		
Sulfamethoxazole-trimethoprim		
Tetracycline		
Blood Products		
Dried human plasma		
Antiseptics		
Chlorhexidine 4% (Hibitane, Hibiscrub)		
Iodine preparations, 1–3%		
Iodophors		
Disinfectants		
Sodium hypochlorite 5–10% (liquid bleach)		
Formaldehyde 8% (Formalin)		
Glutaraldehyde 2% (Cidex)		

V. Observation of Rooms, Equipment, and Commodity Storage (continued)

Essential Drugs for Postabortion Care	Rating	Comments/Recommendations
Tetanus Toxoid		
Oxytocics		
Ergometrine injection		
Ergometrine tablets		
Oxytocin injections		
Intravenous Solutions		
Water for injections		
Sodium lactate (Ringer's)		
Glucose 5% and 50%		
Glucose with isotonic saline		
Potassium chloride		
Sodium chloride		
Safe needles and syringes		
Please note any additional equipment and supplies needed		

V. Observation of Rooms, Equipment, and Commodity Storage (continued)

Rate the facility’s commodities storage procedures, facilities, and supplies using the following rating scale:

- 1 = Inadequate, not present, needs renovation
- 2 = Adequate facility, quality, or supply
- 3 = Good facility
- N/A = Not observed, Not applicable

Mark contraceptive stock-outs with a “1” in the appropriate “Rating” box to indicate an inadequate system for supplies.

The following systems are in place:	Rating	Comments/Recommendations
Inventory of equipment and commodities		
Storage system according to commodity expiration dates		
Supplies maintained in good condition		
Expired contraceptives are destroyed		
System for ordering (reordering) supplies		
Is the storage facility protected from damage by:		
Sun and rain		
Rats and pests		
Did supplies of any contraceptive methods run out during the past three months?		
Combined pills		
IUDs		
Condoms		
Injectables		
Norplant Implants		
Progestin Only Pills		
Spermicides		
Other:		

V. Observation of Rooms, Equipment, and Commodity Storage (continued)

It is important to ascertain whether the amount and condition of contraceptive supplies are sufficient to provide family planning services on an ongoing basis. Perform a rough count of the total number of contraceptives in stock in the storeroom for each method supplied, and note the number below, along with any other comments or recommendations.

Contraceptive Method	Quantity in Stock	Comments/Recommendations
Combined Pills		
Progestin Only Pills		
Condoms		
Spermicides		
IUDs		
Injectables		
Norplant		

VI. Observation of Training Equipment and Supplies

This section is designed to collect information on training equipment. If on-site clinical training is to be provided, ideally training equipment such as overhead and slide projectors, video player, whiteboard or blackboard, and anatomic models, should be available and in good working order. A knowledge and skills-based training curriculum is also an important component of clinical training.

Please indicate in the table below if equipment used for training is functioning, using the following rating scale:

- 1 = Inadequate, not present, needs renovation, poor quality, or insufficient supply
- 2 = Adequate quality and supply
- 3 = Good quality or supply of item
- N/A = Not observed, Not applicable

The FP Site Has a Functional:	Rating	Comments/Recommendations
Training room		
Overhead projector		
Slide projector		
Projection screen		
Television		
VCR		
Video cassettes for training (include number and variety)		
Black board or white board		
Training curriculum		
Reference material		
Pelvic model		
Handheld uterine models		
Postpartum uterine models		
Breast models		

VII. Observation of Infection Prevention Practices

This section provides information on a variety in infection prevention practices and procedures. The facility should work towards the highest possible standards of infection prevention. The best possible guidelines for infection prevention procedures should be in place and all contaminated instruments should be being processed according to the established protocol.

Enter the appropriate rating from the list below into the “Rating” column of the monitoring chart. Please note the name of the person observed on this worksheet. Note any further remarks in the “Comments/Recommendations” column.

1 = Poor or Rarely / Never
2 = Average or Sometimes

3 = Good or Routine / Always
N/A = Does not apply / Not observed

Task	Rating	Comments/Recommendations
Decontamination		
0.5% chlorine solution available		
Instructions for mixing chlorine are present		
Plastic buckets available and solutions are labeled		
Wears rubber gloves		
Places <u>all</u> instruments in chlorine solution for 10 minutes immediately following procedure		
Draws chlorine solution through cannula and syringe		
Mixes chlorine solution correctly		
Removes items from chlorine after 10 min. and rinses or cleans immediately to prevent rust		
Wipes down exam table with chlorine between patients		
Cleaning of Instruments		
Completely disassembles instruments and/or opens jaws of jointed items		
Washes <u>all</u> surfaces with soap and water		
Thoroughly cleans serrated edges		
Rinses all surfaces with clean water		
Wears rubber gloves		
Cleaning equipment, detergent & brushes available		
Reassembles syringe		

VII. Observation of Infection Prevention Practices (continued)

Task	Rating	Comments/Recommendations
High Level Disinfection (HLD)		
<i>Boiling (cannula and metal equipment only)</i>		
Completely submerges items in water		
Starts timing when boiling begins		
Keeps water at a rolling boil for 20 min.		
Air dries equipment		
Removes boiled items using HLD forceps		
Stores items in HLD container		
<i>Chemical (for cannula, metal equipment & syringe)</i>		
Immerses items completely		
Submerges instruments for 20 min.		
Rinses items with boiled water		
Stores items in HLD container for up to 1 week		
Sterilization		
<i>Autoclaving (for metal instruments & gloves only)</i>		
Wraps instruments		
Arranges packs loosely in autoclave		
Puts holes in drums in open position		
Sterilizes for 30 min. for wrapped items at 121°C (250° f) and 106 kPa (15 lbs/in ²)		
Stores items in a sterile container		
<i>Dry heat (for metal instruments only)</i>		
Puts loose instruments on trays		
Begins timing after set temperature has been reached		

VII. Observation of Infection Prevention Practices (continued)

Task	Rating	Comments/Recommendations
Uses standard time/temperature 170° C (340° F) – 60 minutes 160° C (320° F) – 120 minutes 150° C (300° F) – 150 minutes 140° C (285° F) – 180 minutes 121° C (250° F) – overnight		
Stores items in a sterile container		
<i>Chemical sterilization (for cannula, syringe and metal instruments)</i>		
Makes fresh 2% glutaraldehyde		
Soaks cannula, syringe, and instruments in covered container 8-10 hours		
Rinses items with sterile water		
Stores items in a sterile container		
Handwashing		
Soap available		
Clean towel available		
Washes hands correctly for 15 seconds with running water		
Washes hands between clients		
Barriers		
Uses clean linen		
Changes paper or linen between clients (if possible)		
Changes sterile gloves between procedures		
Puts gloves on properly		
Disposes of gloves properly		

VII. Observation of Infection Prevention Practices (continued)

Task	Rating	Comments/Recommendations
Storage and Disposal		
Antiseptic solutions are labeled		
HLD or sterilizes pickup forceps daily and stores in a dry HLD or sterile container		
Immediately disposes of used needles and syringes in a special container		
Handling specimens		
Wears clean gloves when obtaining or handling specimens		
Immediately cleans spills of blood or other bodily products with 0.5% chlorine solution		

VIII. Observation of Counseling

This section is for information on counseling practices. Patient counseling is an essential component in the provision of postabortion care services. Counseling is done to explain the patient’s physical condition to her, to explain procedures, to help her manage pain and to inform her about contraceptive options. Counseling must be a standard training component and clinic staff must be adequately trained in counseling.

Please indicate if the counseling practices listed below are properly discussed using the following rating system.

- 1 = Poor information/counseling skills infrequently performed
- 2 = Adequate information/counseling skills sometimes performed
- 3 = Good information/counseling skills routinely performed
- N/A = Not observed, Not applicable

Please note who was observed on this worksheet.

Counseling Practice	Rating	Comments/Recommendations
General Conditions		
Visual and auditory privacy is acceptable for counseling		
Greets client in a respectful manner		
Uses language the client can understand		
Communication between client & provider is interactive		
Creates a warm atmosphere		
Has a cordial and respectful attitude		
Discusses patient's fears, emotions, and feelings related to her situation		
Contraception		
Identifies the patient's intentions and desires		
Explains the range of methods offered in the clinic		
Learns the client's opinion about FP methods		
Encourages the client to ask questions		

VIII. Observation of Counseling (continued)

Counseling Practice	Rating	Comments/Recommendations
Asks client information that will help determine suitability of the method (age, number of children, birth date of last child, whether she wishes to space or limit pregnancies)		
Asks if the client has a preferred method		
If the client has a preferred method, asks what she knows about the method and if she wants to discuss other methods that may be suitable for her		
If the client has no preferred method, informs her of methods which may be appropriate for her given her reproductive goal and other needs		
Allows client to receive her/his chosen method if medically eligible		
Describes benefits and risks		
Discusses effectiveness		
Discusses risk factors for STD/HIV		
Uses visual aids		
Provides key information on method chosen – How to use – Signs to watch for – When to return		
Gives accurate information when client expresses incomplete or incorrect information		
Tells client to return if s/he has any concerns		
Providing Information about the procedure		
Explains the procedure to be performed		
Identifies and manages the patient's stress		
Counsels about pain management		
Objectively informs patient of risks		
Provides emotional support during the procedure and helps the patient relax		
Informs the patient about post-procedure care and how to recognize possible complications		

IX. Assessment of Provider Clinical Skills/Performance

This section is for collecting information on provider clinical skills. Whenever possible providers are observed conducting a physical assessment, taking a patient history, providing contraception, and performing an MVA or D&C. Since some clinic staff may act as trainers and preceptors, their clinical skills must meet certain uniform standards. Key indicators of technical competence may be used to determine whether clinic staff need further training.

Enter the appropriate rating and note any further remarks in the “Recommendations” column. Please note who was observed on this worksheet.

1 = Poor or Rarely/Never
2 = Average or Sometimes

3 = Good or Routine/Always
N/A = Does not apply/Not observed

Task	Rating	Comments/Recommendations
Physical assessment		
Provider makes client comfortable and gives feedback during and after the examination		
Privacy is ensured during examination		
Provider follows correct steps in conducting the physical examination		
Abnormal and normal findings are documented in client record		
Include the Following in the Clinical History:		
Relationship status		
Date of last period		
Previous births/abortions		
Previous use of contraceptives		
Previous surgery		
Previous anesthesia		
Blood type		
MVA Procedure		
Explains the procedure to the client		

IX. Assessment of Provider Clinical Skills/Performance (continued)

Task	Rating	Comments / Recommendations
Makes sure the patient has emptied her bladder before the procedure		
Has the patient or staff wash the perineal area with soap and water		
Treats the client with respect		
Reviews clinical history and revises if necessary		
Determines the type of anesthesia to be given		
Washes hands before the procedure		
Puts on sterile gloves without contaminating them		
Prepares the instrument table correctly		
Prepares all of the equipment necessary for the procedure: – Checks that the MVA syringe hold a vacuum – Charges the syringe by locking the valve in the closed position and pulling back on the plunger until the arms lock		
Performs a bimanual pelvic exam correctly		
Gently inserts the speculum obliquely		
Cleans the cervix and vagina with antiseptic		
Examines the cervix and vaginal wall for tears		
Applies the tenaculum at 10 and 12 o'clock		
Performs a peracervical block if necessary		
Allows time for the anesthesia to take effect		
Dilates the cervix if necessary		
Applies gentle traction to align the cervix		
Gently inserts the cannula until it reaches the fundus and withdraws it slightly		
Carefully attaches the prepared syringe to the cannula		
Releases the pinch valve		

IX. Assessment of Provider Clinical Skills/Performance (continued)

Task	Rating	Comments/Recommendations
Moves the cannula gently back and forth while rotating the syringe		
Checks the patient for complications during the procedure		
Checks for signs of completion: – Red or pink foam visible in the cannula – No more tissue seen in the cannula – Gritty sensation felt – Uterus contracts around the cannula		
Withdraws the cannula, detaches the syringe, and empties contents into a glass container		
Puts all instruments in decontamination solution and draws solution in and out of syringe and cannula		
Performs bimanual exam to check firmness of the uterus		
Washes hands after the procedure		
Monitors recovery by checking vital signs and checking for bleeding		
D&C Procedure		
Treats patient in a respectful, friendly manner		
Reviews clinical history and revises if necessary		
Gives emotional support and counseling		
Reviews the procedure with the patient		
Washes hands before the procedure		
Puts on sterile gloves correctly		
Makes sure the perineal area is clean and the patient has urinated		
Inserts the speculum correctly		
Disinfects the vagina and cervix		

IX. Assessment of Provider Clinical Skills/Performance (continued)

Task	Rating	Comments/Recommendations
Gives sedatives, analgesic, or anesthetic		
If using local anesthetic waits 3–5 min. before beginning		
Carefully applies the tenaculum		
Measures the uterine cavity		
Scrapes carefully		
Inspects material obtained		
Decontaminates equipment		
Washes hands after the procedure		

Participant Handout 15.3A: Patient Flow for Emergency Postabortion Care

When planning postabortion care services, it is important to know the current case load of postabortion patients and the projected caseload. An efficient system for managing the flow of postabortion patients must be developed. There are many questions to be answered in order to develop an efficient system.

1. What activities must be carried out in each area and in what order?
2. Where does the congestion seem to occur and why?
3. How could the use of space and personnel be modified to both increase the efficiency and better serve the patient?

The best way to answer these questions is to document the patient's hospital experience from the time she enters the hospital until the time of discharge. This documentation helps assess the efficiency of the process that enabled the patient to obtain postabortion care. Reducing patient waiting time not only improves the quality of postabortion care services, but benefits the hospital in terms of time, money, and resources saved.

Instructions:

1. At registration, identify women seeking postabortion care.
2. Privately explain to the patient that you are evaluating the service provided by the hospital and that you would like to accompany her throughout her visit. Obtain her permission.
3. Using a stop watch that records hours, minutes, and seconds, time and record the exact amount of time spent in each place. This includes arrival time, all waiting times, examinations, pre- and post-procedure preparation, overnight stay, etc.
4. Use the attached form to record time. Include a description of each activity. (See sample form.)
5. Analyze the time spent in each area to see where improvements can be made.

Recommendations: Write your analysis, conclusions, and recommendations below.

Participant Handout 15.3A: Patient Flow for Emergency Postabortion Care (continued)

Participant Handout 15.3A: Patient Flow for Emergency Postabortion Care (continued)

SAMPLE REPORT:

City: Arequipa, Peru

Hospital Name: Hospital Goyeneche

Exact Time	Description of Activity	Time Elapsed At Each Step		
		Hours	Minutes	Seconds
12:00 PM	Patient (Pt) arrives at Emergency Room where she is registered		5	
12:05	Pt goes to obtain ticket		5	
12:10	Pt returns to wait for the physician		20	
12:30	The physician arrives and Pt enters exam room		20	
12:50	Pt leaves exam room and proceeds to be admitted, however, her husband has to go get money	2	40	
3:30	Pt is taken to the hospital facility		5	
3:35	Pt arrives at her floor and she goes to the preparation room her genital area is shaved		10	
3:45	Pt goes to her assigned bed	2	45	
6:30	Pt is prepared to go to the surgery room		10	
6:45	Pt arrives at the door of the surgery room, waits for previous Pt exit		15	
7:00	Pt enters surgery room		20	
7:20	Pt exits surgery room to return to her assigned floor		5	
7:25 PM	Pt returns to her floor for the night	11	35	
7:00 AM	The attendant cleans the Pt and checks vital signs	1		
8:00 AM	The physician examines the Pt and she is told she is still bleeding and must remain in the hospital	12	30	
8:30 PM	Pt is kept for observation	10	15	
6:45 AM	The attendant cleans Pt	2	15	
9:00 AM	Physician examines Pt and approves Pt for discharge	3		
12:00 PM	Pt is discharged and returns home	-	-	
	END	43 hrs	300 min	
TOTAL TIME:		48 HRS (2 DAYS)		

Participant Handout 15.3B: Equipment and Supplies Needed For Emergency Postabortion Care

Equipment and Supplies Needed for MVA

Basic instruments and consumable supplies needed to perform MVA include:

- Bivalve speculum (small, medium, or large).
- Uterine tenaculum or vulsellum forceps.
- Sponge or ring forceps (2).
- 10–20 ml syringe and 22-gauge needle (for paracervical block) and needle extender.
- MVA instruments:
 - MVA vacuum syringes, single or double valve.
 - flexible cannulae of different sizes
 - adapters (if double valve syringe).
 - silicone for lubricating MVA syringe o-ring.
- Swabs/gauze.
- Antiseptic solution (preferably an iodophor such as providone iodine).
- Gloves—sterile or high-level disinfected surgical gloves or new examination gloves.
- Gloves—utility.
- Strainer (for tissue inspection).
- Simple magnifying glass (x 4–6 power) (optional).
- Light source (to see cervix and inspect tissue).
- Clear container or basin (for tissue inspection).

Items that should be on hand but are not required for all MVA procedures:

- Local anesthetic (e.g., 1% lidocaine without epinephrine).
- Curettes, sharp.
- Tapered mechanical dilators (Pratt [metal] or Denniston [plastic]).
- The essential drugs needed for emergency postabortion care that should be available at the primary and referral levels are listed on a separate worksheet.

Furniture and Equipment

Before beginning the MVA procedure, make sure the treatment room is in working order:

- Examination table with stirrups.
- Strong light (e.g., gooseneck lamp).
- Seat or stool for clinician (optional).
- Plastic buckets for decontamination solution (0.5% chlorine).
- Puncture-proof container for disposal of sharps.
- Leak-proof container for disposal of infectious waste.

Participant Handout 15.3B: Equipment and Supplies Needed For Emergency Postabortion Care (continued)

For High-Level Disinfection or Sterilization of Instruments

These items should be available for processing instruments:

- Nonmetal (plastic) containers.
- Detergent.
- Clean water.
- Chlorine solution (concentrated solution or dry powder).
- High-level disinfectant or sterilization agent (optional).
- Large pot for boiling cannulae (optional).
- Steamer for steaming surgical gloves, cannulae, and surgical instruments.
- Autoclave (steam) or convection oven (dry heat).

For Emergency Resuscitation

These items are seldom required in uterine evacuation cases but are needed for possible emergency use:

- Spirits of ammonia (ampules).
- Atropine.
- IV infusion equipment and fluid (DSW or D/S).
- Ambu bag with oxygen (tank with flowmeter).
- Oral airways.

Participant Handout 15.3B: Equipment and Supplies Needed For Emergency Postabortion Care (continued)

Instructions:

1. Determine the availability of all equipment and supplies listed above.
2. Question staff about how often supplies are used and whether they run out of supplies.

Analysis and Recommendations:

1. Decide which equipment and supplies will need to be purchased for postabortion care and services.
2. Write your recommendations below.

Participant Handout 15.3C: Essential Drugs For Emergency Postabortion Care

The essential drugs needed for emergency postabortion care are as follows:

Anesthetics, Local **

Atropine
Diazepam
Lidocaine, 1% without epinephrine

Analgesics

Acetylsalicylic acid
Ibuprofen
Pethidine (or suitable substitute)

Antibiotics

Broad spectrum antibiotics such as:
Ampicillin
Benzylpenicillin
Crystalline penicillin
Chloramphenicol
Metronidazole
Sulfamethoxazole

Blood Products

Dried human plasma

Antiseptics

Chlorhexidine, *** 4% (Hibitane, Hibiscrub)
Iodine preparations, 1–3%
Iodophors (Betadine)

Disinfectants

Sodium hypochlorite 5–10% (liquid bleach)
Formaldehyde, 8% (Formalin)
Glutaraldehyde, 2% (Cidex)

Intravenous Solutions

Water for injections
Sodium lactate (Ringer's)
Glucose 5% and 50%
Glucose with isotonic saline
Potassium chloride
Sodium chloride

Tetanus Toxoid ****

Oxytocics

Ergometrine injection
Ergometrine tablets
Oxytocin injection

** Should be available at all secondary or referral facilities.

*** Savlon, which contains chlorhexidine, is not listed because the concentration of chlorhexidine varies from country to country from as little as 1% to 4%. Check local products for concentration before using.

**** Anti-D tetanus immunoglobulin (human) or antitoxin, if available, should be provided when indicated.

Adapted from: WHO. 1991. *Essential Obstetric Functions at First Referral Level*. Geneva: WHO.

Participant Handout 15.3C: Essential Drugs For Emergency Postabortion Care

Instructions:

1. Determine the availability of all essential drugs listed on the previous page.
2. Question staff about how often drugs are used and whether they run out of supplies.

Analysis and Recommendations:

1. Decide which drugs will need to be purchased for postabortion care and services.
2. Write your recommendations below.

Participant Handout 15.4 Action Plan

ACTION REQUIRED	PERSON RESPONSIBLE	DATE PLANNED/ COMPLETED	OBSTACLES

Participant Handout 15.5: Post-Test

Instructions: Circle all the answers that apply. Some questions have more than one correct answer.

1. The return to fertility following a first trimester abortion is:
 - a. 2–3 weeks after the abortion.
 - b. 30 days after the abortion.
 - c. Following the first menstruation after the abortion.
 - d. All of the above.
 - e. None of the above.

2. The following aspects must be taken into account to provide information on contraception for postabortion patients:
 - a. Reproductive risk.
 - b. Effectiveness of method.
 - c. Patient preference for a particular method.
 - d. Availability of a wide range of contraceptive options.
 - e. All of the above.

3. The family planning counseling process may be described as:
 - a. A one-way communication process in which the provider asks the questions and the client answers them.
 - b. A onetime process in which a client learns everything about the family planning methods.
 - c. A process of interpersonal communication through which emotional support is given to the client to help her make a decision.
 - d. An ongoing communication process that takes place at every health center and family planning service encounter.

4. Informed choice means that a family planning client:
 - a. Has been informed about all methods and agrees to use the contraceptive method the provider recommends.
 - b. Has informed the provider about the method s/he wants.
 - c. Has been informed about the side effects of the method s/he has chosen.
 - d. Has the right to choose any method s/he wants (including the right not to choose any method), based on full information about the benefits and risks of all the methods available; and has been counseled on all aspects of the method chosen.

5. Which of the following are good examples of *nonverbal communication*?
 - a. Stating instructions clearly
 - b. Looking directly at the patient
 - c. Using simple language
 - d. Making encouraging gestures

6. Which of the following statements related to general anesthesia is true?
 - a. Provides high level of safety and maximum participation of patient
 - b. Increases the risk of complications, lengthens time of recovery, and has negative physiologic effects on the patient
 - c. Produces a minimum of physiologic disorders allowing firm contraction of uterus
 - d. Is followed by a prompt recovery

7. Which of the following strategies is/are applicable for pain management during the MVA:
 - a. Showing breathing techniques to the patient to help her relax during the procedure.
 - b. Telling her that the procedure is “simple” and “it won’t hurt.”
 - c. Explaining that during the procedure she might experience a discomfort similar to a menstrual cramp.
 - d. Telling the patient that you want her to ask for additional pain medication if the pain becomes too strong.

8. Which are some of the ways to reduce anxiety in a patient during the MVA procedure?
 - a. Good communication and supportive attitude of the service providers
 - b. Use of sedatives
 - c. Clear explanation of each step of the procedure
 - d. Telling her the procedure won’t hurt

9. Which are the elements to be considered in the selection of the diameter of the cannula in the treatment of incomplete abortion?
 - a. The age of the patient and the LMP
 - b. The position of the uterus and the degree of cervical dilation
 - c. Sign of infection and the size of the uterus
 - d. The type of anesthesia used and the degree of dilation
 - e. The size of the uterus by bimanual examination and the degree of cervical dilation

10. What is the best way to determine the size of the uterus before MVA?
 - a. Examining the cervix
 - b. History of amenorrhea
 - c. Bimanual examination
 - d. Speculum examination

11. Which of the following are contra-indications to the use of MVA for treatment of incomplete abortion?
 - a. Uterus over 12 weeks LMP in size
 - b. Urinary tract infection
 - c. Acute cervicitis or pelvic infection, without treatment
 - d. Anemia

12. Which of the following are appropriate High Level Disinfection (HLD) methods for disinfecting MVA cannula?
 - a. Autoclave for 10 minutes
 - b. Soaking in enzymatic soap for 20 minutes
 - c. Soaking in 2% glutaraldehyde (Cidex) for 20 minutes
 - d. Soaking in 0.5% chlorine solution for 20 minutes

13. Which of the following is the most appropriate method for sterilizing MVA equipment?
 - a. Soaking in 2% glutaraldehyde (Cidex) for 10 hours
 - b. Soaking in Savlon for 1 hour
 - c. Autoclaving for 1 hour
 - d. Soaking in alcohol 70% for 20 minutes

14. A woman comes for treatment of incomplete abortion and on vaginal examination, has an infection. She requests to have an IUD inserted. The service provider should:
 - a. Tell her an IUD is not the method for her.
 - b. Insert the IUD and give her an antibiotic.
 - c. Not insert the IUD, wait for resolution of the infection (3 months), and suggest the use of another method during those 3 months.
 - d. Tell her to return for family planning after her next menstrual period.

15. A postabortion patient is experiencing anemia. Which contraceptive method may be the most appropriate for her?
 - a. IUD
 - b. Minilaparotomy
 - c. Combined oral contraceptives
 - d. A Norplant implant

16. Which of the following are signs that the MVA procedure is complete?
 - a. Walls of the uterus feel smooth
 - b. Walls of the uterus feel gritty
 - c. Uterus contracts around the cannula
 - d. The cervix relaxes

17. Which of the following statements are true about the use of a local anesthetic (paracervical block) when performing a MVA procedure?
 - a. The paracervical block reduces the pain from dilating the os.
 - b. Local anesthesia can stop the pain completely.
 - c. The best local anesthetic to use is 1% lidocaine without epinephrine.
 - d. The local anesthetic stops the pain caused by uterine contractions related to the emptying of the uterus.

18. When MVA is used for treatment of incomplete abortion, women are likely to feel pain from:
- Headache.
 - Cervical movement/manipulation.
 - Leg cramps.
 - Uterine cramps.
19. What is the best way to determine uterine size?
- Looking at the cervix
 - Palpating the abdomen
 - Bimanual examination
 - Calculating the LMP (Last Menstrual Period)
20. Which of the following are signs of infection following an unsafe abortion?
- High blood pressure
 - Foul-smelling vaginal discharge
 - Chills, fever, sweats
 - Severe bleeding

Instructions: Read the statements below and place a mark in the true or false space provided.

21. In the presence of infection, the MVA procedure should be done under antibiotic cover. () True () False
22. During the MVA procedure, counseling reduces anxiety and therefore lessens pain. () True () False
23. The following are elements, which should be incorporated into each counseling session: privacy, confidentiality, and technical jargon. () True () False

During the counseling/orientation process the service provider must:

24. Insist that the client express her feelings. () True () False
25. Inquire about reproductive and family planning history. () True () False
26. Offer information about what to expect during and after the MVA procedure. () True () False
27. Show a preference for a particular method. () True () False
28. If the cervix is open, you do not need to do a paracervical block. () True () False

Participant Handout 15.6: Comprehensive FP/RH Curriculum Participant Evaluation

Module 11: MVA for Treatment of Incomplete Abortion

- 5 = Strongly agree**
- 4 = Agree**
- 3 = Neither agree nor disagree**
- 2 = Disagree**
- 1 = Strongly disagree**

OVERVIEW

- The objectives of the module were clearly defined. 5 4 3 2 1
- The material presented was new to me. 5 4 3 2 1
- The trainer understood the material being presented. 5 4 3 2 1
- The material was presented clearly and in an organized fashion. 5 4 3 2 1
- The time spent on this module was sufficient. 5 4 3 2 1
- Time for discussion and questions was sufficient. 5 4 3 2 1
- The material in this module has provided me with sufficient information to safely perform MVA for treatment of incomplete abortion. 5 4 3 2 1
- The module has helped me develop the skills to counsel women during the treatment of incomplete abortion. 5 4 3 2 1

MEETING CONDITIONS/LOCATIONS

- The training was held on a convenient day and time. 5 4 3 2 1
- Necessary supplies were available. 5 4 3 2 1
- The interval between the meetings was appropriate. 5 4 3 2 1

TRAINING METHODS AND MATERIALS

- The trainers' presentations were useful. 5 4 3 2 1
- Case studies were useful. 5 4 3 2 1
- Class discussion was helpful. 5 4 3 2 1
- Required reading was useful. 5 4 3 2 1

Participant Handout 15.6: Comprehensive FP/RH Curriculum Participant Evaluation (continued)

- MVA Competency Based Skills Checklists were useful. 5 4 3 2 1
- The Action Planning Worksheets were useful. 5 4 3 2 1
- The clinic assessment tool was useful. 5 4 3 2 1
- The module lesson plan was useful. 5 4 3 2 1

What was the most useful aspect of this module? _____

What was the least useful aspect of this module? _____

SUGGESTIONS

What suggestions do you have to improve the module? Feel free to make references to points above.

Participant Handout 16.1: Competency Based Training (CBT) Skills Assessment Checklists

Date of Assessment _____ Dates of Training _____

Place of Assessment: Clinic _____ Classroom _____

Name of Clinic Site _____

Name of the Service Provider _____

Name of the Assessor _____

This assessment tool contains the detailed steps that a service provider should accomplish in performing a general physical examination and pelvic examination for a woman presenting with symptoms of an incomplete abortion. The checklist may be used during training to monitor the progress of the trainee as s/he acquires the new skills and during the clinical phase of training to determine whether the trainee has reached a level of competence in performing the skills. The checklist may also be used by the trainer or supervisor when following up or monitoring the trainee. The trainee should always receive a copy of the assessment checklist so that s/he may know what is expected of her/him.

Instructions for the Assessor

1. Always explain to the client what you are doing before beginning the assessment. Ask for the client's permission to observe.
2. Begin the assessment when the trainee greets the client.
3. Use the following rating scale:
 - 2 = Done according to standards
 - 1 = Needs improvement
 - N/O = Not observed
4. Continue assessing the trainee throughout the time s/he is with the client, using the rating scale.
5. Only observe. Do not interfere unless the trainee misses a critical step or compromises the safety of the client.
6. Fill in the form using the rating numbers. Write specific comments when the task is not performed according to standards.
7. Use the same form for one trainee for at least 3 observations.
8. When you have completed the observation, review the results with the trainee. Do this in private, away from the client or other trainees.

Participant Handout 16.2: Counseling and Communication

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
Provider's Non-Verbal Behavior				
• Friendly and welcoming?				
• Smiles and nods at patient?				
• Non-judgmental/receptive?				
• Listens attentively? Nods head to encourage and acknowledge client's responses?				
• Leans towards the patient?				
• Makes eye contact in a culturally appropriate manner?				
• Has a relaxed and friendly manner?				
• Appears rushed or impatient?				
Provider's Verbal Communication				
• Phrases questions clearly and appropriately? Uses non-technical terms?				
• Listens closely to patient's responses?				
• Responds to the patient's non-verbal communication?				
• Answers patient's questions?				
• Provides encouragement?				
• Uses paraphrasing?				
• Uses language the patient can understand?				
• Summarizes and ensures a common understanding of the discussion?				
Providing Information				
• Provides reassurance to the patient about her physical condition?				
• Answers patient's questions about her physical condition?				
• Explains how the pelvic examination will be done?				

Participant Handout 16.2: Counseling and Communication (continued)

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
• Encourages relaxation as the speculum is inserted?				
• Explains the details of the MVA procedure?				
• Informs patient of possible major and minor complications?				
• Explain the results of examinations and tests in simple language?				
Providing verbal anesthesia help in controlling pain				
• Explains to the woman what she may feel?				
• Encourages the woman to relax her abdominal muscles by inhaling deeply and exhaling slowly and demonstrates how this will be done?				
• Explains the effect of any pain control medications given?				
• Talks calmly and reassuringly to the patient during the MVA procedure, explaining what is happening?				
Providing information on postabortion care, signs of normal recovery, and symptoms of a complication				
• Explains warning signs of possible complications?				
• Instructs patient not to put anything in her vagina because it could cause an infection and to use sanitary pads or clean rags?				
• Instructs patient not to have sex until 3 days after bleeding stops?				
• Instructs patient to get plenty of rest and eat iron and protein-rich foods to assist recovery?				
• Makes arrangements for post-procedure follow-up?				

Participant Handout 16.2: Counseling and Communication (continued)

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
<ul style="list-style-type: none"> Reassures the patient about the prompt return of fertility – fertility may return even before the woman’s next period? 				
Providing Information on postabortion contraception				
<ul style="list-style-type: none"> Asks about the patient’s individual needs, situation, and preferences? 				
<ul style="list-style-type: none"> Provides essential information about postabortion contraception? 				
<ul style="list-style-type: none"> Provides information about where to obtain contraceptive methods? 				
<ul style="list-style-type: none"> Helps the patient make an informed choice of an FP method? 				
<ul style="list-style-type: none"> Provides the woman’s chosen method unless medically inappropriate? 				
<ul style="list-style-type: none"> Provides clear instructions about how to use the method? 				
<ul style="list-style-type: none"> Provides information about possible side effects and complications? 				
<ul style="list-style-type: none"> Plans for a follow-up visit? 				

Comments:

Participant Handout 16.3: Taking the Medical History

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
Explains the purpose of the medical history?				
Ask about and record the following information:				
• When was the first day of her last menstrual period?				
• What method of contraception is she using?				
• Bleeding: How long has she been bleeding? How much blood has she lost?				
• Has she passed any tissue from her vagina?				
• Does she feel dizzy or faint?				
• Does she have fever, or chills, or malaise?				
• Cramping: How long? How severe? Both sides or one side of the pelvis?				
• Other pain? Abdominal pain? Shoulder pain (may be signs of intra-abdominal injury)?				
• Tetanus vaccination status or possibility of exposure to tetanus?				
• Allergies to drugs (antibiotics or anesthetics)?				
• Has she taken any drugs or herbs?				
• Does she have any medical conditions (such as bleeding disorders or RTIs)?				

Comments:

Participant Handout 16.4: Performing the Physical Examination

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
General Physical Examination				
• Checks and records vital signs (temp., pulse, respirations and BP)?				
• Notes general health (anemic, malnourished, etc.)?				
• Examines lungs, heart, extremities?				
• Examines abdomen for bowel sounds, distension, rigidity, rebound tenderness, abdominal masses, and location and severity of pain?				
• Checks Rh status (when possible to do so and to give Rhogam)?				
Pelvic Examination				
• Asks woman to empty her bladder?				
• Positions woman comfortably on the table?				
• Drapes the patient to protect privacy?				
• Speaks kindly to her throughout the procedure?				
• Washes hands and puts on gloves before the examination?				
Speculum Examination				
• Checks the perineum for lacerations and bleeding?				
• Gently inserts closed speculum obliquely into the vagina, rotates it to the transverse, and opens it?				
• Gently removes any visible POC and any foreign objects?				
• Checks for signs of infection?				
• Inspects cervix for bleeding or lacerations?				
• Gently removes speculum?				

Participant Handout 16.4: Physical Examination (continued)

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
<ul style="list-style-type: none"> Places speculum in decontamination solution? 				
Bimanual Examination				
<ul style="list-style-type: none"> Gently inserts two fingers of one hand into the vagina while palpating the abdomen with the other hand? 				
<ul style="list-style-type: none"> Estimates the size and position of the uterus and compares it to the LMP? 				
<ul style="list-style-type: none"> Checks for pelvic mass and pain, notes severity and location of pain? 				
<ul style="list-style-type: none"> Gently withdraws fingers? 				
<ul style="list-style-type: none"> Disposes of gloves or places used gloves in decontamination solution? 				
<ul style="list-style-type: none"> Explains to the patient what will be done next? 				

Comments:

Participant Handout 16.5: Infection Prevention

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
Personal Infection Prevention Practices				
• Washes hands before and after each procedure?				
• Air dries hands following handwashing or dries them only with an unused, dry portion of a clean towel?				
• Puts on sterile gloves without contaminating them?				
Use of Antiseptics				
• Asks the patient about allergies before selecting an antiseptic?				
• If visibly soiled, cleans the patient's perineum with soap and water before applying antiseptic?				
• After inserting the speculum applies the antiseptic liberally to the vagina and cervix?				
Instrument Processing				
Decontamination				
• Puts on utility gloves or leaves on surgical gloves post-procedure?				
• Empties the content of the syringe into a strainer or waste container before decontamination?				
• Places all instruments in chlorine solution for 10 minutes immediately after completing the procedure?				
• Draws the solution through the syringe and cannula?				
• Disposes of needles in a puncture-proof container?				
• Decontaminates exam or table or other surfaces contaminated during the procedure by wiping them with 0.5% chlorine solution?				

Participant Handout 16.5: Infection Prevention (continued)

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
<ul style="list-style-type: none"> Removes instruments/gloves from chlorine solution after 10 minutes and places them in water? 				
<ul style="list-style-type: none"> Removes reusable gloves by inverting and soaking in 0.5% chlorine solution for 10 minutes? (If wearing utility gloves, does not remove until instrument cleaning is finished.) 				
Cleaning (Instruments)				
<ul style="list-style-type: none"> Places instruments in a basin with clean water and mild, non-abrasive detergent? 				
<ul style="list-style-type: none"> Completely disassembles syringe and other instruments and/or opens jaws of jointed items? 				
<ul style="list-style-type: none"> Washes all instrument surfaces with a brush or cloth until visibly clean (holds instruments under water while cleaning)? 				
<ul style="list-style-type: none"> Thoroughly cleans serrated edges (e.g., jaws of hemostat) of instruments, using small brush? 				
<ul style="list-style-type: none"> Rinses all surfaces thoroughly with clean water? 				
<ul style="list-style-type: none"> Towel-dries instruments or allows them to air dry? 				
<ul style="list-style-type: none"> Reassembles syringe? 				
High-Level Disinfection (HLD)				
Boiling of Cannula				
<ul style="list-style-type: none"> Places cannula in boiling water, brings to a boil again, and boils for 20 minutes? 				
<ul style="list-style-type: none"> Removes cannula gently with HLD forceps? 				
<ul style="list-style-type: none"> Air dries on a disinfected surface? 				
Chemical HLD for Cannula and/or Syringe				
<ul style="list-style-type: none"> Mixes solution correctly? 				

Participant Handout 16.5: Infection Prevention (continued)

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
<ul style="list-style-type: none"> • Submerges items in a chemical solution for 20 minutes? 				
<ul style="list-style-type: none"> • Removes items with HLD forceps and rinses with boiled water? 				
<ul style="list-style-type: none"> • Lets items air dry? 				
<ul style="list-style-type: none"> • Stores HLD equipment in a HLD container for up to one week? 				
Sterilizing Cannula and Syringe				
<ul style="list-style-type: none"> • Prepares fresh solution of chemical sterilizant or checks to be sure solution is not out of date? 				
<ul style="list-style-type: none"> • Immerses cleaned and dried items in 2% glutaraldehyde or 8% formaldehyde solution, completely covering all items? 				
<ul style="list-style-type: none"> • Covers container and soaks for appropriate time (10 hours for glutaraldehyde or 24 hours for formaldehyde)? 				
<ul style="list-style-type: none"> • Removes items from the chemical solution using sterile gloves or a sterile forceps or pickups? 				
<ul style="list-style-type: none"> • Rinses items thoroughly with sterile water to remove all traces of chemical sterilizant? 				
<ul style="list-style-type: none"> • Stores items in a sterile, covered container? 				

Comments:

Participant Handout 16.6: Pain Management

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
Providing Verbal Anesthesia				
• Explains each step of the procedure before it is performed?				
• Waits a few seconds after performing each step to give the patient time to prepare for the next step?				
• Moves slowly, without jerky or quick motions?				
• Avoids saying things like "This won't hurt" when they are not true?				
Administering the Paracervical Block				
• Decides on pain control measures that are appropriate, given the patient's condition?				
• Asks the patient about any drug allergies?				
• Explains to the patient what she will feel and what to expect?				
• Fills a 10cc syringe with lidocaine?				
• Aspirates before each injection?				
• Injects 1 ml before placing tenaculum?				
• Injects 2-3 ml at 3, 5, 7, and 9 o'clock at the junction of the cervix and vagina?				
• Waits 2-4 minutes for it to take effect?				
• Talks calmly and reassuringly to the patient throughout the procedure?				

Comments:

Participant Handout 16.7: Performing the MVA Procedure

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
Before the MVA procedure the trainee has:				
• Revised and completed the clinical history?				
• Treated and stabilized any complications?				
• Evaluated the type of anesthesia, sedation, or analgesia necessary for the patient?				
• Prepared all equipment necessary for the procedures?				
• Made sure the patient emptied her bladder?				
• Placed the woman on a gynecological table with her feet in stirrups?				
• Made sure the vulvoperineal area had been cleaned with soap and water?				
Steps to performing the MVA procedure				
• Prepares instruments so the "no touch" instruments were separated from other instruments?				
• Explains the MVA procedure to the patient?				
• Gently inserts the speculum in an oblique direction?				
• Cleans the cervix and vagina with antiseptic solution?				
• Places a tenaculum at 10 and 12 o'clock on the cervix?				
• Performs a paracervical block?				
• Allows anesthesia to take effect?				
• Dilates the cervix, if necessary?				
• Gently inserts the cannula through the cervix into the uterine cavity?				
• Gently applies traction to straighten the uterine axis?				

Participant Handout 16.7: Performing the MVA Procedure (continued)

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
<ul style="list-style-type: none"> Pushes the cannula slowly into the uterus until it touches the fundus and withdraws it slightly? 				
<ul style="list-style-type: none"> Carefully attaches the prepared syringe? 				
<ul style="list-style-type: none"> Releases the pinch valve(s)? 				
<ul style="list-style-type: none"> Evacuates the contents of the uterus by moving the cannula gently and slowly back and forth within the uterine cavity? 				
<ul style="list-style-type: none"> Checks for signs of completion: <ul style="list-style-type: none"> Red or pink foam visible in cannula? No more tissue seen in cannula? Gritty sensation felt as cannula passes over the surface of the evacuated uterus? Uterus contracts around (grips) the cannula? 				
<ul style="list-style-type: none"> Withdraws cannula, detaches syringe, and removes all instruments? 				
<ul style="list-style-type: none"> Empties tissue and blood from the syringe into a glass receptacle? 				
<ul style="list-style-type: none"> Places all instruments into decontamination solution? 				
<ul style="list-style-type: none"> Strains and rinses the aspirated tissue, places it into a clear container of clean water, and conducts a visual examination? 				
<ul style="list-style-type: none"> Monitors recovery (bleeding, cramping, vital signs)? 				
<ul style="list-style-type: none"> Before the patient leaves, provides information about family planning options, signs of normal recovery, and symptoms requiring emergency care? 				

Comments:

Specific Objective #1: Explain the impact of unsafe abortion on maternal mortality and morbidity

OVERVIEW

This module can be used to train health workers to prevent death and serious injury from abortion complications. Abortion complications are responsible for approximately 13% of the 600,000 maternal deaths that occur globally each year.

WHO estimates that unsafe abortions kill about 70,000 women annually. Each hour, 8 women die from unsafe abortions. For every woman who dies from an unsafe abortion, many more suffer serious injuries and permanent disabilities. In some countries as many as 50% of the pregnancy-related deaths are caused by abortion.

The complications from unsafe abortion that lead to morbidity and mortality include sepsis and hemorrhage.

In this region it is estimated that _____ unsafe abortions occur each year. The estimated number of deaths that occur each year due to unsafe abortion in this region are _____. The mortality ratio (deaths due to unsafe abortion per 100,000 live births) is _____ in this region. The percent of maternal deaths due to unsafe abortion in this region is _____.

These abortion-related deaths can be prevented by the rapid response of technically competent, sensitive providers.

Abortion related complications can be prevented by:

1. Improving patient and community knowledge about family planning.
2. Strengthening family planning and reproductive health services.
3. Providing access to emergency contraception.
4. Providing postabortion care for incomplete and septic abortions.
5. Making abortions legal, safe, and accessible.

Manual Vacuum Aspiration (MVA) is one technology for the treatment of incomplete abortion.