

Policy and Procedure for MVA for Early Pregnancy Loss

I. Miscarriage/Early Pregnancy Loss

It is the policy of the XXX HEALTH CENTER to provide options for patients experiencing early pregnancy loss that include expectant management, medication management or an aspiration procedure. This policy will apply when the pregnancy loss has been definitely diagnosed and the patient has chosen the aspiration procedure. These services will be offered at XXX HEALTH CENTER, XXX HEALTH CENTER and XXX HEALTH CENTER sites.

Arrival: Patients who come for a manual vacuum aspiration or MVA will enter the practice as do all patients. They will be registered and have vital signs performed. They will be called to the exam/treatment room in the order of appointments unless they are bleeding heavily, in which case their care will be given urgently (much as someone have an asthma exacerbation would be cared for urgently.)

Counseling and consent: Each patient will have the opportunity to discuss the options of care, once the diagnosis of early pregnancy loss has been confirmed, with their clinician. It will be emphasized to the patient that the pregnancy loss was not caused by her. This policy and procedure protocol applies to the patients who choose the aspiration procedure. (Other P&P documents are available for medication and expectant management.)

RH type: If the patient is sure of their blood type or has a donor card, the labs may be drawn on the day of the procedure. Rh testing will not be repeated if the result is already on the chart from a prior pregnancy. If not available, the Rh testing will be done that day. The procedure consent form will be signed at this time.

Set up: All equipment needed for the procedure will be stored in the supply room where the equipment for other procedures is stored.

Procedure: The clinician and a staff member will be with the patient during the procedure. The patient will undress from the waist down, cover themselves with a sheet, and lie in lithotomy position on the exam table. A bimanual exam will be performed. A sonogram (if not done already, or if more bleeding has occurred since the one done already) will be done to confirm the presence of the pregnancy in the uterus and assess the gestational age. A sterile speculum is inserted in the vagina. No-Touch Technique will be observed throughout the procedure: any instruments, or parts of instruments, that enter the uterus must be sterile. The clinician will inject an anesthetic for paracervical block. The cervix will be stabilized with a tenaculum and gentle traction to straighten the cervical canal. Sterile dilators will be used to open the cervix to the appropriate diameter. A sterile suction catheter will be inserted into the cervical os, and attached to a hand held suction device (a manual vacuum aspirator). Tissue will be removed and, after inspection by the clinician for completeness, collected in a specimen jar or urine cup. The instruments will be removed and the patient will be

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observed for bleeding and general stability. A sonogram will be done if the tissue exam is incomplete. When the completeness of the procedure is assured and the patient feels ready, they will get off the exam table and get dressed.

Recovery: Patients will recover in the same exam room until the clinician has spoken with them and given any prescriptions for contraception or pain medication that might be indicated. If additional time is needed, the patient can stay in the exam room or return to a waiting area, under observation of medical and nursing staff. They will remain for a minimum of 30 minutes for post-procedure observation. Patients' vital signs will be monitored, and the patients' need for pain medication to diminish cramping will be assessed. If the patient is Rh negative, Rh immune globulin will be administered before discharge. When the patient is ready, and staff and clinician confirm that they are stable, the patient may leave.

Discharge and follow-up: Each patient will be given a one to 2-week follow-up appointment with a written reminder of that appointment before they leave on the day of the procedure.

Tissue pathology: All tissue will be either sent to the appropriate laboratory for inspection and a report or disposed of following the system already in place for other non-pathological tissue.

II. Emergency Back-up/Transfer

All **XXX HEALTH CENTER** practices have a policy and procedure for the hospital back-up/ emergency transfer of patients. This policy is applicable to all patients, and will be utilized for patients undergoing early pregnancy loss treatment in the very rare instance that this might be needed. On-call issues for early pregnancy loss patients will be handled in the same manner as other urgent calls are handled: the clinician offering the service will give their beeper number or cell phone number to the patient and will be available or arrange for another trained clinician to be available at all times.

III. Quality Improvement

The **XXX HEALTH CENTER** maintains a QI committee, which consists of practice medical directors, trained clinicians, administrators and other staff. The committee reviews the procedures and outcomes for important indicators on a regular schedule, and will report findings in committee minutes.

IV. Facilities and equipment

a. Facility

At each of the listed practices, clinicians have private exam rooms, for both consultation and treatment. Clinicians currently perform other procedures in

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these rooms, including sonography, endometrial biopsy, and IUD insertion and removal. Patients will have the suction procedure in an exam/treatment room, and recover in the same room (see above).

b. Equipment

Sterile instrument trays will be made up of the following:

- 1 sponge sticks
- Single tooth tenaculum
- Set of dilators
- Sterile gauzes
- 2 10 cc syringes
- 21 gauge 2" needles (for injecting for paracervical block)
- 18 gauge 1" needles (for drawing up lidocaine)
- IPAS aspirators (or full MVA kit that includes dilators and cannulas)
- Cannulas sizes 5 through 10
- Lidocaine 1%
- Pyrex dish
- Back light
- Strainer

V. Disposal of medical waste

XXX HEALTH CENTER has a procedure for the removal of medical waste such as blood and other infectious body fluids, as well as contaminated equipment. This procedure will continue to be followed.

VI. Staffing

All clinicians performing aspiration abortion procedures at XXX HEALTH CENTER, XXX HEALTH CENTER, XXX HEALTH CENTER and XXX HEALTH CENTER practice sites will have adequate training from a fellowship program, a residency with advanced reproductive health training, or from colleagues on the job. Nursing staff will assist providers as needed.