Manual Vacuum Aspiration (MVA) Protocol

This protocol provides basic requirements for implementing MVA services at a family medicine teaching site. The interactive version also includes pop-up citations and practice tips.

Scheduling:
Patients requesting appointments for abortion should be scheduled as soon as possible but no later than 7 days after appointment request. If no appointments are available, a provider should be consulted.

Patient Eligibility:
Most patients presenting for abortions are young and healthy and most family medicine practices will only provide abortion procedures with a manual vacuum aspirator (MVA). This protocol is designed for procedures performed in these environments. You may want to consider an alternative location or special preparations if:

- The gestational age is over 10 weeks
- The patient has a bleeding disorder or is taking anticoagulant medication
- The patient has BP >180/120 and is symptomatic

Staffing/Clinic Coverage
A medical provider needs to be credentialed prior to performing MVA procedures. Residents may only perform an MVA if a credentialed physician is present during the procedure.

In addition to the credentialed medical provider performing the MVA, an additional person, such as a medical support person (LPN, PCT, MA, etc.), must be available in the room during the procedure. A family member may be present but does not replace the need for one of the above personnel.

The medical support person can have the role(s) of:
- Witnessing the consent form
- Retrieving instruments or supplies as needed during the procedure
- Helping to keep the patient stable during a vasovagal or vomiting episode
- Providing additional emotional support for the patient

A learner (resident, medical/nursing student, etc.) may be in the room and/or involved in the procedure only if the patient agrees to their participation. If a learner is present, an additional LPN/PCT/MA support person may not be needed. Recommended roles for learners include:
- Medical students/NP students: observation only
- Medical residents: observation and hands-on training. The Aspiration for Abortion Assessment Tool may be used to evaluate the resident’s competence.

Storage Space
An instrument cart can be used for storage of both instruments and devices. The cart can also serve as a surface for instruments during the procedure. The cart should remain locked when not in use. Sterilized instruments can be pre-packed and kept in the instrument cart along with devices and other necessary supplies.

No-Touch Technique
Preventing infection is an important goal during a uterine aspiration. During the procedure, the provider and staff will use a “no-touch” technique to handle the instruments. This means having supplies on a sterile tray, keeping sterile and non-sterile instruments separate, and handling instruments in a way that avoids contact with the tips that enter the uterus.

2 Alley WD, Copelin II EL. Hypertensive Urgency. StatPearls [Internet]. 2018.
### List of Supplies

<table>
<thead>
<tr>
<th>Single-use Items</th>
<th>Re-usable Items</th>
<th>Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal antiseptic and applicator</td>
<td>Metal Specula in multiple sizes</td>
<td>Lidocaine 1% for paracervical block</td>
</tr>
<tr>
<td>Sterile drape for tray</td>
<td>Serrated Ring forceps</td>
<td>ibuprofen</td>
</tr>
<tr>
<td>Syringes (10cc x 2) and Needle (21 or 22 gauge, 1.5 inch)</td>
<td>Single-tooth tenaculum</td>
<td>Misoprostol</td>
</tr>
<tr>
<td>Cannulas (plastic, flexible and/or rigid) up to 12 weeks size</td>
<td>Pratt dilators (sizes 13/15, 17/19, 21/23, 25/27, 29/31, 33/35)</td>
<td>doxycycline</td>
</tr>
<tr>
<td>Sterile Gauze 4x4</td>
<td>Several MVA syringes and lubricant (put together and tested before each use)</td>
<td>Methergine (optional)</td>
</tr>
<tr>
<td>Gloves/ Sterile gloves for tray setup</td>
<td>Strainer and pyrex dish (to evaluate POCs)</td>
<td></td>
</tr>
<tr>
<td>Sterile lubricating gel</td>
<td>Light source</td>
<td></td>
</tr>
<tr>
<td>Chux</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GC/C, pap if needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sealed specimen cup with formalin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney basin (disposable or metal)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Sample Tray Set-up
Useful Documents
- Institutional consent form
- Abortion comparison chart (English and Spanish) [https://rhedi.org/comparison-of-early-abortion-options/](https://rhedi.org/comparison-of-early-abortion-options/)

On the day of the abortion:
- Confirm Rh type
- Obtain and document the best way to contact the patient (i.e., cell phone, etc.)
- Estimate Gestational Age (GA)
  - Document LMP
- Determine if ultrasound is needed
  - If ultrasound is available at your site, it is necessary to have staff trained to use and interpret it
- Print and have patient sign consent form and have it witnessed
- Offer pain medications (ibuprofen 800mg)
- Offer antibiotic medication (doxycycline 200mg)
- Review Information for Patients after Aspiration Abortion
- Confirm that patient knows how to contact the medical team if needed
- Discuss a follow up plan with the patient
- Offer opportunity to discuss contraception
- Complete mandated reporting form per city or state protocol

“Time Out” Protocol:
Consult with your institution to determine whether it is required to follow Joint Commission regulations regarding “time out” prior to a procedure. Obtaining the consent in the presence of the involved staff may serve as an appropriate substitute. Otherwise, “time out” may include verifying the patient’s name and DOB prior to procedure.

Document the patient encounter per clinic protocol.

See Aspiration for Abortion Assessment Tool for detailed steps of the procedure [https://rhedi.org/aspiration-for-abortion-assessment-tool/](https://rhedi.org/aspiration-for-abortion-assessment-tool/)

Evaluation of Products of Conception (POCs)
Even if sending to pathology, inspection of POCs is integral to the procedure. Determine who will be evaluating the POCs and where this will be done. Ask the patient if they want to see POCs.

Before the patient leaves:
- Post-procedural VS taken
- Ensure the patient has a way to contact the provider/clinic
- Ensure patient has received Information for Patients after Aspiration Abortion
- Confirm the patient has taken the doxycycline
- Confirm any additional testing was ordered/done

Cleanup per clinic protocol.

Management of Reusable MVA Instruments
Institutions have different policies and procedures for sterilization of instruments. Typically, a trained staff member will soak dirty instruments in enzymatic cleaner, scrub any visually bloody areas, and then rinse the instruments, and let them air-dry. All used, dirty medical instruments must be kept in a “dirty” area of a room. Once dry, the instruments need to autoclaved on-site or sent out for autoclaving.

Autoclaving on-site:
- Document training and certification in sterilization/infection control procedures.
- Maintenance of a log for machine runs, cleaning schedule, weekly spore test/biologic indicator results.

Sterile instruments may be kept in the instrument cart.