

PROTOCOL FOR: First-Trimester Aspiration Abortion Under Standardized Procedure:

A. DEFINITION

First-trimester aspiration abortion includes manual and electric vacuum procedures for women with an intrauterine pregnancy confirmed by ultrasound for gestational ages 5.0 weeks through 12.6 weeks

- 1) Location to be performed: San Francisco General Hospital: 6G, 5M, ED.
- 2) Performance of procedure:
 - i. **Indications:** Women desiring aspiration abortion in the first trimester for a normal or abnormal intrauterine pregnancy confirmed by ultrasound between 5.0 and 12.6 weeks' gestation.
 - ii. Contraindications
 - a. ASA classes 3 and 4
 - b. Hemodynamic instability or other evidence suggesting a problem that might require hospital admission
- 3) Supervision
 - i. Overall Accountability:

The NP/CNM/PA is responsible and accountable to the Medical Director of Women's Options Center.
 - ii. An in-house attending gynecologist will be available to the NP/CNM/PA in person, by phone or by other electronic means at all times.

B. DATA BASE

1. Subjective Data
 - a. Obtain patient's/caregiver's description of:
 - Last menstrual period history
 - Medical history
 - Obstetrical history
 - Surgical history
 - Current medications; allergies; tobacco, alcohol and illicit drug use
 - Contraception history and counseling
 - Contraception plans after abortion
 - Psychosocial factors as indicated after counseling assessment
2. Objective Data
 - a. Perform physical assessment to include:
 - Limited pelvic ultrasound to assess gestational age and confirm intrauterine pregnancy (if not already performed)
 - Review of vital signs
 - Vaginal and cervical exam

- Uterine position and size
- Airway assessment

- b. Obtain/review the following laboratory tests as indicated:
 - GC/CT screening
 - RPR
 - Hemoglobin, CBC or hemoglobin/hematocrit
 - Type and hold (or Type and Screen if clinically indicated)
 - Qualitative or quantitative beta HCG
 - HIV
 - Cervical cancer screening

- Review pelvic ultrasound results for gestational dating and confirmation of intrauterine pregnancy
- c. All Point of Care Testing (POCT) will be performed according to SFGH POCT Policy and Procedure 16.20.

C. DIAGNOSIS

Assessment and diagnosis of pregnancy status, risk factors or disease process consistent with the subjective and objective findings.

D. PLAN

1. Therapeutic Treatment Plan
 - a. Obtain separate patient consents for abortion and procedural sedation (and any long-acting reversible contraceptive method) before procedure according to hospital policy.
 - b. Time out performed per hospital policy.
 - c. Diagnostic tests for purposes of disease identification.
 - d. Initiation or adjustment of medication per Furnishing/Drug Orders protocol.
 - e. Referral to physician, specialty clinics, and supportive services, as needed.
 - f. Provide local anesthesia via paracervical block, with additional pain control via oral medications, intravenous medications and/or procedural sedation to be administered according to patient preference, hospital- and department-specific protocols
 - g. Perform first-trimester manual or electric vacuum aspiration procedure
 - h. Visual inspection of products of conception, with specimens sent to Pathology as per protocol
 - i. Provide Rh immunoglobulin (RhoGAM) to Rh-negative women
 - j. Provide contraception as appropriate

3. Patient Conditions Requiring Pre-Operative Attending Consultation
 - a. Difficulty determining gestational duration
 - b. Unexplained historical, physical or laboratory findings

- c. Known or suspected cervical or uterine abnormalities
- d. Evidence or suspicion of ectopic pregnancy
- e. Suspected molar pregnancy
- f. Suspected uterine or pelvic infection
- g. Client requests general anesthesia for uterine evacuation
- h. Client hemoglobin less than 8 gm/dL
- i. Upon request of patient, NP, CNM or physician

4. Patient Conditions Requiring Intra- or Post-Operative Attending Consultation

- a. Evidence or suspicion of uterine perforation during procedure
- b. Difficulty obtaining adequate cervical dilation
- c. Excessive pain during procedure
- d. Intra- or post-operative hemorrhage
- e. Cervical laceration requiring repair
- f. Evidence of hemodynamic instability or other evidence suggesting the need for potential hospital admission
- g. Respiratory distress

5. Procedures for Provision of Emergency Care

- a. For any acute deterioration in patient condition, the in-house Gynecology attending will be paged to assume care of the patient.
- b. If emergency services are required in the interim, the protocols of the Women's Options Center will be implemented, which include paging the Airway STAT pager or the MERT or calling a Code Blue.

6. Education

- a. Instruct patient/family/caregiver to:
 - Limit physical activity for 24 hours
 - Implement pelvic rest for 2 weeks
 - Resume or initiate contraception prescribed
 - Call or go to ED with fever or chills, heavy bleeding (soaking 2 or more pads per hour for more than 2 hours), abdominal pain unrelieved by medications

7. Follow up

Follow-up appointment to be scheduled, if indicated.

E. RECORD KEEPING

Patient visit, consent forms, and other procedure-specific documents will be recorded in the medical record and LCR as appropriate. For physician assistants, using protocols for supervision, the supervising physician shall review, countersign and date a minimum of five (5%) sample of medical records of patients treated by the physician assistant within thirty (30) days. The physician shall select for review those cases that by diagnosis,

problem, treatment or procedure represent in his/her judgment the most significant risk to patients.

F. Summary of Prerequisites, Proctoring and Reappointment Competency

<p>Prerequisite:</p> <ul style="list-style-type: none">a. Consistent with Section 2725.4 of CA Business and Professions Code, completion of the Health Workforce Pilot Project curriculum and clinical competencies (see Appendix)b. Completion of training on site related to unit workflow, documentation and protocolsc. State the number of procedures provider must observe being done by a qualified provider = 5
<p>Proctoring Period:</p> <ul style="list-style-type: none">a. Actual number of performances needed to be directly observed: 30b. Any qualified provider can do the proctoringc. Until proctoring has been completed and procedural sedation protocol has also been successfully proctored, all procedures must be supervised by an attending physician who holds privileges for both abortion and procedural sedation.
<p>Appointment/Reappointment Competency Documentation:</p> <ul style="list-style-type: none">a. Minimum number of procedures that must be completed in two years: 10b. Is direct observation of procedure needed? Noc. Chart Review: 3/yeard. successful renewal of procedural sedation protocol at time of reappointment or ongoing supervision of all procedures by attending physician

Appendix 1 – Health Workforce Pilot Project #171 Curriculum

Curricular Overview can be found here:

<http://www.ansirh.org/research/pci/hwpp/hwpp-curriculum-and-competency-resources.php>

First trimester abortion competencies can be found here:

http://www.ansirh.org/wp-content/uploads/2014/05/ANSIRH_CoreCompetencies.pdf

Table of Contents for Curriculum can be found here:

<http://www.ansirh.org/training/workbook.php>

Includes the following subjects:

Early Abortion Training Workbook

ANSIRH's *Early Abortion Training Workbook* was developed for use in a clinical setting where an experienced trainer or provider is available to lead a discussion of its didactic context and exercises. It is intended to help clinicians learn to identify key elements of informed consent counseling, recognize major psychosocial issues of importance for women who seek abortions, understand the basic steps involved with first-trimester vacuum aspiration abortions and early medical abortion service provision, and identify common complications related to first-trimester abortion care.

Now in its fourth edition, the workbook is currently in use at top medical schools around the world. It is designed for use with [*Management of Unintended and Abnormal Pregnancy*](#).

Supplementary training tools and resources

Additional downloadable chapters:

- [Chapter 11: Evaluation](#)
- [Chapter 12: Becoming a Trainer](#)
- [Chapter 13: Office Practice Integration](#)

Chapter 11: Evaluation—Instruments

- [Skills Inventory](#)
- [Trainee Agreement and Consent](#)
- [Procedure Log](#)
- [Training Program Evaluation](#)
- [Daily Evaluation Card](#)
- [Observed Performance Assessment](#)
- [Clinician Feedback Form for Clinic Staff](#)
- [Clinic Services Satisfaction Survey](#)

- [Basic Ultrasound Evaluation](#)
- [New Trainer Skills Evaluation](#)

Chapter 13: Office Practice—Tools

- [Abortion Medication Fact Sheet](#)
- [Abortion Reimbursement Rates](#)
- [Abortion Scheduling Template](#)
- [Additional Security Drills](#)
- [Bomb Threat Report Form](#)
- [Chart Review Form for Medication Abortion](#)
- [Comparison of Medication and Aspiration Abortion](#)
- [Contraceptive Options Fact Sheet](#)
- [Danco \(Mifeprex\) Patient Agreement](#)
- [Disruption/Violence Report for Patients or Visitors](#)
- [Disruption/Violence Report for Staff](#)
- [Early Medication Abortion Using Methotrexate and Misoprostol](#)
- [Ectopic Pregnancy Fact Sheet](#)
- [Emergency Contraception Fact Sheet](#)
- [FP Insurance Letter](#)
- [Insurance Proposal](#)
- [Interpreter Agreement](#)
- [IV Sedation Client Information and Consent](#)
- [Medication Abortion Chart Review](#)
- [Medication Abortion Consent Form \(English\)](#)
- [Medication Abortion Consent Form \(Spanish\)](#)
- [Medication Abortion Log](#)
- [Medication Abortion Follow-Up Log](#)
- [Medication Abortion Visit](#)
- [Mifeprex Alternative Treatment Patient Information and Consent](#)
- [MVA Chart Review](#)
- [MVA Consent Form](#)
- [MVA Procedure Notes](#)
- [MVA Pre-Procedure Notes](#)
- [Phone Script](#)
- [Pre-Abortion Patient Instructions](#)
- [Post-Abortion Patient Instructions](#)
- [Rho\(o\) Immune Globulin Client Information Form](#)
- [Sample Complication Log](#)
- [Spreadsheet Tool](#)
- [Talking About your Work with Others](#)
- [Transfer Agreement](#)
- [Unwrapping Sterile Packs \(Poster\)](#)
- [Values Clarification Workshop](#)
- [What to Expect After Taking Mifeprex](#)
- [When a Small Amount of Pregnancy Tissue was Obtained](#)

- [Working with an Interpreter Training Tool](#)
- [Wrapping Instruments \(Poster\)](#)
- [Reprocessing Vaginal Ultrasound Probe \(Poster\)](#)