

PRE/POST TEST

The purpose of this activity is to assess participant knowledge level at the beginning and end of the workshop to determine changes in knowledge.

Materials

- Pre/post-test for participants

Timeline

1 hour

Advance preparation

- Make photocopies of the pre/post-test for participants (one for each participant)

Instructions

Hand out pre-test or post-test to participants. Let them know they will have about 1 hour to complete the test. Ask them to write their names on the test.

Once participants have completed their test, ask them to hand it in. Grade the pre-tests and following the post-test, consider reviewing any remaining questions that participants might have.

By collecting and comparing the pre- and post- tests, you can determine if there has been a knowledge change.

Training Curriculum - Medical abortion at or after 13 weeks gestation ('second trimester')

PRE/POST TEST

TRAINER'S GUIDE

Instructions: Choose one best answer.

(All answers are found in *Medical Abortion Reference Guide: Induced abortion and postabortion care at or after 13 weeks gestation* ['second trimester'].)

1. What is the purpose of informed consent?

- ☐ To allow the provider to make a decision about the best option for the woman
- ☐ To ensure a woman's family is in agreement with her undergoing the procedure
- ☒ **To allow the woman to make her own treatment decisions, after giving her information about the risks, benefits, and alternatives** *Page 15*
- ☐ To give the woman very specific information about the procedure so that she will never have an unplanned pregnancy again

2. What information should every woman receive during counseling?

- ☐ Tell the woman that she should never be in this situation again
- ☐ Instruct the woman that she still needs a follow up visit even if her procedure is uncomplicated
- ☐ Instruct a woman that contraceptives are not needed immediately after a second-trimester abortion, as return to fertility is slower than with first-trimester abortion
- ☒ **Instruct a woman on procedure risks, what to expect during the abortion process, a pain management plan, warning signs, and contraceptive information** *Page 14*

3. What is the best contraceptive method for a woman after a medical abortion at or after 13 weeks gestation?

- ☐ IUD
- ☐ Sterilization
- ☒ **Whatever method the woman chooses after receiving counseling** *Page 25*
- ☐ No contraception is necessary due to a delayed return to fertility

4. What contraceptive method cannot be started immediately following a second-trimester abortion?

- ☐ Oral contraceptive pills
- ☐ Contraceptive implants
- ☒ **Natural family planning**
- ☐ Injectables

5. A woman with two prior cesarean sections at 18 weeks gestation is a candidate for a medical abortion with mifepristone and misoprostol.

- ☒ **True** *Page 26*
- ☐ False

6. Multiparous women do not need pain medication for a medical abortion at or after 13 weeks gestation because their cervix is more open.

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☐ True

☒ False **Page 19**

7. What medication should be given to the woman with her first dose of misoprostol, and then repeated as needed every 6-8 hours?

☐ Oxytocin

☐ Methylergonovine maleate ("methergine" or an ergotamine)

☒ NSAIDS (non-steroidal anti-inflammatory drugs) such as ibuprofen **Page 19**

☐ Paracetamol

8. How often should a healthy woman be evaluated during a medical abortion at or after 13 weeks gestation?

☐ No monitoring is necessary

☐ Prior to beginning misoprostol, then every 6 hours once the woman starts painfully contracting

☒ Prior to beginning misoprostol, then every 3 hours until she starts feeling strong contractions, then every 1-2 or less depending on her condition and symptoms **Page 18**

☐ Prior to beginning misoprostol, then every 30 minutes

9. Which medical abortion regimen for gestations at or after 13 weeks is the most effective?

☐ Intravenous high-dose oxytocin

☒ Mifepristone and misoprostol **Page 15**

☐ Misoprostol only

☐ Prostaglandin E2 alpha

10. Sometimes a woman taking misoprostol will develop a fever. If she has a temperature greater than 38 degrees C (100.4 degrees F) what should be done?

☐ The abortion should be temporarily stopped, and no further misoprostol should be given until her temperature returns to normal

☐ Blood cultures should be drawn, antibiotics and paracetamol started and the abortion should be temporarily stopped until the temperature returns to normal

☒ Evaluate the woman (exam and vital signs). If no signs of infection, start paracetamol orally every 4 hours **Page 18**

☐ Uterine evacuation by any means should be done immediately

11. Compared to medical abortion before 13 weeks gestation, the level of pain a woman experiences during a medical abortion at or after 13 weeks is:

☒ More

☐ Less

☐ About the same

☐ None at all

12. It is normal for a client to have vaginal spotting two weeks after a second-trimester medical abortion.

☒ True **Page 24**

☐ False

Training Curriculum - Medical abortion at or after 13 weeks gestation ('second trimester')

13. What is the risk of experiencing a major complication in women undergoing a medical abortion at or after 13 weeks gestation as compared to a medical abortion less than 13 weeks?

X More Chapter 4, Page 39

- ☐ Less
- ☐ Equivalent
- ☐ There are no risks

14. A 35-year-old woman is undergoing medical abortion at 18 weeks gestation. She received mifepristone 48 hours ago and has received 3 doses of misoprostol. It has been 3 hours since her last dose. She reports moderate cramping. On exam, her vital signs are normal, her abdomen is nontender, and her cervix feels soft and five centimeters dilated. What is the appropriate next step?

X Continue medical abortion and give the next dose of misoprostol Page 15

- ☐ Attempt to rupture membranes
- ☐ Proceed to the operating room for hysterotomy to remove the pregnancy
- ☐ Stop the misoprostol and use high dose oxytocin

15. A 21-year-old woman at 17 weeks gestation received mifepristone and then 48 hours later misoprostol was started. Fifteen minutes after receiving her fourth dose of misoprostol, the fetus expelled. The woman immediately begins to bleed heavily. The placenta has not been expelled. What should be done?

- ☐ Proceed to the operating room for MVA to remove the placenta
- ☐ Proceed to the operating room for hysterotomy to remove the placenta

X Perform an exam to assess the location of placenta (in the uterus, at the cervix, or in the vagina) and the ability to remove it Pages 23 & 39

- ☐ Wait for fifteen minutes to see if the bleeding stops

16. A woman with two prior cesarean sections is undergoing medical abortion at 22 weeks gestation. She has been contracting uncomfortably but IV fentanyl has been helping her pain. She experiences a sudden increase in abdominal pain but no vaginal bleeding. As you are standing at her bedside she says that she feels dizzy and faint. You perform a vaginal exam and the cervix is high and only one cm dilated with no fetal parts palpated. What is the diagnosis causing you to move immediately to the operating room?

- ☐ Retained placenta

X Uterine rupture Pages 26 & 42

- ☐ Placenta accreta
- ☐ Uterine inversion

17. A woman is undergoing a medical abortion at 19 weeks for fetal anomaly. Sixty minutes after receiving her third dose of misoprostol, she expelled the fetus but not the placenta. She is not bleeding, her vitals are stable, and on exam, the placenta cannot be palpated in the vagina or cervix. What is the next BEST step?

- ☐ Attempt to manually remove the placenta at the bedside
- ☐ Remove the placenta by uterine aspiration

X Give another misoprostol dose and continue patiently waiting for the placenta Page 23

Training Curriculum - Medical abortion at or after 13 weeks gestation ('second trimester')

☐ No extra management is necessary

18. A woman is undergoing a medical abortion at 20 weeks. She expelled the fetus 4 hours ago but not the placenta. She was not bleeding but was given 2 additional doses of misoprostol in an effort to manage the placenta. The cord tears off after using gentle traction. What should you do next?

X Perform a vacuum aspiration to remove the placenta Page 23

- ☐ Proceed to the operating room for D&C (sharp curettage) to remove the placenta
☐ Wait another 6 hours before further interventions
☐ Digitally remove the placenta with your hands

19. The nurse reports to you that she "thinks" but did not confirm complete expulsion (fetus + placenta) of a woman undergoing a medical abortion at 16 weeks. The woman's vital signs are stable, and bleeding is minimal. Which of the following should be done next?

- ☐ Examine the woman's cervix for lacerations
☐ Perform sharp curettage of the uterus, to ensure that there are no retained products of conception

X Examine the fetus and placenta to confirm that expulsion was complete Page 23

- ☐ Perform an ultrasound to ensure that there are no retained products of conception

20. Twenty-four to forty-eight hours after a medical abortion, it is common for a woman's bleeding to increase and for her to start passing very large blood clots.

☐ True

X False Page 24

21. Routine prophylactic antibiotics are essential to prevent infection with medical abortion.

☐ True

X False

22. Follow-up visits have been proven to decrease complication rates following second trimester medical abortion.

☐ True

X False Page 25

23. Digoxin is a fetocidal agent that should be administered:

X Intra-amniotically Page 20

- ☐ Orally
☐ Intravenously
☐ Intramuscularly

24. A woman is undergoing medical abortion at 28 weeks for fetal anencephaly. Upon expulsion of the pregnancy, the nurse confirms the anomaly but also notices that the fetus is making small movements and still has a heartbeat. What should be done with the fetus?

- ☐ Call the neonatal team for a full resuscitation effort
☐ Dispose of the neonate immediately via incineration or a pit

X Treat it with respect, wrap in blankets and ask the woman or her family if they would like to hold him/her until the heart stops beating *Page 22*

25. Lactation can occur following medical abortion at or after 13 weeks but should resolve quickly.

X True *Page 24*

☐ False

26. Which postabortion care regimen for uterine size after 13 weeks is recommended?

☐ Intravenous high-dose oxytocin

☐ Rupturing membranes

☐ Vaginal PgE2, 20 mg every 4 hours

X Mifepristone plus misoprostol *Page 38*

27. A 19-year-old woman G1P0 presents with a fever, a tender uterus but no peritoneal signs or signs of septicemia, and an open cervix with a uterine size of approximately 17 weeks. She is started on antibiotics for presumed infection as well as mifepristone and misoprostol. She would really like an IUD and asks if she can get this placed prior to discharge?

X No, because of her probable infection but can start on almost any other method in the short term and then get her IUD placed at a later date when her infection has been fully treated and her symptoms gone *Page 25*

☐ No, due to her history of infection, she can never have an IUD

☐ Yes, if she is afebrile at the time of discharge, she can have one placed immediately

☐ Yes, since she is on antibiotics, she can get her IUD placed prior to discharge

28. High quality comprehensive abortion care includes several key components. Which of the following is not a key component?

☐ Counseling

☐ Pain management

☐ Performing a bimanual exam to assess uterine size/gestation

X Availability of ultrasound

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FOR PARTICIPANTS

Instructions: Choose one best answer.

1. What is the purpose of informed consent?

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 - ☐ More
 - ☐ Less
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- ☐ Pain management
- ☐ Performing a bimanual exam to assess uterine size/gestation
- ☐ Availability of ultrasound