



Core Competencies for Managing Early Pregnancy Loss with Uterine Aspiration

Early pregnancy loss (EPL) management is an essential element of sexual and reproductive health care. EPL is managed three ways; expectant ('wait and watch'), medication, and through manual uterine aspiration (MUA). MUA is often a barrier to providing comprehensive EPL management for many providers. This document provides a list of competencies for Advanced Practice Clinicians (APCs) providing early pregnancy loss management by MUA. This document includes competencies around knowledge, behaviors, and skills that clinicians should be able to demonstrate in order to safely perform MUA. It can be used in conjunction with TEAMM's MUA Skills Checklist during the hands-on portion of training.

Competence Level Descriptors

Competence is a baseline level for safe independent practice, with exposure and experience leading to proficiency and subsequent expertise. Attainment and assessment of any competency for early pregnancy loss should progress through the following three levels.

Level 1 - observation or indirect methods

- Demonstrate thorough understanding of the principles of the competency/clinical skill/situation, including the indication for the procedure and common complications
- Observe the procedure on a number of occasions before direct supervision of clinical skill
Use other methodologies (e.g. drills, simulation, e-learning, case-based discussion assessments) if direct experience is not possible

Level 2 - direct supervision across different clinical situations

- Perform the clinical skill/manage case under supervision
The number of times the competency/clinical skill/situation needs to be supervised depends on the complexity of the case and individual aptitude
- No limit to the number of times the procedure can be supervised; both trainee and trainer must be certain that the procedure can be safely performed in a number of different clinical situations and levels of complexity
- Be able to manage any unexpected complication and know when to summon senior help

Level 3- independent practice

- Ability and confidence to perform the clinical skill/situation competently when senior staff is not immediately available
- Willingness to move on to experiential learning with further case exposure
Keep a record of the numbers of cases/procedures subsequently managed (including any complications and their resolution)

Pre-Procedure Assessment Competencies

- Perform clinical history including complete medical, reproductive and sexual and social history and risk assessment

- Perform appropriate clinical examination including STI screening and assessment of gestation
 - Arrange/perform laboratory and ultrasound investigations, and specific investigations as prompted by history and examination
 - Conduct assessment to determine/confirm gestational age (ultrasound for pregnancy elements, bimanual exam for uterine size)
- Communicate effectively with patients regarding the MUA procedure
 - Explain clearly the procedure, risks and benefits, and potential side effects of any medications to be used.
 - Demonstrate consistent respect for diversity of beliefs and values
- Prescribe drugs required for chosen procedure including antibiotic prophylaxis and pain medication. Discuss/create plan related to pregnancy intentions and/or contraceptive needs.
- Complete documentation including consent
 - Seek informed consent after assessment of cognitive competency
 - Document episode accurately

First-Trimester Aspiration Procedure Competencies

- Confirm consent for procedure and post-EPL contraceptive plan choice since pre-procedure assessment (if patient desires contraception)
- Confirm all medications prescribed and administered/taken including antibiotics, pain medication and contraception
- Check equipment and supplies for procedure including for analgesia and sedation
- Manage pain appropriately using local anesthesia and analgesia
- Manage pain using moderate/conscious sedation – optional depending on institutional guidelines
- Complete EPL procedure by MUA
 - Position patient
 - Use ‘no-touch’ clean technique throughout procedure
 - Minimize risks related to bodily fluids -use correct PPE, manage sharps correctly
 Perform:
 - Bimanual examination (empty bladder)
 - Speculum examination
 - Stabilization of cervix
 - Application of local anesthetic to cervix
 - Cervical dilation
 - Aspiration of uterine contents
 - Gross identification of products of conception and disposal of same with due regard to respect and dignity
 - Manage if inadequate products of conception (i.e. incomplete EPL, rule out ectopic or molar pregnancy)
 - Manage immediate complications including: dilation difficulties, poor aspiration of uterine contents, blockage of cannula, excessive bleeding/hemorrhage, uterine atony, vasovagal reaction, allergic reaction, uterine false passage/perforation, cervical laceration, air embolism, acute hematometra

Post-Procedure Assessment and Follow-up Competencies

- Perform immediate post-procedure clinical assessment and routine follow-up.

- Conduct investigations with ultrasound and/or laboratory assessments to confirm resolution of pregnancy (e.g. beta HCG, hemoglobin) as necessary
- Confirm procedure complete by gross or additional examination of uterine contents (i.e. products of conception examination) by identifying pregnancy elements consistently and accurately
- Provide immediate contraception (including IUDs, implants, DMPA) if patient desires
- Assess physical and psychological well-being of patient; review counseling and support needs
- Review needs for social support and assistance following procedure with special attention to patients with particular vulnerability (e.g. minors; those with psychiatric conditions/mood disorders, limited social support, or high risk for intimate partner violence, repeat unintended pregnancy or STI)
- Complete documentation
- Consider contacting patient after discharge to assess problems and/or to determine return to primary prevention methods of unintended pregnancy or reproductive life plan
- Manage delayed complications including bleeding, infection, retained products of conception, and emotional distress

***These competencies were adapted for the purposes of early pregnancy loss management from [the Early Abortion Training Workbook](#)