 **Script: What to Say While You're Doing a Manual Uterine Aspiration**

Hi, I'm\_\_\_\_\_\_\_\_\_ and my first name is \*\*\*. What do you like to be called, and what pronouns do you use? I will be your provider today.

[Ask questions regarding medical history, and review consent form] Include trauma screening: “I ask all my patients about past life experiences that may have been traumatic and can impact their experiences of health care, particularly reproductive health care. Have you had any experiences in the past that could impact your care today that you’d want to discuss with me?” (If yes - “any activating/triggering things to avoid? Anything that would make this a better experience for you?”) Would you prefer to have a chaperone for any part of this process?

[Use PATH questions to ask whether patient is interested in contraception post-procedure]

* Do you think you’d like to have another pregnancy at some point?
* If so, when?
* How important is it to you to prevent pregnancy until then?
* Would you like to talk about birth control options?

Next, if it’s ok with you, I’d like to perform an ultrasound to determine the pregnancy’s duration and what we will need to use for your procedure. What would you like to know about your ultrasound?

*Provider note: Start with transabdominal ultrasound and use transvaginal ultrasound if needed and acceptable to patient. Offer to have patient stay dressed if they prefer through history and abdominal ultrasound.*

I’d also ask to do an internal exam to feel the size and position of your uterus. How have pelvic examinations been for you before?

*Provider note: Offer description of steps and findings to the degree patient desires and monitor for nonverbal signs of distress or other indications procedure should be stopped.*

Is it OK with you if I start the procedure now? [pause and wait for response]

I'm putting on gloves, and the first thing you will feel is the speculum. There is going to be pressure, but it shouldn't pinch or hurt. If it is pinching or hurting, please tell me so I can make an adjustment or stop if you prefer.

When you’re ready, the next step is to place some numbing medicine into the cervix. This makes the rest of the procedure less uncomfortable. If you are feeling any discomfort, take a deep breath in, and blow it out. Please let me know if you need a break.

Next, when you’re ready, I’ll stabilize the cervix. Some people find that coughing when I place the holder decreases discomfort; would you want to do that on a count of 3? The medication I placed earlier should also make this more comfortable. [wait for cough to clamp tenaculum]

The next step is gently dilating the cervix. You may or may not feel these sensations. Are you ready? (proceed when patient consents)

The last step is using a sterile straw and suction to empty the uterus. Some people feel like this gives a tugging sensation. May I proceed?

As your uterus starts to empty, it contracts - it’s a strong muscle, and that contraction is normal to decrease bleeding. That means your procedure is almost done.

The uterus is empty. May I use a gauze/cotton swab to check bleeding?

*Provider note: If it isn’t necessary to use a gauze, consider a cotton swab or not using either- sometimes the gauze in the vagina is really uncomfortable for patients.*

[If an IUD is to be placed]

Are you ready for the IUD placement? This should cause fewer sensations than the aspiration procedure.

The procedure is done. I'm going to remove the tenaculum and the speculum. Would you like a heating pad or a minute to rest before sitting up? When you are ready, please move back up the table into whatever position works for you. The worst of your cramping should go away in the next 5-10 minutes.

I'm just going to step out of the room and look at the tissue to make sure we have everything we need. If you want to dress in the meantime, that’s ok- if you want to rest, that’s ok too. I will come back to check on you and let you know what I saw.

[The clinician leaves the room to check the products of conception (POCs) rendered from the procedure]

[The clinician returns]

The pregnancy tissue looked as expected- we do not need to do any other procedures today.

[if inadequate tissue] I didn’t see the pregnancy tissue I’d have expected. May I perform and ultrasound to double-check that the uterus is empty? (discuss repeat aspiration if necessary)

[if starting non-LARC birth control] When are you planning on starting your birth control? (if >=7 days, will need to back up per SPR guidelines)

Would you like to have a follow-up visit? [if yes, schedule in a few weeks. Regardless, review post-procedure precautions re: bleeding, infection, pain.] Would you like that visit to be in person, or virtual?

If you have any questions after today, please don't hesitate to call.