
WEEK 3: Abortion in the First-Trimester

QUIZ QUESTION ANSWER SHEET

1. Potential advantages of medication abortion (compared with surgical abortion) include all of the following EXCEPT:
- The procedure can be done at home and allows for more privacy.
 - Provider training in medical abortion is minimal.
 - The procedure can feel more “natural”, like a miscarriage
 - The procedure can be performed later in gestation (after 12 weeks).

Answer: **The procedure can be performed later in gestation (after 12 weeks).**

Explanation: Medication abortion should typically not occur after 12 weeks gestation. Advantages to medication abortion (compared with surgical abortion) include that the abortion can be done at home, can be available without a skilled clinician, and can feel more “natural”, like a miscarriage. Please refer back to Dr. Karen Meckstroth’s lecture “Medical Abortion” for a detailed explanation.

2. What is one way medical abortion is different than emergency contraception?
- Medical abortion prevents ovulation.
 - Medical abortion most effective if taken within 72 hours of unprotected sex.
 - Medical abortion disrupts an existing pregnancy.
 - None of the above

Answer: **Medication abortion disrupts an existing pregnancy.**

Explanation: Medication abortion disrupts an existing (early) pregnancy and causes it to expel. In contrast, emergency contraception prevents ovulation, and is most effective if taken within 72 hours of unprotected sex. Please refer back to Dr. Karen Meckstroth’s lecture “Medical Abortion” for a detailed explanation.

3. Most abortions (88%) in the United States occur in the _____ .
- First trimester (≤ 12 weeks)
 - Second trimester (13-24 weeks)
 - Third trimester (21+ weeks)

Answer: **First trimester (≤ 12 weeks)**

Explanation: Most abortions (88%) occur in the first trimester. 11% of abortions occur at 13-20 weeks gestation and 1% of abortions occur after 20 weeks gestation. Please refer to Dr. Andrea Jackson’s lecture “First-trimester Aspiration Abortion” for a detailed explanation.

4. True/False: Sharp curettage (D&C) is the gold standard for performing first-trimester abortion.
- True.
 - False. Sharp curettage puts the patient at increased risk for major complications such as bleeding, and damage to future reproductive ability. MUA or EUA are safer methods to perform first trimester abortion.
 - Information was not provided in the lecture.

Answer: False. Sharp curettage puts the patient at increased risk for major complications such as bleeding, and damage to future reproductive ability. MUA (manual uterine aspiration) or EUA (electric uterine aspiration) are safer methods to perform first trimester abortion.

Explanation: Sharp curettage should no longer be used for abortion. When using sharp curettage for abortion, there is an increased risk for major complications. Please refer to Dr. Andrea Jackson's lecture "First-trimester Aspiration Abortion" for a detailed explanation.

5. The following are nonpharmacologic methods for pain management EXCEPT:
- Hypnosis
 - Provision of Ibuprofen and paracervical block
 - Providing continuous, low abdominal heat
 - "Vocal Local" (diverting attention during the procedure by talking about vacations or families)

Answer: Provision of Ibuprofen and paracervical block.

Explanation: Hypnosis, providing continuous and low abdominal heat, and the technique "vocal local" are all nonpharmacologic methods for pain management. Please refer to Dr. Karen Meckstroth's lecture "Pain with Uterine Aspiration Abortion".

6. Which of the following United States' Supreme Court decisions was passed in 1973 and held that the constitution protects women's right to seek abortion care and grounded its decision in a line of "privacy" cases?
- Gonzales vs. Carhart
 - Planned Parenthood vs. Casey
 - Roe vs. Wade
 - None of the Above

Answer: Roe vs. Wade

Explanation: The U.S. Supreme Court decision in Roe vs. Wade in 1973 held that the constitution protects women's right to seek abortion care and grounded its decision in a line of "privacy" cases. Please refer to Maya Manian's lecture "Abortion Rights in the United States: An Overview of Federal and State Law on Abortion Access" for a detailed explanation.

7. Which of the following was enacted in 1976 and bans federal funding for abortion services, except in cases of rape, incest, or where a woman's life is threatened as a result of the pregnancy itself."
- The Hyde Amendment**
 - The Pain-Capable Unborn Child Protection Act
 - The Patient Protection and Affordable Care Act
 - None of the above

Answer: **The Hyde Amendment**

Explanation: The Hyde Amendment was enacted in 1976 and bans federal funding for abortion services, except in cases of rape, incest, or where a woman's life is threatened as a result of the pregnancy itself. The Pain-Capable Unborn Child Protection Act in Nebraska issues a total ban on abortion at 20 weeks post-fertilization. Please refer to Maya Manian's lecture "Abortion Rights in the United States: An Overview of Federal and State Law on Abortion Access" for a detailed explanation.

8. Which of the following contraceptive methods has the highest failure rate based on *typical use*?
- Progestin-only pills
 - 3-month injection (Depo-Provera)
 - Implants (Implanon)
 - Levonorgestrel IUD (Mirena)

Answer: **Progestin-only pills**

Explanation: Of the following answers presented in this question, progestin-only pills have the highest failure rate (9%) based on typical use. The 3-month injection (also known as Depo-Provera) has a 6% failure rate based on typical use. Implants (such as the Implanon) and the levonorgestrel IUD both have less than 1% failure rate based on typical use. Please refer to Dr. Jody Steinauer's lecture "Contraception" for a detailed explanation.

9. What contraceptive method can be used as an effective emergency contraception if used within 5-7 days of unprotected intercourse?
- Progestin-only Pills
 - Implant (Implanon)
 - Copper IUD (Paragard)
 - 3-month injection (Depo Provera)

Answer: **Copper IUD (Paragard)**

Explanation: The Copper IUD is the only contraceptive method that can also be used as effective emergency contraception (if used within 5-7 days of unprotected intercourse). Please refer to Dr. Jody Steinauer's lecture "Contraception" for a detailed explanation.

10. The best method to facilitate effective contraceptive use is to :

- Promote abstinence until marriage educational programs to delay the need for contraception.
- Reduce access barriers by giving women more than one pack of contraceptive pills at a time.
- Encourage contraceptive use only amongst women above the age of 18 who are more responsible with adhering to contraception regimes.
- Confer with partner to ensure they agree with one's contraceptive method choice.
- All of the Above

Answer: Reduce access barriers by giving women more than one pack of contraceptive pills at a time.

Explanation: The best method to facilitate effective contraceptive use is to reduce barriers for women to access contraceptive methods. One way to do this is by giving women more than one pack of contraceptive pills at a time to reduce the frequency of visits to obtain contraception. Please refer to Dr. Jody Steinauer's lecture "Contraception" for a detailed explanation.