**Abortion and Clinical Practice**



**QUIZ QUESTIONS**

1. The fundamental principle in pregnancy decision-making is that the \_\_\_\_\_\_ has the answer to all health care decisions.

* Physician
* Counselor
* Patient
* Patient’s partner or family member

1. When counseling a patient with a positive pregnancy result, a healthcare provider should

* Not assume that he/she and the patient share the same understanding of medical terminology, feelings, or beliefs
* Validate the feelings that their patient is experiencing
* Seek understanding of their feelings and beliefs
* Provide options for more counseling and/or referrals
* All of the above

1. The following is a statement that a health provider might give when disclosing a positive pregnancy result to a patient. “I have the results of your pregnancy test. The test came back positive, that means that you are pregnant…How are you doing with that information?” Which of the following is true regarding this statement?

* The counselor assumed shared knowledge of medical information
* The counselor ended with an open ended question, indicating that the he/she is ready to listen to the patient’s questions and concerns
* The counselor pauses in between his/her statement, creating a space where there is silence so the patient can gather her thoughts and respond when ready
* The counselor’s statement feels like he/she is rushing the patient to quickly make a decision about the result

1. In order for a patient to give informed consent, they need to exhibit all of the following EXCEPT:

* Competence and the ability to rationally reason
* Appreciation of the consequences of a decision and understanding of the impact of a particular decision
* They have had a previous discussion with family and friends their decision.
* Making the decision based on one’s own free will
* Evidence a choice by either written or verbal consent

1. In assessing a patient’s decision to have an abortion, an appropriate question to ask in order to learn about her experience could be:

* “What makes you sure you want to have an abortion?”
* “What was it like for you to make the decision to have an abortion?”
* “Did you think about the other alternatives, liking having the baby or giving the baby up for adoption?”
* All of the above are appropriate questions to use when learning about the patient’s experience making the decision to have an abortion.

1. Which of the following abortion counseling components is NOT required to happen before achieving informed consent?

* Providing comprehensive information that explains what the patient can expect during their visit
* Aftercare and discharge instructions
* Contraception health education and options
* Decision assessment and counseling

1. 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)

1. What contraceptive method can be used as an effective emergency contraception if used within 5-7 days on unprotected intercourse?

* Progestin-only Pills
* Implant (Implanon)
* Copper IUD (Paragard)
* 3-month injection (Depo Provera)

1. 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

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).

1. 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

1. Which of the following is NOT a component of aspiration abortion?

* The procedure is more effective and the chance of needing further intervention is lower than than medical abortion
* The procedure can be performed later in gestation
* The procedure is less convenient than medical abortion; it has a longer time to completion and requires more visits (usually)
* No exposure to teratogens (for the 1% of pregnancies that continue after MAB)

1. Which of the following medical abortion regimens is the most effective if available? (95-99% efficacy)

* Mifepristone + misoprostol to 9+ weeks
* Methotrexate + misoprostol to 7 weeks
* Misoprostol alone to 9+ weeks
* Methotrexate alone to 9+ weeks

1. Most abortions (88%) in the United States occur in the \_\_\_\_\_\_\_ .

* First trimester (≤ 12 weeks)
* Second trimester (13-24 weeks)
* Third trimester (21+ weeks)

1. 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.

1. When comparing Manual Uterine Aspiration (MUA) with Electric Uterine Aspiration (EUA), researchers found that

* An EUA has significantly less complications than an MUA
* The wait time for a MUA is longer
* The procedure time for an EUA is shorter
* The total cost of of a MUA is less than the total cost of an EUA

1. Which of following is NOT a component of cervical preparation

* Misoprostol
* Osmotic cervical dilators
* Preoperative preparations must be done 3-4 hours pre-procedure
* Cervical priming for all women younger than 18 years old, nulliparous women greater than 9 weeks, all women greater than 12 weeks who are undergoing a first trimester aspiration procedure
* None of the above

1. 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)

1. All of the following are cognitive-evaluations components of pain EXCEPT

* The attention that the patient is paying to their current situation
* The meaning of the situation to the patient
* Past experiences that the patient may have had
* Fear and Anxiety that the patient is experiencing

1. Which of the following factors associated with high pain during a routine pelvic exam had the highest odds ratio?

* Age < 26
* Presence of one or more mental health problems
* History of sexual abuse
* Dissatisfaction with present sexual life
* Negative emotional contact with the examiner

1. What percentage of U.S. abortion providers use deep sedation or general anesthesia for the majority of their abortions?

* 10%
* 20%
* 35%
* 45%

1. Approximately what percentage of abortions in the United States occur after the first trimester (after 12 weeks from a woman’s last menstrual period)?

* 1%
* 12%
* 25%
* 50%
* 90%

1. In the United States, most abortion after the first trimester are performed by which procedure?

* Medical Induction
* Dilation & Evacuation (D&E)
* Dilation and Curettage (D&C)
* None of the above

1. What are some common reasons why women seek abortion services after the first trimester?

* The woman did not realize she was pregnant
* The woman experienced difficulty making arrangements for abortion
* A fetal abnormality was diagnosed
* The woman was afraid to tell her parents or partner
* All of the above

1. Based on scientific literature, most patients who seek abortions in the second trimester prefer \_\_\_\_\_\_\_ as their method of termination.

* D&C (Dilation and Curettage)
* D&E (Dilation and Evacuation)
* Medical Induction
* None of the above

1. In the United States, approximately what percentage of women have no abortion provider in their county of residence?

* 1%
* 15%
* 35%
* 75%
* 95%

1. Compared to induction, dilation and evacuation \_\_\_\_\_\_\_\_

* Typically uses IV narcotics and sometimes regional anesthesia.
* Take 6-11 hours on average to complete.
* Requires providers to have no extra training.
* Costs less than inductions.
* Requires the patient to play a bigger role in the procedure than the provider.

1. What percentage of D&E patients could not obtain an early abortion?

* 35%
* 45%
* 60%
* 70%
* 80%

1. Which of the following is needed to improve access for dilation and evacuation?

* Encourage healthcare providers to obtain training during residency and post-residency
* Building support in the community and within institutions
* Advocating for protecting and expanding D&E services to all women
* Extending a true choice to patients
* All of the above

1. Which of the following is a true statement?

* Abortion causes mental illness including depression and “post-abortion syndrome”
* There is evidence among well-designed research studies that abortion is associated with infertility, ectopic pregnancy, and miscarriage.
* Abortion increases the risk of breast cancer.
* Most women regret their abortions.
* None of the above. All of the above statements are myths about abortion

1. True or false: Ambulatory surgery centers are safer than freestanding clinics.

* True.
* False.
* Information was not provided in the lecture.

1. Which of following is/are false regarding mental health effects after abortion?

* Pre-existing mental health problems predict mental health problems after abortion
* Reliable studies have shown that patients experience negative mental health effects after abortion
* “Post-abortion Syndrome” claims that abortion is uniquely damaging to women and childbirth is automatically beneficial
* Some states require physicians to tell women about potential psychological side effects

1. An example of a minor complication during procedural abortion include

* Hemorrhage
* Perforation
* Infection
* Cervical laceration
* Excessive bleeding and excessive pain

1. Level A evidence refers to evidence that comes from

* Randomized controlled trials
* Expert opinion
* Observational studies
* Case series

1. Which of the following is paired off incorrectly?

* Ultrasound to confirm gestational age- Level B evidence
* Cervical Preparation- Level B evidence
* Immediate contraception- Level A evidence
* Visual inspection of products of conception- Level C evidence
* Antibiotic prophylaxis- Level A evidence

1. Medical abortion is complete only when

* A urine home pregnancy test shows a negative result one week after the medical abortion
* No sac is seen on a follow-up ultrasound
* The women experiences vaginal bleeding
* The lining of the uterus has thinned

1. What percent of abortion-related mortality cases occurred in abortions that were done after 21 weeks?

* 30%
* 40%
* 50%
* 60%
* 70%

1. Poor cervical dilation is a risk factor for

* Bleeding
* Perforation
* Hysterectomy
* Infection
* Cervical Laceration

1. Which of the following is NOT an example of an evidence-based intra-operative measure to reduce risk of complications during procedural abortions?

* Adequate training of healthcare professionals in procedural abortions
* Prophylactic uterotonics
* Vasopressin in a paracervical block
* Avoiding halogenated anesthetic gases
* Intraoperative ultrasound

1. Which of the following is NOT a method used for managing a hemorrhage complication?

* Performing a cannula test
* Using uterotonic medication
* Implementing balloon tamponade
* Using ferric subsulfate solution (Monsel’s solution)

1. The best way to manage an unstable patient with a large perforation is to

* Perform a laparotomy
* Implement balloon tamponade
* Using uterotonic medication
* Perform a laparoscopy

1. A method to manage the clinical team during and after a procedural abortion complication is to

* Call a colleague in the moment of a complication
* Call a colleague after the moment of a complication
* Debrief with the team and assess what happened, what went well, and what could have gone differently?
* Expect complications and be prepared
* All of the above