Vacuum aspiration for induced abortion in the first trimester

23 November 2015

Summary

The provision of vacuum aspiration includes the assessment of gestational age, cervical priming (if needed), the actual procedure, pain management including the provision of a paracervical block (if needed) and the assessment of completeness of abortion through the visual inspection of products. Health workers with the skills to perform a bimanual pelvic examination to diagnose and date a pregnancy, and to perform a transcervical procedure such as intrauterine device (IUD) insertion, can be trained to perform vacuum aspiration.

The WHO recommendations for health worker roles in providing safe abortion care and post-abortion contraception (2015) provide a range of options of types of health workers who can perform specific abortion care and post-abortion contraception tasks safely and effectively.

Specific tasks considered within this guideline:

- Management of abortion and post-abortion care in the first trimester
  - Vacuum aspiration for induced abortion
  - Vacuum aspiration for the management of incomplete abortion
  - Medical abortion with mifepristone + misoprostol or misoprostol
  - Medical management of incomplete abortion with misoprostol
  - Self-management of components of medical abortion
- Management of abortion and post-abortion care beyond 12 weeks
- Recognizing and managing non-life-threatening complications
- Counselling and information provision
- Post-abortion contraception provision

WHO recommendations

Vacuum aspiration for induced abortion is:

- **Recommended to be provided by specialist doctors** and non-specialist doctors as it is within their typical scope of practice. No assessment of the evidence was therefore conducted.
- **Recommended to be provided by associate and advanced associate clinicians** (moderate certainty), midwives (moderate certainty), and nurses (low certainty).
- **Recommended in specific circumstances to be provided by auxiliary nurses (ANs) and auxiliary nurses midwives (ANMs)**. WHO recommends this option in contexts where established health systems mechanisms involve ANMs/ANs in providing basic emergency obstetric care or post-abortion care already exists.
- **Recommended in specific circumstances to be provided by doctors of complementary systems of medicine**
WHO recommends this option in contexts with established health system mechanisms for the participation of doctors of complementary systems of medicine in other tasks related to maternal and reproductive health.

- **Recommended against provided by pharmacists, pharmacy workers, and lay health workers.** Considered outside their typical scope of practice.

Manual or electric vacuum aspiration, as well as medical abortion with mifepristone followed by misoprostol (or misoprostol alone in contexts where mifepristone is not available), are appropriate methods to terminate a pregnancy in the first trimester. Uncomplicated incomplete abortion (both induced and spontaneous) can be managed with manual vacuum aspiration (MVA) or electric vacuum aspiration (EVA), or with oral or sublingual misoprostol. While MVA is more commonly used and more likely in primary care settings, the skills required for EVA are similar, thus the recommendations above apply to the provision of either form of vacuum aspiration.

**Additional remarks:**

There may be more procedural difficulties in pregnancies of over nine weeks duration. In experienced hands the procedure can be used in pregnancies up to 14 weeks; however, for all health worker types, more training and experience is needed for the use of MVA at 12 -14 weeks pregnancy duration as compared to the use of MVA at less than 12 weeks.

- Health worker roles in providing safe abortion care and post abortion contraception
  Guideline
- Evidence to Decision (EtD) Frameworks for WHO recommendations
  Supplement 1
- Evidence base for benefits and harms for WHO recommendations
  Supplement 2
- Evidence base for acceptability and feasibility for WHO recommendations
  Supplement 3

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