



NZ COLLEGE
OF SEXUAL &
REPRODUCTIVE
HEALTH

MODULE 3

Early surgical abortion: Qualified health practitioner training principles

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Definitions

EVA Electrical vacuum aspiration

IUC Intrauterine contraception

LARC Long-acting reversible contraception

MVA Manual vacuum aspiration

NZCSRH New Zealand College of Sexual and Reproductive Health

POC Products of conception

1. PURPOSE

This document describes the skills health practitioners need to demonstrate, and the training required to provide culturally safe, consistent, high-quality early surgical abortion care.

Other guidelines and standards

Health practitioners must be familiar with New Zealand Aotearoa Abortion Clinical Guideline which can be found on the [Ministry of Health's website](#).

Service providers and health practitioners must be familiar with relevant standards included in [Ngā Paerewa Health and Disability Services Standard NZS 8134:2021](#).

Principles

These Early Surgical Abortion Qualified Health Practitioners Training Principles:

- Are committed to honouring the Crown's obligations under Te Tiriti o Waitangi and equitable outcomes for Māori
- Promote equity, safety and choice
- Promote culturally safe, consistent, high-quality care

Training is constructive, progressive and formative, leading to optimal standards of care.

Achievement of competency

To achieve competence, health practitioners must:

- Have satisfactory theoretical knowledge about early surgical abortion, including how to manage side effects and complications
- Demonstrate safe provision of early surgical abortion care over a minimum of 40 procedures¹ and be assessed as having achieved competency.

Maintaining competency

To maintain competence, qualified health practitioners must participate in ongoing and appropriate professional recertification requirements (e.g. professional development, peer review and/or practice reflection) in accordance with their scope of practice. This should include maintaining an audit of procedures and complications and auditing these including:

- Time from referral to completion of abortion
- Median gestation
- Complication rate: including haemorrhage, blood transfusion, need for further procedure

Prerequisites

Prerequisite expectations are that the health practitioner:

- Holds a current practising certificate within their Aotearoa New Zealand professional body
- Holds a current [NZ Resuscitation Council CORE Immediate – Adult certificate](#)
- Has competence to provide contraceptive counselling
- Has completed LARC training and can fit LARC competently
- Is competent to provide the analgesia/sedation used
- Has completed to satisfaction the online NZCSRH Communication and Decision Making and [Early.. Surgical Abortion training hosted at bpa^{nz}](#) or equivalent

1. Levi, A, S. Goodman, T. Weitz, R. AbiSamra, K. Nobel, S. Desai, M. Battistelli, D. Taylor (2018). Training in aspiration abortion care: An observational cohort study of achieving procedural competence. International Journal of Nursing Studies 88:53-59. <https://doi.org/10.1016/j.ijnurstu.2018.08.003>

2. PROGRAMME

Practical training

Health practitioners can access practical training from any setting presently providing early surgical abortion care at a rate of >100/year.

Early surgical abortion

Competence is assessed against the following criteria, divided here into pre-abortion skills, those relating to the procedure itself, and follow-up care.

Before an early surgical abortion procedure, health practitioners should be able to:

- Communicate clearly with the patient, and any other people the patient chooses to involve in their care, to explain the procedure and [ensure informed consent is given](#).
- Ensure the patient is aware that counselling is available to them before and after an abortion if requested
- Provide further information and referrals where necessary for alternative abortion or pregnancy pathways if the patient is unsure or chooses not to have an early surgical abortion
- Take a focused medical history to find out if the patient has any relevant medical history including use of medicines and allergies
- Have a culturally safe conversation with the patient about the plan for the products of conception including managing taking them home and the services management of them
- Advise the patient of post-abortion contraceptive options and be prepared to provide their choice of contraception including IUC/implant if this is requested

For early surgical abortion by manual or electric vacuum aspiration, health practitioners should be able to:

- Confirm all personnel, equipment and supplies are ready for the procedure
- Manage pain appropriately using local anaesthesia, analgesia, [sedation/anaesthesia](#)
- Complete the abortion procedure:
 - Position the patient comfortably
 - Use the 'no-touch' technique throughout the procedure
 - Perform:
 - bimanual examination
 - speculum insertion and examination
 - stabilise the cervix
 - apply local anaesthetic paracervical block to the cervix
 - dilate the cervix
 - aspirate the uterine contents by MVA or EVA
 - Confirm that the abortion is complete by:
 - visual inspection of products of conception
 - ultrasound of the uterus
 - clinical assessment of uterine body
 - Manage if there are inadequate products of conception, including investigation for ectopic or molar pregnancy
 - Manage any immediate complications, e.g. cervical dilation difficulties, poor aspiration of uterine contents, blockage of cannula, excessive bleeding, incomplete abortion, vasovagal reaction, allergic reaction
 - Provide IUC/implant if requested

Following an early surgical abortion procedure, health practitioners should be able to:

- Confirm the abortion is complete by examination of products of conception, ultrasound or β hCG measurement
- Return the products of conception to the patient in a culturally safe manner if requested
- Manage any delayed complications including bleeding, infection or ongoing pregnancy
- Complete all documentation, including a personal procedure log and the [Manatu Hauora Notification of Abortion Form](#).

Practical training delivery requirements

The training venue needs to be appropriately equipped for the relevant procedure. The trainer should ensure that essential equipment is available and complies with infection control guidelines.

A supervising qualified health practitioner must have been providing early surgical abortion for more than two years at a minimum of 40 cases per year across the first trimester and have audited their practice as satisfactory against the national data.

Recognition of prior learning

Qualified health practitioners may demonstrate prior learning in any one of the following three ways.

Provide the following:

- Internationally recognised training, e.g. [TEACH](#)

OR

- Provide details and dates of previous relevant training and experience aligned with the Aotearoa New Zealand early surgical abortion training principles

OR

- Provide a self-certified log or audit of procedures completed over a consecutive 12-month period during the two years before assessment:
 - Of at least 40 early surgical abortions, including an audit of complications

Appendix 2: Observed assessment of early surgical abortion

Trainee: _____

Evaluator: _____

Date: _____

- Trainees must complete a minimum of 40 early surgical abortions across the range of gestations. This is a formative and summative assessment tool.
- To achieve competency and a sign off for independent practice the trainee must achieve competence number 4 as a minimum in all categories
- Trainees must also keep a log book to be reviewed by their supervising clinician (evaluator) to demonstrate their practice across the first trimester
- A supervising qualified health practitioner must have been providing early surgical abortion for more than two years at a minimum of 40 cases per year across the first trimester and have audited their practice as satisfactory against the national data

Using the rubric below, please indicate the rating that best describes the trainee clinician's performance:

0. Not Applicable (NA) or Not Observed

- 1. Beginner (B):** Limited fund of knowledge; requires constant assistance and supervision.
- 2. Advanced Beginner (AB):** Developing independent thinking. Requires intermittent observation/ assistance. Knows limitations and seeks guidance when needed.
- 3. Developing Competence (DC):** Developing independent thinking. Needs some intermittent assistance/ supervision; knows limitations, seeks guidance when needed.
- 4. Competent (C):** Assistance or supervision is occasional. Knows limitations and seeks guidance when needed. Asks appropriate questions to advance understanding and technique.
- 5. Advanced Competence (AC):** No observation required. Assistance or consultation is rare. Knows limitations and seeks guidance when needed. Discusses complex cases with attending. Can supervise and teach others when applicable

	0 (N/A)	1 (B)	2 (AB)	3 (DC)	4 (C)	5 (AC)
Communication and Interpersonal Skills						
Introduces themselves and states their role						
Uses open-ended questions; answers patient questions						
Establishes rapport, and demonstrates compassion						
Uses respectful/gender inclusive language, free from medical jargon						
Communicates in patient-centred and trauma-informed manner						
Systems-Based Practice						
Able to discuss impact of reproductive health restrictions and burden on disparities						

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	0 (N/A)	1 (B)	2 (AB)	3 (DC)	4 (C)	5 (AC)
Practice-Based Learning and Improvement						
Responds to in-the-moment tips/feedback						
Ask questions about evidence and assimilates evidence readily into patient care						
Medical Knowledge						
Identifies factors pertinent to care and risk during history review						
Knows appropriate pain management						
Identifies contraindications to medicine and early surgical abortion						
Knows appropriate use and interpretation of laboratory tests						
Identifies risks and describes work-up of ectopic pregnancy						
Knows indications for sonography						
Patient Care						
Describe process and risks to consent for procedures and care						
Counsels accurately on contraceptives and contraindications						
Early Surgical Abortion Skills						
Accurately estimates uterine size and position						
Places appropriately sized speculum w/ minimal handling or discomfort						
Administers analgesics/sedatives in appropriate doses						
Provides paracervical block safely						
Safely dilates cervix to correct size for gestational age						
Consistently uses “no-touch” technique						
Correctly chooses dilator and cannula size						
Safely identifies uterine landmarks (internal os, flexion, etc.)						
Efficiently uses EVA/MVA						

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Early Surgical Abortion Skills Continued	0 (N/A)	1 (B)	2 (AB)	3 (DC)	4 (C)	5 (AC)
Accurately appreciates when uterus is empty						
Able to complete uncomplicated procedure in < 10 minutes						
Calls for/uses transabdominal ultrasound guidance as appropriate						
Examines POCs for appropriate elements; consistency with gestational age						
Provides anticipatory guidance for post-procedure course						
Effectively manages anatomic challenges encountered during procedure (ex. dilation, anatomical variations)						
Lists causes and steps in management of haemorrhage						
Lists steps in management of vasovagal						
Lists steps in management of perforation						
Demonstrates appropriate management of post-abortion bleeding						

Additional comments:

Supervisor
 I have reviewed [name of trainee] _____ logbook and they have performed a minimum of 40 first trimester abortions across the first trimester.

I confirm **YES / NO** they are assessed as satisfactory in all the above categories and suitable to practice independently.

Signature of evaluator: _____

Date: _____