

# Best Practices in Infection Prevention During Uterine Evacuation

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# Objectives



1. Explain infection-transmission routes in the uterine evacuation-care setting.
2. Identify essential elements of infection prevention, including standard precautions.
3. Explain procedures for managing occupational exposure to blood and body fluids.
4. Evidence based practices in UE

# Indications for uterine evacuation

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- ❑ Incomplete abortions
- ❑ Therapeutic abortion
- ❑ Missed abortion
- ❑ Misplaced IUD
- ❑ Diagnostic in AUB
- ❑ Molar pregnancy

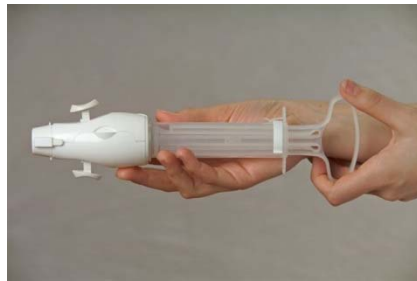
# Introduction

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- Abortion as a leading cause of maternal mortality- 47,000 deaths per year and in Kenya , 450,00 induced abortions annually(magnitude study 2012)
- Sepsis is a major cause of deaths in unsafe abortion
- Unsafe abortion- WHO definition as abortion by unskilled provider or in an environment not meeting the basic standards or both.

# World Health Organization:

- Medications and vacuum aspiration are the two methods recommended for first-trimester uterine evacuation.



- It is preferable to provide a choice of methods to women, within the health system's capability.

# Why Protect Against Blood-Borne Pathogens?

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- They can cause incurable infections such as HIV, HBV and Ebola.
- Health facilities are ideal settings for transmission.

# How Do Blood-Borne Diseases Spread?

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- Infectious agents transmitted by:
  - Cuts or openings in skin
  - Contact with mucous membranes

# Most Common Blood-Borne Transmission

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- Injuries from sharp instruments, such as needle sticks: most common way HBV and HIV are transmitted in health care situations
- Splashes of blood on non-intact skin or mucous membranes



# Which Women Have Blood-Borne Diseases?

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- It is not always possible to tell who is infected.
- Precautions should be taken with every person.

# Essential Elements of Infection Prevention

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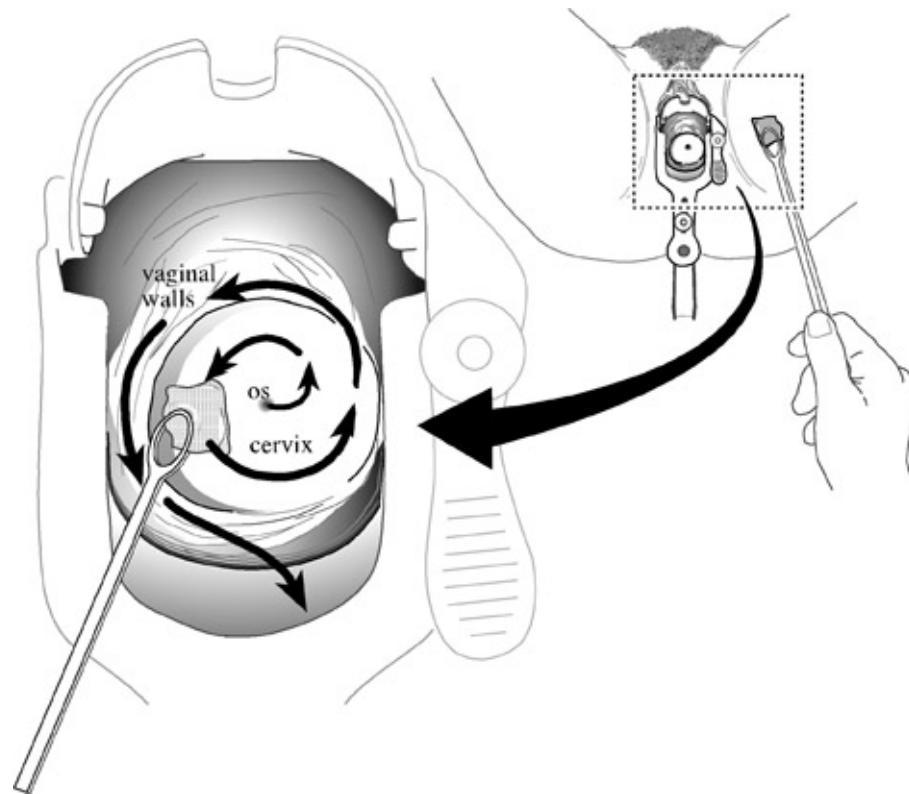
- Handwashing
- Personal protective barriers
- Proper handling of sharp items
- Proper instrument processing
- Environmental cleanliness
- Proper infectious-waste disposal
- Aseptic technique

# Aseptic Technique for UE Includes

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- Antiseptic cervical preparation
- No-touch technique
- Proper processing and handling of instruments

# Cervical Preparation



# Non Touch Technique

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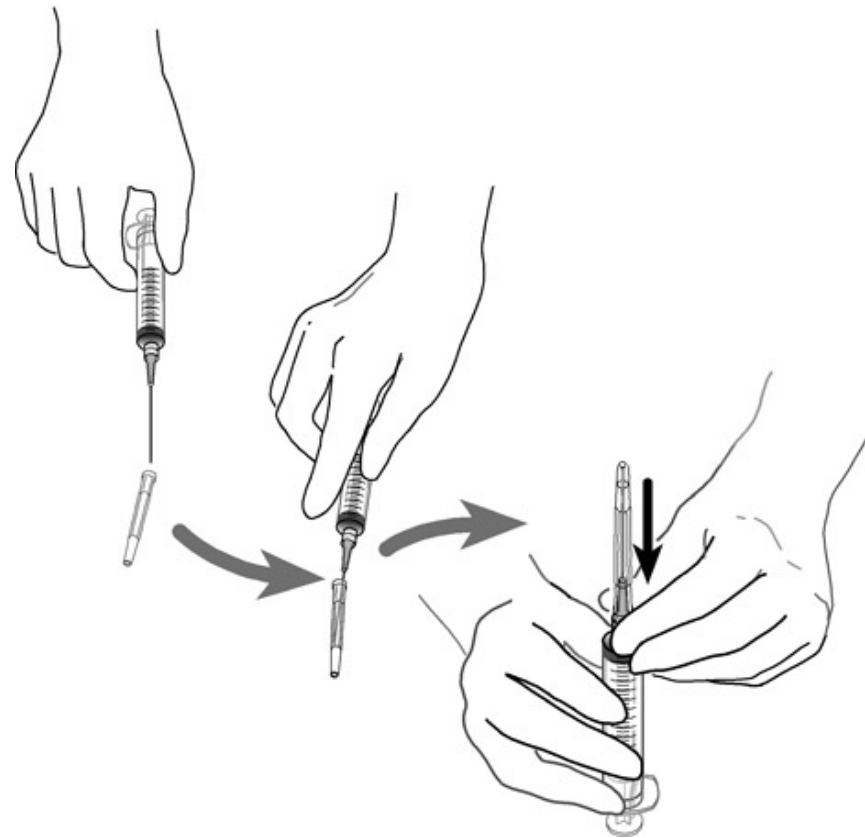
- Instruments entering the uterus do not touch the skin, speculum, or the vaginal walls.

# Safe Needle Disposal

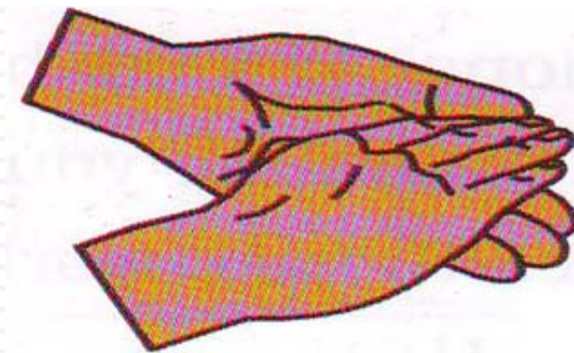
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- ❑ Immediately drop needles into sharps container.
- ❑ Do not recap, remove, cut or bend needles.
- ❑ Place sharps containers everywhere that needles are used.

# Scoop and Pull Technique



# Hand washing



The single most important step  
in preventing infections

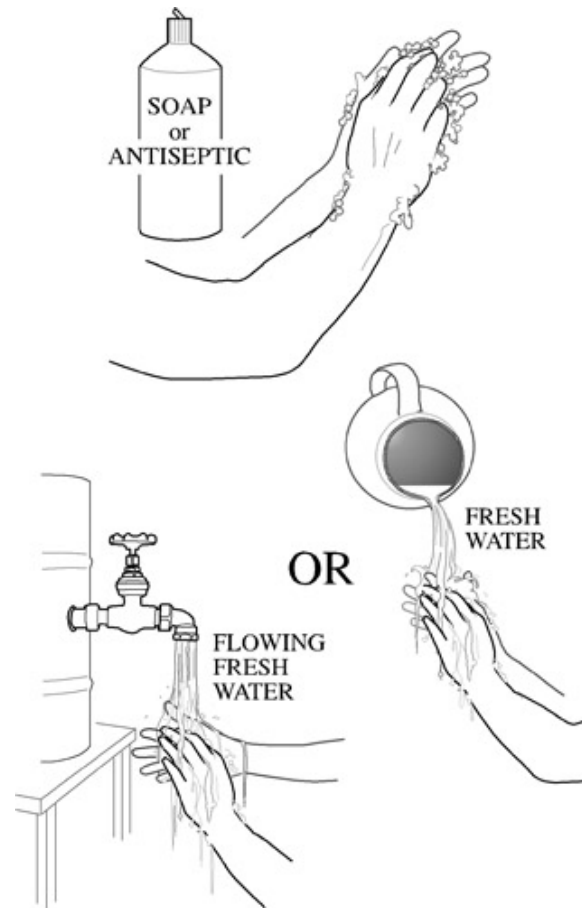


# When Should We Wash Our Hands?

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- Before and after each client contact
- After contact with contaminated items, even if wearing gloves
- Many times a day

# Handwashing



# Personal Protective Barriers for Performing MVA

Wear gloves when you expect to get blood or body fluids on your hands.



Add face protection when you may have blood or fluids splashed.



# When Should We Wear Gloves?

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- Wear gloves when contact with body fluids is likely.
- Change gloves between clients.
- Remove gloves before touching other items.

# Procedures used in processing MVA equipment

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- Decontamination
- Cleaning
- High Level Disinfection (HLD)
- Sterilization
- Storage
- Disposal of Waste

# Environmental Cleanliness

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- Everything in the facility should be clean and dry.
- Use 0.5% chlorine solution or soapy water for cleaning.
- When: At the beginning of each session
  - Between clients as needed
  - At the end of each day

# Infectious Waste

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- All disposable material that has come in contact with body fluids.
- Proper waste disposal protects the community.

# Safe Infectious-Waste Disposal

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- ❑ Secured; not in an open pile
- ❑ Ideally, incinerated
- ❑ Buried and protected by a fence, away from water source
- ❑ Liquid waste buried or poured down a drain





Medical waste in a gutter?

# Septic abortion

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- Abortion associated with sepsis.
- Presents with lower abdominal pains and tenderness, foul smelling vaginal discharge.
- Recent evidence: Treat and evacuate

# Prophylactic antibiotics

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- WHO recommends use of prophylactic antibiotics in surgical evacuation
- In MA not routine since the risk of infection is minimal .
- Proper waste disposal similar to menses is advised in MA.

