



Frequently Asked Questions

Miscarriage Management

Using the Ipas Double Valve Aspirator

What is a miscarriage?

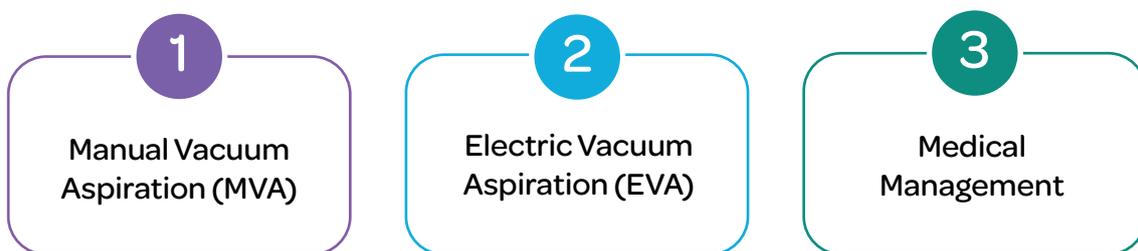
Miscarriage, or early pregnancy loss (EPL), is the unintentional loss of a pregnancy that affects one out of four known pregnancies¹. 80% of miscarriages occur within the first three months of pregnancy¹ and can occur before a woman even knows she is pregnant.

How can I confirm a miscarriage?

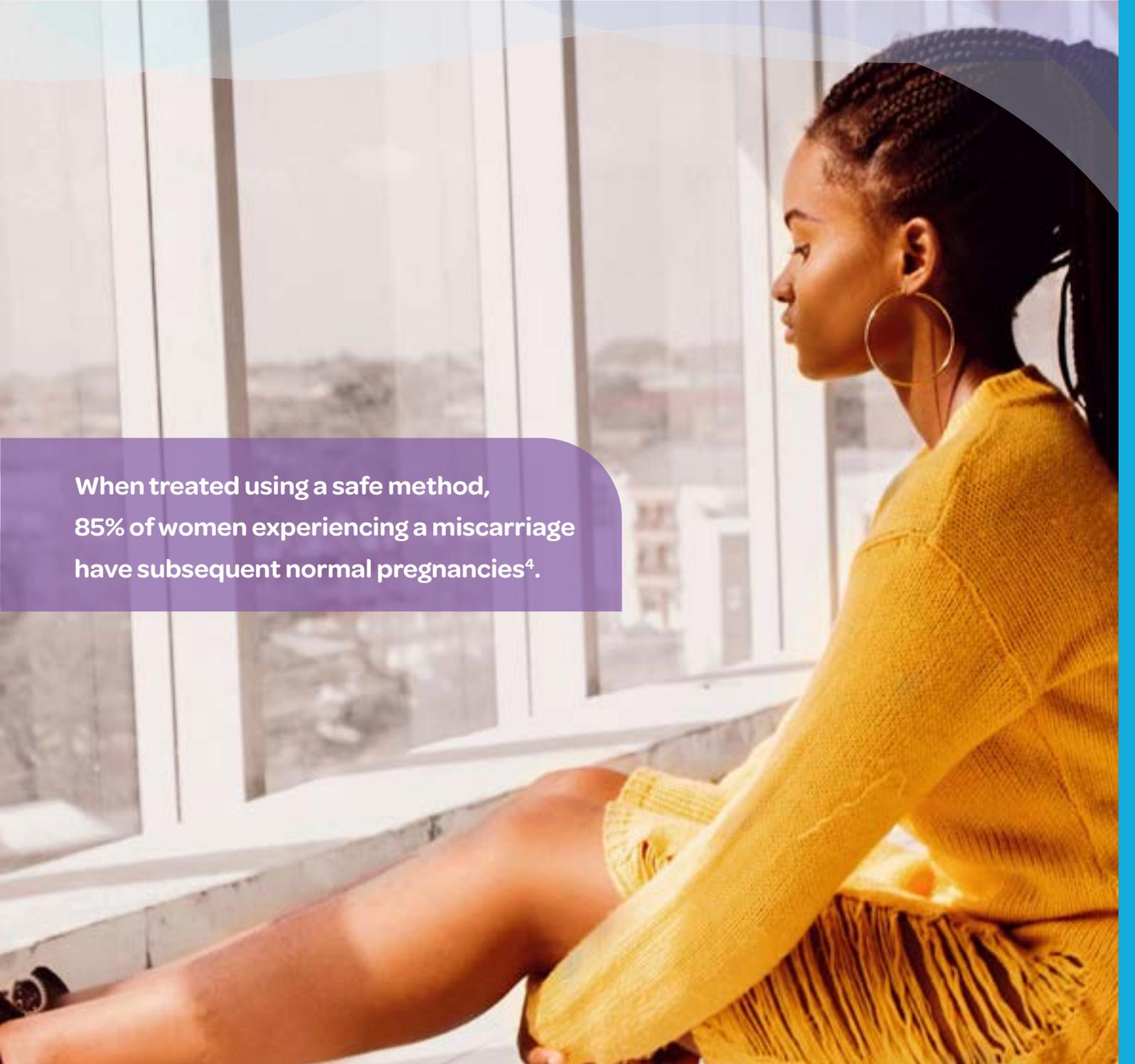
To effectively detect a miscarriage, doctors commonly use a combination of human chorionic gonadotropin testing (hCG, a hormone produced by the body during pregnancy), tissue tests, ultrasound, fetal heart scanning, or a pelvic exam. If there had been two or more previous miscarriages, chromosomal tests can also be run for both the patient and partner to determine if chromosomes are a factor.

How do I treat a miscarriage?

Key health experts (World Health Organization², FIGO³...) endorse three safe uterine evacuation interventions:



You should use your clinical judgment to counsel your patient on what is best for her. Surgical and medical interventions are equally safe and effective in managing miscarriage. Each has its own particularities that should be discussed with patients for treating their pregnancy loss.



When treated using a safe method,
85% of women experiencing a miscarriage
have subsequent normal pregnancies⁴.

| How do I prevent a miscarriage?

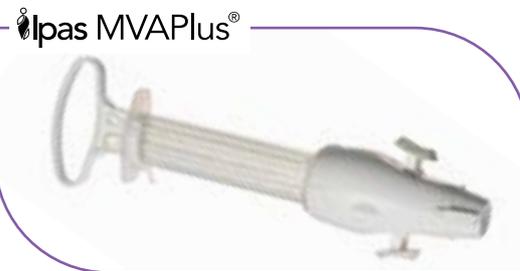
There is no proven intervention to prevent a miscarriage, though certain lifestyle factors may increase a patient's risk. Patients who experience recurrent miscarriages may diagnose an underlying condition by analysing the products of conception (POC). An adequate sample of products of conception (POC) must be obtained to perform diagnostic testing.

What is an Ipas Manual Vacuum Aspirator?

A Manual Vacuum Aspirator (MVA) is a simple, reliable, hand-held device used to remove uterine contents.

The Ipas MVA was invented in the 1970s to evacuate the uterus safely while using minimal resources and causing minimal discomfort for the woman. The device revolutionized uterine evacuation procedures around the world because of its efficacy, safety, simplicity, ease-of-use, and affordability. Uterine evacuation using Ipas MVA can be performed outpatient with local anesthesia in less than 15 minutes.

Today, the Ipas MVA Technology aspirator line includes the Ipas MVA Plus, the Ipas Double Valve, and the Ipas Single Valve. Each of the aspirators comes with its own features and advantages.



What is an Ipas Double Valve Aspirator?

The Ipas Double Valve Aspirator is a ready-to-use, latex-free device designed for providers who prefer single use/disposable devices.

The Ipas Double Valve Aspirator provides a holding capacity of 60cc and a minimum vacuum of 24 inches mercury, maintained for at least 30 minutes.

This aspirator is compatible with Ipas EasyGrip® Cannulae sizes 4-10, 12mm and the 12mm Flexible Karman Cannula without the need of an adapter. This avoids additional expenses and reduces the number of required pieces per procedure.

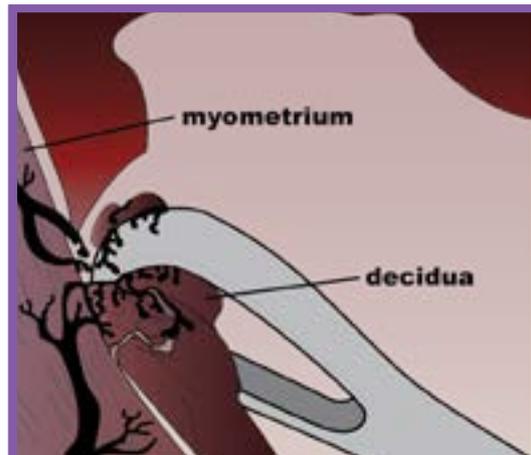
Double Valve Aspirator is also available sterile (box of 10).

How does the Ipas Double Valve Aspirator work?

A Manual Vacuum Aspirator works by removing uterine contents with gentle suction. This reduces risk of uterine perforation compared to unsafe methods like sharp curettage, and better preserves the products of conception (POC).

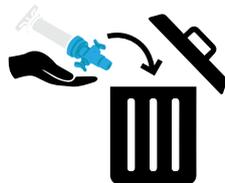


When the buttons on the aspirator are released, it pulls the contents of the uterus through the cannulae.



Possible damage from sharp curettage

How is the Ipas Double Valve Aspirator different from other aspirators?



This device is ideal for markets where reuse of medical devices is not allowed or for providers whose clinical protocols instruct disposal of devices after use.

STERILE EO

When purchased sterile, the device can be used in strict settings like operating theatres that require sterile instruments.

Why should I use the Ipas Double Valve Aspirator to treat miscarriage?



Ipas Double Valve Aspirator is compatible with all sizes of Ipas EasyGrip® Cannulae. Hence, it can be used anytime during a first-trimester miscarriage with no additional materials.



Because miscarriage treatment can be performed quickly in outpatient settings, operating theatres are kept free for acute cases. This difference is particularly important during uncertain times such as during 2020 COVID-19 pandemic.



Procedure using Ipas aspirator does not require general anesthesia, hence avoids risks, costs, and material and human resources related to general anesthesia or sedation.



Nurses, midwives, and other primary healthcare providers can safely and effectively perform miscarriage treatment with basic skills training when using Ipas Double Valve Aspirator. This improves service availability and optimizes human resource allocation.



Purchasing pre-sterilized devices enables flexible use in sterile or non-sterile environments.

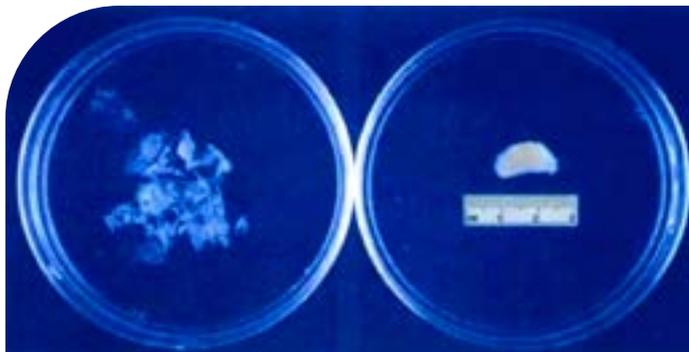
What are the key advantages of the Ipas Double Valve Aspirator compare to other methods?

MANUAL VACUUM ASPIRATION COMPARED TO ELECTRIC VACUUM ASPIRATION

Manual Vacuum Aspiration preserves the products of conception (POC)

Manual Vacuum Aspiration allows easy identification of the gestational sac to confirm termination of pregnancy. To confirm the uterine evacuation is complete, you will identify the gestational sac (chorionic villi) among the products of conception (POC). This can be done either with an ultrasound (if available) or manually, using a lightbox and clear tray.

Identifying the gestational sac manually is nearly impossible with the electric vacuum aspiration because it pulls the products of conception apart. The gentler suction of the manual vacuum aspiration keeps the products of conception (POC) intact and makes it easier for you to confirm the pregnancy termination.



Products of conception (POC) after Electric Vacuum Aspiration compare to Manual Vacuum Aspiration

Electric vacuum aspiration results in a slightly higher rate of “reaspiration needed” due to the inability to confirm termination of pregnancy after the first aspiration⁵.

Manual Vacuum Aspiration allows analysis of the products of conception.

A sterile Manual Vacuum Aspirator (MVA) preserves the products of conception (POC) intact and uncontaminated so they can be analyzed to help diagnosis the cause of miscarriage⁶.

MANUAL VACUUM ASPIRATION COMPARED TO ELECTRIC VACUUM ASPIRATION (EVA)

Manual Vacuum Aspiration delivers customer-centric care

The Manual Vacuum Aspiration delivers more compassionate care than electric vacuum aspirator: the simple, hand-held device allows you to give your undivided attention to your patient without the distraction of operating a machine. This results in better care: women reported lower pain scores with Manual Vacuum Aspiration than Electric Vacuum Aspiration^{7,8}. The gentler suction and absence of sedation also means shorter recovery times⁹ for your patients.

Manual Vacuum Aspiration is more cost-effective than Electric Vacuum Aspiration

Manual Vacuum Aspiration is equally effective as Electric Vacuum Aspiration but requires fewer costs¹⁰. Electric Vacuum Aspiration requires a larger up-front investment and costs twice as much in operating theaters as Manual Vacuum Aspiration in outpatient. This is because operating rooms require additional resources and medical care personnel⁹.

MANUAL VACUUM ASPIRATION COMPARED TO MEDICAL MANAGEMENT

Manual Vacuum Aspiration offers a more reassuring, supervised, and discreet environment

For women who want to move on from their miscarriage, Manual Vacuum Aspiration procedure can be scheduled quickly and is over in 15 minutes. Confirming the evacuation is complete gives the woman closure and may help her emotionally process her miscarriage.

Medical treatment takes longer to resolve – with 21% of expulsions incomplete within 3 days and 16% incomplete after 8 days¹⁰. Depending on the gestation of the pregnancy, the woman will likely see the products on conception (POC), which may be disturbing for her. You should counsel the woman on these factors and use your professional judgment to guide your patient to make the best choice for her.

Manual Vacuum Aspiration is associated with fewer side effects and pain

Because Manual Vacuum Aspiration is performed under local anesthesia, women experience less pain than those using pills. Also, medical uterine management is associated with more side effects such as cramping, bleeding, and diarrhea¹¹.

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