

MEDICAL MANAGEMENT OF EARLY PREGNANCY LOSS

TRAINER GUIDE

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CREDITS

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GUIDANCE FOR TRAINERS

INTRODUCTION

Welcome to DKT WomanCare Global Trainer Guide. This document is designed to guide team members who are providing information and education on medical abortion (MA) for internal and external stakeholders. It is suitable for both clinical and non-clinical audiences.

This guide covers subject matter related to medication pills and the management of early pregnancy loss (miscarriage) and postabortion care up to 14 weeks gestation.

Objectives

At the end of the training, the trainees will be able to:

- Describe the management early pregnancy loss and postabortion care up to 14 weeks gestation
- List the types of pills used for EPL, how they work and how effective they are
- Give accurate advice for follow up care, including contraception

How to use this guide

This suggests a format for an approximately **2 hour** training on use of medication for management of early pregnancy loss. It covers essential information related to provision of safe, effective, patient centred early pregnancy loss services. It also contains instructions to facilitate some additional exercises that can be useful in a training setting.

The time allocations suggested in the agenda are a guide only. Some audiences may already be familiar with the content and require less time in the classroom.

Trainer preparation

1

The trainer must have minimum knowledge of medication abortion and must have passed the training program themselves. They must also possess planning and management skills to run classroom based learning sessions.

2

For any role plays, the trainers should be able to provide objective, supportive and challenging feedback where required.

3

Trainers should ensure that the trainees have all the information about the subject matter in advance of the event. This can take the form of the Dkt WomanCare Global Medication Abortion Guidelines, the accompanying Medication Abortion Trainee Manual, or job aids.

Training format



This training is based on the DKT WomanCare Medical Abortion Guidelines. These are summarised in the Medical Management of Early Pregnancy Loss Trainee Guide which should be distributed to all trainees in advance of training.



The training is classroom based, with supplementary training aids of a slide presentation and role play scenarios. It is not designed for teaching with live patients.

Who is eligible to attend this training?

Attendees of this training do not need to have a minimum level of competence or knowledge. They can be from a wide range of backgrounds including:

- Health care providers of all cadres including specialists, clinical officers, nurses, midwives, pharmacists.
- Community or lay health workers
- Sales teams
- Other non clinical members of the team who require correct knowledge of medical abortion and EPL

Assessment

Role plays are not formally assessed but feedback is encouraged.

On completion of this training, trainees will be given:

- A certificate of attendance

Course evaluation

It is critical to collect information on your training session and its outcomes so that future courses could be improved.

Collect information using a scale of 1-4 using one feedback sheet per trainee. Ask if the trainees were satisfied with:

- Length of the course
- Appropriateness of course content for their role
- Quality of the training components – slide presentation, role plays etc
- Quality of reference materials
- How well the course is organised

Always collect information on the names of the people who have attended, their roles, and the score from their pre and post knowledge tests and any other feedback they were given.

General training techniques

Energiser exercises can be useful to refocus on the training, for instance after lunch break, or when the trainer feels energy is reduced in the room. They should last for approximately 2 minutes and can take the form of

- Standing up, throwing a ball to each other and calling out an interesting fact they have heard that day,
- Look up/look down game
- Dance to a music reel

Training on Medical Management of Early Pregnancy Loss



Summary outline with indicative timings



If you plan to open the training with validation by a key person, make sure you have allocated enough time in the beginning for this, and this does not cut into your training time.



If you invite a key person to open the course, request that they highlight the importance of the topic globally and locally and motivate participants to read and use all of the course materials suggested during the training.



Pre training preparation: ensure adequate numbers of relevant resources to give to trainees.

Table: The following shows Indicative timings and provides an overview of the training – *it is not intended as a handout*

Example Timings	Session Title / Focus	Suggested Time Allocation	Resources / Method	Slide Numbers
09:00 - 09:15	Welcome, Introductions: trainers and trainees, Overview and expectations, Ground rules, Questions	15	Course outline Aims and objectives Flipchart ground rules Discussion	Slide 1
09:15 - 09:20	Learning Outcomes	5	Facilitated discussion	Slide 2
09:20 - 09:30	Global Challenge of Miscarriage – and why it matters	10		Slide 3 - 11
09:30 - 09:35	Overview of Uterine Evacuation Methods	5		Slides 12 - 14
09:35 - 10:15	Role of mifepristone and misopros- tol in EPL, Operational considerations, Follow up care	40		Slides 15 - 41
10:15 - 10:20	Post-Miscarriage Contraception	5		Slides 42 - 44
10:20 - 10:30	Role of telemedicine	10		Slides 45 - 48
10:30 - 10:40	Training Evaluation and Review of Expectations	10	Training evaluation forms	
10:40 - 11:00	Certificates and closing	20	Certificates	

Detailed Session Guide



Welcome & Introduction

Suggested time allocated: 5 minutes

Resources: Flipchart,
Name Tags.

Trainers should welcome participants to the course and let them briefly introduce their roles and backgrounds using the following activity.

Ask each trainee to introduce themselves. Put these questions on a slide or *flipchart*.

- Name, (how they wish to be addressed)
- Where they are located
- Their role
- How this training will be of benefit to them (in one word)

This can take a lot of time if number of trainees is large. In such cases, the trainer can give each participant a plastic/paper name tag/plate where they can write these details and stick them on their dresses/ coats etc for others to read

The trainer, taking the lead, should thank participants for attending.



Overview and expectations

Suggested time allocated: 5 minutes

Resources: Flipchart

The purpose of this is to clarify expectations and involve the trainees in their learning.

Give an overview of the course objectives on a *flipchart* and the proposed agenda, ask the trainees if they have any particular learning needs from the session.

Ensure that these are written on a *flipchart* and they are returned to at the end of the training to decide if these have been met.

Distribute any materials such as guidelines and technical information.

Explain to trainees any logistics related to the venue and timings of breaks.



Ground rules

Suggested time allocated: 5 minutes

Resources: Flipchart



The purpose is to build trust within the group and establish a supportive learning environment.



This is good practise for all group trainings and should be led by the trainees themselves.



Ask trainees in the group for rules on how people should behave during the training. This may include rules about no mobile phones, not interrupting other people, respecting other people's opinions, active participation and being on time. Ensure that these are written on a *flipchart* and agreed by the group.



Learning outcome

Suggested time allocated: 5 minutes

Resources: Facilitated discussion on Slide 2



By the end of this training trainees should be able to:

- Explain Early Pregnancy Loss (Miscarriage) and its implications
- Explain options for Medical Management of Early Pregnancy Loss
- Provide an overview of different uterine evacuation methods
- Provide an overview of Medications used to manage EPL
- Explain After-Care
- Provide options for contraception after EPL
- Explain the role of telemedicine in EPL



Global Challenges of EPL – and why miscarriage matters

Suggested time allocated: 10 minutes

Resources: Slides 3 - 7



Discuss the numbers of miscarriages worldwide, emphasising how common it is



Be clear about risk factors, there are some that are modifiable



Discuss challenges of lack of standardisation of diagnosis and of definitions



Global Challenges of EPL – and why miscarriage matters

Suggested time allocated: 10 minutes

Resources: Slides 8 - 11



Discuss that miscarriage is associated with poor maternal and newborn health outcomes including health risks for the mother in later life including psychological effects which can be severe.



Economic costs of treatments are highly variable. Medical management can provide an acceptable and cheaper alternative that is safe and acceptable.



Overview of Uterine Evacuation Methods

Suggested time allocated: 5 minutes

Resources: Slides 12 - 14



Provide an overview of different methods of uterine evacuation



Explain differences between D&C, surgical methods (electric and manual vacuum aspiration) and medical methods.



Emphasize that D&C is not a recommended method.



Ask the trainees why D&C should not be used



Use the slide on comparison of evacuation methods to discuss differences between surgical and medical management of EPL.



Role of mifepristone and misoprostol in EPL

Suggested time allocated: 40 minutes

Resources: Slides 15 - 21



Provide an overview of drugs used including other uses.



Explain the mechanism of action and contraindications of the drugs.



Emphasize key components of the service

- assessing eligibility for using the drugs
- administering the abortion medicines with instructions on their appropriate use and managing the common side-effects;



Explain side-effects that can be expected after taking the drug and the importance of follow-up care.



Medical management of EPL: regimens

Suggested time allocated: 10 minutes

Resources: Slides 22 - 31



Explain the importance of choice in managing miscarriage and the success rates of medical management.



Discuss the important steps of managing miscarriage with pills (missed incomplete) and the evidence that the combination of drugs is more effective than either drug alone.



Background on expectant management of miscarriage and this is an option for selected women.



Take the opportunity to discuss current evidence for managing threatened miscarriage



Operational considerations

Suggested time allocated: 15 minutes

Resources: Slides 32 - 41



Discuss the importance of patient selection and counselling and choice.



Reinforce that estimation of gestational age is still critical even if the pregnancy is non viable.



Discuss How to establish gestational age? Provide scenario given below to the group then summarise the discussion with slides.

Scenario #1

If a client presents on **October 19th**, and says the first day of her last menstrual period was **August 20th**, what is her gestational age?

11 days until end of August + 30 days in September + 19 days in October
= 60 total number of days since LMP.

So a gestational age of **8 weeks and 5 days**.
Discuss the implications for inaccurate estimation



Explain possible complications after taking mifepristone and misoprostol and their danger signs.



Discuss follow up care, and what women need to be aware of after taking the pills.



Post Abortion Contraception

Suggested time allocated: 5 minutes

Resources: Slides 42 - 44



Provide an overview of contraception and what contraceptive methods can be started at what time after a surgical and medical uterine evacuation



Medical Management of EPL Using Telemedicine

Suggested time allocated: 10 minutes

Resources: Slides 45 - 48



Provide an overview of telemedicine.



Ask trainees how early pregnancy related services can be provided using telemedicine and summarize using slide



Evaluation and review of expectations

Suggested time allocated: 10 minutes

Resources: Training Evaluation Sheets, 'Expectations' Flipchart, 'Positive Actions' Flipchart.



Give out the *Training Evaluation Sheets* and ask participants to complete these now and to hand them to a Trainer explaining how their comments will be used. Make sure that they have all been collected before participants leave.



Then invite participants to retrieve or identify any '*expectations*' they posted on the flipchart sheet on Day 1 and discuss in pairs and then with the large group, about how well this has been met or not.



Ask trainees to write down one '*positive action*' they will take back to their place of work to ensure high quality care.



Whole group review, certificates and closing

Suggested time allocated: 15 minutes

Resources: Certificates, 'Ground rules' flipchart.

Give out participation and assessment *Certificates* as appropriate - or ask the person who gave the opening welcome to return to do this and reinforce the need for the work to continue.

Manage a final closing round for example, "one word to describe how you feel now at the end of the course ..." and plan who to start and end with (perhaps trainers who will model using just one word) and in which direction to continue this final round so that you end with someone whom will finish with a positive comment.

Thank everyone for attending the training, highlighting the '*ground rules*' on confidentiality agreement.



Role Plays (If there is time during the session, consider a role play exercise)

Suggested time allocated: 20 minutes

Resources: Role play hondouts

Assign a volunteer pair two case studies ask them to carry out role-play consultations during which one plays the part of a provider describing the correct medication regimen and monitoring process to the other playing the case study client. The pair should then switch roles.

Case Study: ANNA (eligible)

- 9 weeks gestational age, found to have a missed miscarriage.
- Combination is preferred if available.
- For **combination** give mifepristone 200mg in centre and advise to take misoprostol 800µg vaginal, buccal or sublingual at home in 24 – 36 hrs.
- Ensure clear instructions for how and when to take the drugs are given along with clear instructions on what to look out for and reasons to return.
- For misoprostol only regime, admit and administer 800µg vaginal or sublingual every 3 hours for a maximum of 3 doses. Monitor for signs of expulsion (vital signs, bleeding, pain), give pain killers.

Summarise dosing schedule. Also summarise the differences between surgical and medical methods, with an emphasis on patient choice and acceptability.

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