



Manual vacuum aspiration

Description

Manual vacuum aspiration (MVA) can be used to manage a number of maternal health conditions—such as incomplete and spontaneous abortion or unsuccessful medical abortion—and can be used to perform first-trimester induced abortions and endometrial biopsies. MVA allows for evacuation of the uterus using a hand-held plastic aspirator attached to a cannula (a thin tube). Unlike electric suction, the suction used for uterine evacuation is created manually by extending the plunger of the syringe-like aspirator. MVA is similar to electric vacuum aspiration (EVA). The two methods share a mechanism of action—using suction as the force to remove uterine contents via the cannula. However, for EVA, a large electric machine generates the suction, and the aspiration is performed using a long tube connected to the EVA machine. The need for electricity, the larger size, and the greater cost of the machine precludes the use of EVA in many parts of the world, whereas MVA can be used in any location where basic medical care is provided.

MVA is safe, effective, easy to use, portable, and reusable. It is appropriate for use in many different clinical settings (including developing-country outpatient centres), does not require lengthy training for proper operation, and has yielded both high patient and provider satisfaction.^{1,2} Additionally, there is substantial evidence that mid-level providers—for example, midwives, clinical officers, nurse practitioners, physician assistants—can perform MVA procedures safely and effectively in a range of health care settings.^{3,4}

Efficacy

MVA has been demonstrated to be effective and very safe through clinical studies over the last 30 years. The World Health Organization (WHO) recommends MVA as a preferred method of uterine evacuation.² When compared to sharp curettage (also known as dilation and curettage or D&C), MVA is a safer, more readily accessible, and potentially less expensive way to offer high-quality services to women.⁵

Studies demonstrate that the efficacy of MVA is comparable to EVA and is successful in approximately 99 percent of cases for early-elective abortion and

management of early pregnancy loss. Studies show that 98 percent of vacuum aspiration procedures occur without complications, much higher than the alternative D&C method, which may induce incidences of excessive blood loss, pelvic infection, cervical injury, and uterine perforation.⁶

Current programme/sector use

Vacuum aspiration, both electric and manual, is used for about 97 percent of first trimester surgical-induced abortions in the United States. The United Kingdom, Canada, China, New Zealand, Singapore, and other countries use vacuum aspiration for most of their first trimester surgical-induced abortions.⁷ In many developing countries, such as Bangladesh and Vietnam, MVA has been used for several decades to provide early-induced abortion, including procedures referred to as “menstrual regulation.” MVA is well-suited for use in conjunction with medical abortion if there is a concern that the uterus has not been completely evacuated.

Manufacturer/supplier

MVA is available in many countries. Many governments have identified MVA in clinical guidelines as the preferred method for uterine evacuation, as well as in order to ensure adequate and reliable supplies of MVA instruments in their public health systems.

The original MVA device was developed by Ipas—an international organization that works to increase women’s ability to exercise their sexual and reproductive rights, and to reduce abortion-related deaths and injuries. Ipas can be reached via the following contact information: PO Box 5027, Chapel Hill, NC 27514 USA. Telephones: (919) 967-7052, and (800) 334-8446 (toll-free in the United States). WomanCare Global LLC is the exclusive distributor of Ipas instruments. For information regarding availability, contact WomanCare Global at: customerservice@womancareglobal.com, or 1-919-442-2600, or visit www.WomanCareGlobal.com. Currently, there are a number of other MVA products available from other manufacturers, but quality is variable. Some efforts have been made to assess and document their relative quality.⁸

Registration status

Ipas MVA products are registered in a variety of countries throughout the world as accepted clinical procedures and approved medical devices. Each country defines the nature and limits of this registration.

Public-sector price agreements

None.

References

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- 7 Baird TL, Flinn SK. *Manual Vacuum Aspiration: Expanding Women's Access to Safe Abortion Services*. Chapel Hill, N.C.: Ipas; 2001.
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This publication forms part of a series of technical briefs, written by members of the Caucus on New and Underused Reproductive Health Technologies, a thematic group established under the auspices of the Reproductive Health Technologies Coalition. The Caucus' aim is to broaden the discussion within the Coalition of reproductive health technologies that are not well integrated into the public or commercial health sectors. Responsibility for the selection and contents of the product briefs rests solely with the Caucus and does not imply endorsement by the Coalition or its wider membership. For additional information, please contact secretariat@rhsupplies.org.