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**“Manual Vacuum Aspiration: Familiarity and Comfort Among OBGYN Physicians at Louisiana State University”**

**Background:** Manual vacuum aspiration (MVA) uses a hand-held aspirator to generate a vacuum to aspirate uterine contents for management of early pregnancy loss or elective abortion prior to 12 weeks gestation. According to the American College of Obstetricians and Gynecologists, MVA is a safe, cost-saving procedure that promotes patient comfort, convenience, and privacy. Despite the advantages of this procedure, it is often overlooked in favor of electric suction or dilation and curettage, more extensive procedures that are associated with increased cost and post-procedural pain and bleeding. The goal of this study is to assess the attitudes, familiarity, and comfort towards MVA among obstetrician and gynecologist (OBGYN) attending and resident physicians in Louisiana to identify and address gaps in training and clinical support for MVA. **Methods:** OBGYN attendings and resident physicians at the Louisiana State University (LSU) New Orleans and Baton Rouge programs were invited to participate in an online survey consisting of Likert scale statements regarding their attitudes, familiarity, and comfort with MVA. **Results:** A total of 33 respondents completed the survey, 15 attending physicians and 18 resident physicians. Our results showed that 100% of respondents agree that MVAs are safe and effective, yet 40% of attendings reported having never performed an MVA and 56% of residents reported never seeing an MVA done. **Discussion:** These results demonstrate that despite the many benefits of MVA for both the patient and the health system, the procedure is vastly underutilized by OBGYN providers at LSU. **Conclusion:** Addressing these shortcomings would better prepare OBGYN providers to effectively counsel patients experiencing EPL on their management options. If effectively counselled on their options, more women may choose MVAs helping to free up operating room space, reduce staffing needs, and preserve costly resources while promoting patient-centered care.