Educational Topic 34: Pregnancy Termination

Rationale: Pregnancy termination is a reproductive option. Patients may consider it based on their personal life circumstances as well as in the setting of fetal anomalies or maternal illness. Regardless of personal views about abortion, students should be knowledgeable about its public health importance as well as techniques and complications.

Intended Learning Outcomes:

A student should be able to:

• Provide non-directive counseling to patients surrounding pregnancy including unintended pregnancy
• List surgical and non-surgical methods of pregnancy termination
• Identify potential complications of pregnancy termination
• Describe the public health impact of the legal status of abortion

TEACHING CASE

CASE: The patient is a 14-year-old G1P0 female who presents to a private clinic requesting termination of pregnancy. Her last menstrual period began 9 weeks prior to arrival. She has been experiencing intermittent nausea and vomiting. She is sexually active with her 21-year-old partner and reports she is having consensual sex with him. She has been using condoms for contraception. She has no history of sexually transmitted infections. She has mild asthma for which she uses an inhaler as needed. She denies alcohol, drug, or tobacco use and lives with her mother and 17-year-old brother. Her physical exam is unremarkable, uterine size is approximately 8 weeks. Ultrasound confirms intrauterine pregnancy at 8 weeks with fetal heart motion present.

COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:

Competencies addressed:

• Patient Care
• Medical Knowledge
• Interpersonal and Communication Skills
• Professionalism
• Systems-Based Practice
1. What is “options counseling” and how would you counsel this patient about her options?
   - Counseling should focus on the options of abortion, adoption or continuation of the pregnancy. The purpose of options counseling is to help a woman understand the options available and choose the best option for herself.
   - If the patient has already made a decision, less time is required for this counseling. For the undecided patient, this counseling may take place over more than one visit.

2. Is this patient a victim of sexual abuse? Should this case be reported to authorities?
   - States have different definitions of sexual coercion/rape. In some states, a 5-year discrepancy in age (such as in this case) for a girl under 16 years old constitutes statutory rape and would need to be reported. It is important to have access to state laws for sexually active young minors.

3. Can the patient consent for termination herself or must she have parental consent since she is a minor?
   - States have different regulations regarding parental notification/consent of abortion for minors. Some states have no notification/consent laws: an abortion can occur at the request of the minor. In some states, one parent or legal guardian must be notified by phone or in writing and/or consent to the procedure. In some states a parent must be present to give consent. It is important to have access to state laws for minors who request abortion.
   - Other laws that are state dependent involve mandatory waiting times (from 12-48 hours) before abortion and state directed counseling (discussing material chosen by the state to all women undergoing abortion). It is important to know your own state’s laws.

4. What types of abortion is this patient eligible for, given her gestational age of 8 weeks?
   - Medical abortion is available up to 7 weeks gestational age per the FDA protocol and up to 9 weeks with the “evidence-based” protocol used by most abortion clinics. Complete abortion rates with medical management are higher with earlier gestational ages. The patient is also eligible for surgical abortion, a D&C. Surgical abortion may be performed throughout the second trimester. In a few states, it may even be performed in the early third trimester.

5. How is a surgical abortion performed?
   - Surgical abortion at 8 weeks gestation is a D&C (dilation and curettage). Typically, the procedure is done in an outpatient setting under paracervical block with or without mild IV sedation. The cervix is serially dilated to accommodate a suction curette, which is then attached either to an MVA (manual vacuum aspiration) syringe or to an electric suction machine. The tissue obtained is then inspected to ensure the presence of a gestational sac.

6. How is a medical abortion performed?
   - The patient takes 1-3 tablets of mifepristone orally (RU-486, an anti-progestin), then 6-72 hours later inserts 4 tablets of misoprostol intravaginally. Other protocols use oral or buccal misoprostol. The pregnancy is usually passed within 4-6 hours of misoprostol placement. The patient is given a follow-up appointment where an ultrasound or beta hCG is obtained to confirm completion of the abortion.
7. What are the potential complications of abortion?

- Complications include bleeding, infection and perforation of the uterus. All these complications are rare. The overall mortality of first-trimester abortion remains lower than that of bringing a pregnancy to term.

8. How should this patient be counseled about contraception?

- She should be counseled about all forms of contraception and, regardless of method chosen, she should be counseled about and given an advance prescription for Plan B, emergency contraception.

9. How should this patient be counseled and managed regarding STI prevention?

- She should be counseled about condom use and STI prevention. Self-esteem/education counseling: An evaluation of this patient’s social situation and the reasons for her having a sexual relationship with a 21-year old should be explored. She should be offered an STI screen, including gonorrhea and chlamydia cultures and blood tests for HIV, syphilis and hepatitis B and C.

10. How can the patient pay for her abortion?

- Some health insurance plans will cover medical and/or surgical abortions. In many states medical assistance (Medicaid) will not cover abortions. Many states have non-profit organizations, which will donate or loan money to women who need assistance to pay for an abortion.

REFERENCES

