RECIPE Small Group Discussions: Case 11 Video  
(Video length 2:50)

OVERVIEW
This case involves a 41 years-old patient with a wanted pregnancy who has an ultrasound that detects a severe birth defect. She is accompanied by her husband on her office visit. Multiple religious, ethical and cultural issues underlie this scene so the case is relevant for use in undergraduate and graduate medical education. The video highlights a situation involving screening for Down Syndrome but is presented to allow faculty the opportunity to discuss other issues not uncommon to the reproductive clinic. This video also allows future healthcare providers to address personal biases, such as caring for elderly pregnant patients, that should not influence patient interactions. The physician’s handling of the situation is also portrayed to allow discussion of professionally managing patient encounters and not as a model to follow.

Students need to be conscious of how to professionally handle these sensitive situations so we encourage faculty to view this facilitator guide as suggestive but not all encompassing.

Learning Objectives
At the end of the session, the student should be able to:

1. Explore different viewpoints of patients on prenatal testing.
2. Discuss the religious and cultural beliefs that influence terminating a Down Syndrome pregnancy.
3. Identify the different strategies for recognizing ≥35-years-old pregnant patients’ attitudes about prenatal testing.
4. Discuss the impact of religion and culture on delivering bad news.

Facts to Initiate Discussion
- In 2012, abortions were lowest for women 30-39 years (Pazol, Creanga and Jamison, 2015). Women over 40 accounted for 3.7% of abortions in 2012.

Critical Points (Every Student Needs to Hear)
- In pregnancies with Trisomy 21 diagnosis, fetal deaths were more frequent with non-Hispanic blacks. Non-Hispanic whites were more likely to elect to terminate their pregnancy (Jackson, Crider, Cragan, Rasmussen and Olney, 2014).
- Recent studies indicate a decrease in pregnancy terminations after an abnormal prenatal diagnosis (Natoli, Ackerman, McDermott and Edwards, 2012; Perry, Woodall and Pressman, 2007).
- ACOG recommends physicians who recommend genetic testing know the appropriate test, what test to order and what information is provided by the test, meaning of results and available medical management options (ACOG Committee Opinion, 2008).
- Patients with a chromosome abnormality who opt for a second session with a genetic counselor and a clinical geneticist are less likely to terminate their pregnancy (Hurford, et al, 2013).

Background Information
- The Catholic Church approves of prenatal diagnosis if the intention is to potentially treat or prepare for a child with a significant illness. It does not condone testing if the intent is to terminate the pregnancy based on the results, nor does it condone abortion based on fetal testing results (Tomkins, Duff, Fitzgibbon, Karam, Mills, Munnings, Smith, Seshadri, Steinburg, Vitillo and Yugi, 2015).
- Abortions performed for fetal abnormalities are not condoned by many Buddhists (Tomkins, et al, 2015).
- Protestants and Hindus beliefs vary on abortion for fetal abnormalities (Tomkins, et al, 2015).
- Filipinas are less likely to terminate a pregnancy due to a fetal chromosome abnormality (Hawkins, Stenzel, Taylor, Chock and Hudgins, 2013).
Background Information (Cont.)
- African-American women are less likely to undergo prenatal testing (Kuppermann, Learman, Gates, Gregorich, Nease Jr., Lewis and Washington, 2006).

Questions to Ask
- What should the healthcare team do next?
- What role should a healthcare team play in these situations?
- When should a healthcare team suggest prenatal testing?
- What type of tests are utilized to identify Down Syndrome? What is the sensitivity specificity in the mother’s blood for each test?
- What influence does religion and culture have on the prenatal testing decision?
- What information should be provided to the patient prior to prenatal testing? After prenatal testing?

Concluding the Session
- Women aged ≥35 have a higher likelihood of having a child with Down Syndrome. Prenatal testing can provide information on chromosome abnormalities and is often recommended.
- Cultural and religious beliefs impact patient decisions on whether or not to use prenatal testing. The patient’s beliefs should be respected.
- Prior to testing, a physician should discuss with his patient why testing is recommended, what tests are available, and what information may be provided by the tests. When a chromosome abnormality is found, genetic counseling resources should be offered.
- Testing can be used to 1) permit the woman to terminate the pregnancy, or 2) allow time to mentally prepare for the caring of a Down Syndrome child.