RECIPE Small Group Discussions: Case 6 Video
(Video length 2:38)

OVERVIEW
This case involves a 28-year-old pregnant Asian woman who has been scheduled for an early ultrasound by her doctor. The woman inquires about the sex of the fetus during the test. The patient’s comments give the impression the patient may have a history of electing termination of female fetuses. 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 an Asian patient inquiring about the sex of her fetus 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 abortion, that should not influence patient interactions. The technician’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 regarding fetal sex preference.
2. Discuss how religious and cultural beliefs may influence sex preference.
3. Identify the different forms of sex selection that can present in a clinic.

Facts to Initiate Discussion
- Non-medical reasons for sex selection abortions occur most often when a strong gender bias exists in a culture desiring sons (Guttmacher Institute, 2016; Hesketh, 2011).
- The practice of sex selection through elective abortions in East and South Asia has caused a higher number of male births than female births (Guttmacher Institute, 2016; Livingston, 2013).

Critical Points (Every Student Needs to Hear)
- Sex ratio at birth (SRB) represents the number of males born to every 100 females (Hesketh, 2011). In the human population, the ratio is consistently around 105 males to every 100 females.
- You should be familiar with your state law on abortions for sex selection since state laws differ (Refer to: https://www.guttmacher.org/state-policy/explore-abortion-bans-cases-sex-or-race-selection-or-genetic-anomaly).
- The practice of sex selection through elective abortions in East and South Asia has caused a higher number of male births than female births (Guttmacher Institute, 2016; Livingston, 2013).
- Sex selection perpetuates use of gender stereotypes and discrimination against women.
- Ultrasound and other diagnostic technologies that allow detection of the sex of a fetus have contributed to the rate of increase in sex-ratio disproportions at birth in regions of the world (OHCHR, UNFPA, UNICEF, UN Women and WHO statement, 2011).
- In the US, male bias is most common for third children when a couple has no other male children (Chapman and Benn, 2014).
- Sex selection abortions refer to “abortions performed because of the predicted sex of the fetus” (Guttmacher Institute, 2016).

Background Information
- Noninvasive prenatal testing (NIPT) can accurately confirm fetal sex as early as five weeks after conception (seven weeks’ gestational age).
Questions to Ask

• What was your initial reaction to the scene?
• What ethical, religious, and cultural issues are at stake in this scene?
• How should the healthcare team proceed?
• What healthcare screening practices could help prevent sex selection?

Do legal sanctions minimize sex selection practices? Why?
• There are times when pregnancy terminations have been forced on a patient by her partner. Discuss how to ask a patient whether or not she is in control of her reproductive choices.

Concluding the Session

• Sex selection is widely considered to be unacceptable in the Western Countries. However, there are many areas of the world where sex-selection occurs. Healthcare providers have an obligation to resist sex selection. Local and state laws may provide additional limitations on non-medical elective abortions. Healthcare providers should be aware of all applicable local, state, and federal laws.

Reading Resources