Options Counseling for Unintended Pregnancy: A Patient-Centered Approach

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Learning Objectives

Learners will be able to:

• Describe the epidemiology of unintended pregnancy in the US
• Disclose positive pregnancy results to women in a patient-centered, non-judgmental manner
• Demonstrate evidence-based, patient-centered pregnancy options counseling
• Explain both medical and surgical pregnancy termination standard protocols
Key Learning Points:

• More than 50% of American women experience unintended pregnancies

• A positive pregnancy test is often not good news for a patient, and should be disclosed non-judgmentally

• Medication abortion and aspiration abortion are both safe and effective
6.4 Million Pregnancies/Year in the U.S.

- **51% Intended**
- **24% Unintended**
  - Used Contraception
- **25% Unintended**
  - Used No Contraception
Outcomes of Unintended Pregnancies
(Approximately 3.1 Million Annually)

Finer, 2006 (2002 data)

Abortions: 42%  
Births: 44%  
Miscarriages: 14%
Suggested steps in pregnancy options counseling

1. Explore a woman’s feelings after giving the positive test result

2. If she is unsure of her plans, help her to consider her options

3. Identify social supports

4. Help her to reach a decision; or if she is not ready, discuss timetable for decision-making

5. Refer or provide her with appropriate service
Pregnancy Options Counseling

Following a positive pregnancy test result, what are a woman’s options?

A. Continue pregnancy and:
   1. parent
   2. make an adoption plan

B. Terminate pregnancy through:
   1. medication abortion
   2. aspiration abortion
Language tips

• Pay attention to language, both verbal and non-verbal
• Avoid referring to embryo/fetus as “baby”
• Demonstrate empathy by using patient’s terms & following her cues
• Use active listening techniques
Safety of abortion

First trimester abortions DO NOT increase risk of the following in future pregnancies:

• Infertility
• Ectopic pregnancy
• Miscarriage
• Birth defect
• Preterm or low-birth-weight delivery
Medication and Aspiration Abortion: Both safe and effective
Medication Abortion

- 95-99% effective
- Avoids surgical and anesthetic risk
- Greater patient autonomy & privacy
- Less invasive
- Seems more “natural”
- Effective up to week 10
Aspiration/Vacuum Abortion:

- Slightly more effective (about 99%)
- Shorter time to completion
- Shorter bleeding duration
- Can be performed later in gestation
Medication Abortion: How it works

**MIFEPRISTONE**
Causes progesterone blockade & detachment of pregnancy tissue

**MISOPROSTOL**
Causes uterine cramping & expulsion
Medication Abortion: The office visit

- Options counseling
- History: Rule out contraindications
- Date the pregnancy (ultrasound or LMP+bimanual+quantitative hCG)
- Exam/labs: Rh status (if not known), Hgb
- Informed consent
- Make f/u appt for 5-14 days, discuss post-abortion contraception options
- Administer mifepristone, give misoprostol to be taken 6-72 hours later, give Rx for pain meds
Medication abortion: What the patient experiences

- Takes mifepristone orally in the office, takes misoprostol (vaginally/bucally/orally) at home 6-72 hours later
- Cramping and bleeding – heavy for 3-5 hours, then spotting for up to 2 weeks
- Follow up appointment to confirm completion (by repeat ultrasound or repeat quantitative hCG), discuss contraception and give Rhogam if needed
Manual Vacuum Aspiration: Steps

1) Perform bimanual exam
2) Place speculum, swab cervix with betadine, place tenaculum
3) Inject lidocaine for cervical block
4) Dilate cervix and place cannula
5) Prepare aspirator
6) Suction uterine contents
7) Examine tissue to confirm completion
Aspiration abortion:
What the patient experiences

- Pain control: Ibuprofen, cervical block with lidocaine & heating pack (sedation & doulas available at some clinics)
- Procedure lasts about 5-10 minutes
- IUD can be placed at time of procedure
- Follow-up is optional
- Rhogam if needed
Cases
Case 1: Susan

Susan is a long term family medicine patient in your practice who just had a baby 6 months ago. Yesterday she was in the office for her baby’s 6 month check up and was telling you how tired she is and wondering if something is wrong with her.

You astutely ask her if she had started the post partum birth control pills you prescribed her at her baby’s 4 month check up and she confesses that she hadn’t gotten around to filling the prescription. She’s only had one period since she gave birth, and that was 5 weeks ago. You suggested that she donate some urine for a pregnancy test and the test is positive.
Case 2: Arielle

Arielle is a 42 year old G3P3. She is a long term patient of yours who was recently diagnosed with migraines by a neurologist. The neurologist told her to stop her birth control pills because of the migraines. Six months have passed since she stopped the pills. She is now 7 weeks from her LMP and your nurse brings you a paper that says Arielle’s urine pregnancy test is positive.
Case 3: Dominique

Dominique is a 16 year old that you have known since she was 5. She’s had a tough life, her parents separated very early and her father doesn’t help them financially. She has many siblings and the family has been homeless from time to time. Her mother works two jobs, but that leaves her very little time to supervise her children.

Dominique comes into the office today with her mother who is furious, as mom had noticed Dominique had not been using any sanitary pads for 6 weeks and is suspicious that she is pregnant.
Key Points

• Approximately 50% of pregnancy in the United States each year are unplanned.

• Pregnancy test results should be presented in neutral language.

• Options counseling should be done at the time of a positive pregnancy test.

• Both medication abortion and aspiration abortion are safe and effective in early pregnancy.
Questions?