

PREGNANCY OPTIONS PROGRAM CLINICAL CLERKS' ROTATION AT LHSC



LEARNING OBJECTIVES:

- Discuss access to abortion in Canada and how patients in London and Southwestern Ontario access services at LHSC.
- Describe how new patients requesting abortion are assessed and how they are screened prior to booking a procedure date.
- List the different methods of abortion and which are appropriate based on gestational age and patient selection.
- Describe a first trimester D&C including the technique and potential complications.
- List contraceptive options post abortion and follow up available to each patient.
- Describe the psychosocial variables that place women at risk for unintended pregnancy and how they shape decision-making.
- Recognize personal beliefs regarding abortion and, through values clarification, discover ways to suspend judgment and avoid bias in Options counseling.

Preamble

- This presentation has been primarily designed to prepare you for your Observership in POP. If you plan to 'opt-out' of this learning experience based on your personal beliefs about Abortion, please recognize that this information is part of the curriculum and may become useful to you in the future.

Clinical Clerks' Rotation includes:

OBSERVATION:

1) Nursing Assessment:

Review screening tool and History, Pre-op teaching, health promotion, contraceptive counselling

2) Clinic Procedures: Observe D+C's

3) Social Work Interviews:

Ambivalence/Decision-making
Risk Assessment for adolescents

16 y.o. or less

Completion of Stillbirth documentation with women who are >20W

Options Counseling starts the conversation and empowers choice by demonstrating:

- Neutrality and non-directive examination of alternatives
- Care and compassion
- Affirmation of woman's ideas, plans
- Open-ended questions
- Reflective listening
- Absence of assumptions and judgment!

Goals of Options Counseling

1. **Reduce anxiety so that the woman can concentrate on the decision she has to make**
2. **Create a safe environment in which she can discuss her hopes and fears about her decision**
3. **Provide information about the various pregnancy options and de-mystify abortion**
4. **Identify the woman's strengths and support systems**
5. **Clarify her choices and her feelings about her choices**
6. **Help her to take responsibility for her decision**
7. **Help her act on her decision, with referrals as needed**
8. **Support her decision**

Potentially Positive Outcomes

- Regain sense of control over life
- Develop, strengthen or confront issues in relationship with partner in pregnancy
- Increase knowledge surrounding fertility and contraception
- Consider future planning and personal goals regarding family and children
- Learn how to deal with a crisis, find personal strength and resources
- Develop ability to make important decisions

SELF-REFERRAL PROGRAM offering Pregnancy Termination from 7 weeks to 23W 6D

Clinic Procedures: 7-14 W*
Lovett, Penava, Chan, Black

O.R. Procedures: 14-23W 6D*

*Can include IUD Insertion

** Can include Tubal Ligation



London Health Sciences Centre

Women's Health Care Centre
Pregnancy Options Program

PATIENT SELF QUESTIONNAIRE

Date of Visit (YYYY/MM/DD): _____

PATIENT COMPLETES THE FOLLOWING:

In order for us to meet your needs and plan the best possible care for you, please fill out this form while you are waiting to be seen by your health care provider. The information will be used by your health care team, which includes a physician, nurse and may include a social worker, dietitian or any other service that the physician feels necessary. This information is kept strictly confidential. If there is a question you do not understand, please leave it blank and we will help you answer it.

Please check off who is completing this form: ☐ Self ☐ Interpreter

Name: _____ Age: _____

1. Is this your first pregnancy?

☐ Yes ☐ No (if no, please answer the following questions)

Do you have any children? ☐ No

☐ Yes (if yes, how many children?): _____ Ages (please list): _____

Have you ever had a miscarriage? ☐ No

☐ Yes (if yes, how many): _____

2. Have you ever had an abortion?

☐ Yes ☐ No

3. Are you firm in your decision to end your pregnancy?

☐ Yes ☐ No

4. Does your sexual partner know you are pregnant?

☐ Yes ☐ No

5. Did the sexual partner support your use of birth control?

☐ Yes ☐ No

6. Is the sexual partner aware of your decision to end your pregnancy?

☐ Yes ☐ No

7. Do you live with someone?

(a) If yes, does the person/people you live with know you are pregnant?

☐ Yes ☐ No

(b) Does the person/people you live with know you are planning end your pregnancy?

☐ Yes ☐ No

8. Have you been sexually hurt or kicked, punched or hurt in any way by someone?

☐ Yes ☐ No

(a) During childhood?

☐ Yes ☐ No

(b) In a previous relationship?

☐ Yes ☐ No

(c) In your current relationship?

☐ Yes ☐ No

9. Are you feeling pressured, by anyone, to end or continue your pregnancy?

☐ Yes ☐ No

10. Are there any other concerns you would like to discuss today?

☐ Yes ☐ No

In case of emergency, please list support person(s) (friend/relative):

1. Name: _____ Relationship: _____

Phone Number: _____ Alternate Number: _____

2. Name: _____ Relationship: _____

Phone Number: _____ Alternate Number: _____

Thank you for your assistance in helping us plan your care.

Social Work offered: ☐ Yes ☐ No

Social Work Referral: ☐ Yes ☐ No

Date (YYYY/MM/DD): _____ Patient's Signature: _____

Date (YYYY/MM/DD): _____ Printed Name/Signature of Nurse: _____

NURSE COMPLETES THE FOLLOWING:

Referral to Social Work:

Patient to meet with Social Work (same day)?

☐ Yes ☐ No

If no, can Social Work call patient at home and leave a message?

Phone number: _____

Patient plans to contact Social Work as she deems necessary.

☐ Yes ☐ No

Reason for Referral:

Comments:

- ☐ Abusive relationship
- ☐ Age (16 years of age or less)
- ☐ Ambivalence
- ☐ Coping difficulties
- ☐ Current involvement with CAS
- ☐ Current or previous mental health issues
- ☐ Financial concerns (transportation/accommodation)
- ☐ Lack of support
- ☐ Patient request
- ☐ Stillbirth documentation
- ☐ Substance abuse
- ☐ Other: _____

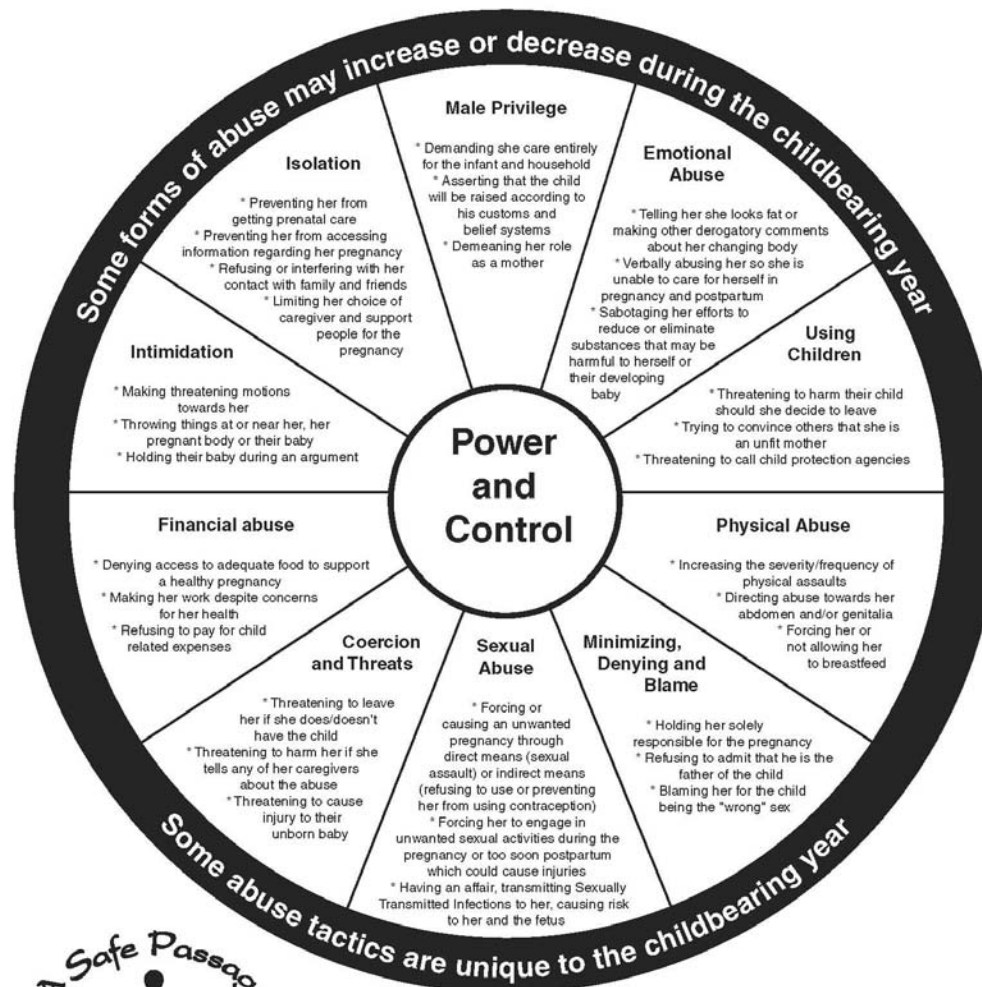
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Nurse's Comments/Notes:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Woman Abuse in the Childbearing Year

Power and Control Wheel



supporting Women Survivors of Abuse
through the childbearing year

www.asafepassage.info

Although one of the best predictors of abuse in pregnancy is previous abuse, as many as 40%* of women who reported abuse in pregnancy, stated that the abuse started when they became pregnant. Abuse in pregnancy involves tactics that are unique to the childbearing year during a time when women are more physically and emotionally vulnerable.

*Statistical reference: Statistics Canada: *Violence Against Women Survey: Survey Highlights 1993, Sheet Tables 1-25*

Power and Control Wheel adapted from the *Domestic Violence Intervention Project*, Duluth, MN, USA
www.duluth-model.org



WHAT KIND OF A
WOMAN HAS AN
ABORTION?

The Stereotype of a Woman Choosing Abortion suggests she:

- wasn't using any form of contraception.
- uses abortion as birth control.
- is poor and uneducated.
- holds no religious beliefs.
- is young and has had multiple sexual partners.
- is a visible minority.
- can have multiple abortions and not worry.

Abortion Myths

- Abortions increase the risk of breast cancer
- Abortions lead to infertility
- The fetus is capable of feeling intense pain
- Abortion causes psychological damage to women or Post-abortion Syndrome
- Most Canadians believe that abortion should be illegal
- Abortions are medically risky and jeopardize the woman's chances of having future children
- Making contraceptives and abortion available only encourages teenagers to have sex
- Women use abortion as a form of birth control

Factors Shaping Decision-Making

- Economic status
- Age < 18 yrs.
- Advanced Maternal Age
- Employment status
- Marital status
- Family size
- Ethnicity/Religion
- Gestation
- Woman abuse
- Completing Education
- Sexual assault/Date Rape/Incest
- Infidelity
- Paternity issues
- Substance use prior to pregnancy confirmation
- Health issues
- CAS involvement

Prenatal Diagnosis and Management Pathway

- Pregnancy Termination on the basis of a Prenatal Diagnosis or Medical Condition: Aneuploidy, NTD's, Renal Agenesis, Cardiac Anomalies
- Can also include OB complications e.g. PROM

Prenatal Diagnosis and Management Pathway

- D+E up to 23W 6D
- Early Induction of Labour:
- Non-lethal Diagnosis up to 23W 6D
- Lethal Diagnosis- no gestational limit



Bottom line?



As a healthcare
professional,

You CAN support
Reproductive Choice

EVEN



IF IT IS A DECISION YOU
BELIEVE YOU WOULD NOT
MAKE FOR YOURSELF.

We look forward to meeting you
during your rotation in the
Pregnancy Options Program!



Amanda is 15 y.o. and recently learned she is 16 weeks pregnant. Her parents are not aware of the pregnancy and she is afraid to tell them. She has begun to lie to her mother about having her period. Her older sister challenged her about her weight gain and she started to cry. Her sister thinks she should have an abortion and will help her. Her boyfriend broke up with her when she told him about the pregnancy. He says it's not his.

- How is a teen's decision-making different from an older woman's?
- What are the long-term implications of teen pregnancy and parenting?
- What role do parents play in preventing teen pregnancy?

Lisa is a 35 y.o. self-employed business woman. She and her partner Ian have lived together for two years. He has two children, ages 6 and 8 years, from a previous marriage; he has joint custody and alternative week-end access. Lisa wants to have a baby but her partner is very concerned about the financial implications of having a third child. Lisa is 10 weeks pregnant and wonders if she should begin prenatal screening. Ian believes she should consider abortion because the pregnancy wasn't planned. Lisa wants to know if the pregnancy is healthy before making a decision.

- What issues does Lisa face in making a decision to continue her pregnancy?
- What factors might influence her to consider abortion?