

Medical Students' Guide

Talking to Women about Pregnancy Options

Although abortion is a highly stigmatized topic in our culture, it is an extremely common procedure among women in their reproductive years. Studies have shown that 1 in 3 women will have an abortion in her lifetime and the majority of the women who have an abortion are mothers already¹.

Often in medical school, we are not trained how to counsel women on their options when they have an unplanned pregnancy or a wanted pregnancy with unexpected complications. Choosing abortion can be an extremely difficult and challenging decision for many women. As physicians, no matter what field we go into, we will encounter women who are considering abortion as an option or have had an abortion at some point in their life.

This document is designed to help medical students successfully counsel women considering abortion with an unbiased and professional approach. In this document, we will examine the use of language in counseling women, review how to best counsel women in regard to their options, and apply this knowledge to several common scenarios.

¹ Henshaw, SK and K Kost. Trends in the Characteristics of Women Obtaining Abortions, 1974 to 2004. Guttmacher Institute: August 2008. Obtained from: <http://www.guttmacher.org/pubs/2008/09/23/TrendsWomenAbortions-wTables.pdf>

The use of language is so important in counseling a woman on her pregnancy options. How we deliver the message of a positive pregnancy test or how we explain pregnancy options can alter a woman's experience and help to make her feel comfortable in whatever decision she makes. Let's examine different scenarios where a change in language may aid in providing a safe environment where a patient may feel comfortable in whatever option she chooses.

Scenario 1. You are seeing patients in your outpatient clinic. Your Medical Assistant (MA) informs you that your next patient is Ms. Smith, a 25 year old female who presents with 1 week of nausea and vomiting. She reported to the MA that her last menstrual period was over 6 weeks ago and she normally has regular menses. The MA performed a urine pregnancy test and it was positive. You must now go and meet the patient and tell her the results of the test.

In this particular situation, it is unclear whether this is a wanted pregnancy or a planned pregnancy. It is never safe to assume that a positive pregnancy test is a piece of good news. Thus, using words like "congratulations!" when relaying the test result may not be appropriate.

The best approach to this patient would be to relay the test result without using words like "congratulations" or "I'm sorry to tell you that" and allow her time to react to the result. From this, the provider can better understand the patient's thoughts and feelings about this result and thus best guide the encounter.

Let's imagine how the encounter goes with the provider using appropriate language changes:

Provider: Hello Ms. Smith, I am a medical student working with Dr. Jones. I understand you have been having nausea and vomiting for 1 week. Our medical assistant ran a pregnancy test and the result is positive. You are pregnant Ms. Smith.

At this point, it would be appropriate to merely allow the pregnancy test result to sink in for the patient or ask "How are you feeling about this result?" However Ms. Jones reacts, you can move forward with whatever option she decides. This may be a difficult decision for Ms. Jones, but by changing your language, you can create a safe and comfortable environment for her to choose the pregnancy option that works best for her.

Scenario 2. You are meeting with Ms. Anderson, a 35 year old woman here for her annual physical. While taking her history, you discover that she ran out of her birth control pills last month and has been having unprotected intercourse with her boyfriend. You recommend obtaining a urine sample to run a pregnancy test before you begin the physical exam.

In this situation, you are the one suggesting the pregnancy test rather than only reporting the results. Prior to collecting the sample, this may be a good opportunity to ask the patient how she would feel if the test came back positive.

Let's examine a possible discussion between the medical student and the patient:

Medical Student: I would like to do a pregnancy test. But before we do it, I would like to talk with you about how you would feel if the test came back positive?

Ms. Anderson: I'm not sure. I think I would be scared. I already have two children and don't think I can afford to provide for another child right now. Plus, my relationship with my boyfriend is pretty new and I'm not sure if this will be a long-term relationship

By asking an open ended question prior to doing the test, you have allowed the patient to have an open discussion about her fears of a positive pregnancy test. Once you perform the pregnancy test and have the results, your conversation can continue with the patient. If it is negative, you can talk about a more reliable form of contraception. If it is positive, you can talk about the patient's pregnancy options.

When talking about pregnancy options, language is extremely important. Simple phrases can change the tone of the interaction with the patient and how she feels about disclosing her pregnancy option with you. Let's examine these language changes:

"Keeping the baby" vs. "Continuing the pregnancy"

"Giving up the baby" vs. "Considering adoption as an option"

"Abort the baby" vs. "Terminating the pregnancy" or "choosing abortion"

Although these language changes are minor, they can impact how the counseling session goes and how your patient feels after the encounter is over.

Let's return to the situation in scenario 2 and imagine the pregnancy test returns positive. How would we counsel this patient on her options? Before we begin the next scenario, it's important to note that each state has varying laws surrounding abortion and adoption. It's important to familiarize yourself with these laws before counseling patients on their options. Different state laws can be found here: <http://www.guttmacher.org/statecenter/>.

Scenario 3. You return to your patient's room after performing the urine pregnancy test. The test returned positive and now you must go discuss the patient's options with her.

Medical Student: Ms. Anderson, your pregnancy test returned positive. You are pregnant.

At this point, allow the patient to absorb this news. As mentioned before, this may be exciting news for some patients and devastating for others.

Ms. Anderson appears saddened by the news. After giving her some time to think about the results of the test, you state "Ms. Anderson, how are you feeling about this result?"

Ms. Anderson states "I'm a little surprised and did not expect this to happen. I am so overwhelmed right now with my other two children and don't think I can financially support another one."

"Ms. Anderson, you don't have to decide anything right now. Let's talk about your options for this pregnancy. I would be happy to provide you with further information about your options that you can discuss with your boyfriend."

Depending on the gestational age of the fetus, you can tailor your talk to focus on the legal issues in the state you are in when talking about abortion as well as adoption.

Additionally, there are two types of abortion: medical and surgical. Familiarize yourself with these two types of abortion before you counsel women on their options. NAF at www.prochoice.org provides excellent reading material. Two of the documents describing these two procedures are attached here.

More complicated counseling may arise in regards to minors as well as women with fetal anomalies or pregnancies that endanger their health or life. In regards to minors, again familiarize yourself with your state's laws regarding minors and abortion as well as adoption. Is there a 24 hour waiting period? Does your state require parental consent or parental notification? Do minors have the option of a judicial bypass if they do not want to tell their parents? It is generally believed that parental involvement in a teen's pregnancy is best, but it is important to explore the possibility of incest and risk of violence if the minor discloses this information to her parents. With these more complicated situations, the same principles as above apply, but perhaps ask to watch these encounters first before attempting them on your own.