Objectives

- Discuss how to manage an initial presentation for pregnancy testing
- Discuss the woman’s potential response to an unplanned pregnancy
- Analyse the General Practitioner’s role during a pregnancy choices session
- Explore and clarify the options available to women who experience an unplanned pregnancy
- Identify relevant resources and referral agencies that may assist women in the event of an unplanned pregnancy.

Initial presentation for pregnancy test

- Take a sexual and reproductive health history before pregnancy test
- When pregnancy test result is known the woman may lose focus
- Extent of sexual and reproductive health history depends on patient time and clinic
- Always do a pregnancy test before discussing options.
Sexual and reproductive health history

Why is the woman requesting a pregnancy test today?
• Is the pregnancy planned or unplanned?
• Does the pregnancy test need to be done?
  o if recent unprotected sexual intercourse - too early and may need Emergency Contraception
• Are there signs or symptoms of pregnancy?

Was a recent pregnancy test done?
• By whom and where?
• How long has the woman known she is pregnant?
• The woman may have supports in place.

Sexual and reproductive health history

Symptoms of pregnancy - considerations
• Stage of pregnancy
• Coping with symptoms
• Any medical issues requiring attention or referral.

Reasons for taking a menstrual History
(Last normal menstrual period, regularly, post-coital bleeding/ inter-menstrual bleeding)
• To assess what is normal for the woman
• To determine other reasons for late MP
• To calculate dates.

Sexual and reproductive health history

Sexual contacts
• Conduct a risk assessment
  o pregnancy, sexually transmissible infections, consensual sex
• Gauge level of biological father support.

Contraception use
• Indicative of planned/unplanned pregnancy
• Assess the need for education
• Determine whether Emergency Contraception was used?
Sexual and reproductive health history

Pregnancy/obstetric history
Any previous experiences with pregnancy?
• Births/children
• Termination, miscarriage, still birth, adoption
• Genetic issues

Cytology history
• Up to date?
• Follow up needed?

Pregnancy test
• Before doing pregnancy test, ask the woman what she would do if she was pregnant
  o Has she thought about it at all?
  o Has she seriously considered that she may be pregnant?
  o If she hasn’t, this is a good opportunity to allow her to think about it before being faced with the reality
• Answer may also indicate moral beliefs/ideals, or other influences.

Pregnancy test outcome
Not pregnant
• It can take up to 3 weeks post UPSI for the pregnancy test to read positive
• Discuss possible false negative result: timing/use of test
• Very important to discuss contraceptive options
• Other possible reasons for a missed period include:
  o breastfeeding
  o emotional stress
  o severe weight loss
  o severe dieting and exercising
  o obesity
  o particular drugs (e.g. hormonal contraception)
  o menopause onset.
Pregnancy test outcome

Pregnant
• How does the woman feel about result?
• Calculate dates – from first day of LNMP
• Present options and information
• Assess the woman’s certainty of decision
• Refer appropriately
• Consider possible false positive result:
  o misread test
  o faulty test
  o recent birth, miscarriage or termination
  o ovarian tumor or other type of hCG-producing growth.

“What will I do?”

Initial response to unplanned pregnancy may vary and can involve:
• panic and fear
• surprise
• anger
• powerlessness
• guilt
• empowerment
• self blame
• excitement
• shame
• distress
• embarrassment
• happiness
• confirming fertility

Your role
• Provide a safe space that allows the woman to express and understand her thoughts and feelings
• Be non-judgemental, accepting and non-influential
• Assist in validating the woman’s thoughts and feelings. The woman's decision is the one that is right for her at this time
• Provide factual, non-biased information regarding potential outcomes and options, including referral.
Who might require a pregnancy choices session?

Women who:
• are expressing ambivalence
• are seeking information about all available options
• have an identified need for a supportive, non-judgmental response
• require advocacy and/or referral
• have requested a pregnancy choices session.

“What will I do?”

• Making a decision about the future can be a complex process
• Along the way, contradictory thoughts and emotions may be expressed
• Personal decisions can also be influenced by social, cultural and political factors. These issues may need to be raised and resolved
• Referral for ongoing counselling may be required.

Unplanned pregnancy options

Adoption
• Local government resources
• State based legislation
• https://www.childrenbychoice.org.au

Continue pregnancy
• Commence anti-natal care
• Health information (diet, exercise, smoking, alcohol, vitamins etc).

Termination of pregnancy
• Self referral to a private clinic
• GP referral to public clinic
• State based legislation - https://www.childrenbychoice.org.au
• Links to local family planning services -
  • http://familyplanningallianceaustralia.org.au/
Your role following a positive test

- Allow the woman to **express** her immediate thoughts and feelings
- Be non-judgemental, accepting and non-influential
- Provide factual, non-biased information regarding possible options, including referral
- Ensure the woman is aware the decision is hers to make and must be the one that is right for her at this time.

Legal Considerations

- Consent of the "Partner in pregnancy" (PIP)
  - Not required for termination of pregnancy
  - PIP cannot prevent the woman from getting a termination

- Minor’s consent to procedures
  - Varies between states
  - Gillick definition of a "mature minor" applies in most cases

- Mandatory reporting
  - Who is mandated varies between states
  - See local government resources
  - Where real risk of harm, eg suicide, sexual assault
  - Public interest, eg where the woman may harm others
  - IMPORTANT to note no mandate to report underage sexual activity *per se*
Legal Considerations

• Confidentiality
  o Very important when working with adolescents
  o MUST not be broken unless absolutely necessary (apparent harm to self or others and in necessary consultation with relevant health professionals)
  o Mature Minor principle applies
  o From 15 years can access own Medicare and have services bulk billed

Further information

Counselling skills

The following steps are included:
  o Reflection – restating what is said by the woman to seek comment and clarification
  o Leading statement – “Tell me more about that”
  o Clarification – “You sound angry / sad about that”
  o Summarization – reviews what has been said thus far
  o Questioning – closed and open depending on the response sought.

Decision making process

• Does the woman want a support person in the consultation room with her?
• Define the problem and situation
  o Clarify if this is an unexpected/unplanned pregnancy
  o Pregnancy test
  o What were the circumstances that resulted in the unplanned pregnancy?
  o How long has the woman known about her pregnancy?
  o Estimate gestation
  o Does the woman have previous experiences with pregnancy if any, such as termination, miscarriage, adoption, genetic issues?
  o Does the woman have any current symptoms and if so, how is she coping?
  o Does the woman have any medical issues requiring attention?
Decision making process

- How does the woman feel about the pregnancy at the moment?
- What influences guide the discussion?
- Does the woman have good supports? (e.g., who else has she confided in?)
- Is the ‘partner in the pregnancy’ involved in the decision making process? (i.e., has she told him?) Is that partner and any other partner supportive of her decisions?
- Whose decision is it?
  - The consent of the partner in the pregnancy is not needed to proceed to termination; nor can he prevent a termination from happening. Paternity rights only arise after the birth of the child.

Decision making process

- Does the woman live on her own or with others?
- Are any other workers or organisations involved in her care? Should they be involved in the process?
- Ensure all alternatives are considered
- Allow the woman to take responsibility and assume ownership of her decision.

Decision making process

- Consider if time is an issue if the decision to terminate is made
- Confirm dates are correct and research access to termination within local area
- More than one session may be required
- Tasks may be a good take home exercise for those who are clearly ambiguous in their thinking, to assist with working through the issues that persist
- Post termination distress is uncommon but women that express ongoing ambivalence may be at higher risk.
Points to remember

- Confidentiality
- Individuality
- Non-judgemental attitude
- Acceptance and validation when a decision is reached
- Controlled emotional environment

Risk assessment

An unplanned pregnancy may present a medical or emotional risk that requires assessment

- Emotional distress or crisis
- Difficulties with relationships
- Life, Career, study implications
- Spiritual or philosophical crisis
- Previous negative experiences of pregnancy
- Adolescent women
- Women at risk of family violence

Referral

- Timely referral to another worker or specialist counselling services may be necessary for women who are ambiguous about their decision
- Referral to other specialised service providers may be required (e.g., Centre Against Sexual Assault, disability services, youth health services, interpreter services etc.)
- May provide take home exercises for the woman to assist with working through the issues that persist.
Decision making process
Melbourne Royal Women’s Hospital - Pregnancy Advisory Service

Feelings and Values Worksheet (modified)
You might wish to write or draw your responses. You may also want to discuss your responses with someone you trust.

How do I feel? Right now I am feeling (circle those you feel):

- Scared
- Overwhelmed
- Stupid
- Unreal
- Numb
- Comfortable
- Relaxed
- Strong
- Confused
- Confident
- Uncertain
- Panic
- Guilty
- Aroused
- Confused
- Like crying
- Selfish
- Resolved
- Relaxed
- Alien
- Guilty
- Strong
- Embarrassed
- Like crying
- Resilient
- Happy
- Sad
- Worried
- Determined
- Capable
- Other

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Decision making process

Positive thoughts | Negative thoughts
---|---
Continue pregnancy
Adoption / Relinquishment
Termination

Decision making process

Where do I see myself in 2 to 5 years and how will each option affect my life?

Continue pregnancy
Adoption / Relinquishment
Termination
References

• Durey, R 2010 ‘Women and Abortion’ Women’s Health Issues Paper No 5, Women’s Health Victoria, Melbourne.