RhN

Reproductive Health
in Nursing

Options Counseling
in Unintended Pregnancy
and Prevention Care

Meg's Choice
(Patient Situation #2)

The Patient

Meg is a 41-year old woman who is married with two young children. She thought she was menopausal and not fertile so she and her husband do not use birth control consistently. Her periods have been highly irregular for over a year, and she hasn't had her period in about 3 months.

The Setting

A private primary care practice that includes comprehensive reproductive health services. This is Meg's primary care office, the same office she went when she was pregnant with each of her children.

Meg's Intake Form

PREGNANCY TEST HISTORY

Name: _____**Meg**_____   Age: _____**41**_____

I identify as: **X Female**   __Male __Transgender __Specify: _____

Gender pronoun: **X She**   __He   __Specify: _____

Would you like a companion in the room with you for your visit?
      X Yes   __No   If so, whom? _____**My husband (David)**_____

With whom can you talk with for support?
      X Partner(s)   __Parent(s)   __Family Member(s)   __Friend(s)   __No One

Pregnancy History:
      Pregnancies _____**4**_____
      Births _____**2**_____
      Miscarriages _____**1**_____
      Abortions _____**0**_____

Have you already taken a pregnancy test?   **X Yes**   __No
      What were the results _____**positive**_____

When was the first day of your last menstrual period? _____**12 weeks ago**_____

Are you using any form of birth control? __Yes   **X No**
      If so, what are you using? __**I thought menopause!**_____

If you are pregnant, which options would you like to discuss?
      __Adoption   **X Abortion**   **X Parenting**

Case: Meg is a 41-year old married woman here with her husband (David) for options counseling after being diagnosed with a twin pregnancy. The couple has 2 children and are concerned about having 2 more, worrying that they will be in their 60s when the twins would be in high school. They are both aware there are increased health risks if she continues with the pregnancy. David says he will support any decision Meg makes, but he is most concerned about her health. Meg is concerned that finances are already tight, but she is not sure she could emotionally handle terminating a healthy pregnancy. Meg is open to discussing parenting and termination, only if a serious health defect is detected. David is open to discussing parenting only if Meg's health is not in danger.

Common Concern: "I'm afraid I will regret the decision."

Personality: Meg makes her kids' Halloween costumes. Meg is a writer. David is a barber.

Meg's Choice
(Patient Situation #2)

What Happened

Meg and her husband Dave just found out that Meg is 12-weeks pregnant with twins. They are here to discuss their options.

Nurse: Tell me what brings you in today, Meg.

Meg: Well, we just found out that I'm pregnant with twins and we want to talk about our options. I'm 41 and if we have a baby, TWO babies, we will be in our 60s by the time they are in high school! Also, we are doing fine financially, but I don't know if we can afford two more kids in the house. Two more college tuitions... *(she trails off)*

Dave: Can you tell us about the risks involved... for Meg... if we have twins?

What are the risks for Meg if she continues with the pregnancy?

Pregnancy at age 35 years or older is associated with higher genetic anomalies and higher age related health issues such as hypertension and diabetes. A healthy woman over the age of 35 with a healthy lifestyle with a negative family

history has a low risk of age related illnesses and pregnancy related problems (Bayrampour & Heaman 2010; Cleary-Goldman et al., 2005; Jacobsson et al., 2004).

With twin pregnancies there is an increased risk of preterm labor and birth with resulting low birth weight babies, and higher neonatal morbidity and mortality. Multifetal pregnancies present increased maternal risks of gestational diabetes, gestational hypertension, preeclampsia, acute fatty liver and pulmonary embolism. In addition, Meg would be more likely to have a cesarean section with twins, which carries its own health risks. All of these risks are the same for women over the age of 35. A woman with a twin pregnancy has the same risks but maybe not additional risks beyond the risk of having twins and the risk of maternal age.

What Happened (continued)

Dave: *looks at Meg, worried.* Honey, whatever you want to do is what I want, too. I'll support any choice you make.

Meg: It's so scary to think about the possibility of health complications for me and for the babies. I just don't want to make a decision we will regret. I don't know what to do.

How can the nurse facilitate decision-making?

Exploring All Options: Pregnancy Counseling Without Bias (Lee et al., 2006) from the Title X Family Planning National Training Centers, funded by the Office of Population Affairs and the U.S. Department of Health & Human Services, contains a video series of five different scenarios on options counseling provided in a neutral, non-judgmental manner and includes a discussion guide that addresses topics such as "Essentials of Options Counseling" and "Balancing Personal Values and Your Professional Role." The videos present scenarios that illustrate the decision-making process when a patient receives positive pregnancy test results. Following each scenario, experts analyze the counseling and offer commentary.

The nurse can provide them with information and nonjudgmental options counseling whereby she explains the benefits and risks to having an abortion procedure (dilation and evacuation), continuing with the pregnancy, or making an adoption plan. Regardless of the nurse's beliefs or opinion on how the couple should proceed, non-directive options counseling is an essential component to quality patient care.

Options Counseling for Unintended Pregnancy is a presentation designed to give nurses and advanced practice nurses information on attitude, skills, and knowledge needed to provide options counseling to patients who experience unintended pregnancy.

Truly non-directive options counseling can be difficult because of one's own beliefs, especially when there is a strong feeling that we know what the best option would be for a woman. In *Options Counseling: Techniques for Caring for Women with Unintended Pregnancies* Singer provides a guidance for clinicians to examine their own beliefs and values to improve their skills in providing nonjudgmental and nondirective options counseling for women experiencing unplanned pregnancy.

The National Abortion Federation designed exercises in *[The Abortion Option: A Values Clarification Guide for Health Care Professionals](#)* to help nurses critically examine factors that might influence their beliefs about parenting, adoption, and abortion and, for some, their desire to become involved in abortion care. There are tools for clarifying values related to abortion, views about the role of health care providers, and case studies are used to identify and examine potential biases.

What If…

Meg's was a singleton pregnancy instead of twins?

While many of the risks associated with a twin pregnancy and birth would not apply in this twist, Meg is still 41 years old with several possible adverse pregnancy outcomes including preterm birth, low birth weight, still birth, chromosomal defects, labor complications, and cesarean section (Cleary-Goldman, 2005; Jacobsson, 2004; Joseph, 2007; Bayrampour, 2010).

In addition, The Mayo Clinic identifies the following risks:

- She is more likely to develop gestational diabetes. This type of diabetes, which occurs only during pregnancy, is more common as women get older. Left untreated, gestational diabetes can cause a baby to grow significantly larger than average — which increases the risk of injuries during delivery.

- She is more likely to develop high blood pressure during pregnancy. Research suggests that high blood pressure that develops during pregnancy is more common in older women. She might need to take medication or birth the baby before her due date to avoid complications.

- She is more likely to have a low birth weight baby and a premature birth. Premature babies, especially those born earliest, often have complicated medical problems.

- She might need a cesarean section. Older mothers have a higher risk of pregnancy-related complications that might lead to a C-section delivery, such as placenta previa — a condition in which the placenta blocks the cervix.

- The risk of chromosome abnormalities is higher. Babies born to older mothers have a higher risk of certain chromosome problems, such as Down syndrome.

- The risk of pregnancy loss is higher. The risk of pregnancy loss — by miscarriage and stillbirth — increases as you get older, perhaps due to pre-existing medical conditions or fetal chromosomal abnormalities.

Nurses could also consult chapters on risk assessment and risk management in *Prenatal and Postnatal Care: A Woman-Centered Approach* from Jordan et al. (2013), which is written by midwives and nurse practitioners.

In this twist, it is possible Meg and Dave might feel less financial pressure since it would be one child instead of two. However, this is an unplanned pregnancy, and it is critical to discuss all of Meg's options for continuing the pregnancy, having an abortion, or making an adoption plan. It is up to the nurse to provide nonjudgmental and non-directive counseling to help Meg and Dave decide what to do.

What if the nurse is not comfortable discussing a full range of reproductive options? What are the nurse's ethical obligations to the patient?

Be sure to visit our Professional Ethics in Unintended Pregnancy and Prevention Care module.

References

Bayrampour & Heaman. (2010). Advanced maternal age and the risk of cesarean birth: a systematic review. https://www.ncbi.nlm.nih.gov/pubmed/20887538

Singer. (2004). Options Counseling: Techniques for caring for women with unintended pregnancies https://www.ncbi.nlm.nih.gov/pubmed/15134677

Jordan et al. (2013). Prenatal and postnatal care: a woman-centered approach. http://www.wiley.com/WileyCDA/WileyTitle/productCd-EHEP003095.html