



**Reproductive Health  
in Nursing**

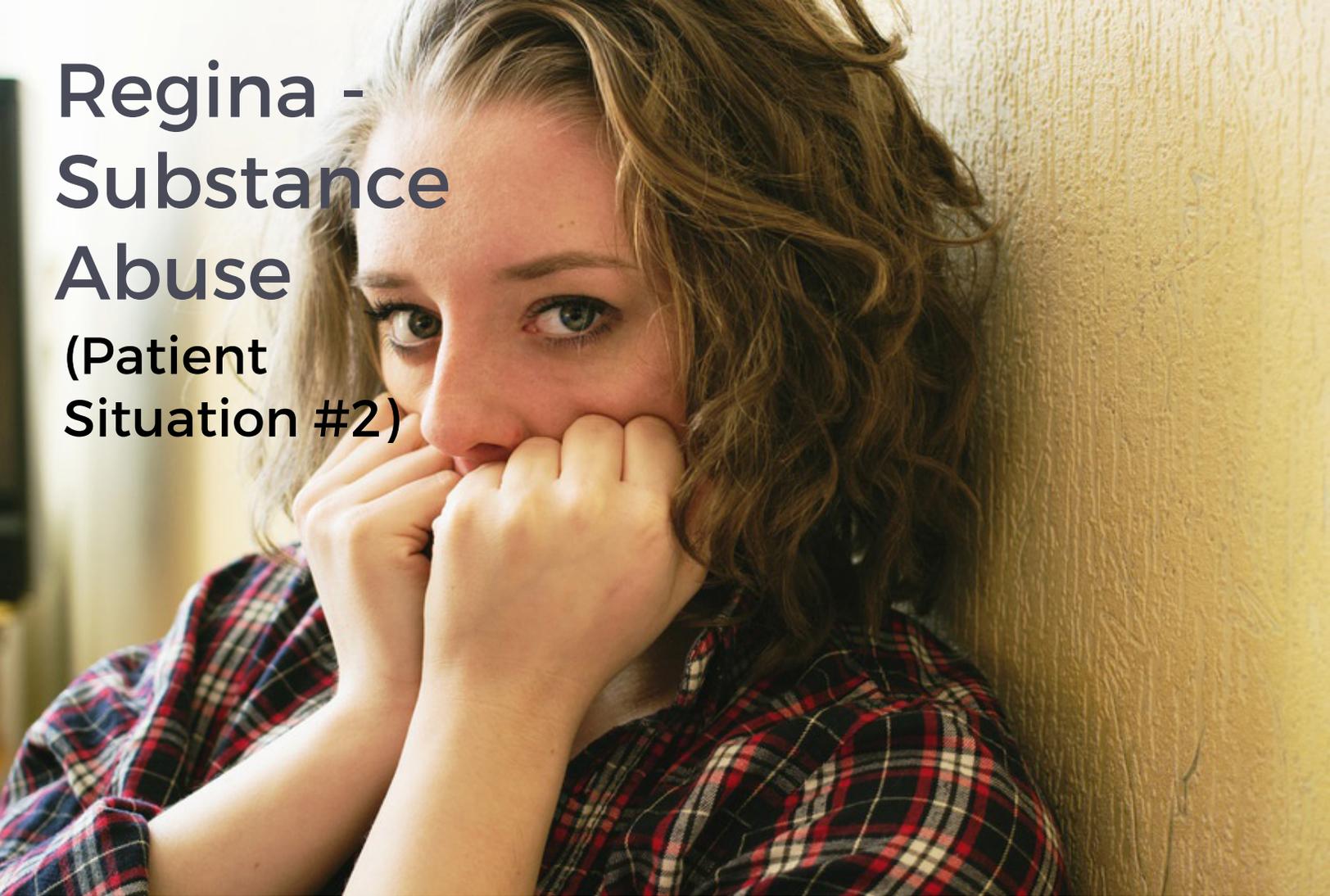
**Patient  
Situation 2**

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# **Public Health in Unintended Pregnancy and Prevention Care**

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# Regina - Substance Abuse (Patient Situation #2)



## The Patient

Regina is a 36-year old woman who is living out of state. Her pregnancy history is G4P1 (1 preterm, 2 abortions, 1 living) and her 5-year-old child is in state custody. She has been in and out of methadone clinics and is currently in treatment. She found out that she was pregnant when the methadone clinic tested her urine for pregnancy, and she is now 18 weeks pregnant.

## The Setting

A clinic that provides comprehensive reproductive health care and related preventative health services, including a full range of contraceptive options that are available on site. A sliding fee scale is available for patients in need of financial assistance. The clinic does not provide abortions, but does provide comprehensive options counseling, information, and referrals.

# What Happened

Regina decided to seek abortion care. Before coming into the clinic, Regina went to a Pregnancy Resource Center (PRC) because she saw a bus advertisement that claimed they would provide help to pregnant women. After speaking with the PRC, Regina believed that she could obtain abortion care at their clinic and tried to schedule an appointment. The staff at the PRC kept delaying her appointment, and when she finally made it in, it was clear to Regina that they do not provide abortions as promised. Instead, the staff gave her a long counseling session on how much she will regret her decision to abort. The counselor gave her a fetus-like doll to take home. Regina left feeling confused and unsupported. She comes in today, feeling somewhat anxious and distrustful of health care professionals as a result of her recent experience with the Pregnancy Resource Center.

## What are Pregnancy Resource Centers and how are they different from medical clinics?

The job of a medical facility is to support a woman through the decision-making process and provide accurate and factual information so that she can make the best decision for herself.

In some communities, Pregnancy Resource Centers or Crisis Pregnancy Centers offer free ultrasounds to women, which can be a supportive service and an extremely valuable resource. Many crisis pregnancy centers, however, are anti-choice organizations, established to persuade women not to have abortions. The centers will do this by providing misleading and false information about the link between future fertility, breast cancer, depression, and abortion. *False and Misleading Health Information Provided By Federally Funded Pregnancy Resource Centers* is a full report from the U.S. House of Representatives' Committee of Government Reform, which details the false and misleading information that was provided during an investigative study of pregnancy resource centers.

To assess the crisis pregnancy centers in your community, visit their website to read their vision and mission, then decide if this center will meet the needs of your patients.

# Regina's Intake Form

## PREGNANCY TEST HISTORY

Name: \_\_\_\_\_ **Regina** \_\_\_\_\_ Age: \_\_\_\_\_ **36** \_\_\_\_\_

I identify as:  **Female**  Male  Transgender  Specify: \_\_\_\_\_

Gender pronoun:  **She**  He  Specify: \_\_\_\_\_

Would you like a companion in the room with you for your visit?  
 Yes  **No** If so, whom? \_\_\_\_\_

With whom can you talk with for support?  
 Partner(s)  Parent(s)  Family Member(s)  Friend(s)  **No One**

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

Have you already taken a pregnancy test?  **Yes**  No  
What were the results \_\_\_\_\_ **positive** \_\_\_\_\_

When was the first day of your last menstrual period? \_\_\_\_\_ **18 weeks ago** \_\_\_\_\_

Are you using any form of birth control?  **Yes**  No  
If so, what are you using? \_\_\_\_\_ **pills, but sometimes I forget** \_\_\_\_\_

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

**Case:** Regina is a 36-year old woman who is living out of state and her 5-year old child is currently in state custody. She is currently taking methadone treatment. The methadone clinic conducted a urine pregnancy test that was positive. Regina decided to terminate the pregnancy and sought abortion care at a local Pregnancy Resource Center (PRC). The PRC kept delaying her appointment until she was 17 weeks pregnant. At the appointment the staff conducted an ultrasound and gave Regina a baby doll to take home. She did not receive the abortion care she wanted.

**Common Concern:** Trying to stay sober and does not think she can support a child.

**Personality:** Loves reading mystery novels.

# Regina - Substance Abuse (Patient Situation #2)



## What Happened (continued)

**Nurse:** Hi Regina, tell me what brings you in today.

**Regina:** Well, I have some questions and the last place I went to wasn't very helpful. The Pregnancy Resource Center, downtown.

**Nurse:** I'm sorry to hear that. I am more than happy to answer all of your questions. Let's discuss what you need from us today. Are you ready to begin or is there anything that you need from us to be comfortable before we start?

**Regina:** I'm okay. I need to know what my options are for this pregnancy. I am about 18 weeks pregnant, but I don't think now is a good time for me to have a baby. I'm trying to stay sober, get my treatment, and I just got full time retail work. It's only minimum wage, but it pays the bills. I don't know if I could support a kid, and my schedule is so crazy, I don't know where I'd find time... *(trails off)*

**Nurse:** It sounds like you have a lot on your plate right now. Tell me more about what you are thinking you'd like to do about the pregnancy.

**Regina:** I want to have an abortion. I've had them before, but not when I was this far along. I tried to do it earlier, but I couldn't get an appointment at that place I

thought would help me.

**Nurse:** OK, Regina, it sounds like you are interested in having a termination and I can assist you with that. Our neighboring state has a health center right on the border that will provide second trimester abortions. That is the closest place since our state only allows terminations up to 14 weeks. If you would like, I can give them a call right now to schedule your appointment.

**Regina:** I have to go out of state? I don't know how that can work with my schedule. I can't just leave my life for a few days to travel. I can't miss work, or treatment for that matter.

*Together, the nurse and Regina develop a plan. The nurse is able to make an appointment for Regina at the health center for three days later. Regina's sister has a car and agrees to drive Regina the 2.5 hours to the clinic. Her sister has to bring her 6-month old baby with her as she does not have childcare. Regina's appointment is scheduled for 8:00am for cervical preparation with her procedure scheduled for noon. On the day of the appointment, everything proceeds as planned: Regina terminates the pregnancy and is discharged in time to drive home later the same day with her sister. She only misses one day of work without missing a methadone treatment.*

## What is involved in a second trimester abortion?

Abortion procedures beyond 12-14 weeks LMP are typically performed by dilatation and evacuation (D & E), a safe and effective method of induced abortion. Cervical preparation using misoprostol or osmotic dilators is frequently done prior to the D & E. The National Abortion Federation's (NAF) *Clinical Policy Guidelines* are evidence-based guidelines and standards on abortion care that include clinical practices on patient care and counseling and different types of abortion procedures. These guidelines, which are revised annually, are based on rigorous review of medical literature and known patient outcomes to support and educate providers on the most current information, standards, and recommendations on abortion care. The following modules are specific to this competency:

- Module 9: Abortion by Dilation and Evacuation
- Module 10: Second-Trimester Induction Abortion

In addition, NAF's *Safety of Abortion* publication details the safety of different types of abortion procedures, possible complications, complication management techniques, and aftercare.

Access to essential health services including abortion care is critical to women's health. A joint report from Ibis Reproductive Health and the Center for Reproductive Rights, *Evaluating Priorities: Measuring Women's and Children's*

*Health and Well-being Against Abortion Restrictions in the States*, showed that states with more abortion restrictions performed worse overall on women's and infant's health indicators compared with states with fewer restrictions, including higher maternal and infant mortality rates.

## Contemporary Health Concerns in Community Health Nursing: Substance Abuse

According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health, 9.4% (24.6 million people) of the population had used an illicit drug in the past month in 2013. Of those, 8.2 million people met criteria for a substance use disorder. The misuse of prescription drugs is second only to marijuana as the nation's most common drug problem after alcohol and tobacco. Many areas of the country are experiencing a dramatic increase in heroin abuse: first-time users have increased by nearly 60% percent in the last decade with a corresponding increase in overdoses and deaths related to fentanyl spiked heroin.

**Primary Prevention:** Data have shown that early intervention following the first episode of a serious mental illness can make an impact on improving mental health and prevent or decrease the risk of substance abuse. The Institute of Medicine and National Research Council released a report in 2009 that reported the cost-benefit ratios for prevention and early treatment programs for addictions and mental illness programs range from 1:2 to 1:10. This means a \$1 investment yields \$2 to \$10 savings in health costs, criminal and juvenile justice costs, educational costs, and lost productivity (O'Connell, et al., 2009). Prevention science is focusing on trying to better understand why some people become addicted while others do not. Prevention research may identify the factors that put people at increased risk of drug abuse and how to protect them from it.

**Secondary Prevention:** Screening tools are used to identify people who may be using an addictive substance. Screening tools may include a written or oral questionnaire or may involve scheduled or random urine, blood, saliva, or hair samples. Nursing students may be familiar with drug testing as many clinical placement sites require a criminal background check and a random drug screening prior to beginning a clinical rotation.

**Tertiary Prevention:** Only 11% of people who need treatment for addiction involving alcohol or drugs receive any form of treatment.

# Regina - Substance Abuse (Patient Situation #2)



## What if Regina continued the pregnancy?

Given the challenges of traveling out of state which include staying sober, leaving treatment for a few days, staying overnight, taking time off from work, and cost, Regina continued the pregnancy. Women who use drugs, including those who are currently sober, often face barriers and stigma in encounters with the health care system. As a result, women using drugs who are pregnant may be afraid to present for care due to the stigma of drug use (particularly during pregnancy) and the fear that their child will be taken away from them. Public health messaging can alleviate stigma and make women feel safe to engage with care. Targeted messaging could also teach women how to recognize legitimate health care, and dispel myths about child protective services.

In this twist on the patient scenario, Regina is able to maintain sobriety and continues to take methadone throughout her pregnancy. ACOG states “medically supervised tapered doses of opioids during pregnancy often result in relapse to former use. Abrupt discontinuation of opioids in an opioid-dependent pregnant woman can result in preterm labor, fetal distress, or fetal demise. During the intrapartum and postpartum period, special considerations are needed for women who are opioid dependent to ensure appropriate pain management, to prevent postpartum relapse and a risk of overdose, and to ensure adequate

contraception to prevent unintended pregnancies. Patient stabilization with opioid-assisted therapy is compatible with breastfeeding. Neonatal abstinence syndrome is an expected and treatable condition that follows prenatal exposure to opioid agonists.”

ACOG’s 2012 Committee [\*Opinion on Opioid Abuse, Dependence, and Addiction in Pregnancy\*](#) provides recommendations for substance use screening, treatment and intrapartum and postpartum management for women with opioid dependence. Early identification of pregnant women with opioid dependence improves maternal and child health outcomes.

The National Center on Substance Abuse and Child Welfare provides information, expert consultation, training and technical assistance to child welfare, dependence court and substance abuse treatment professionals to improve the safety, permanency, wellbeing and recovery outcomes for children, parents and families.

In addition to national resources, local agencies can provide support to specific communities. As an example, Children and Recovering Mothers (CHARM), based in Burlington, Vermont, is a multidisciplinary group of agencies serving pregnant women with opioid dependence, their infants and families. The agency has produced a webinar on *Opioid Use in Pregnancy*. The discussion centers on services provided and collaborative practice elements across systems at multiple points of intervention: prenatal, birth, and postpartum.

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