

OPTIONS COUNSELING SUMMARY PAGE

The provider should clearly introduce him/her self and verify the patient's identity. News of a positive pregnancy test should be clearly communicated, in a neutral fashion. Open ended questions should be asked in a non judgemental, empathetic, courteous, respectful fashion. Language should be free of medical jargon.

Options to be discussed would include:

- Continued pregnancy: If patient chooses to continue the pregnancy, she should be referred to prenatal care after a risk assessment and discussion of healthy lifestyle.
- Adoption
- Abortion:
 - Abortion options include Medication abortion up to 9 weeks
 - The protocol for Medication abortion is one dose of Mifepristone 200mg given in the office. Mifepristone (RU-486, Mifeprex™) is a progesterone receptor blocker. The patient then will use misoprostol 800mcg in one of three ways: orally, buccally or intravaginally. Misoprostol is administered somewhere between 6-72 hours after Mifepristone, depending on the protocol (FDA vs Evidence based) Misoprostol is a prostaglandin analogue and may cause nausea, vomiting and flu like symptoms. The patient will have cramps and bleeding at home with this method. Almost all patients pass the pregnancy sac within 24 hours. Expected bleeding is generally 9-16 days. A follow up appointment is necessary.
 - Suction abortion up to 10 weeks under local anesthesia at our Family Health Center
 - Suction abortion is provided at our center up to 10 weeks. An 800 mg dose of Ibuprofen is given prior to the procedure. Xylocaine is used for a Para cervical block. The patient is awake. There is some cramping and discomfort, which can vary widely from patient to patient. The procedure is generally not more than 10 minutes from the time the speculum is inserted. Antibiotics are given afterward. Bleeding afterward is 1-7 days
 - Referral to another facility for an abortion under general anesthesia. MVA, surgical abortion or Manual Vacuum Aspiration are other terms for this procedure.
 - **Restrictions on Abortion** In Massachusetts in effect as of December 2005 (<http://www.guttmacher.org/pubs/sfaa/print/massachusetts.html>):
 - The parent of a minor must consent before an abortion is provided.
 - Postviability "partial birth" abortion is covered in insurance policies for public employees only in cases of life endangerment or risk of "grave" health impairment.

A patient centered approach should be used to discuss the choices for termination of pregnancy. The patient's psychosocial situation should be considered. Safety can be an issue for some woman who may consider medication abortion; there may be a risk for domestic violence from partners or parents if they chose to complete the abortion at home.

Dating of the pregnancy is important, as some choices would not be available at certain gestations. Indications to refer for, or perform an Ultrasound would include: use of oral contraceptives in the last 3 months, breastfeeding, irregular menses, and uncertain LMP. An ultrasound may not be needed for medication abortion but would be indicated prior to a suction abortion.

Details of the protocols are available in handouts. It is fine to say you need to consult an attending if there is information that is not clear.