

Reproductive Life Cycle

Clinical Vignettes

Self-Study

Emergency Contraception and Pregnancy Termination

Contributors:

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Part 1: Psychotropic Medication and Emergency Contraception

Pre-Reading

- ACOG Practice Bulletin on Emergency Contraception: <https://www.acog.org/-/media/Practice-Bulletins/Committee-on-Practice-Bulletins---Gynecology/Public/pb152.pdf?dmc=1>
- Optional (more in-depth): Curtis KM, Jatlaoui TC, Tepper NK, et al. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. MMWR Recomm Rep 2016;65(No. RR-4): 34-36. DOI: <http://dx.doi.org/10.15585/mmwr.rr6504a1>

Learning Objectives

At the completion of this session, participants will be able to:

1. Describe the menstrual cycle and identify when a woman is fertile.
2. Explain how a woman can have a negative pregnancy test and still be pregnant.
3. Recognize risk factors for unplanned pregnancy.
4. Define emergency contraception and list which types of contraception are typically used in this fashion

Case Scenario

Angela Jones is a 38 year old G3P1021 (Three Pregnancies, One Full Term Delivery, Zero Pre-Term Delivery, Two Miscarriages/Abortions/Ectopic, One Living Child) with a history of depression being seen by you in psychiatric emergency services for crisis due to suicidal ideation. In spite of her tearful state and flat affect, she is well groomed and seems to be organized in her thought process. She reports that she has been compliant with her fluoxetine 40 mg, prescribed by her general practitioner, and that she sees a therapist in the community. During the patient interview, she discloses that her suicidal thoughts are due to her husband of 15 years disclosing his recent infidelity after they had intercourse last night. She is not using birth control, but does not want to be pregnant, and asks for your help. She completes a urine pregnancy test in the emergency room and it is negative. In addition to determining the best level of care for her psychiatrically right now, what other factors do you need to consider for this patient's optimal medical care?

Discussion Questions

1. Is it possible that this patient is pregnant? How might you counsel a patient about emergency contraception use if she could possibly be pregnant?
2. What are the options for Emergency contraception?
3. When should I give emergency contraception?

Part 2: Mental Illness and Pregnancy Termination

Pre-Reading

- www.prochoiceamerica.org: This is the website for The National Abortion and Reproductive Rights Action League (NARAL). There is an interactive map where one can click on their state and find political information, abortion-care policies, family planning policies, and other important issues.
- www.Guttmacher.org: The Guttmacher Institute is a primary source for research and policy analysis on abortion in the United States. There is also relevant data by state.

Learning Objectives

At the completion of this session, participants will be able to:

1. Describe the current law (federal and state) that allows women the choice of pregnancy termination.
2. Explain how a psychiatrist may be asked to provide psychiatric clearance for the medical/surgical procedure. How does a woman's mental illness affect her ability to make decisions about termination, continuation of pregnancy, or adoption?
3. How might a woman's health insurance affect her ability to access abortion services?
4. Be familiar with local and national abortion information services where patients can access information about their local options and available providers.

Case Scenario

Jennifer Brown is a 32-year-old G2P1001 at 19 weeks gestation whom you have been seeing for many years for Major Depressive Disorder. Her current pregnancy was planned and she has been maintained on sertraline 100 mg throughout. Her current partner has just been arrested for attempted murder following a "road rage" incident. She reveals that during this pregnancy she has discovered he is not the man that she thought he was and she is no longer interested in having a child; she asks for your help in finding a clinic to terminate her pregnancy.

Discussion Questions

1. Do you think this patient is properly treated given the current dose of sertraline?
2. How do you find out what the laws are in your state regarding elective termination of pregnancy?

Ms. Brown was working as a cashier at Walmart at the beginning of her pregnancy and had commercial insurance, but she left that job last month and has recently enrolled in a Medicaid managed care plan. Does this change her options on pregnancy termination?

1. What is the federal law that dictates how federal dollars are spent on pregnancy termination services?
2. Would Ms. Brown's access to abortion be better if she had stayed on her commercial insurance plan?
3. As her mental health provider, how can you assist this patient in her desire for pregnancy termination?