Pregnancy Termination

Progressive Case Conference 1

Facilitator's Guide

Contributors

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Pre-assessment learning

Before you attend the didactics on this module, please review some of the following literature on the intersection of psychiatry and pregnancy termination:

Informed Consent and Shared Decision Making in Obstetrics and Gynecology: ACOG Committee Opinion, Number 819. Obstet Gynecol. 2021 Feb 1;137(2):e34-e41. doi: 10.1097/AOG.0000000000004247. PMID: 33481530.

American Medical Association. Informed Consent. Code of Medical Ethics Opinion 2.1.1. [Internet] Available from: https://www.ama-assn.org/delivering-care/ethics/informed-consent. Accessed September 17, 2023

Appelbaum PS, Grisso T. Assessing patients' capacities to consent to treatment. N Engl J Med. 1988 Dec 22;319(25):1635-8. doi: 10.1056/NEJM198812223192504. Erratum in: N Engl J Med 1989 Mar 16;320(11):748. PMID: 3200278.

Hatters Friedman S, Landess J, Ross N, Kaempf A. Evolving Abortion Law and Forensic Psychiatry. J Am Acad Psychiatry Law. 2022 Dec;50(4):494-501. doi: 10.29158/JAAPL.220076-22. PMID: 36535784.

Ross NE, Webster TG, Tastenhoye CA, Hauspurg AK, Foust JE, Gopalan PR, Hatters Friedman S. Reproductive Decision-Making Capacity in Women With Psychiatric Illness: A Systematic Review. J Acad Consult Liaison Psychiatry. 2022 Jan-Feb;63(1):61-70. doi: 10.1016/j.jaclp.2021.08.007. Epub 2021 Aug 27. PMID: 34461294; PMCID: PMC8792197.

Optional supplemental reading

Brody BD, Chaudhry SK, Penzner JB, Meltzer EC, Dubin M. A Woman With Major Depression With Psychotic Features Requesting a Termination of Pregnancy. Am J Psychiatry. 2016 Jan;173(1):12-5. doi: 10.1176/appi.ajp.2015.15030380. PMID: 26725341.

Makino KK, Hatters Friedman S, Amin J, Zhao L. Emergency contraception for psychiatric patients. *Current Psychiatry*. 2022 November;21(11):34-39,44-45 | doi: 10.12788/cp.0300

Zalpuri I, Byatt N, Gramann SB, Dresner N, Brendel R. Decisional capacity in pregnancy: a complex case of pregnancy termination. Psychosomatics. 2015 May-Jun;56(3):292-7. doi: 10.1016/j.psym.2014.09.009. Epub 2014 Oct 2. PMID: 25591494; PMCID: PMC4400254.

Overview

The goal of this module is to utilize a clinical case presentation to solidify the learner's knowledge of critical issues surrounding pregnancy termination and mental health. This session is not intended to be a debate about abortion. This session is designed to last 50 minutes but can be modified for a longer or shorter session. The session is best used for psychiatry residents who have some clinical experience with pregnant patients. Prior to the session, residents should complete the required pre-reading for this module.

Learning objectives

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

1. Understand how to evaluate medical decision-making capacity to consent to pregnancy termination as a consulting psychiatrist.
2. Describe kinds of misinformation sometimes provided to patients seeking pregnancy termination.
3. Discuss issues psychiatrists should consider when prescribing emergency contraception (the "morning-after pill.")
4. Discuss medical ethical issues that arise at the interface of religion and abortion care.

Resources required

1. A faculty (or senior resident) facilitator
2. Relevant articles for pre-reading

Session outline

1. Clinical vignette read-aloud: 5 minutes
2. Residents divide into working groups and discuss questions: 10 minutes
3. Facilitator-led large group discussion of questions: 10 minutes
4. Residents divide into working groups and discuss questions: 10 minutes
5. Facilitator-led large group discussion of questions: 10 minutes
6. Debrief and summarize key points from case: 5 minutes

Case presentation: Part 1

Alex is a 29-year-old female with bipolar disorder who presents to the emergency room with her mother for suspected mania. Pregnancy testing reveals she is pregnant with an estimated gestational age of 10 weeks . In your state, elective abortions are allowed until 20 weeks.. Upon learning of the pregnancy, Alex expressed a desire to have an abortion. The OB/GYN team has been consulted, but the team is concerned about her medical decision-making capacity. You are working as a consulting psychiatrist to the emergency department and have been asked to evaluate Alex's medical decision-making capacity to consent to abortion. As you enter the consultation room, Alex greets you loudly. In rapid speech, she quickly recounts all at once how challenging traffic was on the way to clinic, how thoughtful the decorations are, how much she likes the color of your shirt, how shocked she is to learn she is pregnant, and how hopeful she is to be offered an abortion.

Her mother interjects, saying that she is concerned about Alex pursuing an abortion, as she fears she is experiencing mania. She says Alex was hospitalized for a manic episode about a year ago, during which she seemed unusually happy, was particularly talkative, slept only a few hours nightly, and felt she was in direct connection to god. She says, "It's been almost the exact same story this week." Alex rolls her eyes and says she has felt "a little happier than usual," but she attributes this to a job promotion she received in the last month. Her mother also noted that she has

heard that having an abortion might cause more mental health problems, even suicide, and she is worried about how having an abortion might impact Alex's mental health.

Given concern for mania, you start to wonder about Alex's capacity to consent to abortion. The OB team has offered her standard educational materials outlining the risks, benefits, and alternatives to surgical pregnancy termination. You leave Alex and her mother to review the materials and return to your office for a few minutes to think about how to proceed.

Facilitator pauses for discussion of the following questions.

1. Does Alex's diagnosis of bipolar disorder prevent her from having the capacity to make a decision about how to manage the pregnancy?
    a. It depends; the presence of mental disorder does not preclude a patient from having medical decision-making capacity. The psychiatrist must determine whether symptoms of mental illness interfere with medical decision-making abilities.
2. What 4 abilities must Alex demonstrate to show she has medical decision-making capacity to consent to having an abortion?
    a. The ability to clearly communicate a choice regarding abortion;
    b. The ability to understand information relevant to undergoing an abortion;
    c. The ability to appreciate the context in which she is requesting an abortion and the likely consequences of undergoing an abortion versus not; and
    d. The ability to rationally manipulate information and demonstrate her reasoning about her choice.

3. How would you respond to Alex's mother's concerns that having an abortion might worsen Alex's mental health?
    a. Most studies suggest abortion is not associated with an increased risk of mental disorders. A mental disorder prior to pregnancy termination is the most important risk factor for psychiatric symptoms after abortion, as for example noted in the Turnaway Study.

Case Presentation: Part 2

You return to the consultation room.

Alex shares with you that she would like to proceed with pregnancy termination. She reported that she has had two previous abortions, both for unplanned pregnancies that occurred during periods of mania when she had stopped taking birth control pills and was hypersexual.

She stated she wishes to have an abortion because she feels she will neither have the financial means or enough time to become a mother should she continue with her pregnancy. When asked about her understanding of the procedure and its risks, benefits, and alternatives, she highlights basic steps of the procedure itself and shares that she understands the risks of surgical abortion to include "bleeding, infection, and fetal parts being left behind." She feels the primary benefit would be she would not be forced to raise a child with insufficient means. She also noted that she may never have children because she is considering a career in politics and hopes to be the first female president. She is worried that if the press discovers she has had abortions, it will affect her political career. She believed it would be more detrimental to her reputation and political career, however, if she carried the pregnancy to term and opted for adoption. She understands that proceeding with abortion will result in fetal demise and that not proceeding would result in her pregnancy continuing as it is now. Though she insists she is not manic, she adds that her outpatient psychiatrist has warned her of the psychiatric risks of pregnancy and the postpartum, including exacerbation of her underlying bipolar illness and the risk of postpartum psychosis.

Facilitator pauses for discussion of the following questions.

4. Do you feel you have enough information to give an opinion regarding Alex's medical decision-making capacity to consent to an abortion? Why or why not? If not, is there particular information you would like to obtain before concluding?
    a. Alex is able to communicate a choice. She has stated she would like to have an abortion.
    b. Alex demonstrates an understanding of the information relevant to having an abortion. She understands that she is pregnant and that having an abortion will terminate the pregnancy. She is aware of the risks (bleeding, infection, etc.), the benefits (not carrying an unwanted pregnancy to term), and alternatives (carrying to term and possibly raising the child or pursuing adoption).
    c. Alex appears to have at least a basic appreciation of her current situation (having an unwanted pregnancy that she wishes to terminate due to concerns about being unable to raise a child); however, symptoms of mania such as grandiosity might interfere with her assessment of the impact the pregnancy/abortion might have on her life (ruining her chances of becoming president, for example).
    d. In many ways, Alex appears to manipulate information rationally and to be able to weight pros and cons of her decision. She has indicated that she does not wish to carry to pregnancy to term due to concerns about being unable to raise a child and concerns that mental health symptoms may worsen in the postpartum period. However, if grandiose delusions interfere with her ability to reach logical conclusions, capacity may be impaired. The impact of grandiose delusions on her decision-making should be explored.
5. How should the team proceed if Alex does not have medical decision-making capacity due to manic symptoms?
    a. The team should work to treat symptoms of mental illness so that capacity can be restored. If capacity cannot be restored in time to allow for abortion, a surrogate decision-maker must be used. Alex should be included in the process to the greatest extent possible to maximize autonomy.
6. Should the assessment of capacity to consent to abortion differ from other capacity evaluations? What factors might complicate the assessment?
    a. Assessing capacity to consent to abortion should be the same as any other capacity assessment.
    b. The process might be complicated by factors not encountered in other areas of medicine: time restrictions, conflicting views among stakeholders, political controversy, rapidly changing laws, a woman's ambivalence about the decision, potential bias of the evaluator, misinformation, etc.
7. What interventions might help to ensure Alex does not have unintended pregnancies in the future? Do you think it would be appropriate for Alex's outpatient psychiatrist to prescribe "the morning after pill" if Alex presents to an appointment reporting having had unprotected sex the night before?
    a. Alex is at risk for future unintended pregnancies, and contraception options should be discussed. Long-acting reversible contraception might be a suitable option. Coercive or non-voluntary sterilization is unethical. Some psychiatrists might hesitate to prescribe emergency contraception; however, emergency contraceptives have strong safety profiles and are easy to prescribe (no need for physical exam, pregnancy test, or other labs). Psychiatrists may be particularly well-positioned to offer emergency contraception to women with mental illness who may have limited healthcare access.