Abortion and Mental Health

Progressive Case Conference 2

Facilitator's Guide

Contributors

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Pre-assessment learning

Prior to attending the classroom didactics on this module, review the following resources regarding pregnancy termination and mental health:

1. NCRP Self-Study Module on Abortion and Mental Health
2. **ACOG Guide to language and Abortion**. ACOG. Accessed November 11, 2023. https://www.acog.org/contact/media-center/abortion-language-guide.
3. Bryant AG, Swartz JJ. **Why crisis pregnancy centers are legal but unethical**. *AMA J Ethics*. 2018;20(3):269-277. doi:10.1001/journalofethics.2018.20.3.pfor1-1803
4. Harvey, S.M. et al. **The Dobbs Decision – Exacerbating U.S. Health Inequity.** N Engl J Med. 2023; 388 (16). DOI: 10.1056/NEJMp2216698

Optional Supplemental Reading

1. Reardon DC. The abortion and mental health controversy: A comprehensive literature review of common ground agreements, disagreements, actionable recommendations, and research opportunities. SAGE Open Med. 2018 Oct 29;6:2050312118807624. doi: 10.1177/2050312118807624. PMID: 30397472; PMCID: PMC6207970.
2. Wisner KL, Appelbaum PS. Abortion Restriction and Mental Health. JAMA Psychiatry. 2023 Apr 1;80(4):285-286. doi: 10.1001/jamapsychiatry.2022.4962. PMID: 36753289.

Overview

The purpose of this progressive case conference is to use a clinical case example to explore the complex legal, cultural, and ethical issues that arise when a pregnant person is seeking guidance about abortion from their psychiatrist.

Learning Objectives

1. Learn how to approach talking to patients about abortion using destigmatizing language.
2. Learn how to manage personal beliefs about abortion and biases while centering the pregnant person's preferences.
3. Understand how to dispel patient misconceptions and misinformation about abortion.
4. Understand the socioeconomic and cultural barriers to accessing abortion and how to apply that to psychiatric practice.
5. Be familiar with patient educational materials and resources.

Required Resources

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

Session Outline

1. Introduce Module and Read case together (5 minute)
2. Break out into pairs or small groups and have residents discuss questions (20 minutes)
3. Facilitate group discussion about answers (20 minutes)
4. Question and Answer (5 minutes)

Case Presentation

A 20-year-old G1P0 woman with major depressive disorder presents to the psychiatrist for a follow-up appointment. At this time, her symptoms are well-controlled with sertraline 200 mg. During previous periods of decompensation, she has been psychiatrically hospitalized with severe depression and suicidality. Her last acute major depressive episode was 18 months prior, and she required sertraline 200 mg and Aripiprazole 10 mg to get her symptoms under control. She was able to discontinue Aripiprazole six months ago and has not had recurrence of symptoms with sertraline 200 mg maintenance therapy.

This patient recently became pregnant unexpectedly, and she tells you that she has "some mixed feelings about keeping the baby." She had a visit with her obstetrician confirming the pregnancy, and the gestational age of the fetus was estimated to be 7-weeks based on her last period. She adheres to the Christian faith and expresses some feelings of guilt related to considering an elective abortion. A close friend from her church told her that the "baby has a heartbeat already" and encouraged her to get services from a crisis pregnancy center. She is also afraid that abortions are unsafe after reading about "horror stories" in the news about serious infections and a "link to breast cancer."

She reports additional concerns for the health of the baby given exposure to sertraline but is also worried about the increased stress of a baby and the possible need to resume Aripiprazole.

Case Questions/Discussion

1. What are examples of stigmatizing language used in the case example, and what are examples of alternative language to use in your response to this patient?

    - ACOG recommends using medically accurate language that centers the state of the pregnancy. Therefore, instead of referring to the "baby," you could refer to it as the medically accurate term "embryo."
        - **Ask:** *What are medically accurate terms for the fetus after 8-weeks and until delivery?* Fetus
        - **Ask:** *Why are terms like "baby" and "unborn child" potentially stigmatizing in persons considering abortion?* They prematurely humanize an embryo or fetus, depending on the duration of pregnancy.
    - Referring to the "baby's heartbeat" is also medically inaccurate and stigmatizing. Instead, ACOG recommends "embryonic cardiac activity" before eight weeks gestational age and "fetal cardiac activity" after.
    - Referring to an abortion as "elective" unnecessarily differentiates between the reasons for seeking abortion care and potentially devalues some reasons (such as unwanted pregnancy or unintended pregnancy). Instead, ACOG recommends using "abortion" or "induced abortion."

2. What is some of the misinformation that this patient has found? How would you correct that misinformation?

    - *"Heartbeat is present at 7-weeks gestational age"* – At this point in the pregnancy, the embryo has a collection of cells that have cardiac activity. The heart does not develop until much later in the pregnancy.

- **Ask:** *Where did this misinformation about embryonic cardiac activity originate?* Many states passed "heartbeat" laws that mischaracterize embryonic cardiac activity that typically emerges at 6-weeks to appeal to people's emotions and establish more restrictive abortion bans.
- **Ask:** *What are some other milestones in pregnancy that are typically used to justify abortion bans?*

1. Conception – usually proponents of abortion bans argue that life begins at conception.
2. "Fetal viability" – refers to the likelihood of a fetus to survive outside the uterus. Generally, fetuses are viable between 24 to 28 weeks gestational age, but it may vary by pregnancy.
3. "Point of fetal pain" – many proponents of abortion bans between 15 to 22 weeks gestational age claim that this is the point that fetuses feel pain, but this is not substantiated by evidence.

- *"Abortions are unsafe"* – While complications are possible in any procedure, abortions are safer than deliveries if done by a skilled clinician. Furthermore, they are not associated with cancer.

3. How would you counsel this patient about the purpose and scope of crisis pregnancy centers?

- While crisis pregnancy centers attempt to appear as legitimate clinics, they are not medical clinics and do not provide comprehensive reproductive health care.
- In general, crisis pregnancy centers are not staffed by licensed medical professionals.
- The purpose of crisis pregnancy centers is to discourage abortion. To that end, they may provide misleading and incorrect information, such as suggesting bogus links between abortion and serious mental health problems or breast cancer and suggesting that abortion is dangerous (when it is safer than pregnancy).

4. How might this patient's religious beliefs be impacting her decision-making about abortion versus continuing with the pregnancy?

- She may have conflicted feelings about engaging in premarital sex due to her religious beliefs, which is leading to feeling of guilt.
- She may have avoided contraception due to religious beliefs, which contributed to unintended pregnancy.
- She may want to seek out an abortion but have conflicted feelings about the morality of abortion.
- If she decides to seek out an abortion, she may want to keep it secret from her family, which would deprive her of potential financial and social support.

5. How should you approach her feelings of guilt?

- To help her process her feelings of guilt, you should approach her in a non-judgmental manner (even if your personal or religious beliefs differ).
- Elicit the psychological factors that are contributing to her guilt and provide compassionate listening.
- Normalize her experience by explaining that abortions are common, and represent comprehensive reproductive healthcare.
- Consider referring her to psychotherapy to help process or work through her feelings of guilt.

6. What are potential gender-based, racial, social, and economic barriers to accessing abortions?

- Stigma
- Discrimination on the basis of race or ethnicity
- Discrimination against transgender individuals
- Lower socioeconomic Status or low educational attainment

- Patient's significant other or family members are unsupportive
- Patient resides in a state that has a very restrictive or total ban on abortion
- Misinformation
- Religious or political beliefs of the patient, family members, or local community

7. This patient tells you that she needs more time to consider whether or not she plans to seek out an abortion. She asks you if she should stop her antidepressant medication in case she plans to proceed with the pregnancy. She also requests information about the risk of antipsychotics as she is concerned about the potential need for Aripiprazole. How should you counsel her?

    - Educate the patient about the safety of SSRIs in pregnancy
    - Educate the patient about the safety of antipsychotics, specifically Aripiprazole, in pregnancy
    - Review with the patient the risk-benefit analysis of treatment vs no treatment.

8. You currently reside in a state that has a total ban on abortion. This patient confides in you that she has made up her mind about seeking an abortion, and she plans to either purchase the abortion pill online or to travel out-of-state where it is legal to get the procedure.
   What are ways in which this patient may be criminalized for seeking an abortion?

    - If she has complications from a self-managed abortion or an out-of-state assisted abortion and requires medical attention in her own state, she may be reported to child services or law enforcement, investigated, charged, and/or convicted of a crime.

9. What areas of legal risk might arise if your state has fetal personhood laws?

    - Theoretically, fetal personhood laws that establish the "personhood" of a fetus attach a duty to physicians, who are mandated reporters, to report instances of self-managed abortion on the basis that it would be legally considered child endangerment.

10. The patient asks your position on abortion and how it impacts your recommendations. How should you respond?

    - Explain to the patient your role is to provide her with the medical knowledge to best inform her decision-making, not to make a judgment or to impose your personal opinions.

11. Imagine this patient lives below the Federal Poverty Line and/or is from a minoritized population. What socioeconomic factors should you consider in this situation?

    - Individuals from low-income households have reduced access to contraception and are more likely to have unintended pregnancy.
    - She is more likely to be uninsured or receive Medicaid. Medicaid does not fund induced abortions in many states.
    - She may not be able to afford to seek an out-of-state abortion due to the cost of the procedure and associated travel.
    - She may face barriers to abortion, such as traveling farther due to restrictive bans, and lost wages. If she had other children already, it would also impact childcare demands.
    - If she were forced to continue with the pregnancy, women from minoritized populations face higher rates of pregnancy-related morbidity and mortality.