



Abortion and Mental Health

Progressive Case Conference 2

Trainee 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?
2. What is some of the misinformation that this patient has found? How would you correct that misinformation?
3. How would you counsel this patient about the purpose and scope of crisis pregnancy centers?
4. How might this patient’s religious beliefs be impacting her decision-making about abortion versus continuing with the pregnancy?
5. How should you approach her feelings of guilt?
6. What are potential gender-based, racial, social, and economic barriers to accessing abortions?
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?

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?
9. What areas of legal risk might arise if your state has fetal personhood laws?
10. The patient asks your position on abortion and how it impacts your recommendations. How should you respond?
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?