

## CASE 8

**Short case number: 3\_29\_08**

**Category: Endocrine and Reproductive Systems**

**Discipline: Obstetrics & Gynaecology**

**Setting: General Practice-Urban**

**Topic: Unplanned Pregnancy [SDL]**

### Case

**Vanessa Saunders is 20 years old she presents because she has missed a period and the home pregnancy test that she performed was positive. Vanessa is not sure what she wants to do and presents to discuss the situation with you.**

**You estimate based on the date of her last period that she is 6 weeks pregnant.**

### Questions

1. What are the key issues that you would discuss with Vanessa regarding her pregnancy?
2. What medical assessment would you undertake?
3. Vanessa is not sure about whether she wants to continue with the pregnancy and asks about the procedure to terminate a pregnancy. Outline her options considering medical or surgical termination of pregnancy and the possible risks and complications.
4. What are the current laws regarding termination of pregnancy in NSW and Victoria? How would knowledge of these laws impact on your discussion with Vanessa?
5. Vanessa considers whether she would offer the baby for adoption if she continued with the pregnancy. What would you explain to Vanessa about the process of adoption in NSW & Victoria?

### Suggested reading:

1. Abbott, J., Bowyer, L., & Finn, M. (2014). *Obstetrics and Gynaecology: an evidence-based guide* (2nd ed). Australia, Elsevier
2. Dewhurst's Textbook of Obstetrics & Gynaecology, Edmonds K [editor]. Blackwell Publishing. 2007. Chapter 33.
3. Bird S, Abortion and the law in Australia, Australian Family Physician, Vol 35 No.11, November 2006, pg 905-906

## ANSWERS

### 1. What are the key issues that you would discuss with Vanessa regarding her pregnancy?

Women experience a range of feelings on finding out they are pregnant, dependent on their individual circumstances. Vanessa needs to think carefully about any concerns that she might have and about what support systems, ones that she currently has or ones that might be available to her as a potential parent, that she might have to help her with these concerns. Her relationship with the father of the baby also needs to be considered and the impact that her decision will have on this relationship.

It is important to openly enquire how the woman feels about this pregnancy and to explore this with her in a non-judgemental manner. Often women are confused and unsure of their options, sometimes pressure to choose one option or another is being placed on them from other sources eg the father of the baby [if he knows], her parents etc.

Women who 'rush' into a termination believing it is their only option often experience feelings of guilt, remorse and depression afterwards. An open and willing non-judgmental doctor will facilitate a more open discussion with the woman and help her to decide what is best for her at this time in her life. Women also sometimes believe that decisions need to be made quickly. Informing her of the actual time frame, eg in this case several weeks, allows women the time to really consider the options more fully and perhaps to explore her available support systems.

**Issues around making a decision about an unplanned pregnancy<sup>1</sup>:** Vanessa needs to make a decision about whether to continue her pregnancy (and parent her child or put it up for adoption) or seek a termination. While she can listen to other people's advice she should make the decision for herself. Questions she might want to think about might include:

- What is it like to have and care for a baby?
- What is it like to give a baby up for adoption?
- What is it like to have a termination of pregnancy? What stage has the pregnancy reached?
- What are the medical risks of termination under medical supervision and of carrying a pregnancy to term?
- What effect will the different options have on my relationships within and outside my family?
- How will the different options affect my education, career and financial situation?
- Are there spiritual issues that I need to consider?

### 2. What medical assessment would you undertake?

Medical assessment undertaken:

- Confirm the pregnancy and gestation
- Screen for infections (Chlamydia trachomatis and other STIs) – pathogens increase the risk of post-abortion infection and of pelvic inflammatory disease
- Take a pap test (not essential to pregnancy care but an opportunity to check screening is up to date and to offer opportunistic cervical screening)
- Check the haemoglobin and blood group (give anti-D at the time of termination if the woman is Rhesus-negative)
- Check for a history of allergies, blood dyscrasias, or other relevant medical condition
- Screen for any pre-existing medical conditions, check body mass index and blood pressure

**3. Vanessa is not sure about whether she wants to continue with the pregnancy and asks about the procedure to terminate a pregnancy. Outline her options considering medical or surgical termination of pregnancy and the possible risks and complications.**

**Medical termination**-oral mifepristone (antiprogestrone) and misoprostol (prostaglandin E1 analogue) to stimulate uterine contractions. Follow up with bHCG to make sure complete

**Surgical termination** –performed in either a hospital setting or dedicated facility. General anaesthetic or local anaesthetic/paracervical block with or without sedation. Dilatation of the cervix and vacuum aspiration is the standard procedure.

**Complications** –abortion in developed countries is a low risk procedure –illegal unsafe abortion is a major contributor to mortality on a global basis. The overall risk of experiencing a complication during or soon after a termination of pregnancy under medical supervision has been estimated as 9/1,000<sup>1</sup>.

- < 7 weeks there is a risk of failure to remove the pregnancy (incomplete abortion)
- Excessive blood loss/associated with cramping pain
- Pelvic infection/treated with antibiotics
- Less frequently:
  - risk of uterine perforation(1-4/1,000)
  - risk of cervical injury
  - blood group incompatibility (Rh Disease)
  - pulmonary embolism
- Risks associated with anaesthetic (exacerbated by obesity, smoking, diabetes, chronic disease)
- While many women report a sense of relief after abortion others report complex emotional feelings in the 2 – 3 weeks immediately afterwards – most of which settle.

**4. What are the current laws regarding termination of pregnancy in NSW and Victoria? How would knowledge of these laws impact on your discussion with Vanessa?**

The legal test for when an abortion is not ‘unlawful’ and therefore permitted is different in each state and territory. The law of homicide may also be applicable in the context of abortion where a child is born alive but dies as a consequence of injuries inflicted in utero during an abortion.

In New South Wales (Crimes Act 1900) – abortion is lawful if there is ‘any economic, social or medical ground or reason’ upon which a doctor could base an honest and reasonable belief that an abortion is required to avoid a ‘serious danger to the pregnant woman’s life or to her physical or mental health’.

In Victoria it is covered by Crimes Act 1958, abortion will be lawful if the medical practitioner held an honest belief on reasonable grounds that the abortion was both ‘necessary’ and

'proportionate'. As of 2008, in Victoria, abortion was decriminalised and is now part of the *The Abortion Law Reform Act*.

You would need to discuss with Vanessa the potential impact of an unplanned pregnancy on her physical and mental wellbeing.

**5. Vanessa considers whether she would offer the baby for adoption if she continued with the pregnancy. What would you explain to Vanessa about the process of adoption in NSW & Victoria?**

When a child is adopted the rights and responsibilities of parenting are given legally by the birth parent(s), to the adoptive parents and the adoptive parents' names appear on the birth certificate. When an adoption order is made, the birth parents no longer have any legal rights over the child. The adopted child becomes a full member of the new family, taking their surname and assuming the same rights and privileges as a birth child, including the right of inheritance. A new birth certificate is issued.

This is covered in NSW by the Adoption Act 2000 and in NSW consent cannot be given until at least 30 days after the birth of a child. In Victoria consent cannot be given until at least 16 days after the birth of the child and both parents need to sign the consent.