

# Decision Counseling for Positive Pregnancy Test Results

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# Your Goals as a Healthcare Provider

- To create a space where patients feel that it is safe to ask questions.

*You are listening without an agenda.*

- To be the person whom patients trust.

*You are known as someone who will give them accurate information.*

- To establish an environment free of stigma around pregnancy decisions.

*You are modeling unbiased language.*

# Fundamental Principle

*The patient has the answer.*

One pregnancy decision is not “more moral” than another; she is a good person making a moral decision for herself. There is no knowledge that you possess about the answer to her dilemma that she does not.

# Approach

- Listen
- Do not assume!
- Self-reflect

# Listening means...

- Silence
- Asking open-ended questions
- Being open to, curious about, fascinated with, and interested in the patient's process – while *not* having an agenda for the outcome

## Not assuming means...

- That you don't take for granted that you and the patient share the same understanding of medical terminology, feelings, or beliefs
- You are free to inquire, investigate, and *learn from the patient*
- Taking a step back from “professional mode.” You do not have *The Answer*, nor are you obligated to find it for the patient.

# Self-reflecting means...

Asking yourself:

- What scenarios are hard for me?
- What particular decisions do I *want* patients to make?
- What decisions do I think are foolish?

# Pregnancy Test Counseling

Step 1: Preparing to disclose results

Step 2: Disclosing results

Step 3: Conversing with patients after a positive pregnancy test result



# Preparing to Disclose Results

- What do you think the result will be?
  - These questions can be a part of your pre-test assessment
- What are you hoping the result will be?
  - No matter what the result, I can help you make a plan

# Disclosing Results

Compare the following two statements:

Your test result came back positive. Do you want to keep the baby or not?

I have the results of your pregnancy test. The test came back positive; that means that you are pregnant. . .  
How are you doing with that information?

# Reactions to + Pregnancy Test Results

- Feelings
- Absolute statements
- Shock
- Uncertainty
- Certainty

# Framework

1. Validate the feelings that you see and hear.
  - Normalize experiences to communicate, “You are unique, but not alone.”
2. Seek understanding of feelings and beliefs.
3. Options counseling and/or referrals.

# Validate

- It's okay to cry here.
- I can help you with that.
- It's okay to not know the answer.
- I imagine that must have been very difficult.
- I see your point; that makes sense.
- I can see why it might have been hard for you to come here.
- You're doing a good job.

# Normalize

- It's okay to be scared.
- You know, lots of people have asked me that question.
- That's not a strange question at all; I'm glad you've asked.
- This is a clinic where it's okay to talk about that.
- Other women have expressed those same feelings.
- It's okay to be unsure about what to do.

# Seek understanding

- How are you doing with that information?
- What's coming up for you?
- How are you feeling?
- Say more about that.
- What's that like for you?

# Working with shock

- Silence
- It's okay to not know which way to go.
  - validate
- Are you feeling [overwhelmed] by the news of being pregnant?
  - closed-ended
- Who came with you today? How far did you travel?
  - change the subject
- I'm going to get each of us a glass of water.
  - break state



## When she asks: What do you think I should do?

- I actually *don't know* what I would do if I were you – if I were making a pregnancy decision I'd have to look at my own life and my own situation to see what was the best way to go for me.
- Lots of people ask me what I would do; that's normal. While it might make you feel better right now if I told you what I would do, the relief would only be temporary. That's because that only you know the answer and only you know what is the right decision for you.

# Reassuring Statements

- I will support you no matter which way you decide to go.
- You are a good person no matter which way you decide to go; one way does not make you a better person than the other.
- You have time to change your mind.
- You don't have to decide today.

# Transition/Close

- Reframe
  - You're really brave; you're doing a great job
- Express your own gratitude
  - Thanks for sharing your thoughts about that
- Normalize her plan or her next step
  - You have a good plan; lots of people take this next step
- Present information/referrals

# Pregnancy Options

- Abortion
- Adoption
- Parenting

# Language

- *Abortion*  
instead of “termination.”
- *Make an adoption plan or place the baby for adoption*  
instead of “putting the child up for adoption.”
- *Continuing the pregnancy*  
instead of “keeping the baby.”

# Seek Understanding

- How did you come to your beliefs about abortion?
- What have you heard about adoption?
- What are your thoughts about single parenthood?

# Describe Options

- Early Abortion
  - In an abortion, the doctor empties the uterus using gentle suction. The doctor uses something called a cannula, which is a thin plastic straw. The cannula is inserted through the natural opening of the uterus – that's called the cervix.
- Open Adoption
  - Open adoption is a form of adoption in which the biological and adoptive families have access to varying degrees of each other's personal information and have an option of ongoing contact from just sending mail and/or photos, to face-to-face visits between birth and adoptive families.

# Describing Early Abortion

To to the abortion, the doctor will:

- Empty the uterus with gentle suction
- Place a cannula, or thin plastic straw through the opening of the uterus—its called the cervix
- Move the cannula back and forth until the uterus is empty; everything will come out through the cannula.
- It can take between 1 and 5 minutes.
- Sometimes people feel a strong cramp; that's the uterus going back to its regular size.



# Describing Open Adoption

- Biological and adoptive families have access to each other's personal information and have an option of ongoing contact.
- Birth parents choose the family their baby is placed with and they create a hospital birth plan.
- Adoptive parents hold all the rights as the legal parents once the birth parents sign termination of parental rights paperwork
- Biological and adoptive families may exercise the option to open the contact by:
  - sending mail and/or photos
  - face-to-face visits between birth and adoptive families

# Making an Abortion Referral

- What is the clinic's gestational limit?
  - Do they offer medication abortion?
  - What is the gestational limit for a single-visit abortion?
- What is the cost for services?
  - Is analgesia/anesthesia included? RhoGAM?
- What types of insurance does the clinic accept?
  - As full payment for services?

# Making an Abortion Referral (con't.)

- Ask about medical exclusions
  - Will the clinic see patients with acute/chronic medical conditions?
  - Will the clinic see patients who have current drug or alcohol use?
- Does the clinic offer post-abortion contraception?
- Does the clinic offer emotional support before/ during the abortion?

# Making an Adoption Referral

- Make sure people have accurate information about how adoption is (or should be) practiced today.
  - Open adoption – birth parent(s) can select and meet the adoptive parents, and have continued contact of some kind with the child.
- Look for adoption agencies that support *all* options for the pregnant woman, including abortion and parenting.
- The pregnant woman should *never* be coerced or made to feel an obligation to place her baby for adoption.
- Agencies should accept diverse people as adoptive parents and as birth families.

# ***The patient has the answer.***

One pregnancy decision is not “more moral” than another; she is a good person making a moral decision for herself. There is no knowledge that you possess about the answer to her dilemma that she does not.