



The 'perfect' unplanned pregnancy consultation

By Dr Angela Cooney, Medical Director, FPWA Sexual Health Services

In truth, there is no perfect consultation in these circumstances but you can make it the best possible for the woman and yourself. This comes about by being up front about your own bias, meeting legal obligations, providing the woman with options and thinking about the future.

Analyse your own beliefs and attitudes.

I speak to many women who have already been to see a GP for advice or referral regarding abortion. Most doctors do it well. Some manage to convey to the woman that she is foolish, wicked or irresponsible because this has happened. Some will not consult on this issue at all.

Unfortunately, the patient does not have the luxury of knowing beforehand what the beliefs and attitudes of the doctor are. In Victoria, the law now will not support a doctor who refuses to refer for termination. In WA, any doctor who has beliefs that would conflict with providing care for a woman in this situation should consider having a clearly visible sign in waiting room: "The doctors in this practice do not refer for abortions. Please do not ask us for this service."

Some doctors believe that by refusing to refer they may persuade a woman to continue the pregnancy. But most women find someone else to refer them and end up having an abortion weeks later than they originally intended.

The Scale of the issue

Most women think they are the only ones who are 'dumb enough' to have an accidental pregnancy. It can help them to know that:

- Our bodies evolved to reproduce themselves and can do this despite all our best intentions.
- Around 8,000 pregnancies per year are terminated in Western Australia.
- In Australia, 1 in 2 of all pregnancies are accidental and 1 in 4 of all pregnancies are terminated.

Legal obligations

The legislation in Western Australia requires that for informed consent, the woman be given information on:

- the risks of abortion versus the risks of continuing the pregnancy,
- the availability of psychological counselling should the woman desire it, and
- the availability of this counselling anytime in the future.

The legislation does not require you to go on at length about her options – most women are well aware of the possibilities and have decided what they want to do before they get to you.

I have got the outline of risks down to a few minutes; which covers some of the major risks of childbirth (miscarriage, pre-eclampsia, caesarean section, DVT and PE, haemorrhage, postnatal depression) and abortion (uterine perforation, infection, haemorrhage).

The legislation does not require you to do psychological counselling yourself or refer to someone who does. All that is required is that she knows it is available if she or her partner wants it.

Be truthful

Some women have had the misfortune of calling one of the religion-based pregnancy assistance organisations, where they may be given misinformation, presumably for the greater good of saving an infant life.

Typically, the women may be told that they will not be able to get pregnant again, and that they will get breast cancer. But the evidence shows us that:

- induced abortion is always safer for the woman than childbirth, at any gestation.
- abortion by an experienced provider should have no impact on her ability to fall pregnant in the future.
- there is no connection between induced abortion and breast cancer.

Looking ahead

Do ask her why the unplanned pregnancy happened. Around half happen despite use of contraception. Did she stop the pill because of misinformed fears about future health risks? Does she forget to take the pill properly? Is a change in contraception desirable?

Is unplanned pregnancy related to unplanned sex and can something practical be done to prevent a recurrence?

Sometimes implants or IUDs can be inserted at the time of a termination, so a procedure that would be otherwise too scary for a young woman can be done while she is sedated.

Do be mindful of the older woman and abortion. An unplanned pregnancy in a nulliparous 37 year old may be her last opportunity for a pregnancy, and she needs to be made aware of this.

Do follow up, to see how she managed afterwards, to check that there is no infection, and to make sure that her contraception is sorted out.

Ed. The FPWA Sexual Health Helpline covers all aspects of sexual and reproductive health for both men and women, and can be used by health professionals and the general public, and can be accessed by email sexhelp@fpwa.org.au, or telephone metro 08 9227 6178 and country 1800 198 205. ■

