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Pregnancy Options Counselling

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Family Planning Victoria

- Family Planning Victoria has provided accredited education and training in Sexual & Reproductive Health to health professionals since 1974
- Family Planning Victoria has provided Pregnancy Options Counselling education and training to a range of health professionals including General Practitioners since 1994

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Definitions

- Patient = client = woman
- For the purposes of this presentation, 'counselor' is defined as the health professional who is undertaking the session ie: General Practitioner

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Objectives

- Discuss the importance of non-directive counseling
- Explore the role of the General Practitioner in pregnancy options counseling
- Understand the specific concerns that women with an unplanned pregnancy might have when considering their choices

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Counseling Skills Non-directive counseling

- Provides the woman with an opportunity to express her feelings and emotions about the pregnancy and how it affects her.
- It is important that the counselor presents in an accepting, non-judgmental and non-punitive way. This encourages the woman to feel comfortable in the expression of thoughts and feelings and thus facilitates positive outcomes.

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Counseling Skills Non-directive counseling

- The following steps are included:
 - **Reflection** – restating what is said by the client to seek comment and clarification
 - **Leading statement** – "Tell me more about that"
 - **Clarification** - "You sound angry / sad about that"
 - **Summarization** - reviews what has been said thus far
 - **Questioning** – closed and open depending on the response sought

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Why Conduct A Pregnancy Options Session?

- The woman is expressing ambivalence
- She wants information about all options
- There is an identified need for a supportive, non-judgmental response
- Advocacy and referral is required
- She requests a counseling, options and information session¹

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Risk Assessment

- An unplanned pregnancy may present a medical or emotional risk that requires assessment²
 - Emotional distress or crisis
 - Difficulty with relationships (such as partner, family etc)
 - Life, career or study implications
 - Spiritual or philosophical crisis
 - Previous negative experiences with pregnancy
 - Women under 18 or other young isolated women
 - Women at risk of domestic violence

Risk assessment begins at first contact and is ongoing

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Pregnancy Counsellor Role

- Provide a safe space that allows expression of thoughts and feelings.
- Be non-judgemental, accepting and validating of the woman's thoughts and feelings^{3,5}
- Provide factual, non-biased information regarding potential outcomes and options

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Pregnancy Counsellor Role (cont.)

- Assist the client to understand the feelings she has through discussion and reflective listening
- Support and validate the client's decision as the one that is right for her at that time⁴
- Provide advocacy and referral

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"What Will I Do?"



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"What Will I Do?"

- Making a decision about the future can be a complex process.
- Along the way contradictory thoughts and emotions may be expressed.
- Internal & external conflicts may need to be raised and resolved.⁵

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So, Begin the Process...

- Who does the woman want in the consultation with her? Eg: partner
- Define the problem and situation⁶:
 - Clarify if this is an unexpected and unplanned pregnancy
 - What were the circumstances that resulted in an unplanned pregnancy?
 - How long has the woman known about her pregnancy?
 - Estimate gestation
 - Previous experiences with pregnancy if any, such as abortion, miscarriage, relinquishment, genetic issues.
 - Current symptoms and if so, how is she coping?
 - Any medical issues requiring attention?

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Decision Making Process

- What influences guide the discussion? ⁷
- Does the client have good supports – eg: Who else has she confided in?
- Is the partner involved in the decision making process? Has she told the partner? Is he supportive of her decisions? Who's decision is it anyway?
 - The consent of the father is not needed to proceed to termination, nor can he prevent an abortion from happening. Paternity rights only arise after the birth of the child.
- Does she live on her own or with others?
- Are any other workers / organisations involved in her care? Should they be involved in the process?

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Decision Making Process

- Reflection – it is important to check in and seek clarification
- Ensure all alternatives are considered
 - Does the woman understand what options are available to her?
 - Does she require information on each that will assist the decision making process?
- Allow the client to take responsibility and own the decision as her own
- Identify and reinforce strengths and how to utilise them

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Decision Making Process

- The pressure of time is always in the back of your head if abortion is to be decided.
- More than one session may be required
- Tasks may be a good take home exercise for those who are clearly ambiguous in their thinking, to assist with working through the issues that persist.
- It is these women who may be most at risk of post-abortion distress ⁸

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Decision Making Process

	Positive Thoughts	Negative Thoughts
Continue Pregnancy		
Adoption / Relinquishment		
Abortion		

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Decision Making Process

Where do I see myself in 5 years, and how will each option affect my life?	
Continue Pregnancy	
Adoption / Relinquishment	
Abortion	

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Referral

- Continuing ambiguity after 2-3 sessions may be a sign to refer
- Timely referral to specialist counseling services may be necessary for women who remain ambiguous about their decision
- Referral to other specific service providers may be required eg: Centre Against Sexual Assault, disability services, youth health services, interpreter services.

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Points To Remember

- Confidentiality
- Individuality
- Non-judgmental attitude
- Acceptance and validation of decisions that are made
- Controlled emotional involvement

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Reflection on the Process

- All courses of action investigated
- Advantages and disadvantages discussed
- Clarify understanding
- Sense of equilibrium returned
- Provision for implementing her chosen course of action

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