

## COUNSELING & INFORMED CONSENT

### FACILITATOR GUIDE

#### Purpose

The purpose of this activity is to give the participants information on and practice with counseling and the process of informed consent. The session will cover the description of the abortion process, associated risks of the procedure, expected side effects and postabortion contraception.

#### Materials

- Make photocopies of cases (below) to give to participants
- Counseling Skills Checklist
- Flipchart (for taking notes and highlighting any key points)
- Markers

#### Timeline

1 hour

#### Instructions

Trainers should familiarize themselves with the legal context for abortion at or after 13 weeks for a given country as well as for specific situations such as rape, incest and adolescents/young women.

**Brainstorm and group discussion:** Ask the group to brainstorm what should be included in counseling and the process of informed consent. Record their responses on the flipchart. Be sure the following items are included in the brainstormed list; if they are not, add them in (below). **Counseling and informed consent are addressed on pages 14 -15 of Ipas's *Medical Abortion Reference Guide: Induced abortion and postabortion care at or after 13 weeks gestation ('second trimester')*.** Ask participants to add some additional key points regarding each item if they have not already.

- Alternatives to abortion
  - Key points: Options counseling, that is, informing a woman that she may end a pregnancy, carry it to term or place a child up for adoption, is not a mandatory component of abortion counseling. However, it is important to confirm that a woman is sure about her decision to terminate her pregnancy.
- The process of informed consent
  - Key points: risks and alternatives. Alternatives may vary greatly depending on the resources or referral possibilities available (e.g., dilation and evacuation). Risks of the procedure are low and typically safer than a full-term pregnancy; they include bleeding, infection, retained placenta, and need for surgical intervention.
- When the abortion will begin and the expected duration of the process (**see page 16 of the *Medical Abortion Reference Guide: Induced abortion and postabortion care at or after 13 weeks gestation ('second trimester')***).

- Key points: the medical abortion begins when the woman ingests the first tablet of the regimen (mifepristone in a combined regimen and misoprostol in a misoprostol only regimen). Mifepristone can be given as an outpatient and the woman can return in 24-48 hours (1-2 days) to initiate misoprostol. Women usually feel no side effects from the mifepristone but should be counseled about calling a provider or returning to the facility for any concerns. Most women expel within 6-9 hours of starting misoprostol but for some, the process may be shorter or longer (1-3 days).
- A description of the process and what she might experience (**see page 14 of the *Medical Abortion Reference Guide: Induced abortion and postabortion care at or after 13 weeks gestation ['second trimester']***).
  - Key points: almost all women will have uterine cramping or contraction-like pain. It is common to have some bleeding, but it is typically not heavy. Misoprostol can cause nausea, vomiting, diarrhea and fevers/chills.
- Who will be taking care of her.
  - Key points: discuss the health-care team who will be taking care of her and if possible, the name of the person in charge of her care.
- What pain medication is available to her and discussion of a pain management plan (**see page 19 of the *Medical Abortion Reference Guide: Induced abortion and postabortion care at or after 13 weeks gestation ['second trimester']***).
  - Key points: discuss the pain medications available to the woman and explore what kind of experiences she has had with pain and pain medication. Agree upon a plan that will work well for her.
- Postabortion recovery care (expectations, warning signs, contraception) (**see pages 24-25 of the *Medical Abortion Reference Guide: Induced abortion and postabortion care at or after 13 weeks gestation ['second trimester']***).
  - Key points: discuss what a woman should expect following her medical abortion, including vaginal bleeding which can initially be similar to a heavy period but should taper off rapidly to spotting or light bleeding for 2-3 weeks. Pregnancy symptoms typically fade rapidly. Breast engorgement can occur especially in women with a prior breastfeeding history. Discuss a woman's options for contraception and that all methods can be initiated immediately unless a complication occurs. She can resume sexual activity when she is ready and her chosen method of contraception has been initiated. Discuss warning signs, including heavy bleeding, fever, purulent discharge, and increasing, severe pain.

**Case discussion:** As a large group, go through Cases 1-5 below. Have one participant read the case and the question aloud. Then take comments/discussion. Label a flipchart sheet with Case 1 and write down any key/relevant points. After participants have shared their thoughts, use the trainer notes to add any points that may have been missed. Try to go through as many of the cases as possible (in the given timeframe) in the same manner. Be aware that these cases focus mainly on pre-abortion issues. Contraception and post-abortion counseling will be discussed more extensively in other sessions.

Make sure to discuss or brainstorm how participants would discuss transient fetal survival with the woman (and their staff) (see pages 13-14 of the *Medical Abortion Reference Guide: Induced abortion and postabortion care at or after 13 weeks gestation ['second trimester']*). Women should be informed that the risk for this increases after 20 weeks and is the result of an immature brain and nervous system. The fetus should be treated respectfully as we are respectful of other intact human remains, but the translation of what this means varies greatly within and between cultures, including wrapping the fetus and placing in a safe place until a heartbeat stops or having the woman or a staff/family member hold the fetus.

### Case 1

A 13 year-old girl has been raped and presents to the clinic because her abdomen is increasing in size. She is found to be 19 weeks pregnant. She does not know who attacked her and did not report the incident to the police. She is afraid of having a physical exam.

- **Can you anticipate any special needs for this woman?** Assess for post-traumatic stress disorder and/or depression including self-harm/suicidal thinking. Screen, counsel, and treat as needed. She may be in shock upon learning about her pregnancy. If she is too upset to understand and make decisions regarding her pregnancy, she may need to return the next day for counseling. However, if she does delay, disclose any legal gestational age limits and explain that the earlier an abortion can be performed the safer it is.
- Assess her environment – **is she safe at home/school?** If not, are there any alternative safe options for her?
- **Are there any legal issues in your context surrounding the case?** As this case was not reported, it will be important to establish who knows about the situation. Does she want to officially report? Are there any local reporting requirements? Who came with the young woman today and does she feel comfortable having them know she is pregnant and what is happening? Remember that the rapist could be someone within or known to the family.
- **What are the medical considerations in this case?** Due to her young age and her recent assault, she may need a more intensive pain management plan and this may weigh into what type of abortion she may want if both D&E and medical abortion are available. Screen for STIs/HIV.
- **What are the woman's options for terminating the pregnancy?** She is eligible for either a medical abortion or D&E if both are available to her. However, the focus here is on medical abortion for the remainder of the case.
- **What would you tell her about her options and how would you describe the process to her?** A medical abortion is very similar to what happens during a miscarriage or a birth. You will be given a medication, mifepristone, that helps prepare the body to respond to another medication, misoprostol. The mifepristone is given 1-2 days prior to the misoprostol – this can be taken as an outpatient meaning you can go home after taking it. Usually women do well with this medication and report few to no side effects. One to two days later, you come back to the facility to start the misoprostol. This medication causes you to cramp and contract. This medication will be repeated every few hours until the abortion is complete. Usually the entire process takes less than 9 hours, but it can take longer for some women. It is normal to experience light to moderate bleeding.

You will experience cramping and parts of the process can be painful, but you will be offered pain medication and we will discuss a pain management plan. Fewer than 1/100 women experience a serious complication. The most common but minor complication is the placenta needs help to come out. Your provider has been trained to manage this safely. A safe abortion does not change your ability to become pregnant again and have a baby in the future when you are ready.

- **How would you talk with her about contraception?** This may or may not be the best time to discuss contraception. As she will be under your care, you can discuss this information at a time that is convenient for her but not if she is experiencing pain. Although she may not have a regular sexual partner, she may still be at risk for pregnancy given her current environment (working or at school remotely from home, area at high risk for violence against women, etc).
- **Are there any special postabortion needs or follow-up?** If her abortion is uncomplicated, then a follow-up visit is not necessary. However, you may offer her one for reassurance or for ongoing support and counseling post-assault. Recommend that she receive a follow up HIV test in 6 months assuming her first test was negative.

## Case 2

A 35 year-old woman, pregnant for the second time, at 28 weeks, was just diagnosed with fetal anencephaly. She has one child already. She becomes very upset when she hears the news.

- **Can you anticipate any special needs for this woman?** Important to acknowledge grief and grieving process of the woman and her family. Discuss her feelings about seeing and holding the fetus following expulsion. She may have religious or spiritual preferences for the fetus, including burial preferences. Assess support systems, refer for counseling as needed.
- **Are there any legal issues in your context surrounding the case?** Given the lethality of this anomaly, most countries have no legal restrictions on termination of the pregnancy.
- **What are the medical considerations in this case?** Transient fetal survival can occur even with lethal fetal anomalies. The woman should be informed that although the fetus will never live on its own, immediately after expulsion it can make small spontaneous movements for a short time and even have a heartbeat. Anomalies do not occur because the woman or her partner are bad or did something wrong. Reassure her that she is not to blame. Chances of recurrence need to be addressed as does the need for folic acid supplementation preceding future pregnancies.
- **What are the woman's options for terminating the pregnancy?** At this gestational age, a medical abortion may be a better option than D&E but she may also choose expectant management (e.g. waiting for labor at term to occur). There is more maternal risk by continuing the pregnancy to term as compared to a medical abortion, but the choice is hers.
- **What would you tell her about her options and how would you describe the process to her?** Refer to Case #1.
- **How would you talk with her about contraception?** Counseling and information should be provided whether or not she desires contraception since birth spacing can improve the health and well-being of mothers and babies. Additionally, she should be informed

that increasing folic acid intake prior to becoming pregnant again can decrease the risk of reoccurrence of a neural tube defect.

- **Are there any special post-abortion needs or follow-up?** If her abortion is uncomplicated, then a follow-up visit is not necessary. If she desires another pregnancy soon, discuss pre-conceptual issues (folic acid, iron, vaccines).

### Case 3

A 29 year-old woman was recently abandoned by her husband (her only source of income) and is now 18 weeks pregnant. She has two children at home. She is very distraught about her situation.

- **Can you anticipate any special needs for this woman?** Assess client for abuse, depression, suicidal thinking. Find out about her support system, including family and friends. Assess immediate needs: food for family, money to live, and transportation to health care.
- **Are there any legal issues in your context surrounding the case?** Discuss local country context.
- **What are the medical considerations in this case?** Assess her mental/emotional state.
- **What are the woman's options for terminating the pregnancy?** She is eligible for either a medical abortion or D&E if both are available to her and assuming an acceptable legal context. However, the focus here is on medical abortion for the remainder of the case.
- **What would you tell her about her options and how would you describe the process to her?** See Case #1.
- **How would you talk with her about contraception?** Counseling and information should be provided.
- **Are there any special post-abortion needs or follow up?** If her abortion is uncomplicated, then a follow-up visit is not necessary.

### Case 4

A 19-year-old woman is pregnant for the second time. Her last delivery was complicated by severe pre-eclampsia resulting in a delivery of a growth restricted baby at 28 weeks. The child has cerebral palsy and needs specialized care. She is now 17 weeks pregnant and feels like she is unable to care for another child at this time.

- **Can you anticipate any special needs for this woman?** Discuss the abortion process and the time involved as she may need to make special arrangements for the care of her child prior to initiating the abortion process.
- **Are there any legal issues in your context surrounding the case?** Discuss local country context.
- **What are the medical considerations in this case?** This woman is at higher risk for pre-term pre-eclampsia in this pregnancy. Although it would be unlikely at this gestational age for pre-eclampsia to occur, she should be screened for signs and symptoms of pre-eclampsia including baseline blood pressure.
- **What are the woman's options for terminating the pregnancy?** She is eligible for either a medical abortion or D&E if both are available to her. However, the focus here is on medical abortion for the remainder of the case.
- **What would you tell her about her options and how would you describe the process to her?** See Case #1.

- **How would you talk with her about contraception?** Counseling should be provided. Her history of a hypertensive disorder in pregnancy does not limit her choices for contraception. She may not want another pregnancy, in which case long-term or permanent contraceptive methods may be of interest. A woman at any age can choose to undergo sterilization but she should be aware that a small percentage of younger women may regret that decision later and that a long-term method like an IUD or implant actually result in fewer contraceptive failures (pregnancy) than sterilization, given her age.
- **Are there any special postabortion needs or follow-up?** If her abortion is uncomplicated, then a follow-up visit is not necessary. However, given her prior complicated pregnancy and the risk of recurrence, she should be counseled about seeking care early in a future pregnancy.

### Case 5

A 20 year-old woman is pregnant for the first time. Her uncle sexually assaulted her when her parents were away. She will finish college in another year. She is 16 weeks pregnant. She has not told her family about this situation. She is afraid of her uncle.

- **Can you anticipate any special needs for this woman?** Screen, counsel, and treat as needed. This is a case of violence, incest and rape. Is the woman safe at home? Does she have protection against further abuse? Does she need referral for safe housing? She may be in shock upon learning about her pregnancy. If she is too upset to understand and make decisions regarding her pregnancy, she may need to return the next day for counseling. However, if she does delay, disclose any legal gestational age limits and explain that the earlier an abortion can be performed the safer it is.
- **Are there any legal issues in your context surrounding the case?** As this case was not reported, it will be important to establish who knows about the situation. Does she want to officially report it? Are there any local reporting requirements? Who came with the young woman today and does she feel comfortable having them know she is pregnant and what is happening?
- **What are the medical considerations in this case?** Due to her young age and her recent assault, she may need a more intensive pain management plan and this may weigh into what type of abortion she may want if both D&E and medical abortion are available. Screen for STIs/HIV.
- **What are the woman's options for terminating the pregnancy?** She is eligible for either a medical abortion or D&E if both are available to her. However, the focus here is on medical abortion for the remainder of the case.
- **What would you tell her about her options and how would you describe the process to her?** See Case #1.
- **How would you talk with her about contraception?** This may or may not be the best time to discuss contraception. As she will be under your care, you can discuss this information at a time that is convenient for her but not if she is experiencing pain. Although she may not have a regular sexual partner, she may still be at risk for pregnancy given her current environment (working or at school remotely from home, area at high risk for violence against women, etc).
- **Are there any special postabortion needs or follow up?** If her abortion is uncomplicated, then a follow-up visit is not necessary. However, she may be offered a

follow- up visit for reassurance that everything is normal or for ongoing support and counseling post-assault. Recommend that she receive a follow- up HIV test in 6 months if the initial test is negative.