

"WADE-ING" THROUGH ADOLESCENT REPRODUCTIVE HEALTH CONCERNS: TIPS FOR GENERAL PEDIATRICIANS IN A POST- ROE ERA

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Disclosures

None

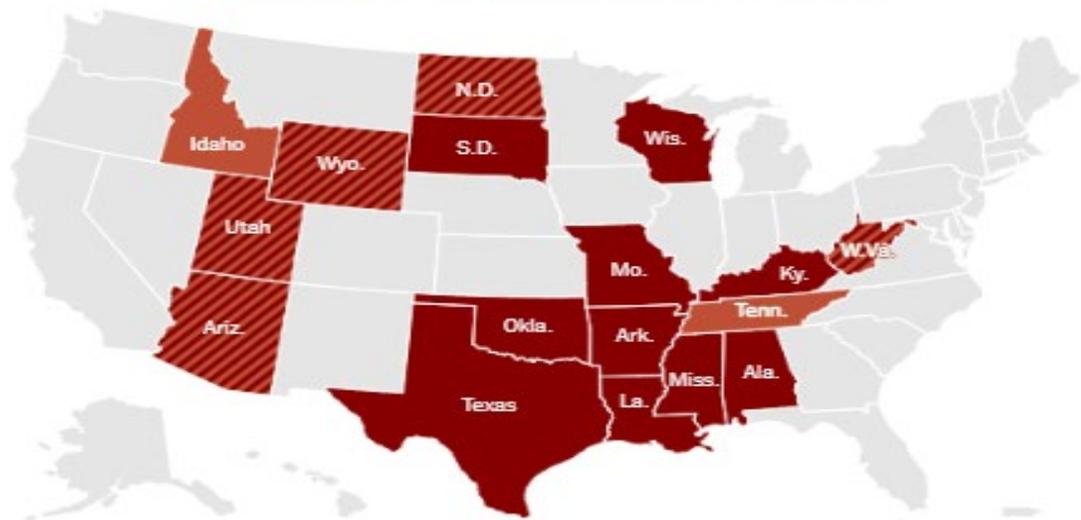
Introduction

June 24, 2022: SCOTUS rules against the plaintiff in the *Dobbs vs Jackson Women's Health Organization* – re: Mississippi law banning right to abortion if GA > 15 weeks.

- *Roe vs Wade* and *Casey vs Planned Parenthood* were overturned
- Eliminated constitutional right to abortion established in 1973

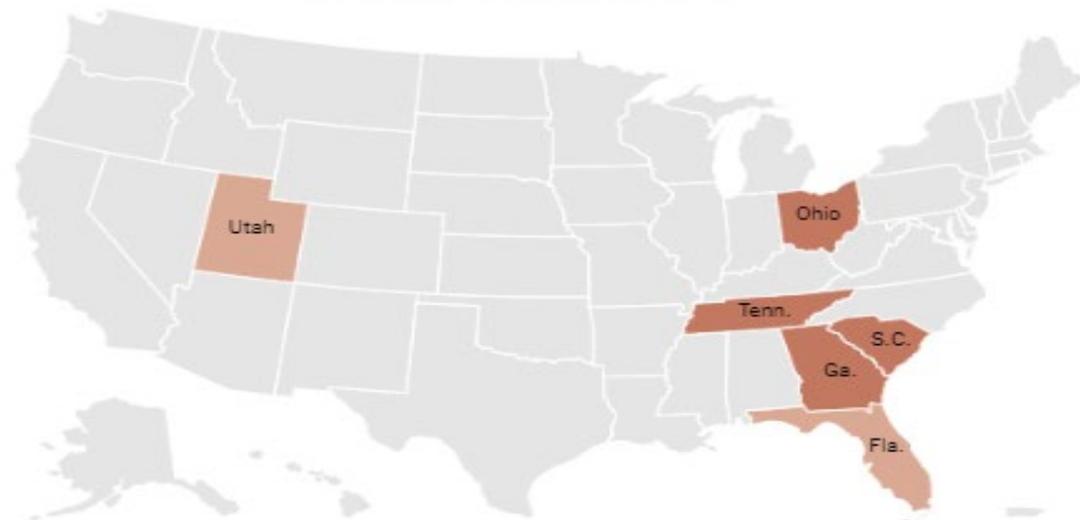
Banned

Ban in effect Expected soon Ban blocked



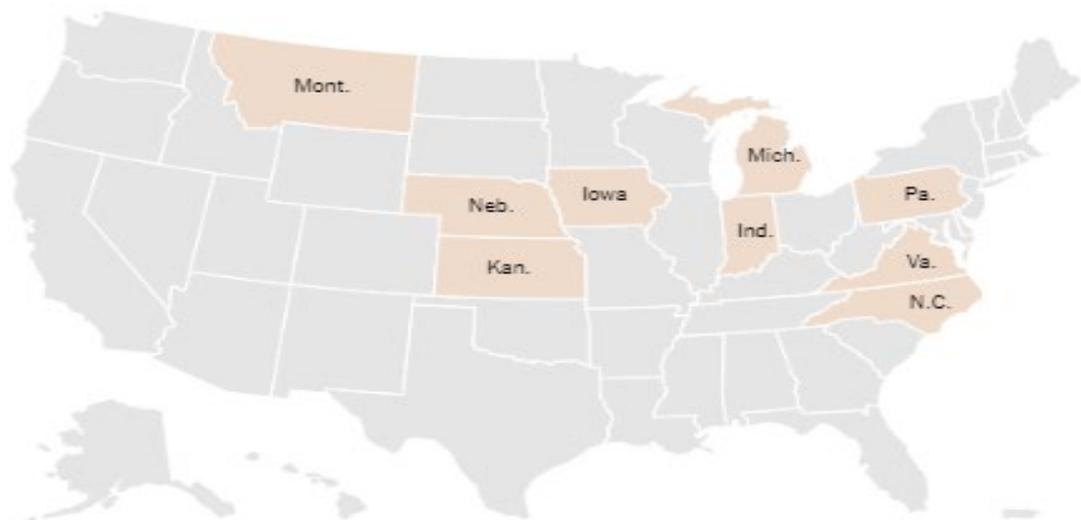
Gestational bans

Six weeks 15 or 18 weeks



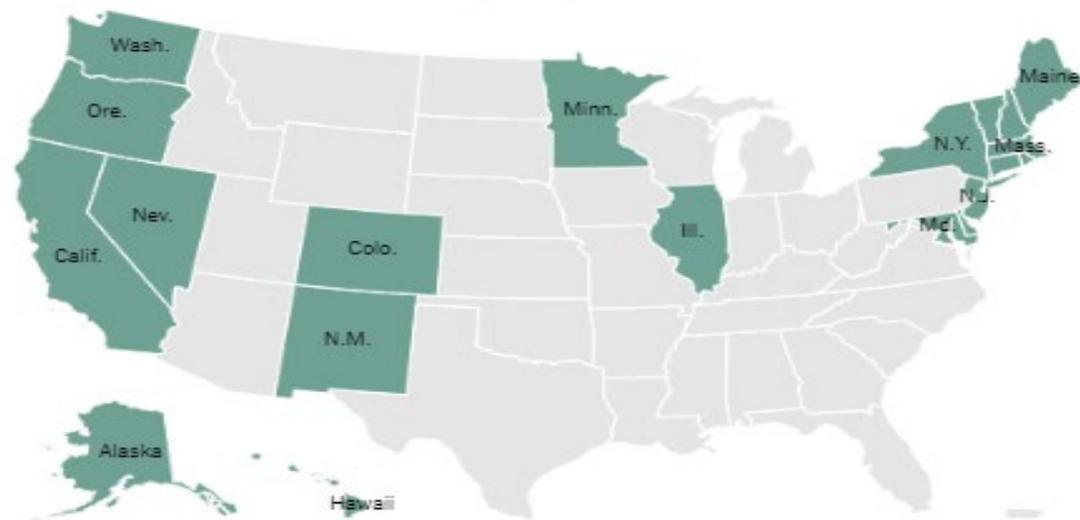
Legal for now

Lawmakers or courts will decide



Legal

Legal or protected



Introduction

AAP Response:

“...This decision carries **grave consequences for our adolescent patients**, who already face many more barriers than adults in accessing comprehensive reproductive healthcare services and abortion care.

The American Academy of Pediatrics (AAP) this morning reaffirmed our longstanding policy **supporting adolescents’ right to access comprehensive, evidence-based reproductive healthcare services, including abortion**. Today’s ruling means that in many places in the United States, this evidence-based care will be difficult or impossible to access, **threatening the health and safety of our patients and jeopardizing the patient-physician relationship...**”

Objectives

Review updates in emergency contraception options for adolescents.

Develop an approach to options counseling for pregnant adolescents.

Improve comfort in counseling adolescents about what to expect with medical and surgical abortion.

Review minor consent laws in California.

Discuss changing reproductive health care laws in the USA – and what it means for our patients

Q&A

Overview

Maya Kumar – Intro and Emergency Contraception (10 min)

Kanani Titchen – Options Counseling and Abortion (10 min)

Rebecca Gudeman – Overview of Minor Consent and Reproductive Health Laws (25 min)

Q&A (15 min)

Emergency Contraception

What Is Emergency Contraception?

Contraception used **AFTER** unprotected sex to prevent pregnancy

- Up to **5 days** after

Pregnancy: defined as post implantation

- EC acts **PRE-implantation** → NOT abortifacants

The Options

Least Effective



Most Effective

	Mechanism	Pros	Cons
Yuzpe Method (100 mcg EE + 0.5 mg LNG, 2 doses 12 hrs apart)	Delays ovulation	Available!	-Side effects- need antinauseant
LNG 1.5 mg PO x 1	Delays ovulation	-OTC -Well tolerated -Same-day initiation of hormonal BC	-Decreased efficacy >72 hrs and with high BMI
Ulipristal acetate 30 mg PO x 1	Delays ovulation	-Maintains efficacy from 72-120 hrs -Better efficacy with high BMI	-5-day delay of initiation of hormonal BC -Prescription needed
IUD (copper OR 52 mcg LNG)	Spermicidal, maybe prevents implantation post-fertilization	-BEST efficacy if high BMI or > 72 hrs -Ongoing long-acting contraception	-Needs timely insertion

Practical Tips

Ovulation delay: Need to avoid unprotected sex until next menstrual cycle

Encourage initiation of ongoing contraception as soon as possible

Consider advance prescription of EC

- Especially for those using condoms alone for BC

Include EC in anticipatory guidance for all adolescents, all genders

OPTIONS COUNSELING
+ ABORTION



Boundaries with Loving Kindness

Before beginning, set agreed-upon limits/expectations:

“We will spend 30 minutes together today.”

“If you cannot make a decision today, let’s follow up in 3 days.”

“The clinic closes at 5pm.”

“We will need to call Planned Parenthood/ObGyn by 4:30pm”

Pre-Pregnancy Test Questions

What do you think the result will be?

What are you hoping the result will be?

COMPARE the following two statements:

Your pregnancy test is positive.
Do you want to keep the baby
or not?

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

What are the available options?

- Abortion/Pregnancy Termination
- Continue Pregnancy
 - Parent
 - Adoption
 - Kinship Care
 - Foster Care

Options Counseling



How do we recognize ambivalence?

- Verbal
 - “I’ve been going back and forth throughout my pregnancy.”
 - “I’m on the fence.”
 - “I’m not sure what to do.”
 - “I’m having second thoughts”
- Behavioral
 - Taking a long time in the bathroom to get ready for a procedure
 - Hesitation in signing consent
 - No-shows, cancellations, rescheduling

Autonomy



It's not about us.



The patient has the answer.



Engage in conscious reflection.

Validate

What are statements we can make to validate our patients?

Validate

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 patients have expressed those same feelings.

It's okay to be unsure about what to do.

I feel the same way about you no matter what decision you make.

You are a good person no matter what decision you make.

Sometimes, neither way feels completely good.

It is normal to wonder about the path not taken.

It's okay to cry here.

I can help you with that.

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.



Abortion Facts

FACTS

1 in 4 women in the U.S. in their lifetime¹

Majority of abortions occur in the first 8 weeks²

“Does it have a heartbeat?” Fetal heartbeat as early as 5 weeks, but functional 4-chamber heart at 8 weeks

“Will it feel pain?” Week 10 → immature nociceptors form at 10 weeks, reflexes are observed at 18-20 weeks, but neocortex doesn’t form until 24 weeks³

“Can I get abortion pills online?” Yes: <https://www.plancpills.org/> or <https://www.heyjane.co/>

“Are online, home medical abortions safe?” Yes⁴

1. Rachel K. Jones and Jenna Jerman. Am J Pub Health 2017
2. Kortsmitt K, Mandel MG, Reeves JA, et al. MMWR, CDC 2019
3. Royal College of Obstetrics & Gynaecology. Fetal Awareness 2010
4. Aiken ARA, Romanova EP, Morber JF, Gomperts R. The Lancet 2022

Medical Abortion vs Surgical Abortion

Medical (mifepristone (RU-486) + misoprostol)

- Up to 10 weeks gestation (70 days)
- In clinic or at home
- Online/Telemedicine “Plan C”, self-managed is safe
- Mifepristone blocks progesterone → embryo detaches
- Misoprostol (a prostaglandin synthetic) 24 -48 h later → uterine cramping + cervical softening
- Misoprostol may cause nausea → Zofran
- Bleeding and cramping (<2 pads/hr x 2hrs; then ~1 pad/hr x 24 hours): this is **normal**.
- “Heavy period” bleeding (~1 pad/several hrs) can occur for days, then light period/spotting up to 3 wks: this is **normal**.
- **If continued heavy bleeding: 400mcg buccal misoprostol. If heavy bleeding > 2 weeks, or symptomatic, check CBC.**

Surgical (Suction & Aspiration; Dilation & Evacuation)

- Suction & Aspiration: up to 13 weeks gestation
- Dilation & Evacuation: 13-24 weeks
- In clinic. NO OR is needed. Return home same day.
- 5-10 minute procedure
- Pre-medication may include 800 mg ibuprofen, or low dose benzodiazepine, or mild anesthetic such as versed
- Light bleeding and cramping may continue for a few days to several weeks: this is **normal**.
- Most patients do not need follow-up visit
- **If heavy bleeding and clots (>1 pad/4-6 hrs): 400 mcg buccal misoprostol. If continued bleeding, return for U/S & concern for retained products of conception.**

Common Questions

How far along in the pregnancy can I be to get a medication abortion? Medical abortions - up to 11 weeks (77 days). The FDA protocol specifies a GA limit of 70 days from LMP.

Can I still have children afterwards? YES.

How safe is it? Abortions in the first trimester (both medication & surgical) are at least 10 times safer than continuing a pregnancy.

Will it hurt? Yes, you'll likely have mild to very strong cramps.

Can it fail? Medication abortion 98-99% success rate. Aspiration abortion 99% success rate.

When can I start birth control ("Plan A")? Most birth control methods, including IUDs and implants can be started immediately. As soon as the abortion is complete, the patient is susceptible to pregnancy.

<https://rhedi.org/comparison-of-early-abortion-options/>

Additional Reading

<https://www.aap.org/en/news-room/news-releases/aap/2022/aap-supports-adolescents-right-to-comprehensive-confidential-reproductive-health-care/>

<https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2022-058781/188340/Options-Counseling-for-the-Pregnant-Adolescent>

<https://www.plannedparenthood.org/planned-parenthood-michigan/healthcare/abortion-services/caring-for-yourself-after-an-abortion>

<https://www.plannedparenthood.org/learn/abortion/the-abortion-pill/how-do-i-get-the-abortion-pill>

<https://www.ucsfhealth.org/education/faq-post-abortion-care-and-recovery>

<https://www.guttmacher.org/journals/ipsrh/2003/09/essential-elements-postabortion-care-origins-evolution-and-future-directions>

<https://www.acog.org/womens-health/faqs/induced-abortion>