



## Video Transcript: Kit

**Speaker 1 (00:03):** Non-Directive Pregnancy Options Counseling, Best Practices. These videos were created by RHNTC Reproductive Health National Training Center and Envision Sexual and Reproductive Health. 19-year-old Kit, they/them, gender nonbinary, assigned female at birth. No medical problems. Talking with a health educator in a clinic counseling room.

**Elaina (00:29):** Hi Kit, I'm Elaina, I'm a health educator here at the clinic. It's nice to meet you.

**Kit (00:33):** Hi.

**Elaina (00:34):** It looks like you made the appointment today to take a pregnancy test?

**Kit (00:37):** Yeah.

**Elaina (00:38):** Can you tell me a little bit about what makes you think you might be pregnant?

**Kit (00:42):** I had sex with one of my friends a little bit ago, and I don't usually have sex with guys, and I thought we might use a condom, but he's my friend, and I know that he's not having sex with anyone else, so we didn't. I didn't think it was that... Anyways.

**Elaina (01:02):** So you missed your cycle this month?

**Kit (01:04):** Yeah. Not that I love my period, but it didn't come when it was supposed to. And I've been thinking about starting on T, testosterone, but I haven't yet. One of my friends said he stopped bleeding after taking it for a while, but I'm not on it yet, so.

**Elaina (01:26):** In general, do your periods come about once a month?

**Kit (01:29):** Yeah, I think so. I try not to pay too much attention to it.

**Elaina (01:34):** But it's good you did this time, because you had sex with someone where pregnancy could happen. I'm going to step out to run the pregnancy test. Should take about three to five minutes. Alright, Kit, thanks for waiting. I ran the pregnancy test, and it did come back positive, which means you are pregnant.

**Kit (01:52):** You're kidding me. Before this, I don't remember having sex with a guy since... well, since early high school. Oh wow, I'm pregnant.

**Elaina (02:08):** Mhmm.

**Kit (02:10):** So, what now?

**Elaina (02:13):** Well, today, during our visit, we can talk about all the options someone has when they are pregnant, if you want.

**Kit (02:19):** Yeah.

**Elaina (02:21):** Are you familiar with the options someone has when they are pregnant?

**Kit (02:24):** Yeah, I think so. The truth is, I've always wanted to start a family, and it's not that I don't want to, it's just that it's a little too soon, and frankly, I did not think I would be the one having the babies. And an abortion? I don't know.

**Elaina (02:44):** Can you tell me a little more about that?

**Kit (02:46):** Well, I was raised really, really religious. I just never thought I'd be in a situation like this.

**Elaina (02:55):** Yeah, I think that's a very common experience for a lot of people growing up in environments where abortion isn't acceptable or even talked about. And what are your thoughts on adoption?

**Kit (03:07):** I do not see myself doing that.

**Elaina (03:10):** Fair enough. Some people are very clear, like you are about adoption, many others need some time to think about their options.

**Kit (03:20):** Yeah, okay. I've never even had a friend who was pregnant before. So, what would someone do if they wanted an abortion?

**Elaina (03:29):** If someone decides not to continue the pregnancy, they have two different options. One of them is called the medication abortion, and it's a combination of pills that stops the pregnancy from growing, and then causes bleeding to empty the uterus. What are your thoughts on that?

**Kit (03:45):** Yeah, that sounds all right. I wouldn't have to do any internal exams or anything like that?

**Elaina (03:50):** Exactly. Most people who have medication abortions don't need an internal exam or clinic procedure. It sounds like your preference would be to avoid that?

**Kit (03:58):** Definitely.

**Elaina (04:00):** A lot of people feel that medication abortions are more comfortable for that reason. Based on the day of your last period, you're about seven weeks pregnant, it's about a month and a half. Medication abortions are safe and effective, up until someone is ten weeks pregnant. Mifepristone and misoprostol are commonly used up to 10 weeks gestation. Some clinics and providers follow data driven protocols that support use of medication abortion pills up to 11 weeks gestation.

**Kit (04:33):** Wait, I know exactly when I had sex. It was his birthday and that was... about five weeks ago. So, it hasn't been seven weeks yet.

**Elaina (04:43):** I'm so glad you told me that. We actually date of pregnancy based on the first day of your last period. So people whose cycles come once a month, like yours do, can get pregnant two weeks after the first day of their last period. And that matches up with the day, you know, you got pregnant, so even though you had sex five weeks ago, we say you're seven weeks pregnant. It can be confusing.

**Kit (05:06):** Yeah, strange. But I think I get it.

**Elaina (05:10):** Good.

**Kit (05:11):** Well, I think if I were to do an abortion, I would like to do the medicine way.

**Elaina (05:16):** Mhmm. Okay, I hear that. Based on what you said, it sounds like now isn't an ideal time to become a parent, and carrying a pregnancy may not be something you're comfortable with. You also mentioned wanting to have a family at some point. What questions might you have if you do continue a pregnancy, if that's what you decide to do?

**Kit (05:37):** Well, for now, if I were to decide to have the baby, what would I do next?

**Elaina (05:44):** You would set up your first pregnancy visit with a provider; it's called a prenatal visit. And there they will take your medical history and they'll probably do an ultrasound, which they can do on your lower belly and then answer any questions you have. I know you mentioned thinking about starting on T, are you taking any medications at this time?

**Kit (06:04):** No.

**Elaina (06:05):** Okay.

In this case, Kit is not taking any medications. But if they had been taking medications, it would be important to connect them with a provider to discuss the impact of their medications on the pregnancy. This is particularly true if they are taking any medication that is known to be teratogenic, or harmful to the pregnancy, like testosterone.

**Kit (06:29):** Can I ask you something else?

**Elaina (06:30):** Mhmm.

**Kit (06:32):** I came here because my friend said the providers at this clinic were cool, you know?

**Elaina (06:39):** I'm so glad your friends had a good experience here. Our providers are really respectful, and I hope you get a chance to connect with our team. But if at any point you don't vibe with them, or you want to see a different provider, you can always request to make a change.

Within your own organization or broader local community, become aware of providers and clinics that can provide inclusive and competent pregnancy-related services for LGBTQ+ patients. Share that information with your patients.

**Kit (07:15):** [sigh] Okay, this is a lot to think about. I feel like I'm probably going to set up an appointment for the medication abortion, but I would like to talk to my friend.

**Elaina (07:28):** Absolutely, and in thinking about that medication abortion, you're going to want to make that decision before you're 10 weeks pregnant, which is a little less than a month from now. Would you like to set up a video visit for next week and we can check in, see if you have any questions and provide any more information?

**Kit (07:46):** Yeah, that sounds great.

**Elaina (07:48):** Okay, we'll get that set up for you. But before we talk next week, just a couple things we like people to keep an eye out for. Light cramping can be normal, but if you experience any bleeding or pain in the lower belly or strong cramping, it's important that you contact us right away.

**Kit (08:05):** Got it.

**Elaina (08:07):** Great.

**Speaker 1 (08:10):** Learn more at [RHNTC.org](https://rhntc.org) and [EnvisionSRH.com](https://envisionSRH.com).