



Video Transcript: Vanessa

Speaker 1 (00:02): Non-Directive Pregnancy Options Counseling, Best Practices. These videos were created by RHNTC Reproductive Health National Training Center and Envision Sexual and Reproductive Health. 22-year-old Vanessa, she/her, no medical problems. Visit with a nurse practitioner in a medical office consultation room.

Sandra (00:29): Hi, Vanessa. My name's Sandra, I'm one of the nurse practitioners here at the clinic. It is so nice to meet you.

Vanessa (00:34): Hi, it's nice to meet you, too.

Sandra (00:37): And who's this little one with you today?

Vanessa (00:39): This is my daughter, Ava. She just turned one.

Sandra (00:44): And how has parenting been for you so far?

Vanessa (00:47): Good. I love her more than anything, but it is hard. I'm trying to finish my nursing program.

Sandra (00:53): That's great that you're working towards joining us in nursing.

Vanessa (00:56): That's why I really want to get this IUD. I have too much going on to remember to take pills right now.

Sandra (01:02): I hear that a lot. Many people find it hard to remember to take a pill every day.

Vanessa (01:06): I tried to get the IUD last month, but they said I needed STD testing before they can place it. So, here I am again.

Sandra (01:15): I'm so sorry that happened. We are working on trying to make it easier for someone to get an IUD on the day that they want it, but we clearly missed the mark here.

Vanessa (01:26): It's fine.

Sandra (01:27): So before we place the IUD, I am going to check your chart and make sure that everything is here and that your consent form is here. It looks like your gonorrhea and chlamydia test came back and they show no infection. But I don't see your pregnancy test result yet. Let me just go check on that.

(01:55): Unfortunately, we're not going to be able to place the IUD today because your pregnancy test came back positive, which means that you are pregnant.

Vanessa (02:07): Wait... Are you serious? I don't even think I've missed a period. I'm pregnant? Oh my god. Alright, well, that's not happening.

Sandra (02:34): I can see how this would be really unexpected for you.

Vanessa (02:40): It's just too much. I can't have another kid right now.

Sandra (02:44): I hear you. Would you like to discuss your options?

Vanessa (02:54): Yeah. You know, my older sister was pregnant last year, and I was staying with her for a little while, and she got these pills from a clinic when she didn't want to be pregnant. And then she said they made her crampy, and she bled a lot, but she seemed fine. Would that be something I could do?

Sandra (03:19): What you're describing is called a medication abortion. And for people that are less than ten weeks pregnant, like you are, a medication abortion can be a very safe and effective option.

Vanessa (03:32): Okay.

Sandra (03:34): I can see that you're familiar with the medication abortion. What questions do you have about in-clinic abortion? So, when someone goes into a clinic for a procedure to end a pregnancy.

Vanessa (03:49): Oh so, I can just go in and it'll be over? Done?

Sandra (03:56): Yes, and for most people, there are overall fewer days of bleeding and cramping with the in-clinic procedure.

Vanessa (04:03): Hmm.

Sandra (04:05): So, the provider would do an exam. They would place numbing medicine in the cervix, and then they would insert a cannula, which is a flexible plastic tube and use gentle suction to empty the uterus, which is what ends the pregnancy.

Vanessa (04:25): Hmm. I'm just thinking that it might be kind of hard to go through what my sister went through at home if I have my daughter with me.

Sandra (04:37): It's helpful to imagine what both of these options would look like for you, so I am glad you are doing that. The other thing that I'll mention is that with the in-clinic abortion, the places that we refer people to also can place an IUD at the same time. Is that something that you'd be interested in?

Vanessa (04:56): Wow, yeah, I would still really would like to give it a try.

Sandra (05:04): In most pregnancy options visits, it is not appropriate to initiate a conversation about past or future contraceptive use. The client needs space to consider their current situation and work towards a decision. Focusing on past contraceptive behaviors can make someone feel guilty or stigmatized. Discussing future pregnancy prevention is not relevant unless the patient has questions about it or expressly wants to discuss it. They may want to explore what went wrong with the method they were using or make a proactive plan for post-abortion contraception, like having an IUD placed at the time of an in-clinic abortion.

(05:45): What other questions do you have about abortion?

Vanessa (05:48): Well, it sounds like it hurts; the procedure, also, the IUD, everything.

Sandra (05:54): Lots of people ask about pain with the abortion and with both types of abortion, there are ways to help with the pain, including medicine.

Vanessa (06:02): Well, my sister said her at-home abortion really hurt.

Sandra (06:07): I'm so sorry your sister had that experience. With the in-clinic procedure, the provider places numbing medicine in the cervix, and that numbing medicine is still working at the end of the procedure when they place the IUD. And most people don't feel any extra pain or discomfort.

Vanessa (06:27): That sounds like a good idea. Can we do that today?

Sandra (06:31): Unfortunately, we don't offer abortion services here at our clinic, but I will give you the information, so you know exactly where to call to set up the appointment. In some states with particularly restrictive laws, providers or staff may be concerned about the legality of providing specific information about sites that provide abortion services. In these situations, third-person language can be effective.

Sandra (06:59): An example of third-person language would be, if someone wanted to find the closest clinic that provides abortion services, AbortionFinder.org is a good website for them to use.

Vanessa (07:14): Is this going to mess with my being able to have another kid when I want to?

Sandra (07:19): That's a question that I hear a lot. Having an abortion doesn't change your ability to get pregnant in the future, and a lot of people wonder about IUDs too. Same thing, after having an abortion or using an IUD, your ability to get pregnant goes back to whatever is normal for you.

Vanessa (07:40): Okay. This is just a lot to deal with right now.

Speaker 1 (07:47): Learn more at RHNTC.org and EnvisionSRH.com.