

Abortion Disparities, A Public Health Approach

Case Study: 1

Sarah is a 23 year old presents to the family planning clinic after an abortion. This was her 6th abortion. During the counseling session, when you ask her if she would like to discuss birth control at this visit she replies, "No" and makes it clear she does not wish to discuss this further.

1. How would you proceed with this counseling session?
2. What are some of the reasons Sarah would not wish to discuss contraception today?
3. Are there aspects of the patient's life (current or past situations, experiences, beliefs, feelings, values, environment) that may explain or help you understand their behaviors?
4. What, if any, feelings do you have about Sarah's decision?

Case Study 2

Tania is 22 years old and presents at the clinic at 23 weeks. She is thoughtful and introspective. Her situation is complicated by the fact that she is losing her housing shortly and expects to be homeless. Tania grew up primarily in foster care. Neither her biological or foster families are willing to house her to continue the pregnancy. She has moral conflict with abortion and also desires to parent at this time.

1. What are some things that you initially can say to Tania to establish rapport?
2. How can you tactfully explore her moral conflict with abortion?
3. Demonstrate how you would work with Tania to facilitate continuing this pregnancy given the publicly available resources in your community.
4. What, if any, feelings do you have about Tania's decision?

Health Disparities in Family Planning

Case study 3:

Michelle is in your clinic for discussion of vaginitis. After addressing her concerns you also take the time to discuss contraception. She relates to you that she has a partner for the past year and is unsure about whether she wants to be pregnant soon and but for now wants to continue with condom use. She tells you she graduated from high school and is currently working in a clothing store.

You feel the instinct to discuss different forms of contraception, specifically LARC methods. You try to start a conversation about contraception by discussing the efficacy of LARC and are immediately met with resistance.

1. What are you assuming about Michelle's life circumstances?
2. Why might Michelle not want to use LARC?
3. How can a providers values, beliefs, and bias effect patient-centered care?
4. What, if any, feelings do you have about Michelle's decision?