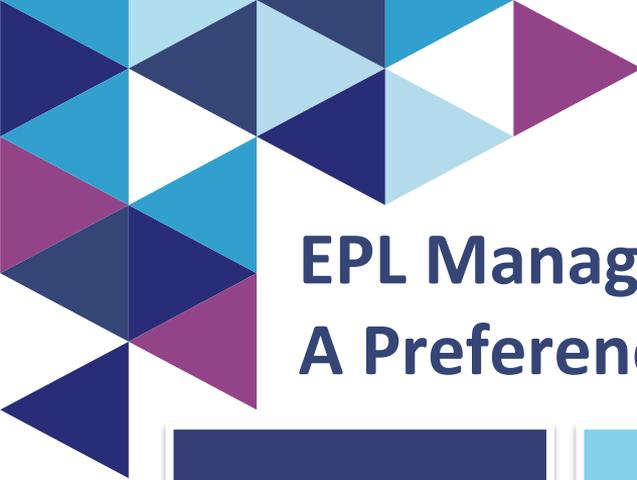


Part 2: Counseling and Decision- making for EPL Management





EPL Management: A Preference-Sensitive Decision

Expectant

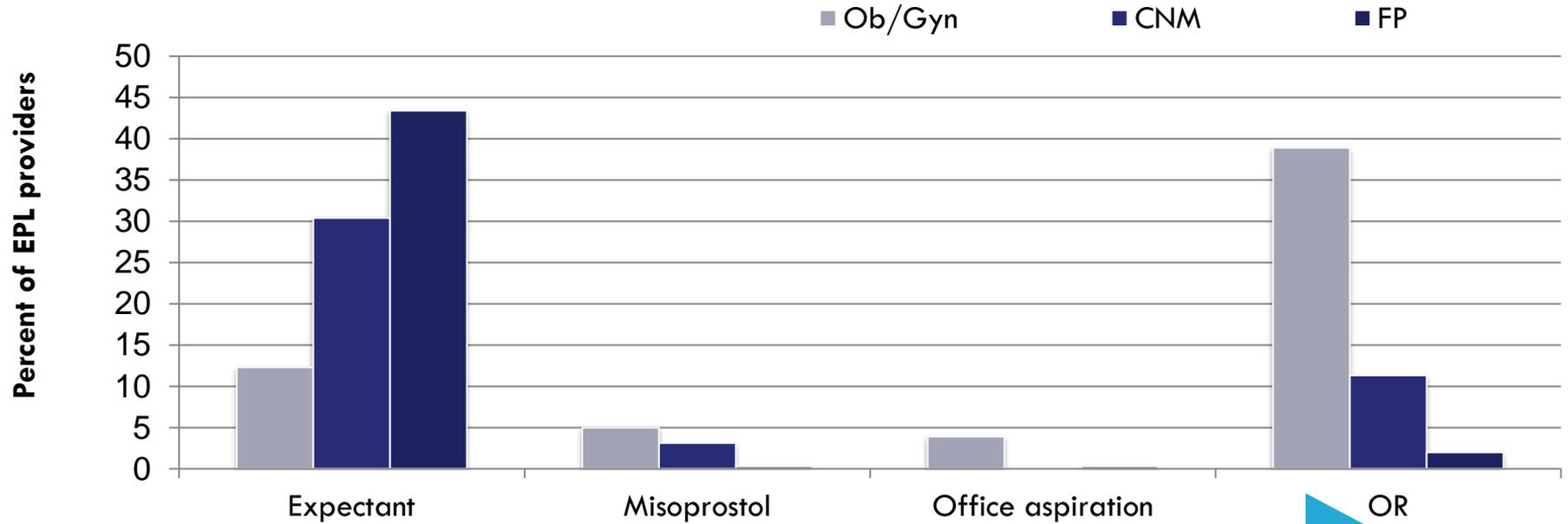
Medication

Office-based
aspiration

Operating room
aspiration

- ◀ Best choice for management reflects the woman's values and **preferences**
- ◀ Patients have strong and widely divergent preferences
 - ◀ Report higher satisfaction when treated according to patient's preference

EPL Management Practices in the U.S.



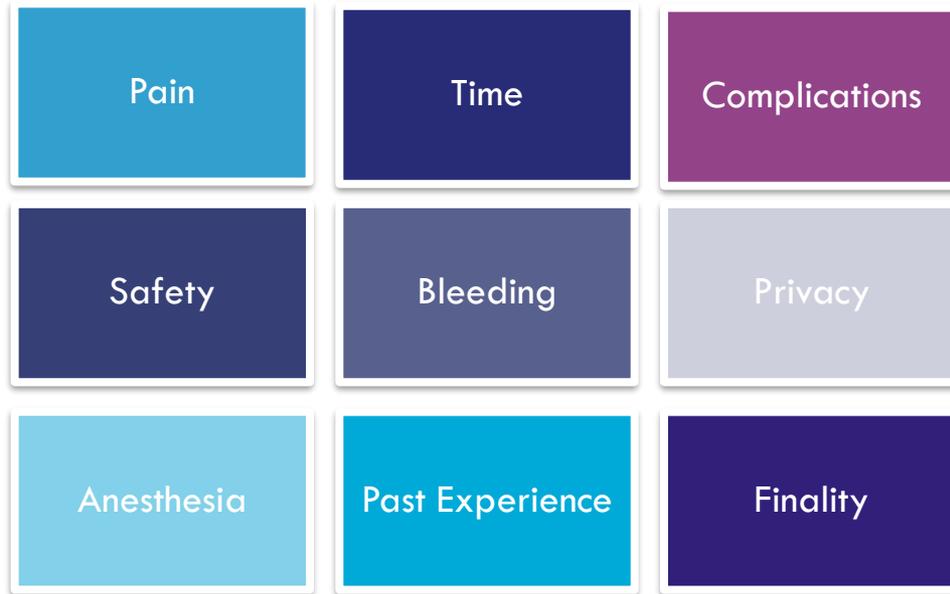
Adapted from Dalton 2010



EPL Management Options: Patient-centered Counseling

“I think sometimes doctors have you do things or they prescribe things to you that are unnecessary....I like the way it was presented to me...as options, and they were optional, **they weren't necessary or required.**”

EPL Management: Patient Priorities



Patient Case: Embryonic Demise

- ▶ Maya's sure LMP was almost 8 weeks ago
- ▶ This is desired pregnancy
- ▶ They presented to ER with bleeding like a "light period" for the past 3 days
- ▶ Transvaginal ultrasound diagnosed an embryonic demise
- ▶ Maya is not anemic
- ▶ At <8 weeks GA, we can forego Rh testing and anti-D immunoglobulin safely



CRL = 10.8mm, EGA = 7 weeks + 3 days



Shared Decision-Making

1. Provider presents all relevant medical information
2. Patient provides information about personal circumstances, values, and priorities
3. Provider also discusses preferences while acknowledging personal values and biases
4. Decision is reached



Information
Exchange



Deliberation



Negotiation &
Agreement

Patient Treatment Priorities for Miscarriage

Having a miscarriage is extremely difficult for most women. This worksheet is intended to help you and your provider choose a treatment that will make you the most comfortable.

Please circle any of the priorities below that you consider important in managing your miscarriage.

Personal Priorities

- Treatment by your own provider
- Recommendation of treatment from friend or family member
- Provider recommendation of treatment
- Lowest risk of need for other steps
- Family responsibilities/needs
- Most natural process

Time and Cost Priorities

- Shortest time before miscarriage is complete
- Shortest time in the clinic or hospital
- Fastest return to fertility or normalcy
- Fewest number of clinic visits
- Lowest cost of treatment to you

Medications and Procedure-related Factors

- Lowest risk of complications
- Avoid invasive procedure
- Avoid medications with side effects
- Avoid going to sleep in case of a surgical procedure
- Want to be asleep in case of a surgical procedure
- Avoid seeing the pregnancy tissue

Symptoms of Pain and Bleeding

- Least amount of pain possible
- Experience symptoms of bleeding and cramping in private
- Least amount of bleeding

Past Abortion or Miscarriage (if applicable)

- Different treatment from previous
- Similar treatment to previous

Patient Case: Counseling for Management

How do we manage our patient Maya?

- ◀ Use shared decision-making approach to choose best management option that aligns with their priorities and preferences

1. Information exchange

- ◀ Provider gives information about each option
- ◀ Patient shares priorities for management

Information Exchange

Deliberation

Negotiation & Agreement

Patient Case: Counseling for Management

Shared decision-making with Maya

1. Information exchange
2. Deliberation
 - ◀ Review options and how they align with patient priorities, eg: predictability and non-invasive
3. Negotiation & Agreement
 - ◀ Acknowledge personal biases
 - ◀ Put patient preferences first
 - ◀ Medication Management allows control over timing while avoiding an aspiration

Information Exchange

Deliberation

Negotiation & Agreement



Shared Decision-making for EPL Care

- ◀ Increases patients' knowledge, autonomy and control of treatment decisions
- ◀ May not suit all patients or all providers
- ◀ Allow for equal exchange of information to create a partnership and balance of power