

WEBVTT

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00:00:04.310 --> 00:00:07.240

- In many hospital and
clinic-based settings,

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00:00:07.240 --> 00:00:09.390

it's important to know how to care for

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00:00:09.390 --> 00:00:12.170

and protect patients who
are presenting for care

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00:00:12.170 --> 00:00:14.470

after managing their own abortion,

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00:00:14.470 --> 00:00:17.613

both from an ethical and
a clinical perspective.

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00:00:18.590 --> 00:00:21.730

All clinicians, including
physicians and nurses,

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00:00:21.730 --> 00:00:25.940

have an ethical duty to
provide timely and quality care

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00:00:25.940 --> 00:00:28.803

to patients who present
after abortion self-care.

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00:00:29.640 --> 00:00:32.330

The principles of ethics
in medical care provide

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00:00:32.330 --> 00:00:34.620

a guiding framework for caring for those

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00:00:34.620 --> 00:00:36.860
who manage their own abortion,

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00:00:36.860 --> 00:00:39.050
particularly beneficence,

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00:00:39.050 --> 00:00:41.330
or the duty to provide
the course of action

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00:00:41.330 --> 00:00:44.210
that is in the best
interest of the patient,

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00:00:44.210 --> 00:00:47.693
and non-maleficence, or
doing no harm to the patient.

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00:00:48.690 --> 00:00:51.230
Clinicians have a professional obligation

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00:00:51.230 --> 00:00:53.480
to support patient autonomy

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00:00:53.480 --> 00:00:56.663
through providing compassionate,
evidence-based care.

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00:00:57.520 --> 00:01:00.150
We also have a professional obligation

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00:01:00.150 --> 00:01:03.640
to ensure patients'
confidentiality by not engaging

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00:01:03.640 --> 00:01:06.620
in any violations of their privacy,

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00:01:06.620 --> 00:01:10.010

or threaten involvement
of criminal action.

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00:01:10.010 --> 00:01:13.430

In fact, there are no
reporting requirements

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00:01:13.430 --> 00:01:15.340

for clinicians caring for patients

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00:01:15.340 --> 00:01:17.540

who manage their own abortion.

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00:01:17.540 --> 00:01:19.750

Patients who present
for care with concerns

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00:01:19.750 --> 00:01:23.440

after managing their own abortion
will be indistinguishable

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00:01:23.440 --> 00:01:26.400

from those having bleeding in pregnancy.

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00:01:26.400 --> 00:01:29.450

Regardless of whether a
patient has taken medications

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00:01:29.450 --> 00:01:31.370

for abortion self-care,

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00:01:31.370 --> 00:01:32.590

or if patients are presenting

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00:01:32.590 --> 00:01:35.370

with unexpected bleeding in pregnancy,

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00:01:35.370 --> 00:01:37.870

clinicians should always reassure patients

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00:01:37.870 --> 00:01:39.540
of the clinician's obligation

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00:01:39.540 --> 00:01:42.010
to protect their confidentiality

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00:01:42.010 --> 00:01:44.153
and to prioritize their autonomy.

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00:01:45.380 --> 00:01:47.700
If upon taking the clinical history,

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00:01:47.700 --> 00:01:50.280
the patient shares that
they've taken medications

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00:01:50.280 --> 00:01:52.260
for abortion self-care,

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00:01:52.260 --> 00:01:55.340
clinician should avoid
questions about where

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00:01:55.340 --> 00:01:57.800
or how they got medications,

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00:01:57.800 --> 00:02:01.290
as those details are not
pertinent to the clinical care

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00:02:01.290 --> 00:02:03.860
and may instill unnecessary fear

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00:02:03.860 --> 00:02:06.563
of being reported or criminalized.

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00:02:07.790 --> 00:02:11.810

Clinicians should consider a similar differential diagnosis

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00:02:11.810 --> 00:02:15.520
for all patients who report bleeding in early pregnancy,

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00:02:15.520 --> 00:02:19.110
including patients who self-manage their abortion.

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00:02:19.110 --> 00:02:22.090
This differential includes incomplete passage

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00:02:22.090 --> 00:02:24.200
of products of conception,

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00:02:24.200 --> 00:02:26.600
retained products of conception,

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00:02:26.600 --> 00:02:29.670
and infrequently ectopic pregnancy,

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00:02:29.670 --> 00:02:33.483
intrauterine infection, or vaginal or cervical trauma.

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00:02:34.470 --> 00:02:37.140
The clinical evaluation and workup consists

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00:02:37.140 --> 00:02:39.290
of a compassionate history,

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00:02:39.290 --> 00:02:42.760
a pelvic exam to assess the severity of bleeding,

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00:02:42.760 --> 00:02:45.610
or any signs of infection or trauma,

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00:02:45.610 --> 00:02:49.410
and an ultrasound to evaluate
for ongoing pregnancy,

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00:02:49.410 --> 00:02:51.450
retained products of conception,

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00:02:51.450 --> 00:02:53.730
or any adnexal masses concerning

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00:02:53.730 --> 00:02:55.733
for possible ectopic pregnancy.

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00:02:56.730 --> 00:03:00.130
Lab evaluation may include
a complete blood count,

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00:03:00.130 --> 00:03:04.410
Rh type, and serum HCG, if indicated.

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00:03:04.410 --> 00:03:07.340
Management plans, including observation,

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00:03:07.340 --> 00:03:09.950
or medical or surgical interventions,

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00:03:09.950 --> 00:03:13.500
should be based on the
results of the exam, labs,

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00:03:13.500 --> 00:03:16.913
and patient's clinical status
per the standard of care.

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00:03:18.210 --> 00:03:20.040
At the end of the evaluation

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00:03:20.040 --> 00:03:22.770

and any necessary care interventions,

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00:03:22.770 --> 00:03:25.160

patients should be connected to resources

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00:03:25.160 --> 00:03:29.520

for continued post-evaluation
care and support, if needed,

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00:03:29.520 --> 00:03:33.120

especially access to
contraception providers.

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00:03:33.120 --> 00:03:35.750

Importantly, clinicians need to ensure

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00:03:35.750 --> 00:03:37.180

throughout the encounter

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00:03:37.180 --> 00:03:40.170

with the person who
manages their own abortion

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00:03:40.170 --> 00:03:43.190

that they do not reinforce stigmatizing

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00:03:43.190 --> 00:03:46.623

or negative ideas about
self-managed abortion.

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00:03:47.520 --> 00:03:51.130

Doing so will only further
perpetuate injustices

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00:03:51.130 --> 00:03:54.523

and inequities in health
and healthcare outcomes.

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00:03:55.460 --> 00:03:58.550

Caring for patients after
self-managed abortion

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00:03:58.550 --> 00:04:02.420

should embody compassionate,
trauma-informed,

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00:04:02.420 --> 00:04:05.910

and dignified sexual and
reproductive healthcare

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00:04:05.910 --> 00:04:08.513

to which all individuals have the right.