

Planned Parenthood of Western Pennsylvania

{ Courtney Chorba
Summer Practicum 2013
Role: Procedure Counselor

Overview

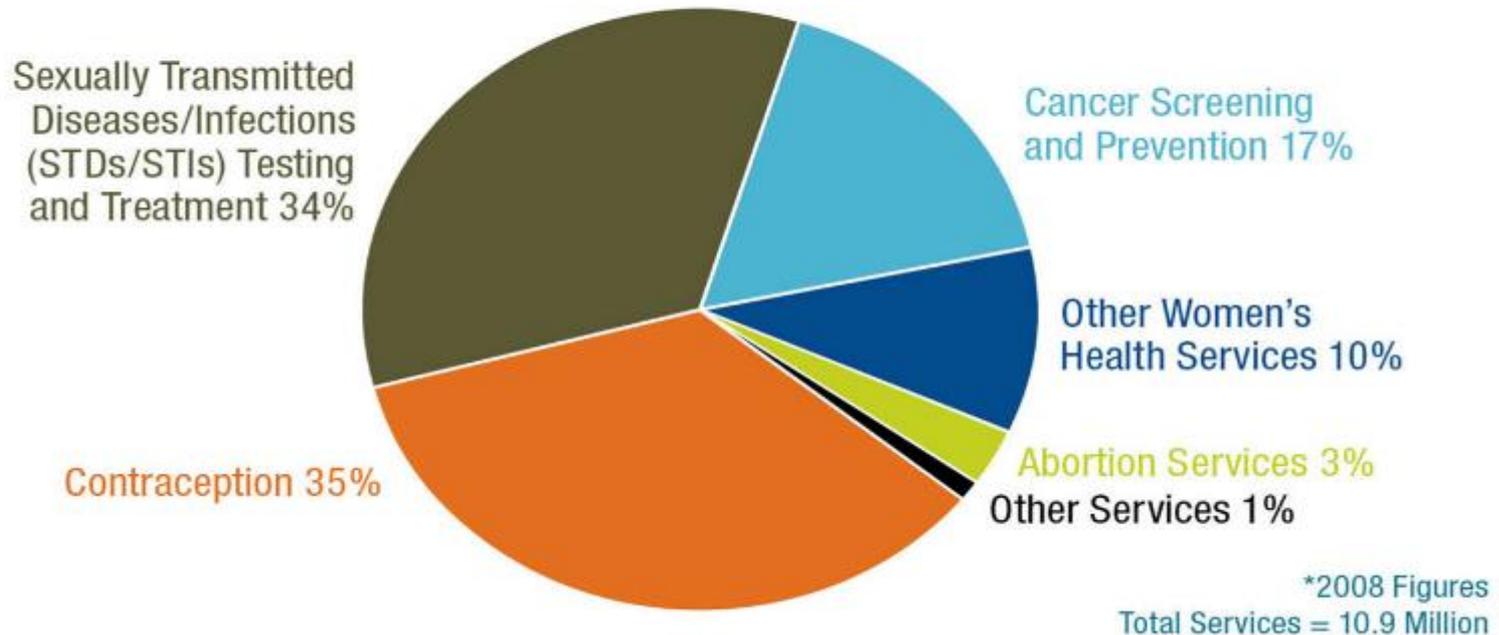
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Services provided by Planned Parenthood

Despite Planned Parenthood's reputation as mainly an abortion provider, only 3% of the services provided by the organization are abortions.

PATIENT CARE PROVIDED BY PLANNED PARENTHOOD AFFILIATE HEALTH CENTERS*



Source: www.plannedparenthood.org

A brief history of abortion

- ⌘ Abortion has been occurring for thousands of years, in all forms of society. It was performed legally in the United States at the time of the earliest settlers. It wasn't until the late 1800's that states began to declare abortions illegal (1).
- ⌘ The number of women seeking abortions was not reduced by the criminalization of it. Between 1883 and 1973, an estimated 1.2 million illegal abortions were performed per year, leading to serious medical complications and even death for the women who had them (1).
- ⌘ Starting in 1967, some states began to repeal their laws criminalizing abortion. However, it was not until the Supreme Court ruling of *Roe v. Wade* 1973 that all women in all states regained their right to a safe, legal abortion. (*Roe v. Wade*, Supreme Court, 1973).
- ⌘ From the decision in 1973 until today, anti-choice advocates have attempted to restrict women's access to safe abortions through cutting funding and passing unnecessary and extreme regulations for providers, among other things.

Statistics, Myths, and Facts:

⌘ 1 in 3 women will have an abortion by the age of 45 (3).

⌘ 88% of abortions are done in the first 12 weeks of pregnancy (3)

Despite many false allegations, abortions performed after 21 weeks or later make up less than 2% of total abortions nationwide. Third trimester abortions are extremely rare, and are reserved for instances of severe fetal abnormalities or when the health and life of the woman would be seriously threatened if she continued the pregnancy (4). *Planned Parenthood of Western PA does not perform abortions after 18 weeks.*

Myth vs. Fact

⌘ “Women who have abortions experience psychological trauma”

Another dangerous bit of misinformation circulating is in regards to a women’s post-abortion feelings. Research on psychological reaction to abortion has not supported any hypotheses that psychological trauma will ensue following an abortion. Although some women report feelings of guilt or sadness following their abortion, the vast majority of women report feelings of relief (5).

A 1989 panel of psychologists with extensive experience in the field of reproductive decision making concluded that:

"research with diverse samples, different measures of response, and different times of assessment have come to similar conclusions. The time of greatest distress is likely to be before the abortion. Severe negative reactions after abortions are rare and can best be understood in the framework of coping with normal life stress." (Adler, 1990) (6)

Who gets abortions?

About half of pregnancies that occur each year are unintended, and about half of those unintended pregnancies are ended by abortion.

- ⌘ Over half of women obtaining abortions in the US are in their 20s
- ⌘ 6 out of 10 women obtaining abortions already have a child, >3 in 10 have two or more children
- ⌘ 7 in 10 women who have an abortion report religious affiliation
- ⌘ 36% of women obtaining an abortion are non-Hispanic white, 30% are non-Hispanic black, 25% Hispanic, 9% other
- ⌘ 40% of all abortions are obtained by women living at or below the federal poverty rate, 57% are low-income

Source: The Guttmacher Institute

<http://www.guttmacher.org/in-the-know/characteristics.html>

The process at PPWP

⌘ 24 hour waiting period

In the state of Pennsylvania, there is a mandatory waiting period of 24 hours before a woman can have her procedure (PA Abortion Control Act, 1982). She will call to make her appointment, and the receptionist will schedule for her a counseling call with a doctor 24 hours before her appointment. In situations of medical emergency, this waiting period does not apply.

⌘ Urine pregnancy test, blood work

To confirm pregnancy, to check for blood type. The blood test also checks whether the patient is “RH” negative (lacking the Rheusis antigen) or RH positive.

⌘ Sonogram

Ultrasound performed by a physician’s assistant to determine gestational age. Patient has the option of viewing the ultrasound or not viewing the ultrasound.

The process (Continued)

& Counseling

Patient meets with a counselor to work through her feelings, reasons for her decision, plans for coping, support system, medical history, and plans for birth control. The pre-procedure counseling also assesses whether the decision is truly hers (to be sure no one is coercing her to have the procedure) and screens for inter-partner violence.

& Medication

Before procedure, patient receives Ibuprofen and a one-time antibiotic to prevent infection.

& Procedure

Depending on type of procedure, can take anywhere from 5-15 minutes.

& Recovery

Depending on the type of procedure, patient may spend anywhere from 20-45 minutes in the recovery room aided by a registered nurse.

My role at PPWP: Procedure Counselor

- ⌘ Assess patient's confidence in decision to terminate pregnancy
- ⌘ Assess patient's safety in her relationships
- ⌘ Ensure a open, supportive, non-judgmental environment for patient
- ⌘ Take vitals
- ⌘ Ensure proper set up and clean up of surgical facility
- ⌘ Assist doctor during surgery
- ⌘ Provide support for patient during surgery
- ⌘ Help patient safely to recovery room following procedure and be available for patients needs during time spent in recovery room
- ⌘ Inquire about plans to prevent future unwanted pregnancies, answer any questions patient may have about birth control methods

What I learned

⌘ Work flow of the surgical floor.

Each employee on the surgical floor has specific assigned tasks. The “flow” person ensures that each person is informed of who their next patient will be and their next assignment.

⌘ How to properly set up and clean up the rooms

Sterilization and set up of the surgical instruments and other necessary items is crucial for a safe and successful surgery. It is the duty of the procedure counselor to check that each room is stocked with the proper equipment and that instruments are sterilized before and after each surgery before the doctor sees the next patient.

⌘ Preferences for each doctor

PPWP sees a rotation of doctors on clinic days. It took me several months to learn the preferences of each of the doctors. Preferences refers to specific instruments to have ready for the doctor during surgery as well as surgical room conduct.

What I learned

⌘ How to take patients' "vitals"

I learned the proper way to take the patients' blood pressure, temperature, pulse, and respiration count after and sometimes before surgery, and how to properly document them.

⌘ Testing for gonorrhea and chlamydia

Each patient under the age of 35 receives a test for gonorrhea and chlamydia prior to their procedure. If the patient is having a surgical procedure, the doctor will perform a cotton swab test on patient's cervix immediately before the surgery. If the patient is having the medical abortion (abortion pill), the patient will perform her own swab test before receiving the first dose of medication. In this case, it is my responsibility to explain how to administer the self-test. In both cases, I must label and store each culture for shipment to the health department. If the test returns "positive", the patient is then contacted and treated.

⌘ How to counsel and assess birth control preferences

Discuss with patient methods of B.C. used in the past, if any. What worked? What did not and why?

My Experience

- ⌘ Walking a woman through the abortion process is a deeply personal experience that cannot be easily put into words.
- ⌘ Interacted with a very diverse population of women.
- ⌘ Varied reactions among clients throughout the process, adapt to each individual situation.
- ⌘ At times, I encounter situations that are very difficult to move past.



My observations/areas for improvement

Waiting time

On most clinic days, there is only one doctor working to care for anywhere between 20-30 patients, resulting in a long waiting period for each patient. Often patients become restless, and even annoyed, despite staff efforts to move as quickly as possible while providing quality care to each individual patient. Limited funding hinders any large-scale changes being made in this area. My suggestion would be to find ways to make the wait more pleasant for the patients.

Record keeping

Summer of 2013 brought several changes to the work flow of the intake and surgical floors, one of them being the switch to electronic health records (EHR). Prior to this change, paper records were kept for each patient. The advantage to the paper records was that the procedure counselor could review the patient's papers prior to providing care, including the pre-procedure counseling notes that provide information on the patient's emotional state, among other important information. This informs the procedure counselor on what to expect and even how to approach the patient. After the switch to EHR, the procedure counselor does not have access to this information. My suggestion would be to allow procedure counselors access to this information in the computers that are stationed on the surgical floor.

Birth control counseling

Throughout my experiences, I've noticed times when the patient's partner is either a.) uninformed about methods of birth control and how they work, and/or b.) resistant to using certain forms of birth control, despite the request from their partner and despite being in this unpleasant situation. I would suggest a second form of counseling to be available for the partners of women seeking abortions in effort to assess the partner's preferences as well, and also to increase knowledge and communication about how to prevent future unplanned pregnancies.

Moving forward

⌘ I completed my 200 hours of practicum in the beginning of August, 2013. At that time, PPWP offered me the part-time position of procedure counselor.

⌘ I will soon be trained in the positions of “Flow” and as a cashier.

These new roles will expand my responsibilities to managing the work flow of the surgical floor, and ensuring each staff member and doctor is informed about and prepared for their next task. The position of cashier involves proper intake of each patient and determining the cost of care for each individual. There are funds available for patients in the case of rape, as well as for women of low income. I am currently learning how to determine which funds to use, and the amount to use for each patient.

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References

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