

The Ultrasound Visit:

pearls & lessons learned

Sandy Christiansen, MD
Care Net
National Medical Director

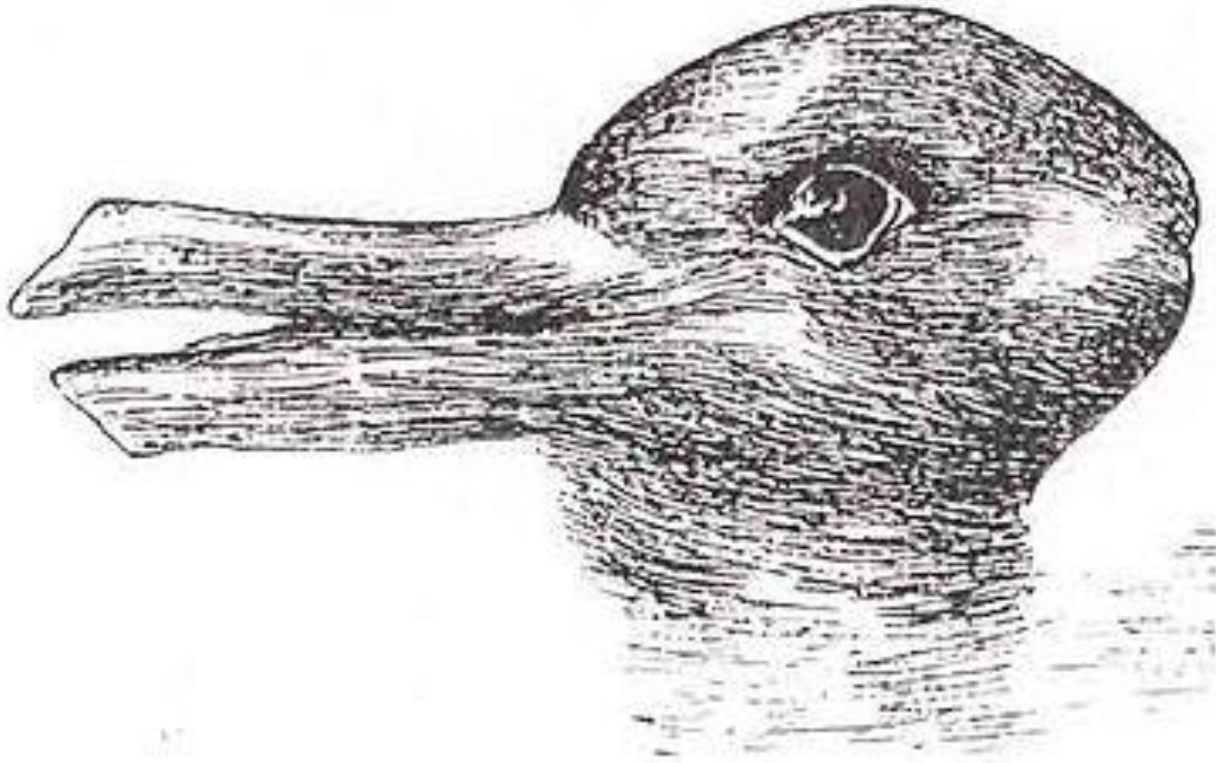
NIFLA SUMMIT
OCTOBER 2023



Learning Objectives

- Become familiar with a patient flow model that maximizes optimal patient care
- Learn about the core components and significance of the reproductive health-focused medical intake and clinical evaluation during a limited obstetrical ultrasound exam appointment
- Gain insight into conducting critical conversations during the ultrasound appointment including pertinent health screenings

What it means to be a medical pregnancy center *the Paradigm Shift*



Att. The Structure of Scientific Revolutions by Thomas
S. Kuhn 1970

Starting Assumptions & Context

Mission focused medical pregnancy center



The primary client is AMD



Registered nurse is the clinic
manager/sonographer



Nurses help patients, not clients

Care Net Standards of Affiliation for Med Centers

- Function under the authority and direction of a licensed physician who is in good standing with the physician's state licensing board
- Only utilize trained and licensed medical professionals to perform medical procedures, including ultrasounds
- Carry sufficient medical liability coverage for the center and all medical personnel (unless they have their own coverage)



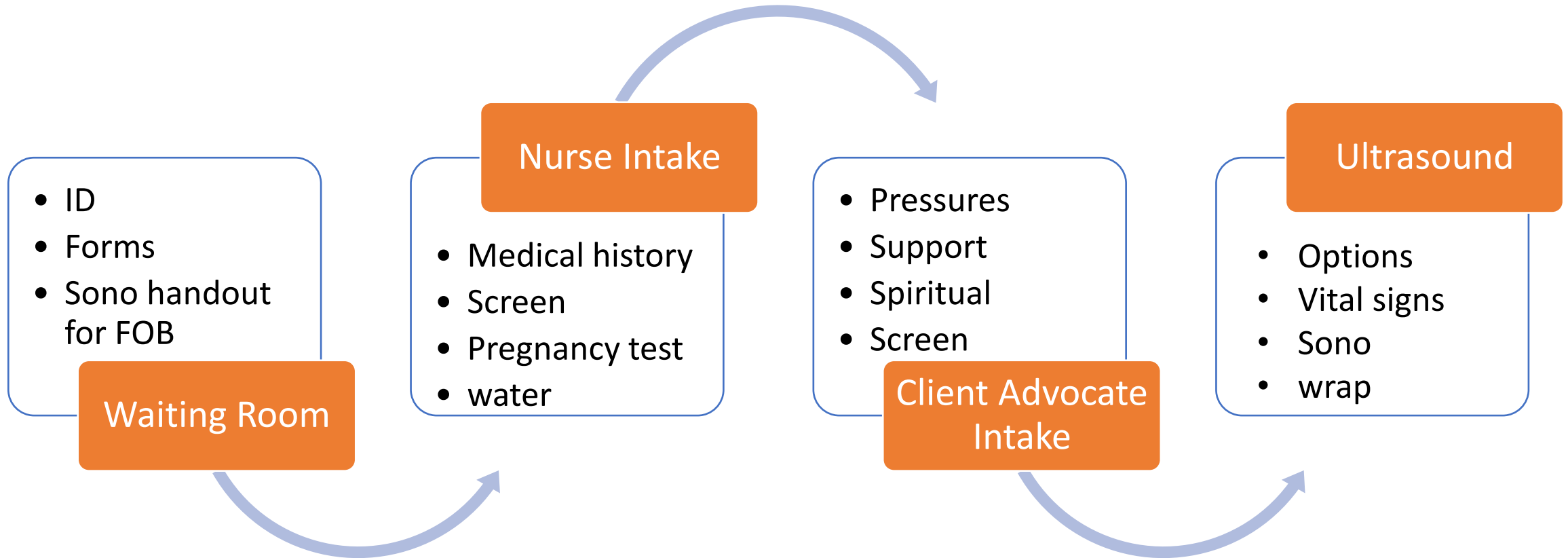
Pre- appointment

- Pt contacts center for an appt
- Scheduler pre-screen
- PT vs. PT/sono appointments
- Timing
- Gestational age
- Encourage partner attendance
- Minors
- What to expect

Electronic vs. paper charting

- CRMs: Take advantage of the capabilities you like
- Example: texting consent forms, privacy forms
- Blend of the two is most common
- Plan for growth

An Example of Patient Visit Flow



Components of the Clinical Assessment

- Medical intake
- Health screenings
- Spiritual history
- Options coaching
- Vital signs
- During the ultrasound exam
- Post sono patient debrief & discharge
- Patient care follow-up

The Medical Intake



Current pregnancy

Prior pregnancies

GYN

Medical probs-screen for mental health

Medications, vits & supplements, OTC meds

Allergies

Surgeries

Social history-screen for addictions

Relationship-screen for IPV

Work/School-screen for trafficking

Family history

Review of systems

Spiritual history

Ob/Gyn History

- Current plans for this pregnancy
- Menstrual cycle
- Contraception
- LMP
- Positive/negative PTs
- Date of onset of pregnancy symptoms
- Pain/bleeding
- Nausea/vomiting
- Prior pregnancies
- Gyn history



Medical/Surgical ROS

- Current/past medical problems
- Meds
- OTC
- Vitamins
- Herbs, supplements
- Allergies-latex
- Surgeries
- Review of systems

Healthcare Screenings

- Mental health
- Substance Abuse
- Intimate partner violence
- Sex trafficking



Spirituality & Health

Conclusions and relevance: This systematic review, analysis, and process, based on highest-quality evidence available and expert consensus, provided suggested implications for addressing spirituality in serious illness and health outcomes as part of person-centered, value-sensitive care.

> [JAMA](#). 2022 Jul 12;328(2):184-197. doi: 10.1001/jama.2022.11086.

Spirituality in Serious Illness and Health

Tracy A Balboni ^{1 2}, Tyler J VanderWeele ^{3 4}, Stephanie D Doan-Soares ⁵,
Katelyn N G Long ^{3 4}, Betty R Ferrell ⁶, George Fitchett ⁷, Harold G Koenig ^{8 9}, Paul A Bain ²,
Christina Puchalski ¹⁰, Karen E Steinhauser ^{11 12}, Daniel P Sulmasy ¹³, Howard K Koh ^{5 14}



Spiritual History

- Valid component of medical intake
- Open-ended questions
- “Do you consider yourself a spiritual person?”
- “Were you raised in any particular faith tradition?”





the ABORTION PILL

Also known as: MifeprexTM,
Mifepristone, RU-486

ONLINE ABORTION PILL?

*Doing it yourself is risky!*⁶⁰

The abortion pill has special safety restrictions on how it is distributed to the public. Using drugs bought online can be risky. Online purchasers of the abortion pill bypass important safeguards designed to protect their health. Because drugs purchased online are not the Food and Drug Administration (FDA) approved versions of the drugs, they are not subject to FDA manufacturing controls, and there is

WHAT?

The Abortion Pill:
MifeprexTM, Mifepristone,
RU-486

WHEN?

Up to 10 weeks, Last
Menstrual Period (LMP)

HOW?

DAY 1:

Swallow mifepristone,
eventually causes
embryo's death

DAY 2 OR 3:

Take misoprostol,
cramping expels baby

DAY 7 TO 14:

Follow up with
provider to check if
abortion is complete



Complications & Risks:⁶²

- See fetal parts expelled
- Failure to abort
- In pregnancies that continue, misoprostol may cause birth defects
- Life-threatening bleeding: 1% of women need a D&C to stop hemorrhaging
- Undiagnosed ectopic pregnancy
- Life-threatening infection

Who should NOT take the abortion pill (mifepristone)?⁶³

- Have or may have an ectopic pregnancy
- Have an IUD
- Long-term steroid user
- Take blood thinners
- Chronic adrenal failure
- Have a bleeding disorder
- Over 10 weeks pregnant
- Have porphyria

HEMORRHAGE Rh SENSITIZATION

Heavy Bleeding:⁹⁸

Some bleeding after abortion is normal. However, there is a risk of severe bleeding known as hemorrhaging. This may result from cervical tears, uterine punctures, retained tissue, or when the uterus fails to contract after it is emptied. When this happens, a scraping of the uterus (D&C), or other surgical procedure may be required to stop the bleeding. Sharp curettage

Rh Sensitization:¹⁰⁶

Pregnant women should be tested to determine if their blood type is Rh positive or Rh negative. All pregnant women who are Rh negative should receive an injection of RhoGAM™ to prevent the formation of antibodies that may harm current or future pregnancies.

MIFEPRISTONE FAILURE RATE BY GEST AGE

MIFEPREX TM FAILURE RATE ⁸⁷				
Gestational Age	Less than 49 Days LMP	50-60 Days LMP	57-63 Days LMP	64-70 Days LMP (10 Weeks)
Complete Abortion %	98	97	95	93
Failure Rate %	2	3	5	7
Estimate of Failed Abortions ⁸⁸	9,800 Women Affected	14,800 Women Affected	24,600 Women Affected	34,500 Women Affected

MISOPROSTOL ALONE

MISOPROSTOL ALONE⁹⁰

This drug is a prostaglandin and was FDA approved to reduce risk of stomach ulcers in people taking anti-inflammatory drugs, but is used off label to cause abortions.

How does it work? It makes the uterus contract. Given in repeated doses inserted vaginally, or placed beneath the tongue, cramping occurs that expels the embryo.

What are the risks? Failed abortions occur at a much higher rate with this method than the abortion pill. When an abortion fails or is incomplete, a surgical abortion is usually done. Compared with the abortion pill, misoprostol abortions cause a greater number of women to experience complications like hemorrhage, nausea, vomiting, diarrhea, and fever.

There is a small risk of birth defects in pregnancies that continue.

ABORTION PILL REVERSAL

WHAT IF I CHANGE MY MIND?

It may not be too late

The Abortion Pill Reversal protocol uses natural progesterone off-label to counteract the effects of the abortion pill. Under a doctor's care, the majority of women who took progesterone (after taking just the first pill, mifepristone, of a medical abortion) successfully continued their pregnancies and gave birth to healthy babies.⁶¹ Based upon available evidence, the use of natural progesterone is associated with a significantly higher likelihood that a pregnancy will continue after exposure to mifepristone compared to no intervention. Women should not attempt to counteract the abortion pill without the assistance of a medical professional.

- Headaches
- Diarrhea
- Dizziness

**FOR MORE
INFORMATION:**

877.558.0333

AbortionPillReversal.com

CARE  NET[®]

EARLY SURGICAL ABORTION

EARLY SURGICAL ABORTION: SUCTION

Also Known as Vacuum Aspiration

the Details:

Suction/Aspiration⁹¹ / Up to 14 Weeks LMP

This surgical procedure is used throughout the first trimester of pregnancy. Most first trimester surgical abortions are performed using this method. Local anesthesia is typically offered to reduce pain, however sedation may also be available.

HOW DOES IT WORK?

For very early pregnancies (4-7 weeks LMP), a thin plastic tube is inserted into the uterus. It is attached to a manual or electric vacuum device which is used to suction out the embryo/fetus.

WHAT?

Suction/Aspiration

WHEN?

Up to 14 Weeks

HOW?

- Cervix sometimes softened using laminaria and/or vaginal medication the night before
- Local anesthetic injected in cervix
- Cervix stretched open using dilating rods
- Plastic tube inserted in the uterus & connected to an electric or manual vacuum device that pulls the baby's

COMPARE: NON-SURG & SURG ABORTION

Let's Compare Non-Surgical VS. Surgical Abortion¹⁰¹

	Overall Risks	Failure Rate	Time to Completion	Need for Anesthesia	Bleeding	Requires Surgery	Long- term Complications	Risk of Seeing Fetal Parts	Provider Present For Entire Procedure
Non-Surgical Abortion	Higher	Higher	Longer	Unlikely	Heavier & Longer	Unlikely	Largely Unknown (Pg. 23)	Yes	No
Surgical Abortion	Lower	Lower	Shorter	Common	Shorter	Yes	Yes (Pg. 24-28)	No	Yes

LATE TERM ABORTION

Abortion Methods FOR 2nd & 3rd TRIMESTERS

What	Dilation & Evacuation (D&E)	D&E After Viability	Labor Induction
When	15 Weeks LMP and Up	23 Weeks and Up	2nd & 3rd Trimester
How	<ul style="list-style-type: none">• Cervix softened using laminaria and/or vaginal medication for 2 days before procedure• Local anesthetic & sedation given, or general anesthesia, if available• Cervix further stretched open with metal dilating rods• Forceps used to pull fetal parts out through the cervix• Account for all the parts of the fetus	<ul style="list-style-type: none">• Takes 2–3 days. Lethal injections may be given to stop the baby's heart• Cervix softened & dilated for 3 days prior using laminaria & vaginal medication• General anesthesia may be used, if available, or IV sedation & local anesthetic• Surgical instruments used to grasp & pull fetal parts out through the cervix	<ul style="list-style-type: none">• Lethal injections may be given to end the fetus' life• Cervix softened using laminaria and/or vaginal medications for 2–3 days• Medications given to induce labor & reduce pain• Labor & delivery of deceased baby

IMMEDIATE PHYSICAL RISKS

Immediate Physical Risks of Surgical & Late Term Abortions



Serious physical complications occur infrequently in early abortions but increase in later abortions.⁹⁵ Evidence indicates that induced abortion can be associated with significant long-term health risks.⁹⁶ Getting complete information on the risks associated with abortion is challenging due to incomplete reporting and the lack of documentation linking abortions with complications.⁹⁷



LONG- TERM RISKS

Could Abortion Affect Me Later?

IT'S CONTROVERSIAL.

You have the right to understand the likely and possible risks of your decision. But the data about the long-term effects of abortion is incomplete. Scientific bias and failure to tie complications to the abortion procedure make it difficult to determine the extent of the long-term health risks associated with abortion.¹²²

EMOTIONAL

After abortion, some women say they initially felt relief and looked forward to their lives returning to normal. But other women report negative emotions after abortion that linger, unresolved. For some, problems related to their abortion

RELATIONAL

Pregnancy often affects a woman's most important relationships. Many couples choose abortion to preserve their relationship. Yet research reveals that couples who choose induced abortion are at increased risk for problems in their

PREDICTING POST ABORTION MENTAL HEALTH ISSUES

Are any of these true for you?

- ☐ Being pressured or coerced to abort
- ☐ Have, or previously had, mental health problems before abortion
- ☐ Feeling very uncertain or having difficulty making the decision
- ☐ Past childhood sexual abuse or unresolved traumatic experiences
- ☐ Lack of emotional/social support
- ☐ Want the pregnancy
- ☐ Believe abortion is against my values
- ☐ Have strong religious beliefs against abortion
- ☐ Feel the need to keep the abortion a secret
- ☐ Feel attached to the pregnancy

Am I At Risk?

For emotional or physical problems if I choose abortion?¹²¹

If you said "yes" to any of these, then you are at increased risk of having mental health problems after abortion.^{121a} Evidence suggests that abortion does not reduce mental health risks for women pregnant unexpectedly and may actually increase those risks.^{121b} Having a risk factor doesn't mean you will get a certain condition, it just means that the possibility is greater compared to someone who does not have the risk factor.

LONG-TERM RISKS

PHYSICAL

Medical experts continue to debate the association between abortion and breast cancer. Research shows the following:

- Carrying a pregnancy (especially a first pregnancy before the age of 30) to full term gives a measure of protection against breast cancer.¹³⁴ Terminating a pregnancy results in loss of that protection.
- Pregnancy hormones cause breast tissue to grow rapidly in the first

SPIRITUAL

People have different understandings of God. Whatever your spiritual beliefs may be, having an abortion may impact more than just your body and your mind.

Many people consider themselves to be "spiritual." While this means different things to each person, there is a spiritual side to abortion that bears considering.

What might God think about your choice?

LONG-TERM RISKS

I'll Still Be Able To Have a **Baby Later Right?**

Women who want to have a baby later in life should be aware of possible risks that abortion poses to future pregnancies.

Abortion & Placenta Previa

Placenta previa occurs when the placenta covers or partially covers the cervix. This can result in unpredictable massive bleeding that threatens the life of baby and

Abortion & Prematurity

The research is clear: induced abortion significantly raises a woman's future risk of delivering a premature, "preemie" baby.¹¹⁹ This risk exists for even one very early surgical abortion and increases with



FETAL PAIN

Can the fetus FEEL PAIN?

Scientists continue to debate when an unborn child can feel pain. Some argue that the fetus is only capable of an awareness of pain after birth, but considerable research has found that not only can they feel it from birth, but they feel it intensely and it impacts their development.

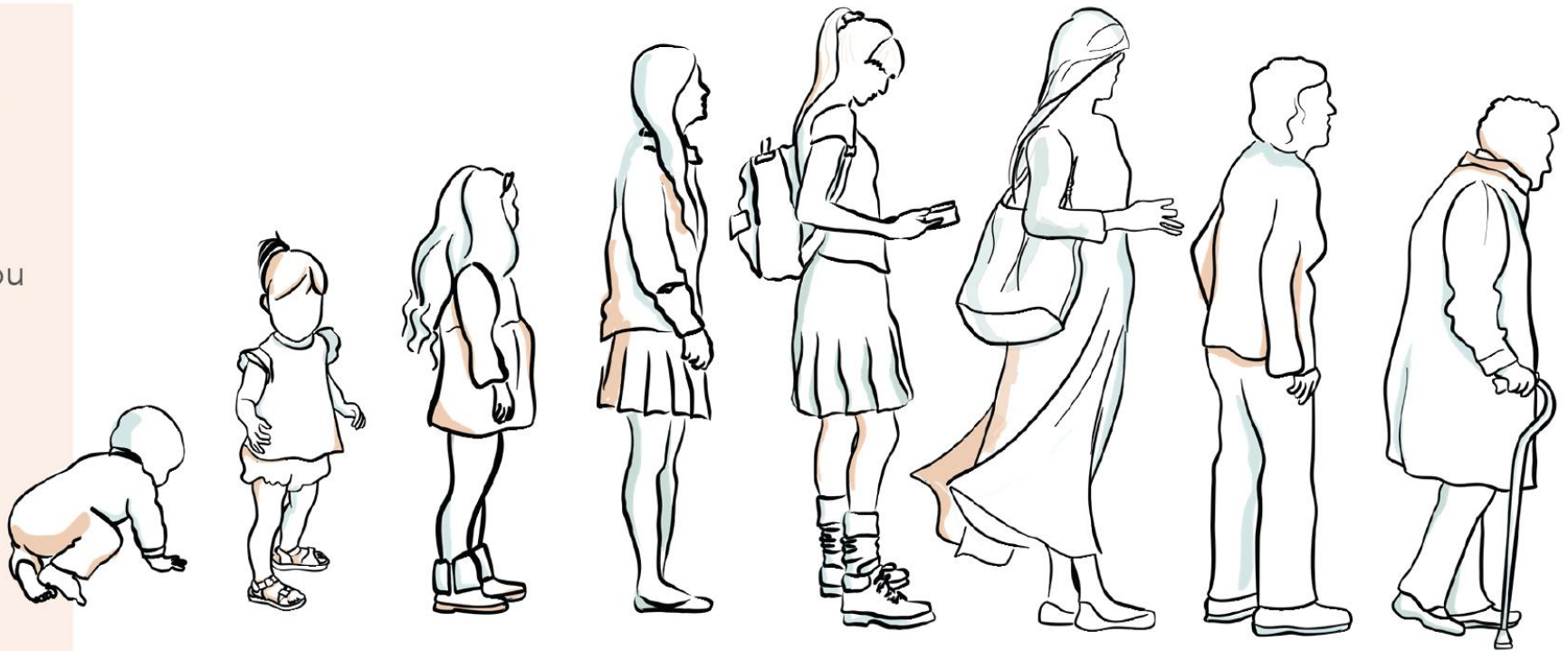
CONSIDER THIS:

- While some scientists say fetal perception of pain isn't possible until 22 weeks gestation (LMP), recent studies by experts point to the fetus' ability to experience pain at least by 15 weeks gestation, if not sooner.⁴⁵
- Fetal surgery without anesthesia can cause a baby, who doesn't have a fully developed brain, to experience less stimulation and to develop abnormal brain connections caused by the lack of stimulation.

The Wonder & Beauty of Human Life!

**What do
you
think?**

When did you
become a
person?



WHAT ARE THE MEDICAL

Facts About **HAVING A BABY?**

BENEFITS:

- Lower breast cancer risk, especially under age 30¹³⁹
- Lower ovarian & uterine cancer risk¹⁴⁰
- Lower risk of death from all causes, including natural, accidents, suicide, & homicide¹⁴¹
- Lower suicide risk compared to abortion & miscarriage¹⁴²
- Healthy habits are formed
- Additionally, breastfeeding reduces the risk of:¹⁴³ (Type 2 diabetes, Breast cancer, Ovarian cancer, Postpartum depression)



RISKS:

The safety of giving birth greatly depends on the prenatal and delivery care a woman receives. Prenatal care allows medical professionals to recognize and treat complications. The overall maternal mortality ratio in the U.S. was 21 per 100,000 live births pre-pandemic in 2020,¹⁴⁴ most

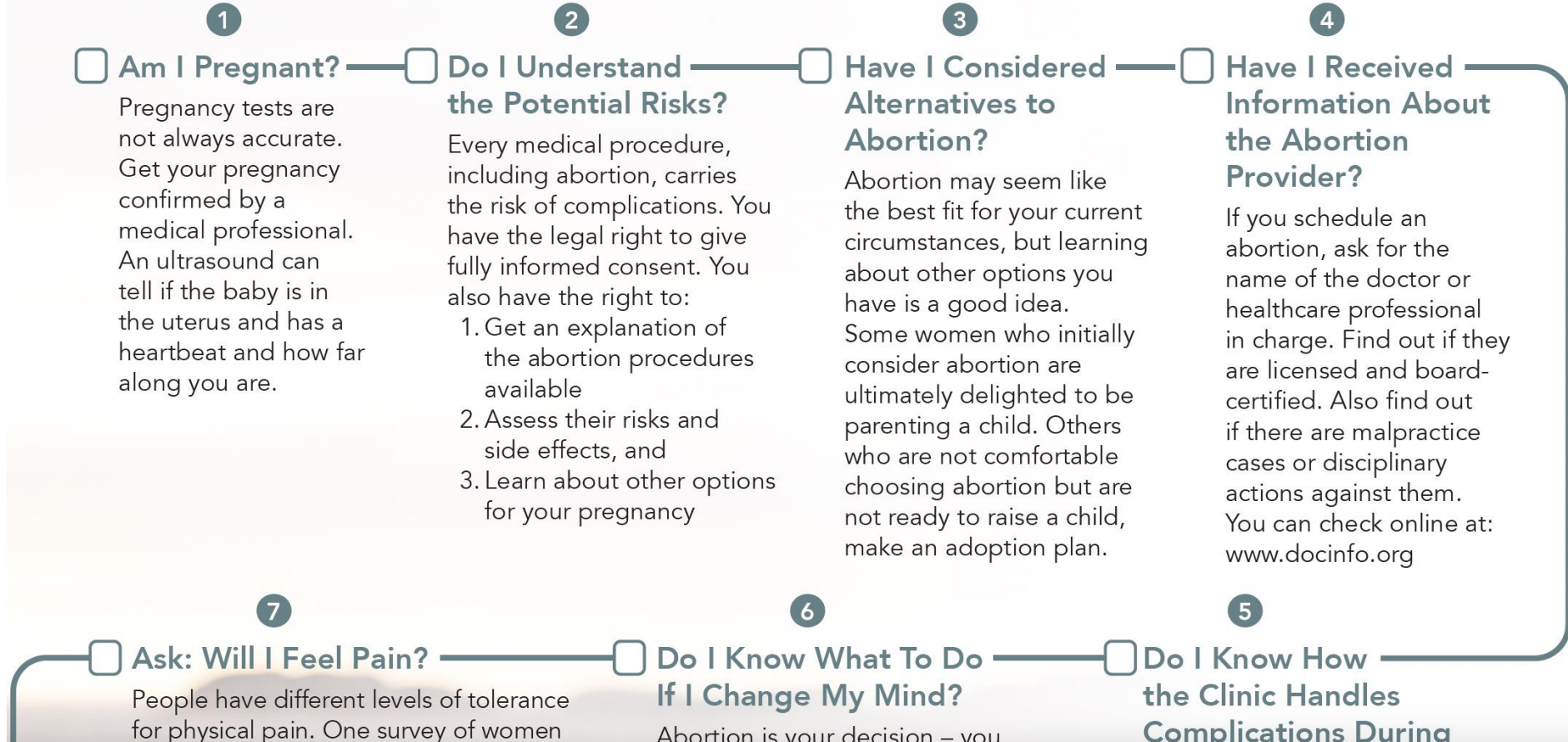


Into the *Welcoming Him* Decision.

With any big decision, it can be important to get advice from people who care about you and have the ability to support you. The top person on this list will likely be the one who was involved in creating this pregnancy with you in the first place.

What do I Need to know?

INFORMED DECISIONS CHECKLIST





Vital Signs

- Temperature
- Blood pressure
- Pulse
- Weight?

During the Ultrasound Exam

- Sonographer in charge
- CA support person/chaperone
- Life-affirming language
- FOB



A large orange circle is positioned on the left side of the slide, partially cut off by the edge.

Post-sono Patient Debrief

Review sono images

Life-affirming education: videoclips

Share abortion risk info w/FOB

Give perspective, appeal to legacy

Scale patient's decision process

My DECISION GUIDE

Use this worksheet to evaluate your top three options.
List pros and cons of each option below.

Pregnancy
Options I'm
Considering

1

PROS

Why I Should
Choose This Option

CONS

Why I Shouldn't
Choose This Option

2





Discharge Instructions

ULTRASOUND VISIT DISCHARGE SUMMARY, RECOMMENDATIONS, AND REFERRALS

The following information is not intended to provide a diagnosis – all ultrasound findings are preliminary until reviewed by the physician.

- ☐ **Findings suggest one living baby in the uterus:** *Make an appointment for prenatal care*
 - Pregnancy Decision Guide
 - Ob/Gyn physician list
- ☐ **Findings suggest embryo/fetus seen, but no fetal heart motion detected:** *Follow-up with physician or go to ER for a repeat ultrasound in one week*
- ☐ **Findings suggest early signs of pregnancy in uterus:** too early to confirm a growing pregnancy; return for a repeat ultrasound in 1-2 weeks or follow-up with your physician
- ☐ **Findings suggest no intrauterine pregnancy detected:** *See a physician **today**, or go directly to the ER /*
 - Potential causes include but not limited to:
 - It could be too early to detect growing pregnancy;
 - Failed pregnancy (miscarriage);
 - or an ectopic pregnancy (a pregnancy of unknown location)

End Nurse- Patient Relationship

✓ I understand and agree

NOTE: This Center provides limited obstetrical ultrasounds for the sole purpose of confirming the presence of a living intrauterine pregnancy. Services provided by the Center are not a substitute for other medical or prenatal care. Your signature means you understand our findings and recommendations and **acknowledge the end of the doctor/patient relationship between you and Care Net Pregnancy Center of Frederick effective immediately.**

Pray



Patient Follow-up

- Preliminary findings
- Unusual sono findings
- STI testing results and treatment
- CA follows up final decision



D-E-B-R-I-E-F



Digest & Process



Emotions



Become aware



Remember & Refresh



Improvements



Encourage



Faith & Flourish

Connect

- Sandy Christiansen, MD
- schristiansen@care-net.org
- 703-857-2169

