Appendix A

Case Scenario

This case can be used with an interdisciplinary group of health care students as there is a role for medicine, nursing, social work, nutrition, counseling and others. Specific notes for faculty are included in italics for assistance in facilitating the case. For faculty using a problem-based case approach, the following brief scenario will be sufficient introducing the scenario.

Brief Scenario:

Reason for visit.

Nikki is a 24 year old female coming to the community health center about cold symptoms and a cough that have persisted for weeks.

History of present illness

Her symptoms include a constant runny nose producing a clear discharge, postnasal drip, a persistent hacking cough, wheezing and occasionally a sensation of chest tightness that prevents her from taking a deep breath. The symptom of difficulty taking a breath has frightened her and is her reason for making an appointment. She describes her current symptoms as beginning as a “summer cold” a few weeks ago but she hasn’t been able to shake her symptoms. She reports having a cold and wheezing every summer but this summer her symptoms are worse. The nurse asks the young woman about her last menstrual period, her method of contraception and about possibility of pregnancy. The patient, Nikki, shares that she has difficulty taking her oral contraceptive pills on schedule and missed two pills this past cycle. The nurse suggests an office based urine pregnancy test. The test is positive.

The health care visit now shifts from a focus on the cough to an additional focus on the issue of unintended pregnancy. Both complaints are time sensitive and require attention at this visit.

The following detailed background of the case is included for faculty. The case can be used to discuss the common complaint of cough in primary care as well as unintended pregnancy. Many students have not faced the counseling aspects of unintended pregnancy that is, providing choices of adoption, abortion or continuing the pregnancy. Counseling a woman with an
unintended pregnancy can be very challenging based on the health provider’s personal attitudes about unintended pregnancy, abortion or adoption, and because the unintended pregnancy is often a crisis in a woman’s life. Faculty can facilitate this case to provide an opportunity for students to sort out their values, attitudes and beliefs and increase their understanding of the complex nature of unintended pregnancy decision-making. With each pregnancy option, faculty can introduce the concept of values clarification, the framework of professional ethics and professional right of conscience specific to each professional discipline. Acquisition of such skills will assist students in approaching other ethical issues in health care.

Complete scenario

Reason for Visit: cough

Nikki is a 24 year old female coming to the community health center about cold symptoms and wheezing that have persisted for weeks. Her symptoms include a constant runny nose producing a clear discharge, postnasal drip, a persistent hacking cough, wheezing and occasionally a sensation of chest tightness that prevents her from taking a deep breath. The symptom of difficulty taking a breath has frightened her and is her reason for making an appointment. She describes her current symptoms as beginning as a “summer cold” a few weeks ago but she hasn’t been able to shake her symptoms. She reports having a cold and wheezing every summer but this summer her symptoms are worse.

Past History: Overall, Nikki is healthy. She has not had any surgeries or hospitalizations. She had all the usual childhood immunizations but did not see a dentist regularly through childhood d/t cost. As a child though, she had numerous colds, some of which lead to bronchitis or even pneumonia.

Both of her parents are alive and well—her father has hypertension and hypercholesterolemia; her mother is overweight with DM2, hypertension and hypercholesterolemia. Her maternal grandmother is 65 with hypertension, hypercholesterolemia, and overweight. Her maternal grandfather died of lung cancer (smoker). Her paternal grandparents died many years ago, paternal grandfather of a farm accident, paternal grandmother of “old age”.

Social History: She lives with her boyfriend and her 14 month old son in an apartment in a large old home on the outskirt of town. She works part-time at the Irving gas station. Her grandmother cares for her son Jacob while she works. Her boyfriend Kevin, whom she describes as “very good with Jacob”, works at Crocker Heating & Cooling. Neither she nor Kevin have health insurance or dental benefits, although Jacob is covered under the Healthy Kids insurance program. She is not on Medicaid. Their combined income is adequate to pay the bills but does not allow for many extras. Their apartment is fine in the summer although the cellar is very damp.
and moldy. In winter, the apartment is very drafty as the windows are old and the place is not well insulated. They heat with a wood stove.

Nikki grew up in the next town over. About five years ago her parents divorced. Since the divorce, her mother re-married and moved to Vermont so that it is more difficult to see her. Her dad continues to live in the family home but he works long hours and is not around very much. Nikki’s grandparents have always been important sources of support for her. Her grandfather died last year of lung cancer and her grandmother has been lonely. So when Nikki and Kevin were looking for a place to live, they decided to rent apartment in the same town as her grandmother. Population-6,000.

Nikki smoked ¾ pack of cigarettes for seven years but quit during her pregnancy. She is very proud that she has not resumed smoking in spite of the fact that Kevin smokes more than a pack a day. She states that she wants Kevin to agree to not smoke in the house or near Jacob, but so far Kevin has not agreed to this. Denies illicit drug use. Alcohol—on weekends, 4–5 beers.

Sleeps well as Jacob finally sleeps through the night. Nikki usually has 7-8 hours of sleep each night. Activity level—stands all day at work, busying running after Jacob.

Allergies: NKDA

Meds: Recently started daily multivits, Tri-Sprintec.

Review of Systems:

General: Generally has a good energy level but has been tired with this ‘cold’. Is having difficulty “losing baby weight”.

Skin: No rashes, easy bruising or lesions.

HEENT: No diagnosed history of allergies but reports a cold every late summer. Her mother thinks she might be allergic to ragweed as she has itchy eyes, nasal congestion and cold symptoms late summer. No complaints of ear pain, hearing loss. No visual complaints. Unable to see a dentist regularly for care or cleanings d/t cost.

Cardiac: No history of rheumatic fever, heart murmur. Denies chest pain, SOB or dizziness.

Respiratory: See HPI.

GI: No current complaints of heartburn, nausea, vomiting, diarrhea, constipation. Developed a hemorrhoid during her pregnancy which flares from time to time causing pain but no rectal bleeding.

GU: G1P1. Using oral contraceptives since the birth of Jacob. She breastfed for three months, then began OCPs. She feels fine on the pill but reports difficulty in remembering to take the pill every day. This past month she missed two pills and had lighter than usual menses. But
sometimes her period is light (two days) so she isn’t worried about pregnancy. LMP-five weeks ago. Last pap at postpartum visit about a year ago.

Muscular/Skeletal: No joint or muscle pain. Occasionally has low back pain but Nikki attributes this to carrying Jacob around.

Neuro: Occasional stress HA, no hx of migraines. No weakness, paresthesia, depression, anxiety.

Endocrine: No polydipsia, polyuria, polyphagia. Denies hair loss, voice changes.

Neuro: No hx of migraines. Has noted more headaches the past three weeks in sinus area.

Vital Signs:

Ht: 5’6”  Weight: 179  BMI-29

VSS:  BP-122/70  P-74  R-16  T-97.8

The nurse elicits the history up to this point. The nursing review notes that woman is due for update of tetanus, has not had HPV vaccine and needs flu immunization this fall. The nurse decides a urine pregnancy test and peak flow are needed prior to the clinician (physician, advanced practice nurse or physician assistant) seeing the patient. Nikki’s peak flow values are 400, 460, 450. The urine pregnancy test is positive. The nurse gives the results to Nikki. Nikki doesn’t think she could be pregnant as she has missed pills before and has not been pregnant. Although Nikki plans to have more children, she has mixed feelings about another pregnancy so soon. The timing of the pregnancy is not ideal as she and her boyfriend are stressed financially and emotionally. She does not think she can parent another child right now. She asks you about a pregnancy termination—“Does anyone in this office perform abortions or would I have to go somewhere else if I choose to have an abortion?”

The case focuses on secondary prevention, applying the public health model to unintended pregnancy. Secondary prevention: Early identification of unintended pregnancies to improve reproductive health outcomes

A.  Assessment of pregnancy status and gestational age
   1. Pregnancy Diagnostics (urine, blood tests; ultrasound)
   2. Screening for Early Pregnancy Loss, Ectopic Pregnancy

B.  Prevention Strategies
   1. Unintended Pregnancy Options Counseling
   2. Support to Continue Pregnancy if Desired
      a. Identification of Social Support Systems
      b. Provision of prenatal care or coordinated referral
      c. Adoption Counseling and Coordinated Referral if Desired

C. Early Abortion Care (with the goal to prevent the need for later unintended pregnancy terminations)
   1. Provision of early abortion care or coordinated referral to assure positive outcomes
2. Counseling, referral and/or provision of early abortion by use of medications or uterine aspiration procedures.

The case can be used to facilitate a number of learning issues: diagnosis of pregnancy, the “do not miss” symptoms of ectopic pregnancy, specifics of adoption (open, closed), early pregnancy care including referrals and local resources, and early abortion care (medication and surgical aspiration procedures).

Physical Exam:

Skin: Cool & dry. No rashes or suspicious lesions.


Neck: Slightly tender and enlarged tonsillar and submandibular nodes. Thyroid-no enlargement or nodularity.

Heart: RRR no m/r/g

Lungs: Scattered expiratory wheezes.

Problem List:

Diagnosis:

Plan:

How would an interdisciplinary health care team approach this young woman to optimize her care? What could each member of the health care team contribute to her care?

In this primary care office in a community health center, there is a social worker available.

Summary of Social Services Visit: Nikki did not want to consider adoption. She requested information about an abortion, which the social worker (SW) provides to her. The SW explains that none of the provider’s in this particular clinic provides abortions but other providers in the community do so. The social worker also provides information about prenatal care at the community health services, WIC and other programs.

The case provides a teachable moment to discuss primary prevention of unintended pregnancy with students. If the provider had identified the need for stronger primary prevention at an earlier visit (the issue of Nikki frequently missing her oral contraceptive pills), the pregnancy may have been better timed.

Primary Prevention: To promote intended, healthy pregnancies with healthy mothers and infants and to reduce personal, perinatal, neonatal and family complications.
A. Assessment of Personal and Family Health Risk Factors
B. Performing Appropriate Screening Tests
C. Instituting a Reproductive Life Plan Evaluation
D. Instituting Prevention Strategies including Nutrition, Behavioral and Contraceptive Counseling
E. Contraceptive and Emergency Contraceptive Dispensing or Prescription

To respond professionally to Nikki’s concern about her unintended pregnancy, students need to utilize skills in therapeutic communication, giving “unexpected lab results”, ethics, self-reflection, values clarification, knowledge of the contribution of other members of the health care team and knowledge of community resources.
Appendix B

Additional Resources


Powerpoints for classroom instruction

Caring for the woman with an unintended pregnancy (RN and APN versions) ppt

Giving Pregnancy Test Results ppt

Pregnancy Options Counseling (RN and APN versions) ppt

Available on request from joycecc@unh.edu or search at www.abortionaccess.org Go to Resource Hub.