



Clinic Tips

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Post-Abortion Assessments: Expanding Your Outreach

Most mothers choose life after visiting a pregnancy medical clinic and seeing ultrasound images of their unborn. Yet, some women proceed to abort their children. Pregnancy clinics care deeply about these women, informing them they can return if they need help after abortions. Surveys from pregnancy clinics reveal that women will often suffer physical and emotional harm from abortion, while some abortion clinics may not provide follow-up care after the abortion.

Advice & Aid Pregnancy Centers (A&A) serving the Kansas City area in Missouri and Kansas began offering services demonstrating their concern for women who have had abortions. One of their clinics is near a large abortion facility in Kansas City. Post-abortion care and assessments are being offered to women after an abortion. According to Executive Director Ruth Tisdale, their services are myth busters of claims that pro-lifers care only about unborn babies but not women. A&A hopes that this care will prevent further abortions, as statistics show that when a woman has an abortion, she is more likely to have another.

Why is Post-Abortion Care Valuable for Women, and What Does it Entail?

[A&A's website](#) explains that follow up after any medical procedure with a healthcare provider is essential, especially if one has had an abortion:

“Without a Post-Abortion Assessment and follow-up appointment, undetected complications could be detrimental to their current health or future fertility.”

Dr. Bruce Snider, an OB/GYN in the Kansas City area, states that post-delivery care is necessary after a birth, miscarriage, or abortion. He says that depression and anxiety disorders are common following a miscarriage or abortion and that avoiding treatment of these mental health disorders can have lifelong consequences.¹

The two areas of post-abortion care and assessment during the visit include a physical assessment and an emotional assessment described below.

1. **The physical assessment involves an RN meeting with the patient 4-6 weeks following the abortion. It assesses her health by completing** 1) a questionnaire, 2) a set of vital signs, 3) a finger stick to measure Hemoglobin levels, and 4) a pregnancy test to determine if HCG (the pregnancy hormone) is still present in her system. She will also be given the option to have STI testing.

Ultrasound will not be provided during the visit.

One of the A&A physicians will be consulted by the nurse about the post-abortion assessment to determine whether further actions are needed to ensure the woman's health and well-being.

Findings that would be of concern and necessitate a referral include:

- Temperature >100.4
- Pulse >120
- Respirations >24
- Blood Pressure > 140/90
- Hemoglobin < 10
- Pregnancy test is not negative

If the physician determines further evaluation is needed, schedule an appointment with a physician. **A Discharge Form will be completed, including the recommended follow-up as directed by the physician, and given to the woman.**

NIFLA's Medical Director, Dr. Byron Calhoun, adds: **"If the patient has a fever and/or other issues (like bleeding and extensive pain), there should be an immediate referral to an ER or other care. Septic abortions are extremely serious."**

2. The emotional assessment takes place with a member of A&A's program called Awakenings to help the healing process for those who have experienced infant loss through abortion, miscarriage, stillbirth, or early infant death. During this time, the woman can share her abortion experience in a safe and confidential environment without judgment. Women are also urged to watch for unhealthy behaviors which can follow abortion, like suicidal thoughts or attempts and self-destructiveness.

This information is described more in-depth in the policy on Post Abortive Assessment and other related forms A&A has created. Those forms are attached as a template for offering the expanded services. You will want to make sure your medical malpractice insurance covers these services.

A private social media network for women and men after an abortion is a site where members seek medical advice from their peers (who are not medical nor known personally to them) both before and after taking pills and surgical abortions. The posts reveal a shocking amount of trauma, grief, guilt, bleeding, and pain following abortion.

Clinics are urged to consider expanding their ministry and services to those who have chosen abortion. Unfortunately, health issues and grief are rarely reported following abortions in the medical literature. Doing so might cast doubt on the false narrative that abortion is safe and good for women.

Thomas Glessner, President; Audrey Stout, Vice President of Medical Services
admin@nifla.org / astout@nifla.org

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ⁱ Snider, Bruce. Post Delivery Care: A Necessity After a Birth, a Miscarriage, or an Abortion. Accessed April 13, 2022 from: <https://adviceandaid.com/post-delivery-care-a-necessity-after-a-birth-a-miscarriage-or-an-abortion/>



Discharge Summary for Medical Follow-Up

_____ was seen at Advice & Aid on _____
(Client) (Date)

for post-abortive care. I understand that my gynecological care will not be provided by Advice & Aid Pregnancy Centers and that upon the end of this visit, Advice & Aid is recommending that I receive follow-up care as indicated below based on preliminary findings:

- ___ Routine Gynecological care
___ Follow-up with physician within ___ days
___ Immediate follow-up with physician as directed
___ Other: _____

The client has been directed to seek medical follow-up. Advice & Aid urges all clients who may be taking any prescription medication to contact the prescribing healthcare provider immediately regarding such medications for further advisement on usage.

COMMENTS:

I intend to seek medical care as directed by Advice & Aid above.
I decline the recommendation for follow-up care as directed by Advice & Aid above.

Symptoms to watch for:

- Bleeding soaking a pad
Severe abdominal pain
Fever over 100.4 degrees
Dizziness/fainting

Client Signature Date

Medical Professional Date

Your physician is your best resource. Contact his or her office with questions regarding your personal health. If you do not have a physician and you have medical questions, please call Ask-A-Nurse at (913) 676-7777. If you have an emergency, please go to the nearest emergency department. A few area hospitals are listed below.

Table with 3 columns: Hospital Name, Address, Phone Number. Includes Shawnee Mission Medical Center, Overland Park Regional Medical Center, St. Joseph Medical Center, Providence Medical Center, and Olathe Medical Center.

Client name: _____ DOB: _____ Age: ____ Today's date: _____
Phone: _____ Email: _____
Best time to call? _____

Reason for visit today: ___ Post abortive assessment ___ Awakenings one on one

Pregnancy History

___ Pregnancies ___ Births Currently pregnant? ___ Yes ___ No Due date: _____
Adopted children? ___ Yes ___ No Children, Ages: _____

Pregnancy Losses

Have you experienced any of the following types of pregnancy loss?

___ Abortions ___ Stillborn child ___ Infant child loss ___ Miscarriage ___ Placed child for adoption

Date of loss(es): _____ How far along? _____

Infertility? ___ Yes ___ No

Pregnancy Loss/Post-Abortion Distress Checklist

What have you experienced emotionally since your loss(es)?

___ Grief/Sadness	___ Alcohol/drug	___ Feeling of loss
___ Anxiety	___ Regret/guilt	___ Intimacy issues
___ Shame/secrecy	___ Preoccupation with being pregnant again	
___ Inability to forgive	___ Denial	___ Emotional pain
___ Isolation	___ Self-destructiveness	___ Suicidal thoughts or attempts
___ Anger/rage	___ Nightmares or flashbacks	

Spiritual Status

Are spiritual beliefs important to client's healing after abortion? ___ Yes ___ No

What is the client's spiritual status? ___ Believer ___ Non-believer ___ Profession of faith
___ Rededicated life ___ Unsure

Was the gospel presented? ___ Yes ___ No Client would like more information? ___ Yes ___ No

Currently attending church? ___ Yes ___ No Church Family _____

Literature

Spiritual:

Love, Looking for the Real Thing

Abortion:

Post Abortion Syndrome "Are you at risk"

Healing the Hurt Booklet

Father No More

Relationship Status

Are you still in relationship with FOB? Yes No

If yes, how is it? _____

If no, why not? _____

Are you seeing anyone now? Yes No Sexually Active? Yes No

What is it you are looking for in a relationship/in having sex? _____

What's your plan in the relationship going forward? _____

Have you ever considered sex free dating? Yes No

Notes: _____

Is it ok to contact client with follow-up call? Yes No Date of call scheduled: _____

Was a follow-up appt scheduled? Yes No Date of appt: _____

Staff/Volunteer signature: _____ Date: _____

Client Name and DOB

POLICY: POST ABORTIVE ASSESSMENT

Only Staff or Volunteer Nurses may perform the post abortive assessments on clients.

PROCEDURE:

1. Once Request for Services is complete, show client to the bathroom and provide her with a new urine specimen container with lid. Container should be labeled with client's name, date of birth (DOB), and date of last menstrual period (LMP).
2. Instruct client to provide urine sample for pregnancy and STI testing per protocols. (see Administering Pregnancy Test Policy and STI Testing Policy)
3. Nurse will meet with client in the treatment room to give pregnancy test results and complete Post Abortive Intake Form (Appendix A).
4. Nurse will take vital signs and perform a hemoglobin fingerstick. Universal precautions should be maintained and proper disposal of bloodborne materials are to be followed.
 - a. Physician will be consulted, and client referred for follow up care if the assessment indicates:
 - Temperature >100.4**
 - Pulse >120**
 - Respirations >24**
 - Blood Pressure > 140/90**
 - Hemoglobin < 10**
 - Pregnancy test is not negative**
 - b. As necessary, Nurse will report any other abnormal findings to Medical Director or other designated physician for advisement and referrals.
 - c. Discharge Form (Appendix B) is to be completed with recommended follow up information as directed by physician.
5. At the completion of the Post Abortive Assessment, nurse will offer the client a meeting with the Awakenings Coordinator if available. If Awakenings Coordinator is unavailable or client chooses not to meet today, then Awakenings Coordinator's card will be given to client.
6. Each client will be given an Awakenings packet of information.
7. Each client will be encouraged to seek physician care for follow up to her abortion procedure.
8. Post Abortive Intake Form and yellow copy of Discharge Form should be placed in chart.
9. Director of Client Services or OPCM will review client file within 24 hours or the next business day and file appropriately.

Name: _____ DOB: _____ Age: _____

Verify phone number: _____ cell _____ home _____

Did abortion provider recommend a post procedure exam? _____ Yes _____ No

Have you seen a medical provider for your post procedure exam? _____ Yes _____ No If, no why not? _____

Medical Health History

Previous pregnancies: _____ Miscarriages: _____ Ectopic: _____ Elective abortions: _____ Live births: _____

Complications from any of the above? _____

Most recent Pap Smear: _____

Do you currently have or have you ever had a Sexually Transmitted Infection? _____ Yes _____ No

If yes, what? _____ Was it treated? _____ Yes _____ No

Have you ever had Pelvic Inflammatory Disease? _____ Yes _____ No If yes, was it treated? _____ Yes _____ No

Latex Allergy? _____ Yes _____ No Med Allergies? _____ Yes _____ No If yes, what? _____

Are you currently taking any medications (prescription or OTC), including vitamins or herbal supplements?

_____ Yes _____ No If yes, what? _____

Smoking? _____ Yes _____ No Frequency? _____

Alcohol? _____ Yes _____ No Frequency? _____

Drugs? _____ Yes _____ No Which ones/frequency? _____

Abortion Information

Date of procedure: _____ What type? _____ Surgical _____ Chemical

If chemical, were both pills taken? _____ Yes _____ No How far apart? _____

Where performed? _____ Gestational age at time of procedure: _____

Bleeding/spotting after procedure? _____ Yes _____ No If yes, how many days? _____ How severe (pads/hr)? _____

Any odor? _____ Yes _____ No If yes, when and for how long? _____

Any other complications? _____ Yes _____ No If yes, describe: _____

Educational Needs

Did abortion clinic give you any information on your abortion and possible side effects or risks? _____ Yes _____ No

Did abortion clinic offer any post abortion counseling? _____ Yes _____ No

Did abortion clinic give you any info on when fertility would return? _____ Yes _____ No

Educational Needs (cont.)

Do you have plans for contraception going forward? ___ Yes ___ No

What were some of the aspects of the abortion you weren't expecting? _____

Current Assessment

Temp: _____ Pulse: _____ Respirations: _____ Blood pressure: _____ Hgb: _____

Urine HCG: _____ Was STI testing performed today? ___ Yes ___ No

Are you currently experiencing any of the following symptoms?

___ Fever ___ Fatigue ___ Chills ___ Weakness ___ Dizziness ___ Lightheadness

___ Clots: Describe (size, color) _____

___ Bleeding: Has it increased or decreased since procedure? _____

___ Pain: Describe (location, scale 1-10) _____

___ Anxiety ___ Depression ___ Insomnia ___ Frequent crying ___ Suicidal thoughts/plans

Do you feel safe at home? _____

Nurse's Note:

Signature: _____ Date: _____

Client Name and DOB