

Self-Managed Abortion

Name:

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Date

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Introduction

Self-managed abortion, also known as at-home abortion or self-induced abortion, involves ending a pregnancy without direct medical supervision. The most common method involves using medications like misoprostol which can be effective and safe when used correctly, especially within the first 10 weeks of pregnancy. This practice of self-induced abortion is often pursued in regions where access to legal abortion services is stigmatized by the community or restricted (Verma & Grossman, 2023). However, ensuring ethical care is the critical dilemma while pursuing self-managed abortion at home which involves maintaining confidentiality, respecting patient autonomy, and providing non-judgmental support. Healthcare providers also have to prepare to offer post-abortion care, including monitoring for complications like infection or hemorrhage.

Background

Maternal-newborn nursing focuses mainly on the care of both the mother and the newborn during the perinatal period, which includes the time immediately before and after death. The newborn period, which is also known as the fourth trimester, is a critical time for both baby and mother as the baby tries to adjust to life outside the womb. The newborn period involves monitoring the health of the newborn baby, supporting breastfeeding, and providing support as well as education to the parents. In the decision to end the pregnancy, providing non-judgmental and compassionate care is vital, particularly in the contexts where the practice of abortion is stigmatized so that the pregnant individual can be approached by healthcare providers with empathy and without bias, ensuring that the woman feels supported and respected.

In this regard, the World Health Organization has established standards for maternal and neonatal care, which include guidelines for essential practices during the time of pregnancy, childbirth, and the postpartum period to provide women with ethical care during all stages of pregnancy. WHO also provides guidelines for postnatal care, emphasizing the importance of monitoring both the mother and the newborn to ensure their health and overall well-being (Aiken et al., 2024). Provision of care, treatment, and service standards are also established by the Joint Commission to improve the quality of care provided to the woman and the baby as well as the safety of both. The standards also allow the provision of accurate information about safe practices and recognizing signs of complications that require medical attention, particularly in contexts where self-managed abortion is common.

In this ethical dilemma, the stakeholders include a pregnant individual, an unborn child, family members, healthcare providers, community health workers, social workers, and others. In the self-managed abortion practice, the most important stakeholder is the pregnant individual whose health, autonomy, and well-being are central to ethical considerations. Secondly, the unborn child is a significant stakeholder whose health and rights are also crucial, especially in decisions regarding medical interventions such as self-induced abortion at home. Family members of the pregnant individual and the unborn child also play a significant role in making decisions, especially in cultures where family involvement in medical intervention-related decisions is highly valued. Other stakeholders involve doctors, nurses, midwives, legal advisors, community healthcare workers, and social workers who are responsible for providing care, support, and resources while making ethical decisions for the best interests of both the mother and the newborn.

Cultural, spiritual, and religious beliefs can significantly impact maternal-newborn nursing. For instance, certain religious beliefs may influence decisions about medical interventions and maternal care practices. Understanding and respecting these religious and cultural beliefs is essential for providing culturally competent care. The newborn mortality rate is so high that every day approximately 6,000 babies die in the first month of life, representing about 45% of total deaths among children under the age of two. The reason for this dilemma is uneven access to affordable healthcare services which impedes many regions and countries from improving maternal survival and reducing stillbirths (Moseson et al., 2020).

Ethical Reasoning

Patients with self-induced abortion need ethical care which involves providing compassionate and confidential medical care to individuals who have chosen to terminate a pregnancy on their own while using medications. The article “Ethical Care for Patients with Self-Managed Abortion After Roe” discusses post-abortion care in the context of the complex regulatory environment following the 2022 Supreme Court decision which includes monitoring for complications, offering emotional support, and ensuring the safety and dignity of patients. The Court decision emphasizes that maternal-newborn nurses should provide post-abortion care, which includes monitoring for complications such as retained products of conception (RPC) and provide education on post-abortion care and contraception, aiming to reduce the negative health outcomes associated with self-induced abortion practice (Manns-James et al., 2023).

Therefore, the fundamental ethical principle related to this ethical dilemma is respecting the patient’s autonomy and acknowledging the patient’s right to make decisions about their own health and body, including the choice to self-manage an abortion in order to terminate the

unwanted or risky pregnancy. Therefore, the article focuses on ensuring that patients' rights are protected and advocating for a harm reduction approach to minimize risks associated with self-managed abortions by recognizing signs of complications that require medical attention. Nurses, in this regard, must support the decision of the pregnant individual while ensuring they have access to accurate information related to medical care if needed. Furthermore, the principle of non-maleficence, meaning "no harm" should be adopted by nurses, ensuring that the care provided to the pregnant individual does not include additional harm such as reporting the patient without her consent.

Conclusion

The statistics related to global newborn mortality raise the need for abortion, but the self-managed abortion practice underscores the critical importance of maternal-newborn care in improving health outcomes for pregnant individuals. Ensuring the provision of quality healthcare can build trust between patients and care providers as this would encourage patients to seek necessary medical attention and support. However, if nurses fail to provide ethical care to the women post-abortion which is self-induced at home due to fear of judgement, it may lead to serious untreated complications.

References

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