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Pregnancy Remembrance Options and Patient-Perceived Impact on Coping Ability After Abortion

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Authors

Oko, Obinna C
Schmidt, Ashley
Creinin, Mitchell D
[et al.](#)

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In the Eye of the Beholder: Perspectives of Fellowship Applicants on Virtual Interviews [A66]

Ann D. Tran, MD

Icahn School of Medicine at Mount Sinai, New York, NY
Christine Heisler, MD, Sylvia Botros-Brey, MD, Bertille Gaigbe-Togbe, MD, Ava Leegant, MD, and Anne Hardart, MD

INTRODUCTION: The COVID-19 pandemic shifted many in-person activities to virtual settings. Given nationwide travel restrictions and recommendations from the Association of American Medical Colleges, subspecialty program directors for obstetrics and gynecology conducted interviews using a virtual platform for 2020. The impact of virtual interviews (VI) on a candidates' ability to effectively create a rank list is unknown. The primary objective was to evaluate obstetrics and gynecology subspecialty fellowship applicants' perspectives regarding the effectiveness of VI for creating a rank list. Secondary outcomes included perceived advantages and disadvantages of the process, including preference of interview type, cost, and time savings.

METHODS: This was a cross-sectional electronic survey administered to a convenience sample of obstetrics and gynecology subspecialty applicants. This institutional review board-exempt survey was administered via REDCap. Descriptive statistics were used.

RESULTS: Response rate was 158 of 330 (48%). Nearly all (99%) applicants cited cost savings as a distinct advantage of VI. Overall, 82% percent of respondents felt confident in making their rank list based on the VI, and 92% were "very satisfied" or "somewhat satisfied" with the process. Most respondents (91%) preferred Zoom to other virtual platforms. Of those who expressed an interview style preference (in-person versus VI), 44% of respondents preferred VI; 33% had no preference or were not sure.

CONCLUSION: The majority of applicants to obstetrics and gynecology subspecialty fellowships felt confident to create a rank list based on VI. This study indicates that the virtual format is suitable for fellowship interviews and can be utilized beyond the pandemic to improve equity and diversity in the applicant pool.

Financial Disclosure: The authors did not report any potential conflicts of interest.

ETHICS/PROFESSIONAL LIABILITY/RISK MANAGEMENT

Pregnancy Remembrance Options and Patient-Perceived Impact on Coping Ability After Abortion [A67]

Obinna C. Oko, MD

University of California, Davis Health, Sacramento, CA
Ashley Schmidt, Mitchell D. Creinin, MD, Susan Wilson, MD, and Melody Y. Hou, MD

INTRODUCTION: At our institution, we previously offered pregnancy remembrance options only to patients undergoing termination procedures for fetal anomalies, demise, or pregnancy complications, including footprints, ultrasound pictures, and religious blessings if desired. We sought to identify if all abortion patients desired similar options and the impact of offering the options on their abortion experience.

METHODS: We created a questionnaire for patients to indicate their preferences for available pregnancy remembrance options. We included questions assessing their feelings about being offered these options and their perceived coping effect afterwards. We performed an institutional review board-exempt chart review February-July 2021 to evaluate responses. We compared these by indication using the Fisher exact test.

RESULTS: Of 393 procedures performed during the 6-month study period, 244 (84%) patients completed the questionnaire, of which 58

(24%) terminated for fetal anomalies, demise, or pregnancy complications and 186 (76%) for other reasons. Most patients desired at least one remembrance option (41 [71%] and 134 [72%], respectively, $P=1.0$). About half in both groups (32 [55%] and 93 [50%], respectively, $P=1.0$) felt these options would provide a positive coping effect. The proportion of patients feeling upset about the questionnaire was low in both groups and not significantly different (12 of 58 [21%] vs 23 of 186 [12%], $P=.13$).

CONCLUSION: Most patients, regardless of termination indication, desire a pregnancy remembrance option. Relatively few had negative feelings about being asked, with no significant differences by termination indication. Our findings support that providers should consider offering these options to all patients terminating their pregnancy, regardless of indication.

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Racial Disparity in Postoperative Pain Management Following Laparoscopic Salpingectomies [A68]

Angie Tsuei, MD

Western Michigan University Homer Stryker M.D. School of Medicine, Kalamazoo, MI
Emma Swayze, BS, Rachel Tomassi, BS, and Silvia Linares, MD

INTRODUCTION: Previous literature in obstetrics has shown that racial biases influence postpartum pain management. Little is known about how these preconceptions affect opioid prescriptions in a post-operative setting. We compared the amount of morphine milligram equivalents (MME) prescribed to patients who identify as White and Black after a laparoscopic bilateral salpingectomy.

METHODS: We conducted a retrospective chart review of 399 patients who underwent outpatient laparoscopic bilateral salpingectomies at Bronson Methodist Hospital in Kalamazoo between 2016 and 2021. Mean MMEs prescribed after surgery and maximum pain scores were compared between patients who identify as Black and White. Two-sided t-test was used to evaluate the data (significance at alpha 0.05). Maximum pain scores were calculated with the Mann-Whitney U test.

RESULTS: 25.8% (103/399) of our patient population self-identified as Black and 74.2% as White. The most commonly prescribed discharge pain medication for both groups was hydrocodone/acetaminophen, 55.6% and 51.7%, respectively. The median of max pain score (scale 0-10) of both groups was 6 ($P=.63$). The mean MME for White patients ($n=256$) was 37.6 (SD 14.7), while that of Black patients ($n=88$) was 39.4 (17.4) with a P -value .3295. There was not a significant difference in pain scores by race within the first or last quartiles either.

CONCLUSION: Our work serves as a model that clinical practices can utilize to evaluate current pain prescription practices and identify racial bias in pain management at an institutional level. Future studies with larger sample sizes are warranted to further explore this relationship.

Financial Disclosure: The authors did not report any potential conflicts of interest.

Financial and Social Burdens Associated With Care at a Large Fetal Center [A69]

Emily Gregory, MD

University of Cincinnati Medical Center, Cincinnati, OH
Aleza Abbasi, MD, and Kara B. Markham, MD

INTRODUCTION: The Fetal Center (FC) at the University of Cincinnati Medical Center provides comprehensive care for pregnancies complicated by fetal anomalies and genetic abnormalities. Many diagnoses require families to relocate to receive care. To date, no study

