

# The role of motivational interview in the request for termination of pregnancy: A case report

**Thong Kai Shin, MMed (Psych), Seed Hon Fei, Dr Psych**

Department of Psychiatry and Mental Health, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

### SUMMARY

**In Malaysia, induced termination of pregnancy is legal, if a registered medical practitioner is the one who terminates the pregnancy, and is acting in good faith without the risk to the life or injury to the mental health of the pregnant woman; in the event that continuation of the pregnancy is greater than the risk if the pregnancy is terminated. This case report highlights the approach of motivational interviewing in evoking a change of the behaviour of a patient wishing termination of pregnancy for psychosocial reasons.**

### INTRODUCTION

There are seven circumstances for which abortion is legally permitted in different countries around the world. These are i) intervention to save the life of the mother; ii) preservation of the physical health of the mother; iii) preservation of the mental health of the mother; iv) termination of pregnancy resulting from rape/ incest; v) suspicion of foetal impairment; vi) termination of pregnancy due to economic or social reasons; vii) availability upon request: abortion permitted on all grounds.<sup>1</sup> Termination of pregnancy for psychosocial reasons is illegal in Malaysia. In such case, what happens to a pregnant mother who wanted a termination of pregnancy, but is denied? What alternative can be offered to her?

### CASE REPORT

Madam D, was a 42-year-old Indian woman at 18 weeks of gestation, referred for psychiatric assessment following her request for termination of pregnancy. She was a widow with two children who were 20 and 18 years old. She became pregnant from an affair with a married man and was worried that the unborn child will bring shame to her children.

Madam D has been under psychiatry follow-up for Major Depressive Disorder after the death of her husband 10 years earlier and she continued to suffer from residual depressive symptoms. She felt stressed and sad when she found out that she was pregnant. She did not want anyone to know about her affair and the pregnancy. She was afraid that she would be judged negatively by others and worried about her lack of ability to care for the baby. Madam D had neither suicidal thoughts nor psychotic symptoms. Her mental capacity to make healthcare related decision was found to be intact following an assessment conducted.

The behaviour that she displayed could be considered as “normal psychological reactions” that were expected as a result of unwanted pregnancy. There was no clear mental health indication for termination of pregnancy. We took the opportunity to counsel her by using motivational interviewing approach.

Madam D was ambivalent about continuing the pregnancy. We structured the interview in such a way that the reason for change (i.e., continue the pregnancy) becomes stronger and more persuasive. We tried to evoke a change to continue her pregnancy by encouraging the discussion to “why” and “how” she could change. The strategies are described in Table I.

She was relieved when she knew about the availability of psychosocial support from other parties which included shelter home for her during the pregnancy, and baby adoption arrangement if she decides not to keep the baby.

### DISCUSSION

Making a decision for termination of pregnancy involves clinical judgment, legal and ethical considerations. There is indication for termination of pregnancy should the risk to the life or injury to the mental health of the patient, in the event of continuation of the pregnancy, is greater than termination of pregnancy.

Mental health injury is defined as mental harm as a direct result of some actions or failure to act by someone and this injury must reach a degree of disturbance of the pre-existing psychological or psychiatric state that interferes in some significant way with one's ability to function.<sup>2</sup> Worth mentioning, in the context of unplanned and unwanted pregnancy, the emotion of shock, grief and distress may be considered as “normal psychological reactions” which are common and expected.

In the case of Madam D, there was no mental health indication for termination of pregnancy as the treatment for her depression was available and there was no life-threatening risks such as acute suicidal tendencies. Denying her request for termination of pregnancy without providing her with alternative interventions may lead to her resorting to self-induced termination of pregnancy with dire consequences. Motivational interviewing is a good approach and has shown to be effective in evoking behavioural

**Table I: Key strategies to motivational interviewing.**

Strategy	Example
1 Open-ended questions to encourage patient to give opinions from her own perspective while looking for answers that are likely to be a change talk.	≡ How are you feeling about this pregnancy?
2 Use of reflection by para-phrasing to allow patient to know that we are paying attention to her problems.	≡ You are surely upset about this pregnancy.
3 Engage with patient through active listening and empathy.	≡ I can see that is has been a difficult time for you.
4 Affirming the strengths that the patient has.	≡ How did you manage your family after the passing of your husband? ≡ Tell me how you would manage this pregnancy if it continues?
5 Focusing on one aspect at a time with the approval from the patient to avoid ineffective consultation.	≡ Would it be alright for us to talk about this now?
6 Triggering patient to look back on what she thinks about people who have aborted their baby.	≡ Prior to finding out you were pregnant, what were your feelings about people who went for abortion? ≡ Under what circumstances do you believe abortion is acceptable?
7 Evoking patient to think forward about continuing pregnancy with assistance that are available and explore the extremes, if she continues the pregnancy.	≡ What are the pros and cons of not making the change (TOP) in your family? ≡ What are the best and worst things that might happen if you continue this pregnancy?
8 Looking at ambivalence as an acceptable state of mind.	≡ It is ok not to be 100% sure of what to do now. ≡ Allow yourself some time to think before making decision.

changes by helping her to overcome ambivalence and explore other alternatives. In addition, we should prioritise offering psychosocial support and preventive measures to avoid adverse mental health outcome. Relaxation and distraction techniques will help her with stress management. Referral to the social welfare department for psychosocial support was also beneficial.

Fulfilling a request for termination of unwanted pregnancy may not be the best solution even in countries in which induced termination of pregnancy for psychosocial reasons is legal. Evidence has shown that the risk of mental health problems for a patient with unwanted pregnancy is the same whether she had termination of pregnancy or given birth and that there is no significant association between mental health problems with the resolution of pregnancy.<sup>3</sup>

**REFERENCES**

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