Case report article Pham Ngoc Thach Medical and Pharmaceutical Journal

DOI: 10.59715/pntjmp.5.2.21

Ethical decision-making in abortion for a perimenopausal woman with unintended pregnancy: A case report

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Abstract

Background: Abortion decision-making is ethically complex, particularly in perimenopausal women with cardiovascular comorbidities. Understanding the clinical and ethical challenges in such cases is essential for patient-centred care.

Case presentation: We report a case of a 51-year-old perimenopausal woman with myocardial infarction-related mitral regurgitation who presented with an unintended 10-week pregnancy. She experienced significant anxiety and psychological distress due to the unexpected pregnancy and moral conflict regarding abortion. Clinical evaluation, including ultrasound, confirmed a viable foetus with normal cardiac activity. Using the four-box approach, medical indications, patient preferences, quality of life, and contextual factors were systematically assessed to support ethically sound and patient-centred decision-making.

Conclusions: This case highlights the importance of integrating ethical frameworks into clinical care when managing complex reproductive decisions in patients with high-risk comorbidities. The structured four-box approach facilitates informed, safe, and ethically responsible care while respecting patient autonomy.

Keywords: Abortion, ethics, perimenopause, pregnancy, shared decision making

Received: 18/12/2025
Revised: 06/01/2026
Accepted: 20/04/2026

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1. BACKGROUND

Termination of pregnancy or abortion, a complex and sensitive topic, involves diverse ethical perspectives. When considering women's reproductive choices, it is crucial to recognize the range of viewpoints stemming from individual beliefs and value systems. Accordingly, discussions on abortion require empathy, respect for diverse perspectives, and a commitment to understanding the moral complexities women face.

At the core of this debate, the principle of a woman's autonomy over her body emphasizes her right to decide whether to continue or terminate a pregnancy for her well-being. However, opponents argue that the foetus has an inherent right to life, creating ethical dilemmas in determining when personhood begins and when legal protection for the foetus is warranted. These dilemmas emerge from the tension between maternal autonomy and the ontological status of the foetus, necessitating a nuanced framework that balances the interests of both parties.

Furthermore, abortion decisions are deeply influenced by societal and cultural norms, which vary widely and complicate ethical decision-making for women. Additionally, legal and policy differences across regions further intensify these moral challenges. A critical ethical concern is the woman's physical and mental health, as the

decision to have a termination of pregnancy can lead to significant emotional and psychological effects [1]. Therefore, ethical considerations must include understanding and mitigating these impacts, ensuring informed consent, and providing support and counselling. Overall, navigating abortion involves complex considerations shaped by individual beliefs, values, and cultural contexts.

From a life-course perspective, menopause occurs when a person has not had a menstrual period for one year. Perimenopause, the transitional phase to menopause, characterised by fluctuating hormones, still carries a risk of pregnancy. Perimenopause usually starts in the early 40s, but can begin earlier or later. Notably, a study found that 75% of pregnancies in people over 40 were unplanned [2].

Consequently, an unintended pregnancy, defined as one that occurs when a woman has no intention of having more children or occurs earlier than expected, poses significant ethical concerns. Nearly 50% of such unplanned gestations end in abortion, raising moral dilemmas for patients and healthcare practitioners. Cardiovascular disease is the leading cause of maternal mortality in developed countries. It further complicates pregnancy management due to limited clinical trials and evidence, despite advances in treating acute coronary syndromes.

In clinical practice, nurses face complex ethical issues when caring for pregnant women, particularly those with unintended pregnancies, cardiovascular disease, or those in the perimenopausal period. To address these challenges, professional nurses must have a comprehensive understanding of ethical principles and their practical application in healthcare. Nevertheless, the fundamental principles of autonomy, beneficence, non-maleficence, and justice may be difficult to apply concurrently in such situations, making ethical decision-making increasingly complex.

In this context, healthcare providers frequently encounter ethical dilemmas related to unintended pregnancies. The principle of autonomy allows mentally capable pregnant women to make treatment decisions freely. Meanwhile, patient-centred care and shared decision-making emphasize partnerships with patients and the integration of their values into clinical decisions. Healthcare providers must balance promoting well-being (beneficence), preventing harm (nonmaleficence), and ensuring fair resource allocation (distributive justice). To support this process, the four-box approach provides a structured framework for facilitating informed and morally justified treatment decisions by systematically considering medical indications, patient preferences, quality of life, and contextual factors, thereby ensuring responsible, patient-centred care (see Table 1).

Table 1. The four-box approach applied to the case of Mrs. N

Medical Indications	**Patient Preferences**
What are Mrs. N's medical history, current diagnosis, comorbidities, and prognosis? What are the potential outcomes for Mrs. N with or without terminating the pregnancy? What are the clinical risks and benefits of available options for abortion?	Does Mrs. N have the capacity to understand her situation? Can a substitute or supportive decision-maker, such as Mrs. N's husband, assist in the decision-making process? What are the hopes, values, priorities, concerns, and overall goals of Mrs. N?

Quality of Life	**Contextual Features**
What was the quality of life for Mrs. N before experiencing an unintended pregnancy? What are various ways to sustain or improve Mrs. N's quality of life with or without abortion?	What is the overall situation within Mrs. N's family? What hopes and expectations do Mrs. N's family have regarding her current situation? What forms of support does Mrs. N have for undergoing various treatment options (e.g., transportation to and from the hospital and home-based assistance?) Are there cultural, religious, or financial considerations for Mrs. N that might impact her decisions regarding treatment options? Are there any constraints or limitations in the available system resources that could be relevant to Mrs. N's situation?

2. CASE PRESENTATION

A 51-year-old perimenopausal woman (Mrs. N) presented for a menopause consultation with concerns about weight gain. She also reported nausea and breast tenderness, symptoms atypical for menopause. She was married and had two adult children, both of whom were over 18 years old.

She was evaluated by an obstetrician (Dr. M). Clinical assessment and a positive pregnancy test confirmed an unintended pregnancy. Physical examination was consistent with a gestational age of approximately 10 weeks. Ultrasound examination confirmed a viable 10-week foetus with normal cardiac activity (180 bpm) and age-appropriate morphology. Following the ultrasound, Mrs. N showed a brief emotional reaction, including laughter, despite the unintended pregnancy, reflecting her psychological distress.

Mrs. N had a known history of cardiovascular disease, specifically myocardial infarction-related mitral regurgitation, with current symptoms. At presentation, she reported exertional dyspnoea and fatigue corresponding to New York Heart Association (NYHA) functional class II symptoms, indicating a moderate limitation of physical activity. She reported prior medication non-adherence, as she perceived her cardiovascular condition to be stable before the pregnancy. Clinical evaluation raised concern that pregnancy-related haemodynamic changes, including increased blood volume and cardiac output, could exacerbate valvular dysfunction and impair cardiac performance. Dr. M considered the pregnancy to pose a significant risk of deterioration in her cardiovascular status, potentially leading to a life-threatening event.

Given the maternal cardiovascular risks, Dr. M recommended termination of pregnancy within the following two weeks as a therapeutic option.

The patient reported uncertainty regarding decision-making. She had experienced amenorrhoea for eight consecutive months before the diagnosis and believed she had already entered menopause, which contributed to the delayed recognition of pregnancy. She expressed concerns about potential foetus abnormalities related to advanced maternal age, as well as possible health consequences of pregnancy termination at her age. Importantly, she stated that abortion conflicted with her moral beliefs, as she regarded it as ending a potential human life.

During counselling, a nurse (Mr. T) outlined three management options: continuation of pregnancy, adoption, or termination. The patient was informed that the decision should be voluntary and supported regardless of her choice. She discussed the situation with her husband, who expressed willingness to support her decision but preferred continuation of the pregnancy. At the time of presentation, she remained undecided and requested further professional guidance to assist her in making a decision.

3. DISCUSSION

3.1. Box 1: Medical Indications

Mrs. N, a 51-year-old perimenopausal woman, was diagnosed with an unintended 10-week pregnancy in the context of pre-existing cardiovascular disease, specifically myocardial infarction-related mitral regurgitation. At presentation, she reported exertional dyspnoea and fatigue corresponding to New York Heart Association (NYHA) functional class II symptoms, indicating a moderate limitation of physical activity and highlighting the clinical significance of her cardiac condition. Physiological changes during pregnancy, including increased blood volume and cardiac output, can place additional demands on the cardiovascular system and may exacerbate underlying heart disease [3].

In general, pregnancy may be tolerated in patients with mitral regurgitation who have preserved left ventricular function and minimal symptoms [4]. However, in patients with symptomatic mitral regurgitation and prior myocardial infarction, even moderate exertion can increase the risk of cardiac decompensation. Advanced maternal age and a history of myocardial infarction further elevate the potential risk of complications. In Mrs. N's case, the treating physician expressed concern that continuation of pregnancy could worsen her cardiac status and potentially lead to serious complications, including heart failure or other life-threatening events.

From a medical perspective, both continuation of pregnancy and termination carry potential risks and benefits. Termination of pregnancy may reduce ongoing cardiovascular strain, whereas continuation of pregnancy may increase the risk of heart failure or other adverse cardiac events. Available abortion options at this gestational age include medical and surgical methods [5]. Medical abortion is less invasive but may involve prolonged bleeding or incomplete abortion, which could pose concerns for patients with cardiovascular disease [6]. Surgical abortion is typically quicker and more predictable but carries procedural risks.

The role of the healthcare provider at this stage is to present evidence-based information regarding maternal risks, available options, and potential outcomes, without directing the patient toward a specific choice.

3.2. Box 2: Patient Preferences

Mrs. N demonstrated awareness of her health by seeking medical consultation; however, the unexpected diagnosis of pregnancy and the associated medical risks created uncertainty and emotional stress. She expressed ambivalence regarding the termination of pregnancy due to strong moral beliefs opposing abortion, while simultaneously expressing concern about her cardiovascular health and foetal outcomes related to advanced maternal age.

Her husband was identified as a supportive partner, although he expressed a preference for continuing the pregnancy. This difference in perspectives underscores the importance of respecting Mrs. N's autonomy while acknowledging the role of

family dynamics in shared decision-making.

In accordance with ethical principles, the healthcare team's responsibility is to assess Mrs. N's decision-making capacity, ensure she understands the relevant information, and support her in articulating her values and priorities. Any involvement of family members should enhance, rather than compromise, her autonomous choice.

3.3. Box 3: Quality of Life

Mrs. N has an established family life, occupational stability, and financial security. Her quality of life is closely linked to the effective management of her cardiovascular disease and her psychological well-being. Decisions regarding pregnancy continuation or termination may have implications for her physical health, emotional state, family relationships, and future planning.

Maintaining quality of life requires attention to medical follow-up, adherence to cardiovascular treatment, and psychosocial support. Regardless of the decision made, access to counselling and supportive services may help mitigate stress and support long-term well-being [7]. Ethical analysis in this domain does not prioritize one outcome over another but considers how each option may affect the patient's lived experience.

3.4. Box 4: Contextual Features

Contextual factors influencing Mrs. N's decision include family expectations, moral beliefs, cultural values, and access to healthcare resources. Her opposition to abortion appears rooted in deeply held moral or cultural convictions, which must be respected within ethical clinical practice [8].

Financial stability and access to specialized healthcare may facilitate a wider range of medical and supportive options, but should not be used to justify or discourage any particular decision. Healthcare providers must remain sensitive to potential power imbalances and avoid framing recommendations in a way that could be perceived as coercive.

A patient-centred, ethically sound approach integrates these contextual factors while reaffirming that the final decision rests with the patient.

3.5. Clinical Implications

Healthcare providers should maintain professional neutrality rather than sharing personal beliefs with patients and must recognize potential biases to ensure unbiased care. They should adhere to professional standards and avoid imposing their beliefs on the pregnant woman. Figure 1 offers criteria and guidance for managing the complex abortion decision-making process in cases of unintended pregnancy.

Clinicians should evaluate a woman's decision-making capacity using four criteria: she must communicate a treatment preference consistently, understand the necessary information, appreciate the situation's personal implications, and rationalize her options. If a woman refuses an abortion, this refusal should be interpreted by practitioners as either a temporary or permanent decision.

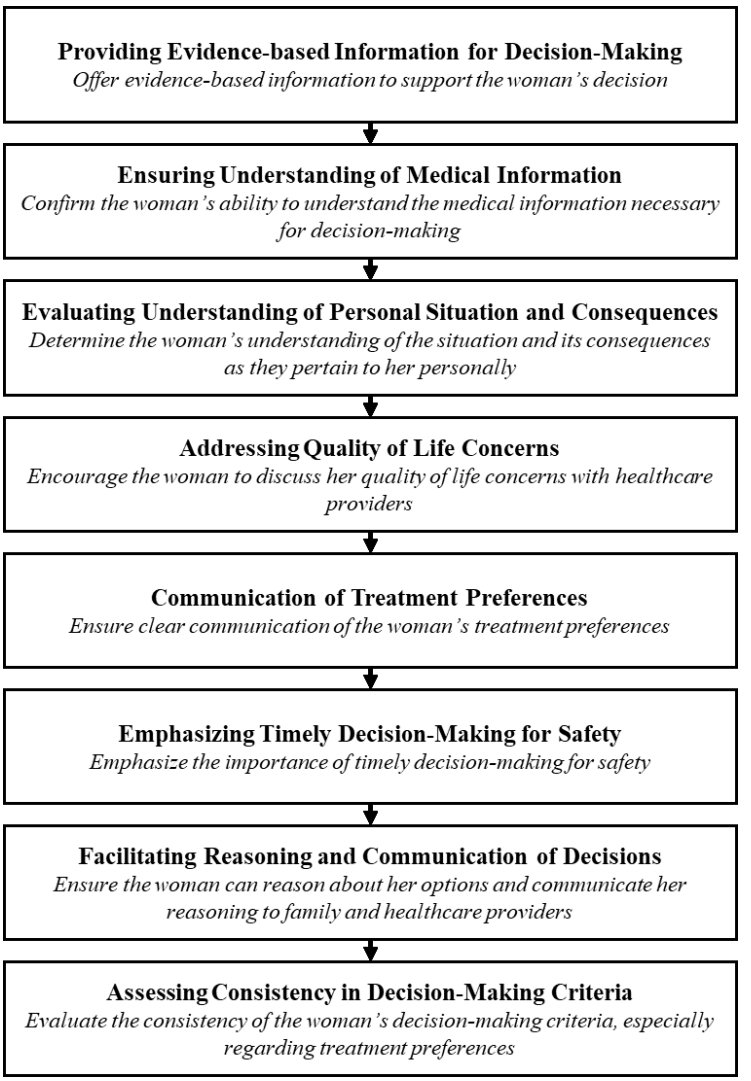

Figure 1. Abortion decision–making framework for unintended pregnancy

Understanding how abortion or its alternatives affect her quality of life is crucial. Medical professionals should encourage her to discuss her quality-of-life concerns, show empathy through open-ended questions, and affirm her feelings. They should assure her that the abortion can be delayed until she expresses her concerns fully. Given the complexity of her situation, a follow-up visit should be scheduled to discuss options in a supportive setting before the two-week deadline for the procedure. If the woman decides to have an abortion after the follow-up visit, clinicians should offer accurate information and facilitate access to legal termination services. Early termination by a competent practitioner is very safe, whereas delaying the procedure for 4-6 weeks increases social and medical risks.

4. CONCLUSIONS

Healthcare providers must address complex patient care issues that can evoke emotional and ethical challenges. They should clarify their values and apply bioethical principles, using the four-box approach, to support perimenopausal women with unintended pregnancies. This approach ensures patient-centred care by aligning patients' medical indications, preferences, quality of life, and contextual features, helping to resolve potential value conflicts between providers and patients.

Patient Consent

Written informed consent was obtained from the patient for the publication of this case report and any accompanying information. The patient was informed about the purpose of publication, the scope of information disclosed, and her right to withdraw consent before submission.

Ethical Considerations

This case report was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki. All identifying information has been removed or anonymized to protect the patient's privacy and confidentiality. No personal identifiers, including names, dates, or specific locations, are disclosed in this report. As this study involves a single anonymized case report without intervention beyond standard clinical care, formal ethical committee approval was not required according to institutional policies.

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