The Wales Mental Health in Primary Care (Wa MH in PC)

Bursaries 2006

Name of Applicant(s): Edna Astbury-Ward

Subject: Exploration of Women's Emotional Experiences up to Ten Years after Induced Abortion

Why do I want to do this research?

I have for the past three years, worked part time as a counselling nurse in a termination of pregnancy pre-assesment clinic. I have been privileged to share a part of those women's lives who have been through the system (or sadly, as one male partner said 'we have now experienced the abortion treadmill')
I don't want any more of my patients to feel that they have not had anything other than the best care that we can provide.
My clinical experience suggests that, well meaning though we may be, post abortion care is not standardised in the UK.
In the era of the NSF sexual health and in particular abortion health care has missed out and is now at crisis level. I consider that as abortion is the most common gynaecological procedure performed on women in the UK (1 in 3) there may well be large numbers of women for whom we know little about their post abortion experiences.
Knowing and trying to understand what these women experience will help to guide us (in part) to provide a service that will meet their needs and hopefully will prevent the experience of abortion being repeated.
My long term plans are to enable women to access help and advice should they require it after their abortion and to set in place a formal structure that will provide a standardised post abortion care plan.

Abstract of Research

Retrospective anonymous postal and email questionnaire survey. Using grounded theory to extrapolate emergent themes. Utilising a combination of qualitative and quantitative data for analysis.

Title:
Exploration of women's emotional experiences up to ten years after induced abortion.

Objectives:

- To investigate what emotions women have after abortion. To examine whether those emotions alter over time
- To investigate the severity of these emotions and whether they have an impact on daily living.

- To extrapolate from findings whether the NHS needs to provide more post abortion care to those women and if that care ought to be standardised

Design

Retrospective postal questionaire using a combination of qualitative and quantitative methods, analysis using phenomenological approach to extrapolate themes using grounded theory.

Outcomes:

To discover what emotions women have after abortion. To explore whether the NHS can do more to care for these women and
in what areas the care is required

Benefits of study:

To highlight potential areas where increased resources may be required, to benefit a specific target group. To reduce abortion and repeat abortions, benefiting women's overall physical and emotional wellbeing.

Introduction

The research questions

1. What emotions do women experience up to ten years after induced abortion?
2. Is distress common?
3. Is that distress significant?

In traditional medical terminology, miscarriage is referred to as 'abortion'; however patients understand the word 'abortion' to mean termination of pregnancy. (Cameron & Penney 2005)
Using the word abortion in the context of miscarriage can have negative connotations, with the view that this term is based on professional consensus rather than women's views and might increase patient distress. Using the term 'abortion' in early pregnancy loss (miscarriage) can therefore be considered inappropriate. (Cameron & Penney 2005)
For the purposes of this application I shall refer to the procedure of termination of pregnancy as abortion.

Induced abortion is one of the most common gynaecological operations performed in Great Britain (Kumar et al 2004) and the most common gynaecological procedure in Scotland (Say and Foy 2005)
One in three women will have undergone an abortion by the age of 45 years (RCOG 2004) and yet there is little in the way of standardised pre and post abortion counselling. Pre abortion counselling and availability is variable across the UK. (Kumar et al 2004)

The Royal College of Obstetricians and Gynaecologists (RCOG) state in their guidelines The Care of Women Requesting Induced Abortion. Evidence-based guideline No. 7, 2.5 point 55.

> "*Referral for further counselling should be available for the small minority of women who experience long-term post-abortion distress"*

This is based on recommendation grade C (evidence level IV) which indicates an 'absence of directly applicable clinical studies of good quality' (where the evidence is obtained from expert committee reports or opinions and /or clinical experience of respected authorities). The validity of grade C recommendations has been questioned in the document and has been found to be acceptable to a wide body of expert opinion.

Hypotheses

1. That only a small minority of women experience long term post abortion distress
2. That the distress for those women is significant

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We have no idea in percentage terms about the number of women who do experience distress. Even a small number of women who do experience distress may actually amount to a significant number, considering that abortion is one of the most common gynaecological procedures performed in the UK.
If it is the case that more women do suffer long-term post-abortion distress than has been suggested by research to date, then this may have implications for future policy development and changes to the care and support that is currently offered to those women.

The author considers that further research needs to be conducted in this area so that the level of evidence can be improved upon, thereby acting as a catalyst for improvements in service provision for those women who do suffer long-term post-abortion distress.
The author considers that women who do suffer long-term post-abortion distress may not be getting the care and support that they require in order to resume their pre abortion functioning.
It has been acknowledged that the evidence upon which the long term provision of care for those women who experience distress after abortion, is not incontrovertible, so by adding to the weight of that knowledge base with further research, the author hopes that this may lead to review of those recommendations, ultimately with a view to improvement in service provision and greater standardisation of post abortion care.

Study Aims

- To prove or disprove the hypotheses

Study Objectives

- To identify women who have experienced long-term post-abortion distress
- To estimate what proportion of women may suffer long-term post-abortion distress
- To identify causative factors in distress
- To quantify the degree of distress suffered by those women identified

Study Methods

A method that may lend itself well to gathering this type of information could be a retrospective survey. The information obtained can be analysed and patterns extracted. The results drawn from this study can be presented primarily as observations, rather than
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statistically tested statements, the respondents will be asked to comment on previous experience of abortion (in the last ten years)
The author is aware that retrospective recall can result in selectivity and bias. A possible outcome of this type of survey is that it may generate further hypotheses.

Subject Selection

Random Sample

Ideas

Advertisements in national/local press (costly!!) (See appendix)
Free editorial coverage (newspapers, magazines, TV, radio)
Woman's hour Radio 4 (biased sample)
Appeal to female oriented work places}
(Nursing) Journals e.g. Nursing Standard
BACP Journal (British Association Counsellors & Psychotherapists)
BASRT (British Assn Of Sexual & Relationship Therapists) may help distribute info/request
Faculty Family Planning and Reproductive Health Care (RCOG)
Female friendly establishments, e.g. Body Shop, M & S, Health Spas, Gyms, OB/GYN departments
Web pages
Family Planning Departments
GP Surgeries
Colleges and Universities
(No control over placing of Ads)

Inclusion Criteria

Any female who has had an abortion in the last ten years

Exclusion Criteria

When abortion was more than ten years ago

Time Schedule
To study full time 36 months, four days per week.
To undertake one clinic session paid employment Tuesday mornings 08.30-1300hrs
6 months to write proposal and conduct initial literature review
3 months for ethical approval and information gathering
6 month advertising campaign, distribution of questionnaire (also gathering literature during this time)
3 months data analysis (also gathering literature during this time)
12 months writing thesis and possible articles for publication
6 months finalising and reviewing thesis in preparation for submission

Supervision Plan

I have already identified experienced Ph.D. principal/senior supervisor and also junior Ph.D. supervisor with special interest in women's studies who have agreed to supervise

me. Plan to meet each supervisor one face to face session per month (supervision every fortnight) University campus only 15 minutes from home.
email and telephone contact availability. I have arranged clinical supervision for help with medical questions with my consultant colleague who is an obstetrician & gynaecologist and is willing to help me with technical/medical matters that might occur

Justification for research

In 1999 The Department of Health (DoH) set out in its 'National Strategy for Sexual Health and HIV' to reduce the number of unintended pregnancies. The number of abortions in England, Wales and Scotland has quadrupled in the thirty years since abortion was legalised, increasing from 49,828 in 1969 to 173,701 in 1999 (House of Commons Health Committee 2003) and the most recent figures from The Royal College of Obstetricians and Gynaecologists state that 197,500 abortions were carried out in 2004, a rise of 2.1 (abortion statistics DoH) indicating that abortion has been steadily on the increase year on year.
As stated previously this represents a significant proportion who women who have experienced this event. 28% of these women (according to the British Pregnancy Advisory Service) have also had a previous abortion. From an initial literature search, there are, some studies which have looked at the impact abortion may have on women's long term emotional experiences although it is suggested that the severity of the impact diminishes over time.
My research may well support this suggestion, but my *argument* is, that if we acknowledge that distress and/or regret *is* part of what women experience post abortion (for what ever period of time) there are still no recommendations for standardised care for those women for whom it is problematical, that may support them through to the emotional recovery period.
It would seem from statistics and social trends that abortion is likely to continue to steadily increase, this means that there will be a significant proportion of women who may well have unmet, undiagnosed emotional needs.

Desired Outcomes
My research will be relevant to the NHS because systems and strategies to meet those needs could be implemented for this group of women based on the results of my research. Implementation could be adapted at local level dependent on demand and current service provision for pre/post abortion counselling and support.

Key References

Abortion Act 1967

Bradshaw, Z. and Slade, P. (2003) The effects of induced abortion on emotional experiences and relationships: A critical review of the literature. Clinical Psychology Review, Vol, 23, p 929-958

Cameron, M.J. and Penney, G.C. (2005) Terminology in early pregnancy loss: what women hear and what clinicians write. The Journal of Family Planning and Reproductive Health Care, Vol.31, No. 4, p.313-314

Journal of Medical Ethics (a BMJ Publication)

Kumar, U., Baraitser, P., Morton, P., and Massil, H., (2004) Decision making and referral prior to abortion: a qualitative study of women's experiences. The Journal of Family Planning and Reproductive Health Care, Vol.30, No. 1, p.51-54

Royal College of Obstetricians and Gynaecologists (2004) The Care of Women Requesting Induced Abortion. Evidence-based guideline No. 7. London. RCOG

Say, L and Foy, R. (2005) Improving induced abortion care in Scotland: enablers and constraints. The Journal of Family Planning and Reproductive Health Care, Vol.31, No. 1, p.20-23

Slade, P. et al (2001) Termination of Pregnancy: Patients' perceptions of care. The Journal of Family Planning and Reproductive Health Care, Vol.27, No. 2, p. 72-77.

Trybulski J, (2005) The Long-Term Phenomena of Women's Postabortion Experiences. Western Journal of Nursing Research, Vol 27, No.5, p559-576.