

Experiences of women receiving and women being denied first and second trimester abortions in the United States

Background

There is little quality research and much ideological debate about the physical and social consequences of unintended pregnancy for women. To date, most of the research has focused on whether elective abortion causes mental health problems, such as depression and post-traumatic stress disorder.¹ There remains considerable controversy in the scientific literature about the findings related to the physical and psychological sequelae of abortion, particularly second trimester abortion.² Much of the existing work compares women who obtain abortions with those who continue their pregnancies to term by choice. Such a comparison is inherently biased and paints a distorted picture of life following an elective abortion or pregnancy continuation.

In addition, the retrospective design of many studies depends on women's reporting of unintended pregnancies and abortions in hindsight. Abortions are notoriously underreported, and the level of underreporting varies by characteristics associated with health and well-being. To understand the impact of abortion and unintended childbearing on women's lives, well-designed prospective research that uses appropriate comparison groups is needed.

The Turnaway Study is a longitudinal prospective study of women who receive an abortion and women who are denied an abortion because they present for care after the clinic's gestational limit. The study describes the mental health, physical health and socioeconomic outcomes of receiving an abortion compared to carrying an unwanted pregnancy to term.

Methods

We are currently recruiting women for our study at 25 abortion clinics across the U.S. from Maine to Washington, Texas to Minnesota in which no nearby abortion clinic serves women at a later gestation. Enrollment began in January 2008 and will close in July 2010. Eligible individuals include English- and Spanish-speaking abortion patients, 15 years old and older, who have no known fetal anomalies or fetal demise.

We are recruiting three types of participants—women whose gestational age is one day to three weeks over the gestational limit and who are turned away from the clinic without receiving an abortion (Turnaway Patients), and women whose gestational age is one day to two weeks under the clinic's gestational limit and who receive an abortion (Abortion Control Patients). Since 88% of abortion patients in the U.S. receive an abortion in the first trimester³, we include women who receive an abortion in their first trimester (First Trimester Abortion Patients). Including this group will enable us to describe how the experience of women in our control group, who are largely in the second trimester differs from that of a first trimester abortion.

In the clinic, prospective participants speak by phone with UCSF researchers who inform them of the study purpose, risks and benefits, obtain informed consent, and schedule a confidential telephone interview to take place one week later. Women who choose to participate are interviewed by phone every six months for a period of five years.

Interviews elicit information about changes in the women's mental and physical health, education, employment, economic situation, social support, and family relationships. For women who carry their pregnancies to term, interviews also contain questions about their infant's health, place of residence, care use of social services. After each interview, participants receive a \$50 gift card for a large retail store such as Target or Wal-Mart.

Results

To date, we have enrolled over 560 women and conducted over 700 interviews. However, at the time of this proposal, we have not analyzed the quantitative data from the 700+ interviews we have done with women in the Turnaway Study. To demonstrate the type and quality of data we are collecting, summaries of two first interviews are presented below. By the time of PAA, we will have analyzed data on mental health, physical health, and socioeconomic wellbeing for the women in the turnaway, abortion control and first trimester groups. The first is the story of Nancy* who received an abortion at 23 weeks from a clinic in northern California. The second story is Cadence's, a 24-year-old African American woman who was turned away at 27 weeks from a clinic in a large Midwestern city.

Nancy

Nancy, a 34-year-old white woman, had an abortion in northern California in August 2009. Nancy has a bachelor's degree and works part-time in property management and cleaning. She lives in a house with her son. Her personal income last month was \$900. She receives food stamps and cash relief. She was supposed to receive \$500 child support last month but did not receive it. Last month, she had enough money "some of the time".

Nancy said her physical health is "good" now and was good before she became pregnant. She has been diagnosed with asthma. She was also diagnosed with bulimia a long time ago and is not currently receiving treatment for it.

In response to our questions about stressful life events, she reported that at ages 12 and again at 24, she was both physically attacked and sexually assaulted. All four events had a "moderate" negative impact on her. In the last year, she was also frightened for her safety by a boyfriend. She has reported PTSD symptoms stemming from being left by the father of her child shortly after her child was born.

When Nancy found out she was pregnant with this pregnancy at 18 weeks, she felt "anxiety-ridden" and "shocked." She was "very unhappy." She had been using condoms when she became pregnant. She and her boyfriend were not trying to become pregnant at the time they conceived. He is now an ex-boyfriend and their relationship is "poor." He

* All participant names are pseudonyms.

knew about the pregnancy and was not sure whether he wanted her to have the baby. She did not talk to anyone else about her decision to seek an abortion.

Nancy visited one other clinic before the one that performed her abortion, and had called 3 others. She received two ultrasounds: one at 20 weeks and one at 22 weeks. She viewed both. When asked how she felt about them, she replied that for the first one she had mixed feelings. For the second ultrasound, she was “glad to know I was in the time frame (to have an abortion).”

Her reasons for seeking an abortion were “not wanting to mother again right now,” “bad relationship with the father,” and “not in a good financial state.” “Not knowing that I was pregnant” slowed her down the most from coming to the clinic earlier. Her decision to have an abortion was “very easy.” She drove 8 hours to the clinic and spent \$300 on travel and spending 2 nights in the clinic city. Medicaid paid for her abortion. Her main emotion now around getting pregnant is “regret.” Her main emotion about the abortion is “relief.”

Her previous child, now 2 ½ years old, was born healthy. She was not using contraception when she became pregnant with him and said that pregnancy happened at the “right time.” She had taken prenatal vitamins and ate more healthily in preparation for pregnancy. She did not consider having an abortion during that pregnancy.

When asked how her life will be different in one year, she said “I hope it will be tremendously different. Finances, relationships are better.” She did not know what her life would be like in five years.

Cadence

Cadence, a 24-year-old African American woman was turned away at 27 weeks from a clinic in a large Midwestern city in August 2009. Cadence has completed some college and intends to start full-time nursing school again in October. She hopes to graduate in August 2011. She is currently unemployed and looking for work. She lives in a house with her grandmother and her 5 children. She receives food stamps and WIC. She was supposed to receive \$526 last month in child support but received nothing. Her personal income last month was \$619. She had enough money “rarely” in the last month. She currently has no health care coverage. She rated her health before she became pregnant as “poor” and said now it is “fair.” She has been diagnosed with asthma, back pain, headaches/migraines, shoulder pain and pregnancy-induced high blood pressure. She also has depression, bipolar disorder, and PTSD. She does not receive treatment for these conditions due to a lack of insurance. She is 5’7 and was 290 lbs before this pregnancy. She does not know how much she weighs but says she has gained a lot of weight.

When Cadence found out she was pregnant at six weeks, she felt “upset” and was “very unhappy.” She was not using contraception. She had an appointment to get the Mirena inserted and at the appointment learned she was pregnant. The man she became pregnant with is her fiancé. Their relationship is “very good” and she saw him “most days” in the past month. He was aware of the pregnancy and wanted her to have the baby and keep it.

She also talked to two friends: one encouraged her to have the abortion and both said they would support her either way. She found the counseling she received at the recruitment site to be extremely helpful and now feels able to give her friends advice related to the topic. She said she had 3 ultrasounds including one a week before visiting the recruitment site that put her at 22 weeks. She said the recruitment site said she was 27 weeks. She believes the recruiting clinic has a faulty ultrasound machine.

What slowed Cadence down from getting an abortion earlier was money and that she did not know about available funding for the abortion. What is preventing her from getting an abortion done elsewhere is not having the money to get there.

She has 5 children and did not consider having an abortion during her last pregnancy. Her reasons for seeking an abortion this time were having too many children, finances and “my body- I just can’t really handle it too much. And my mind.” Her decision to have an abortion was “very easy.” She saw demonstrators outside the clinic and said they upset her “extremely”. She still wishes she could have had an abortion and her main emotion about being turned away is “anger.” She plans to put the baby up for adoption.

Cadence responded “a little bit” to one of the suicidal ideation questions but was not imminently suicidal. She has had many life stressors: serious illness or injury at age 16; house broken into ages 14-21; physically attacked and sexual abuse, ages 2-9 and 16; raped at age 9; someone in home with a mental or psychiatric illness; and childhood physical abuse ages 2-7. In 1 year, “I just hope things will be a lot better than they are right now. In 5 years, “Probably will not be living in [big Midwestern city] anymore. We’ll be married, out of school. Hopefully, I’ll be working on my masters.”

¹ Robinson, Gail Erlick, Stotland, Nada L., Russo, Nancy Felipe, Lang, Joan A. and Occhiogrosso, Mallay (2009) 'Is There an “Abortion Trauma Syndrome”? Critiquing the Evidence', *Harvard Review of Psychiatry*, 17:4, 268 — 290

² American Psychological Association, Task Force on Mental Health and Abortion. (2008). Report of the Task Force on Mental Health and Abortion. Washington, DC: Author. Retrieved from <http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf>

³ Strauss LT, Gamble SB, Parker WY, Cook DA, Zane SB, Hamdan S. Abortion Surveillance United States, 2004. *MMWR* November 2007. 56(SS09);1-33.