



Original article

A Qualitative Study of Women's Decision to View or Not View an Ultrasound Image Before Early Medication Abortion


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A B S T R A C T

Background: Transvaginal ultrasounds are commonly performed for gestational dating of pregnancy before a medication abortion. This paper presents findings regarding women's perspectives on viewing the gestational dating ultrasound image, which arose from a study exploring women's medication abortion experience. By providing women the opportunity to talk about their medication abortion experience through open-ended interviews, women reported their experience of viewing or not viewing the ultrasound in detail, which to date has been underexplored.

Methods: A constructivist, grounded theory approach was used. The purposive sample consisted of 18 women in the United States who experienced a medication abortion in the preceding 4 months.

Findings: Not all women wanted to view the ultrasound; however, they all wanted a choice. Women wanted to view the image to confirm health and fertility, satisfy curiosity, and process their decision regarding the pregnancy. None of the women stated that they wanted to view the image as a prerequisite to making their decision to terminate the pregnancy; rather, viewing was a way to process their decision.

Conclusions: Women wanted a choice of whether to view the ultrasound image because they felt it was their right to decide whether to access this aspect of their personal health information. They wanted providers to engage in a dialogue about viewing the image or not and to respect their decision. Providers need to be appropriately prepared to offer women the choice to view and to support women in their decision.

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Medication abortion is an alternative to vacuum aspiration (surgical) abortion and involves mifepristone followed by a prostaglandin analog to induce an early abortion. Medication abortion is provided in an office setting by physicians, midwives, nurse practitioners, and physician assistants. Counselors, health educators, and nurses often provide the majority of the education, counseling, and preparation for the abortion, including ultrasound examinations. Medication abortion protocols vary, but all include some form of gestational dating of the pregnancy and ultrasonography is an accepted component. This paper presents specific findings regarding women's viewing or not viewing the gestational dating ultrasound image that arose from

a study exploring women's medication abortion experience. Through providing women the opportunity to talk about their medication abortion experience through open-ended interviews, women reported in detail regarding their experience of viewing or not viewing the ultrasound. This was an issue of significance for them and in particular was emotionally significant for them. Women's experience with viewing or not viewing the gestational dating ultrasound image is under-researched, and this paper addresses this shortfall.

The international literature suggests women have an interest in viewing the ultrasound image. In a Canadian survey of 350 women, most women (72.6%) chose to view the ultrasound and found it a positive experience (Wiebe & Adams, 2009). Although 14% of the participants found viewing the image emotionally difficult at the time of the abortion, at 8 weeks post-abortion, all reported coping well. No women changed their mind to have an abortion after viewing the ultrasound. Women wanted a choice

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to view the ultrasound and preferred more communication with their health care providers (HCPs) about this decision (Wiebe & Adams, 2009). A randomized, controlled study from South Africa, where it is the norm for women to view the ultrasound, explored women's preferences for viewing the image and the effect this might have on them (Bamigboye, Nikodem, Santana, & Hofmeyr, 2002). Of the 500 women studied before an aspiration abortion, the majority (63%) preferred to view the image and no woman changed her decision to have an abortion after viewing the image. Of the 211 women who provided comments, 71% wanted to see the image so as to confirm the pregnancy, know the gestational age, and "see the baby." In the United Kingdom, Graham, Ankrett, and Killick (2010) surveyed women before their abortion as to their interest in viewing the ultrasound. Only 25 of 191 women had seen their ultrasound. Eight out of 25 women asked to see the image, whereas 17 found ways to peek either because a viewing was not offered or was discouraged by the ultrasonographer. Women wanted to see the image as they felt it was their right, either to aid their decision making or out of curiosity. A qualitative study of 20 U.S. women's experience with abortion regulations found women had a range of reactions to seeing the ultrasound (Kimport, Preskill, Cockrill, & Weitz, 2012). The authors reported that women indicated support for policies that provided a choice in viewing the image and did not support government policies mandating ultrasound viewing.

The paucity of research, conducted mostly in other countries, suggests that women prefer to be given a choice to view the image although little is known about U.S. women's reasons for viewing or not viewing the image. This paper focuses on women's perspectives on viewing the gestational dating ultrasound. The findings are drawn from a study that explored women's decision making with choosing medication abortion, and explored HCPs' perspectives on providing medication abortion.

Methods

The aim was to gain an understanding of women's experience as they chose and experienced a medication abortion. Constructivism, a specific form of grounded theory, was chosen as an epistemological approach and methodology (Charmaz, 2005, 2006). The Institutional Review Board from the University of New Hampshire and the Ethics Committee from Swansea University, Wales, approved the study. The purposive sample included 22 English-speaking women aged 16 to 45 (women aged 16 or 17 with parental consent) recruited at women's clinics in New England by clinic staff between 2005 and 2007. Interviews were conducted 2 weeks to 4 months post medication abortion. This time frame ensured that women had a follow-up appointment with an HCP to document efficacy of the method so this would not be a concern during the interview and that sufficient time had passed for reflection on the overall medication abortion experience. It is acknowledged that seeking data retrospectively may result in distortion of data because it is reliant on memory recall. However, our data identified that women recounted in detail what had occurred during their medication abortion experience. The average time frame post abortion for most women until being interviewed 4 weeks. Interviews averaged 60 minutes in length. We began the interview with the question, "Let's begin to talk about your experience with medication abortion and all the things you had to think through as you went through it." This was sufficient prompting for women to begin their story. Coding, categorizing, and conceptualizing began as soon as data were collected. Five interwoven categories emerged regarding

women's initial decision to have a medication abortion: Choosing a natural process, avoiding "surgery," respecting the "baby," scheduling to meet needs, and appreciating the home setting.

The issue of viewing the ultrasound image was raised during the fifth interview by a woman who expressed strong feeling about being excluded from the decision-making process regarding viewing the ultrasound image. To gain a broader and in-depth understanding, this issue was explored in subsequent interviews. As the study progressed, a typical experience began to take shape as defined by participants. If the data from subsequent interviews did not fit our understanding of women's experiences, we searched the literature for further data and modified our developing concepts. All interviews were audio-taped and conducted face-to-face except for three, which were conducted via telephone owing to scheduling issues. Data saturation was achieved at 22 women when no new themes emerged.

Results

The findings are presented as two main themes: The reasons for wishing to view the ultrasound image and women's experience of viewing the ultrasound image. All women in the sample had experienced an ultrasound examination for gestational dating. To set the context for the findings, the way in which the ultrasound examination was performed is presented and followed by a presentation of the characteristics of the sample. The assessment provided a crucial piece of information, that is, to confirm if women met the gestational age limit for medication abortion, their preferred method. Ultrasound assessments occurred in office-based examination rooms in which the ultrasound machine was located next to the examination table. The gestational dating ultrasound examination is briefer than many ultrasound examinations for other clinical reasons, lasting 5 to 10 minutes. The women reported that the provider performed the examination and interpretation simultaneously, providing the results and eligibility for medication abortion at the completion of the assessment. The assessment required the insertion of a vaginal probe, making it difficult for women to see the screen unless providers intentionally readjusted the screen position toward them for a viewing. Women were dependent on their HCPs for the ultrasound information in that they needed the HCP to physically show the image and to interpret it for them.

Sample Characteristics

All participants completed a demographic questionnaire including age, race and ethnicity, pregnancy history, education level, and income level (Table 1). All 22 participants were Caucasian, reflecting the demographics of the three state area of New England where the study was conducted. Ages ranged from 16 to 44 years. Participants were well-educated; 17 of the 22 women had some college education. None listed an income in the poverty level (U.S. Department of Health and Human Services, 2012), although eight women chose not to provide income information.

Reasons for Wishing to View the Ultrasound Image

Out of the 18 women who were questioned about the viewing of the ultrasound image, three reasons for viewing the image were identified: Confirming health and fertility, satisfying curiosity, and processing their decision. Some women expressed

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