Women's Health Issues 26-4 (2016) 437–441

WOMEN'S HEALTH ISSUES
www.whijournal.com

Reproductive Health

Factors Shaping Women's Pre-abortion Communication with Their Regular Gynecologic Care Providers

Julie Chor, MD, MPH [a,b,*], Megan Tusken, BA [c], Phoebe Lyman, BA [a], Melissa Gilliam, MD, MPH [a]

[a] *Department of Obstetrics and Gynecology, The University of Chicago, Chicago, Illinois*
[b] *The MacLean Center for Clinical Medical Ethics, The University of Chicago, Chicago, Illinois*
[c] *The Pritzker School of Medicine, The University of Chicago, Chicago, Illinois*

Article history: Received 15 October 2015; Received in revised form 4 March 2016; Accepted 4 March 2016

ABSTRACT

Objective: To understand women's experiences communicating with their regular gynecologic care provider about abortion decision making before obtaining an abortion at a dedicated abortion clinic.
Study Design: Semistructured interviews were conducted with women presenting for first-trimester surgical abortion at a high-volume, hospital-based abortion clinic. Women were asked whether and why they did or did not discuss their abortion decision with their gynecologic care provider. Interviews were transcribed and computer-assisted content analysis was performed; salient themes are presented.
Results: Thirty women who obtained an abortion were interviewed. A majority of the 24 women who had a regular gynecologic care provider did not discuss their decision with that provider. Themes associated with not discussing their decision included: 1) perceiving that the discussion would not be beneficial, 2) expecting that gynecologic care providers do not perform abortions, 3) anticipating or experiencing logistical barriers, and 4) worrying about disrupting the patient–provider relationship. Women who did discuss their decision primarily did so because the pregnancy was diagnosed at the time of a previously scheduled appointment and generally did not believe that their provider performed abortions.
Conclusion: For many women, seeking counsel from a regular gynecologic provider before seeking an abortion may not afford a significant benefit. However, some women express concerns with regard to seeking abortion counselling from their regular provider. These concerns underscore the need for gynecologic providers to foster patient–provider relationships that allow women to feel comfortable discussing all aspects of their reproductive health.
© 2016 Jacobs Institute of Women's Health. Published by Elsevier Inc.

Nearly one-third of American women will have an abortion by age 45 (Jones & Kavanaugh, 2011). In 2011, specialized clinics accounted for 49% of abortion facilities and provided 94% of procedures; physician offices accounted for 17% of abortion facilities and provided 1% of procedures (Jones & Jerman, 2011). A mail survey conducted with a national probability sample of 1,800 practicing obstetrician-gynecologists (OB/GYNS) to assess the prevalence and correlates of abortion provision found that while 97% of respondents had met with patients seeking abortions, 14% actually provided the service (Stulberg, Dude, Dahlquist, & Curlin, 2011). The disparity between abortion prevalence and the number of providers offering this service reflects the current separation of abortion services from other aspects of reproductive health care in the United States.

The impact of this separation on the patient–provider relationship is understudied. In one survey of women obtaining an abortion, 17% of respondents felt their health care provider would treat them differently if they knew of their abortion (Shellenberg & Tsui, 2012). In a survey of 229 women presenting

Presentation information: Presented as a poster at the American College of Obstetricians and Gynecologist's Annual Clinical Meeting, San Francisco, California, May 2–6, 2015.

Conflict of interest: The authors report no conflicts of interest.

Funding: Research reported in this publication was supported by the National Center For Advancing Translational Sciences of the National Institutes of Health under Award Number KL2TR000431. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

* Correspondence to: Julie Chor, MD, MPH, Department of Obstetrics and Gynecology, The University of Chicago, 5841 South Maryland Avenue MC 2050 Chicago, Illinois 60637. Phone: 773-834-0165; fax: 773-834-1409.

E-mail address: jchormd@gmail.com (J. Chor).

1049-3867/$ - see front matter © 2016 Jacobs Institute of Women's Health. Published by Elsevier Inc.
http://dx.doi.org/10.1016/j.whi.2016.03.003

for abortion at one of two abortion clinics in New York and Chicago, Godfrey, Rubin, Smith, Khare, and Gold (2010) found that only 27% of women had seen their primary care provider regarding pregnancy decision making before their abortion. Women reported not seeing their primary care physician owing to fears of not being supported (23%), concerns for judgement (22%), and being sure of the decision (17%; Godfrey et al., 2010). Women who did see their primary care physician did so to seek advice or options counseling (46%), confirm a positive pregnancy test or seek a referral (42%; Godfrey et al., 2010). Although these quantitative data are limited in scope, they indicate that many women did not perceive their trusted providers to be a resource for nonjudgmental support in abortion decision making. This perception exists despite the fact that the vast majority of OB/GYNS report a willingness to help women obtain an abortion even if they have personal objections to abortion (Harris, Cooper, Rasinski, Curlin, & Lyerly, 2011). To elicit a deeper understanding of women's perspectives of the role that regular gynecologic providers play in abortion decision making, we sought to qualitatively explore women's experiences with patient–provider communication before obtaining their abortion at a dedicated abortion clinic.

Material and Methods

The data presented in this paper are a subanalysis of a qualitative study assessing the impact of doula support on women's first trimester surgical abortion experiences. Women were recruited from a high-volume, first-trimester surgical abortion clinic that offers doula support during the abortion procedure. This clinic is located within a large, public safety net hospital that serves a predominantly low-income population. The state in which the clinic is located has relatively few abortion restrictions; although it does have a parental notification law in place, the state does not have any state mandated counseling or waiting periods (Guttmacher Institute, 2015). Medicaid in this state pays for abortion in cases of rape, incest, and most medically indicated procedures.

After routine abortion counseling, a trained research assistant assessed eligibility and obtained consent to contact women for phone interviews within 2 weeks of the abortion. Inclusion criteria included: 1) age 18 years or older, 2) gestational age 13 6/7 weeks or less, 3) ability to understand the study and provide informed consent, and 4) English-speaking. A study team member used purposive sampling to invite a subset of women to participate in semistructured telephone interviews within the 2-week postabortion interval. Factors considered in sampling included: age, gestational age, presence or absence of a doula during the abortion, and abortion history. Oral consent was obtained before telephone interviews. Study participants were compensated with a $25 gift card. Institutional review boards at the John H. Stroger, Jr. Hospital and the University of Chicago approved the study.

After collecting demographic and reproductive health data, research staff trained in interviewing conducted 30- to 40-minute semistructured interviews addressing abortion decision-making, sources of emotional support, and experiences with doula support during abortion. This analysis focuses on women's responses to the questions: "*Do you have a doctor you see regularly for gynecological care, such as for contraception, talking about plans for pregnancy, other female health related issues? Did you speak with him/her about your decision to have an abortion?*" Interviews were digitally recorded, transcribed verbatim, verified for accuracy, and de-identified. Analysis involved a modified template approach, whereby the lead investigator developed an initial code dictionary reflecting emergent themes from the transcripts (Crabtree & Miller, 1999). The code directory was further modified with continued data review. The research team then met to discuss and resolve disagreements with code definitions. Two researchers independently coded five transcripts and achieved inter-rater reliability of 84.5%. Transcripts were coded and analyzed using Atlas.ti Version 7 (Berlin) to identify salient themes. The research team met to discuss and interpret key findings and resolve disagreements through discussion. This analysis presents salient themes regarding women's discussions with gynecologic care providers, including 1) reasons for not discussing abortion, 2) reasons for discussing abortion, and 3) factors contributing to the expectation that gynecologic care providers do not provide abortions.

Results

During the study period, we approached 191 women to obtain consent to be contacted for phone interviews. One hundred forty-four women provided consent to be contacted: 36 women declined to participate and 11 women did not meet eligibility criteria. Thirty women completed interviews, at which point interviews achieved thematic saturation. Only 8 of the 24 participants who had a regular gynecologic provider had communicated with their provider before their abortion. The remaining six women reported not having a regular gynecologic provider. Women ranged from 19 to 40 years of age, with a median age of 25 (Table 1). The majority of respondents were African American (96%) and single (80%). Most women had experienced a prior pregnancy, with a median of three pregnancies. One-half of participants had two or more children, and 19 had at least one prior abortion. Although we did not collect

Table 1
Sociodemographic and Obstetric History Factors for Study Participants

	Interview Participants ($n = 30$)
Age (y)	
18–25	18 (60)
26–35	10 (33.3)
≥36	2 (6.7)
Education	
≤High school	15 (50)
≥Some college	15 (50)
Gestational age (wk)	
≤ 9 0/7	17 (56.7)
9 1/7 to 13 6/7	13 (43.3)
Prior surgical abortion*	
Yes	20 (66.7)
No	10 (33.2)
Race/ethnicity	
African American	29 (96.7)
Hispanic/Latina	1 (3.3)
White	0 (0)
Other†	0 (0)
Gravidity, median (range)*	2 (1–10)
Parity, median (range)*	1 (0–7)
No. of prior induced abortion(s), median (range)*	2 (0–5)

Data are n (column %) unless otherwise specified.

* Data missing for the following: 16 for history of prior surgical abortion; 23 for gravidity; 1 for parity; 2 for prior induced abortions.

† Other includes Asian, Native Hawaiian/Pacific Islander, American Indian/Alaskan Native, and Other.

Download English Version:

https://daneshyari.com/en/article/1092843

Download Persian Version:

https://daneshyari.com/article/1092843

Daneshyari.com