

Original research article

Delayed pregnancy testing and second-trimester abortion: can public health interventions assist with earlier detection of unintended pregnancy?

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Abstract

Background: Delayed pregnancy testing has been associated with presentation for abortion in the second trimester. Little is known about acceptability of potential interventions to hasten pregnancy recognition.

Study design: A total of 592 women presenting for abortion at six clinics in the United States completed surveys on contraceptive use, risk behavior, timing of first pregnancy test and interest in interventions to speed pregnancy recognition and testing.

Results: Forty-eight percent of women presenting for second-trimester abortion delayed testing until at least 8 weeks. In multivariate analysis, women who often spotted between periods had higher odds of delaying pregnancy testing [odds ratio (OR) 2.7, 95% confidence interval (CI) 1.04–6.94]. Women who often missed periods had higher odds of second-trimester abortion (OR 2.1, 95% CI 1.34–3.13). The majority (64%) of women were not aware of a fertile time in the menstrual cycle; these women had higher odds of second-trimester abortion (OR 2.0, 95% CI 1.21–3.37). Ninety-four percent of women expressed interest in at least one potential intervention to help recognize pregnancy earlier.

Conclusions: While there was near-universal interest in earlier pregnancy recognition, no single proposed intervention or scenario was endorsed by the majority. Improving sexual health awareness is an important consideration in future efforts to expedite pregnancy testing.

Implications: We found near-universal interest in earlier pregnancy recognition, though no single proposed intervention or scenario garnered majority support. Based on our findings, the concept of improving sexual health awareness through education should be incorporated in the development of future strategies to hasten recognition of unintended pregnancy.

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1. Introduction

Abortion is one of the most common medical procedures in the United States [1]. Although most women with undesired pregnancies are able to access termination early, about a tenth of abortions occur in the second trimester [2,3]. Women prefer to get abortions as early as possible, and earlier terminations are safer and less costly [2–6]. Seeking

pregnancy termination before 9 weeks also allows the option of medication abortion, which accounts for 21% of eligible terminations [3,7].

Studies three to four decades old compared the demographics of women seeking termination in the second trimester to those in the first and consistently found that younger women obtained abortions later [8–13]. Contemporary studies have also associated age with delay [6,14,15]. Additionally, recent work associates economic inequities with delayed access to abortion. Women presenting later in pregnancy report more logistical delays (including difficulty obtaining public insurance and incorrect referrals) and problems financing the procedure than their counterparts presenting earlier [6,14–16].

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In the past decade, researchers have identified the steps in the process of obtaining a procedure associated with relatively more delay. The process has been divided into three discrete time intervals: from last menstrual period (LMP) to confirming pregnancy, from confirmation of pregnancy to first scheduling attempt and from first scheduling attempt to abortion. The first interval, LMP to confirmation, is cited as the period responsible for the greatest share of delay for women undergoing abortion in the second trimester [16,17]. One study found that nearly 60% of women presenting for abortion after 13 weeks were already in the second trimester before taking their first pregnancy test [16].

While it seems that earlier testing may facilitate earlier abortion, no studies have investigated ways to decrease delay in testing for unintended pregnancy. We conducted this study in order to describe the population of women experiencing delay in pregnancy testing and in accessing abortion as well as to assess interest in potential interventions that may assist with earlier pregnancy recognition.

2. Materials and methods

This is a cross-sectional study of women seeking abortion at six large abortion clinics located in Saint Louis, Chicago, Little Rock, Seattle, Philadelphia and Oakland. The study sites were selected to represent a demographically and geographically diverse study population. Each clinic performs procedures in both the first and second trimesters. All English- or Spanish-speaking women presenting for abortion at these clinics from April to September 2010 were eligible to participate. A research assistant presented an information sheet to potential subjects and described the study. Participants gave verbal consent for a self-guided computer survey. No identifying information was requested or recorded. The survey included questions about contraceptive use and preferences [18], engagement in risky behavior and perceptions of risk, attitudes toward unprotected intercourse [19], timing of testing for pregnancy and factors that may have facilitated earlier recognition and detection of pregnancy. Surveys were conducted on laptop computers in the waiting room using SurveyMonkey software. The software randomized the order of responses to multiple-choice questions. The research protocol was approved by the UCSF Committee for Human Research.

The survey collected participant-reported demographic variables, menstrual period characteristics, knowledge of the fertile period and interest in interventions to assist with earlier pregnancy detection. Gestational age, determined by ultrasound dating at the time of abortion, was collected with a code to match the survey and rounded to the nearest week. We asked women when they took their first pregnancy test. Menstrual period characteristics were assessed by several yes/no questions: frequently missed periods (“Often, I miss a period”), spotting between periods (“I often spot between

periods”) and unknown timing of periods (“I never know when my period will come”).

To gauge fertility knowledge, we asked two questions about the fertile period during the menstrual cycle: the first inquired about existence of such a period (“Is there a time in your menstrual cycle when you are more likely to get pregnant if you have unprotected sex?” to which women could respond “yes,” “no” or “I don’t know”), and for women who said “yes,” the next question asked women to identify that period (“Generally, at what time in your menstrual cycle are you most likely to get pregnant if you have unprotected sex?” to which women could respond “during your period,” “about 1–2 weeks after the start of your period,” “about 3 weeks after the start of your period” or “I don’t know”). We defined correct timing of the fertile period, the second response choice, based on a 6-day fertile window in an average 28-day cycle: the 5 days prior to ovulation and the day of ovulation [20,21]. These responses were combined to create a three-part fertility awareness variable: unaware of relative fertile period, aware of fertile period but incorrect or unknown timing, and aware of fertile period and identifies correct window.

We asked women whether certain proposed interventions or alternative scenarios would have helped with earlier pregnancy recognition (“Would any of the following have helped you realize that you were pregnant earlier than you did?”), including the response that “nothing would have helped me recognize my pregnancy earlier” and an “other” response where women were invited to free-text a response. Proposed interventions/alternative scenarios were of several different categories: knowledge interventions (“understanding more about how pregnancy happens” and “knowing which days of the month I was more likely to get pregnant”), tool-type interventions (“having a way to track my periods,” intended to imply tracking one’s menstrual cycle over many months, and “having pregnancy tests at home to be able to use easily when I wanted to check”), emotional/lifestyle scenarios (“if I hadn’t been in denial” and “having less going on in my life”), improved access (“If it had been easier to get to a clinic,” “knowing where to get a pregnancy test” and “cheaper pregnancy tests”), physiology-related scenarios (“missing my period,” “having symptoms of pregnancy,” “having regular periods” and “if my first test had been positive”).

Our primary outcome variables were delayed pregnancy testing and delayed presentation for abortion. Large national surveys about abortion have not reported the average gestational age at which women first take a pregnancy test; however, the majority of abortions in the United States (62%) occur at or before 8 weeks [2], and medication abortion is only an option under 9 weeks [3,7]. Thus, we considered pregnancy testing at 8 weeks or later to be delayed. Abortion was considered delayed if it occurred at 13 weeks or later.

To test for association between delayed pregnancy testing and abortion presentation and categorical explanatory variables, we performed χ^2 tests and Fisher’s Exact Tests. For

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