



Policy Matters

Do 72-Hour Waiting Periods and Two-Visit Requirements for Abortion Affect Women's Certainty? A Prospective Cohort Study



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Article history: Received 20 October 2016; Received in revised form 8 February 2017; Accepted 10 February 2017

A B S T R A C T

Purpose: This paper examines how Utah's two-visit requirement and 72-hour waiting period influence women's certainty about their decision to have an abortion.

Procedures: This study uses data from a prospective cohort study of 500 women who presented at an abortion information visit at four Utah family planning facilities. At the information visit, participants completed a baseline survey; 3 weeks later, they completed telephone interviews that assessed their pregnancy outcome, change in certainty, and factors affecting changes in certainty.

Main Findings: Overall, 63% reported no change in certainty owing to the information visit and 74% reported no change in certainty owing to the waiting period. Changes in certainty were primarily in the direction of increased certainty, with more women reporting an increase (29%) than a decrease (8%) in certainty owing to the visit and more women reporting an increase (17%) than a decrease (8%) owing to waiting. Changes in certainty in either direction were concentrated among the minority (8%) who were conflicted about their decision at baseline. Learning about the procedure, meeting staff, and discovering that the facility was a safe medical environment were main contributors to increased certainty.

Conclusion: Most women were certain of their decision to have an abortion when they presented for their abortion information visit and their certainty remained unchanged despite the information visit and 72-hour waiting period. Changes in certainty were largely concentrated in the minority of women who expressed uncertainty about their decision before the beginning of the information visit. Thus, individualized counseling for the minority who are conflicted when they first present for care seems more appropriate than universal requirements.

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In May 2012, Utah became the first U.S. state to enact a 72-hour waiting period for abortion. Waiting period laws require women to wait a specified amount of time (typically 24 hours) between receiving information about abortion and having the abortion. Although some waiting periods allow women to receive the abortion information from the provider by phone, Utah's waiting period is accompanied by a face-to-face requirement, whereby women must receive the state-mandated

abortion information in person (Guttmacher Institute, 2016). As of the end of 2016, Utah was one of four states with a 72-hour waiting period in effect and one of three states with a 72-hour waiting period on top of a face-to-face abortion information visit requirement (Guttmacher Institute, 2016).

Some previous research, conducted primarily in the 1990s, examined the effects of waiting periods and two-visit requirements on the abortion rate, timing of abortion, and travel out of state for abortion. This research did not find an effect of 24-hour waiting periods on whether, when, or where women obtained abortions, but did find that two-visit requirements increased travel out of state and increased the proportion of abortions that occur in the second trimester (Joyce, Henshaw, & Skatrud, 1997; Joyce, Henshaw, Dennis, Finer & Blanchard, 2009).

Study location: Salt Lake City, UT.

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Two additional studies have used clinic-based surveys to understand women's anticipated and actual experiences with 24-hour waiting periods and two-visit requirements. A study in Tennessee in 1979 and 1980 found that 77% of abortion patients reported no benefit to the wait and 59% reported experiencing one or more problems owing to the wait; having to wait also increased the costs of the abortion (Lupfer & Silber, 1981). A study in Arizona in 2009 found that most abortion patients expected that a 24-hour waiting period would cause financial difficulties and logistical hardships; only a minority expected benefits (Karasek, Roberts, & Weitz, 2016).

When Utah became the first state to enact a 72-hour waiting period, we launched a clinic-based, prospective, cohort study to understand women's experiences with the 72-hour waiting and two-visit requirements of this law. Briefly, in previously published analyses, we found that the law created hardships for women, most of whom had made their decision by the time they presented at the abortion information visit (Roberts, Turok, Belusa, Combellick, & Upadhyay, 2016). Hardships included increasing the cost of abortion by 10%, requiring 6% of women to disclose that they were seeking abortion to people who had not known, and a wait of 8 days between the information visit and the abortion (Roberts et al., 2016).

Those analyses also revealed that most women (86%) who presented for an information visit did go on to have an abortion. Although the waiting period made it so at least one woman was unable to obtain an abortion, for the minority of women who did not have an abortion, their own decisional conflict at the time they presented for the information visit was the main reason they did not have an abortion (Roberts et al., 2016). Previous research has documented that women presenting for abortion care generally express high levels of certainty about their decision to have an abortion—typically upwards of 85% (Cameron & Glasier, 2013; Foster, Gould, Taylor, & Weitz, 2012; Gatter, Kimport, Foster, Weitz, & Upadhyay, 2014)—and that, on average, women report less conflict in their abortion decision making than people making other health care decisions (Ralph, Foster, Kimport, Turok, & Roberts, 2017).

At the same time that researchers have examined how certain about their abortion decision women are when they present for abortion care, groups and individuals advocating for longer waiting periods state that a purpose of these laws is to give women time to make their decisions and thereby ensure they are certain of their decision (Khazan, 2015). However, no study that we are aware of has examined women's reports of their own experiences with how being required to wait and make two visits affects their certainty.

This study uses data from the same prospective cohort study of women presenting at an abortion information visit in Utah under the state's two-visit requirement and 72-hour waiting period. The analyses in this paper extend previous analyses by focusing on how attending the required face-to-face information visit and waiting 72 hours affect women's certainty about their decision to have an abortion. Specifically, the analyses in this paper seek to extend previous research findings by:

1. Estimating the proportion of women who report changes in certainty owing to the information visit and waiting period, and the direction of those changes;
2. Assessing which individual and demographic characteristics of women were associated with reporting increased or decreased certainty owing to the information visit and waiting period; and

3. Identifying parts of the information visit that contribute to increased or decreased certainty.

Materials and Methods

Study methods have been described previously (Roberts et al., 2016). We recruited women who presented for an abortion information visit between October 2013 and April 2014 at four family planning facilities in Utah, one of which provided abortions. Eligible participants included all women who spoke English or Spanish and were older than 15. Facility staff at each site were trained to follow a standardized recruitment protocol that involved approaching all potentially eligible participants before the beginning of the information visit and inviting them to participate. On days when the facility staff responsible for recruiting were unavailable or the facility was too busy, staff sometimes did not recruit. Women who consented to participate completed a baseline iPad survey at the beginning of their abortion information visit, after which they then received both state-directed information and routine provider-directed counseling. Three weeks later, participants completed a follow-up interview by telephone with research interviewers. Respondents who did not answer the phone at the scheduled interview time, did not respond to phone/text contacts over the next week, did not respond to a follow-up letter or email or to a call to alternative contacts, and final phone call a week after the follow-up letter or email were considered lost-to-follow-up. This study was approved by the University of California, San Francisco institutional review board.

Outcome measures are based on a series of questions asked at the follow-up interview about how the abortion information visit and having to wait 72-hours affected their certainty. Women were asked, "Did anything happen at the counseling and consent¹ visit at [RECRUITMENT CLINIC] on [X DATE] that made you less sure about your decision to have the abortion?" Those who responded "yes" were asked to specify what made them less sure in an open-ended response. Women were then asked, "Did anything happen at the counseling and consent visit that made you more sure about your decision to have the abortion?" Again, those who responded "yes" were asked to specify what made them more sure in an open-ended response. Based on their responses to these two questions, we created a three-category variable of information visit effects (more certain only, less certain, neither more nor less certain). Women were later asked "Did having the 72 extra hours make you more certain, less certain, or did not change how certain you were about your decision?" Waiting effects is a three-category variable of those who reported becoming more certain, less certain, or did not change how certain they were. At the follow-up interview, we also assessed whether women had had an abortion, a miscarriage, or were still pregnant.

Our primary predictor of interest was baseline decisional certainty, that is, decisional certainty before the beginning of the information visit. We measured certainty using the Decisional Conflict Scale (DCS; O'Connor, 1993), a validated, 16-item scale that measures patients' certainty surrounding health care decisions. Individual items include: "I know which options are available to me," "I feel sure about what to choose," and "I expect to stick with my decision." All items are rated on a Likert scale of 0 to 4; a mean score is calculated and then multiplied by 25 for an

¹ We refer to this visit as the abortion information visit or information visit in the body of the paper.

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