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Psychiatric history of women who have had an abortion

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ABSTRACT

Prior research has focused primarily on the mental health consequences of abortion; little is known about mental health before abortion. In this study, the psychiatric history of women who have had an abortion is investigated. 325 Women who recently had an abortion were compared with 1902 women from the population-based Netherlands Mental Health Survey and Incidence Study (NEMESIS-2). Lifetime prevalence estimates of various mental disorders were measured using the Composite International Diagnostic Interview 3.0. Compared to the reference sample, women in the abortion sample were three times more likely to report a history of any mental disorder (OR = 3.06, 95% CI = 2.36–3.98). The highest odds were found for conduct disorder (OR = 6.97, 95% CI = 4.41–11.01) and drug dependence (OR = 4.96, 95% CI = 2.55–9.66). Similar results were found for lifetime-minus-last-year prevalence estimates and for women who had first-time abortions only. The results support the notion that psychiatric history may explain associations that have been found between abortion and mental health. Psychiatric history should therefore be taken into account when investigating the mental health consequences of abortion.

1. Introduction

Since 2008; a number of review studies of research on possible mental health consequences of abortion have been conducted (Charles et al., 2008; APA, 2008; Robinson et al., 2009; Steinberg and Russo, 2009; Coleman, 2011; National Collaborating Centre for Mental Health, 2011). Most of these reviews showed that this field of research on possible mental health consequences of abortion has been severely hampered by methodological problems. For example, pre-existing mental health problems are often neglected, and when attempts are made to take them into account, the rigor of approaches is highly variable (Steinberg and Russo, 2009). Measuring pre-existing mental health problems (and controlling for these) is important, because women who have abortions could have higher rates of pre-abortion mental health problems, which could very well influence post-abortion mental health status (APA, 2008; Steinberg & Russo, 2008, 2009; Steinberg and Finer, 2011).

There are indeed indications that women who have had an abortion might have had more mental health problems before the abortion than other women. One Dutch study showed that women who have had an abortion more often consulted a family doctor for social or psychological problems than women who did not have an abortion – not only after, but also long before the abortion (Kooistra et al., 2007). Other recent findings have demonstrated that women who had an abortion showed higher incidence rates of psychiatric contact, both before and after the abortion, as compared to women who brought a pregnancy to full term (Munk-Olsen et al., 2011). A further study (Mota et al., 2010) found that among women who had both abortions and mental health disorders, the majority of mental health disorders first occurred before the abortion rather than afterward, suggesting mental health disorders may precede an abortion.

Some researchers who have taken pre-abortion mental health into account, did so for one or a few mental disorders only, such as depression or anxiety (Steinberg and Russo, 2008; Major et al., 2000). Other studies controlled for a wide range of pre-abortion mental disorders (Steinberg and Finer, 2011) or assessed whether various mental disorders had started before or after the abortion (Mota et al., 2010), but in these studies the timing of the abortion was reported retrospectively, which might introduce information bias (Charles et al., 2008; APA, 2008; Major et al., 2009). To our knowledge, no study has investigated the pre-abortion prevalence of a wide range of mental health disorders, with verifiable data about the timing of the abortion.

In the current cross-sectional study we compared women who recently had an abortion (of an unwanted pregnancy) with women

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who never had an abortion from the population-based Netherlands Mental Health Survey and Incidence Study-2 (NEMESIS-2: De Graaf et al., 2010a, 2010b) regarding lifetime prevalence of mental disorders, controlling for demographic variables.

2. Method

2.1. Abortion sample

2.1.1. Recruitment and participants

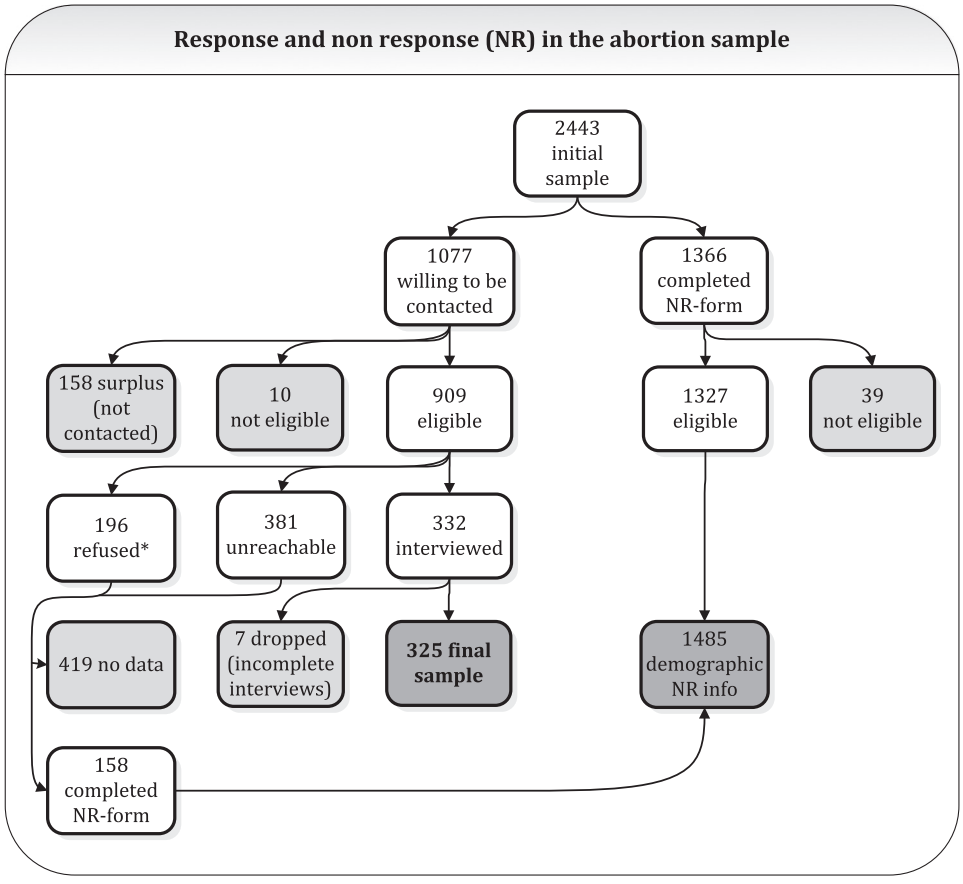
Recruitment was conducted by clinical staff of specialized abortion clinics in the Netherlands. Eight out of the 16 existing abortion clinics were selected in order to attain a good balance and fair representation of this population, on the basis of (1) geographical location (part of the Netherlands, degree of urbanization) and (2) clinic size. All selected clinics were willing and able to participate in the study, except one, due to reorganization at the time of the study. Shortly after the abortion procedure, clinical staff members would ask the women to read the research flyer and complete a reply card, which was deposited in a locked mailbox.

The study was restricted to women obtaining an induced first or second trimester abortion of an unwanted pregnancy, without clear medical indications. Inclusion criteria were that participants had to be at least 18 years old, residing in the Netherlands, and sufficiently fluent in the Dutch language.

During the data collection period for the abortion sample, 2443 women completed the reply card. Since we anticipated a low response rate, we also collected demographic data and reasons for non-response from the women who did not want to participate, in order to do a response analysis. 1077 Women provided contact details, and 1366 completed the non-response questions. We attempted to contact a random selection of 919 of the women willing to be interviewed. Of these, 381 were not reachable, either because they did not answer the phone or e-mail after at least 10 attempts (3 for e-mail) or because the contact details were incorrect. With 120 women, an appointment within the (rather limited) interviewing period could not be scheduled, 38 women did not show up at the appointment, another 38 women refused on reconsideration, and 10 women were omitted after the second check on eligibility. 332 Women were interviewed. Seven interviews could not be completed, leaving 325 women for analysis. Participant flow is displayed in Fig. 1.

2.1.2. Interview procedure

Ten professionally trained female interviewers contacted the participants 10–20 days after the abortion, in order to assess eligibility (age and Dutch language proficiency), confirm participation and make an appointment for the interview. The interview was scheduled 20–40 days after the abortion. The aim was to conduct the interview as soon as possible after the last post-abortion medical checkup. The women were assured that the results would remain confidential and anonymous and that they could discontinue participation whenever they wished. All participants provided written informed consent. Interviews were held at



* Only 38 women refused to take part in the study; with 120 women no appointment could be scheduled, and another 38 women did not show up at the interview.

Fig. 1. Participant flow throughout the recruitment and interviewing.