Contraception 89 (2014) 460–465

Contraception

Original research article

Caring for women undergoing second-trimester medical termination of pregnancy☆

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Received 8 August 2013; revised 15 January 2014; accepted 19 January 2014

Abstract

Objective: The objective was to explore the experiences and perceptions of nurses/midwives caring for women undergoing second-trimester medical termination of pregnancy (MTOP).

Study design: The study had a qualitative design using semistructured interviews. It took place in three wards at one gynecological clinic in a general hospital in Stockholm. Twenty-one nurses/midwives with experience in second-trimester abortion care were interviewed following a semistructured interview guide. The interviews were recorded, transcribed verbatim and then analyzed using qualitative content analysis to identify common themes.

Results: The analysis revealed two themes: "The professional self," with six subthemes describing the experiences and perceptions described in terms of professional behavior, and "The personal self," with four subthemes containing the experiences and perceptions described in terms of personal values.

Conclusions: Taking care of women undergoing second-trimester MTOP is a task that requires professional knowledge, empathy and the ability to reflect on ethical attitudes and considerations. Difficult situations that arise during the process are easier to handle with increased knowledge and experience. The feeling of supporting women's rights bridges the difficulties nurses/midwives face in caring for women undergoing second-trimester MTOP. The findings of this study support the need for training, mentoring and support by experienced colleagues to help nurses/midwives feel secure in their professional role in difficult situations and feel confident in their personal life situation.

Implications statement: Taking care of women undergoing second-trimester MTOP is a task that requires professional knowledge and empathy. Difficult situations that arise during the process are easier to handle with increased knowledge and experience. Mentorship from experienced colleagues and structured opportunities for reflection on ethical issues enable the nurses/midwives to develop security in their professional roles and also feel confident in their personal life situation. The feeling of doing something good for women's rights bridges the difficulties nurses/midwives face in caring for women undergoing second-trimester MTOP.

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Keywords: Abortion; Second trimester; Interview; Content analysis; Nurses; Midwives

1. Introduction

High-quality professional care and a nonjudgemental approach have been shown to have a significant impact on women's sense of security in abortion situations [1,2]. Women undergoing termination of pregnancy (TOP) may be in a complex situation [3] with emotional and existential needs which require care based on experience and empathy [4]. During the last decade, medical methods for second-trimester TOP have developed considerably. In contrast to early MTOP, which can be handled by the woman herself [5], second-trimester MTOP demands more involvement by health care providers, and the risk for complications increases with gestational length [6].

Second-trimester medical TOP (MTOP) has been shown to be as safe and effective as dilatation and evacuation [7],

☆ Acknowledgement of funding: The study was supported by grants from the Swedish Research Council, FAS, Karolinska Institutet and Stockholm City County/Karolinska Institutet (ALF).

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0010-7824/$ – see front matter © 2014 Elsevier Inc. All rights reserved.
http://dx.doi.org/10.1016/j.contraception.2014.01.012

with less need for trained providers of surgical TOP. As a result, there is an increased use of MTOP worldwide. In Sweden, MTOP has replaced other methods for second-trimester abortion. The same trend is seen across Europe and beyond. The regimen used in Sweden is the one recommended by the World Health Organization of 200 mg mifepristone followed 36 to 48 h later by an initial dose of 800 mcg of misoprostol administered vaginally and then repeated doses of 400 mcg misoprostol (orally or sublingually) until expulsion [8]. Paracetamol and nonsteroidal anti-inflammatory drugs are commonly used for pain treatment supplemented with intravenous morphine and sometimes paracervical blockade.

Nurses or midwives frequently care for women undergoing second-trimester MTOP. However, so far, only a few studies have focused on the experiences of nurses/midwives providing care for women undergoing second-trimester MTOP [9], and a previous study among midwives [10] showed misgivings of working with late TOP reported by 35% of respondents.

Therefore, with increasing use of second-trimester MTOP, increasing involvement of nurses/midwives in abortion care and most studies on health care providers' experiences focusing on early MTOP, a deeper knowledge of factors that may influence the perception of nurses/midwives involved in care of second-trimester abortion seems warranted. The aim of the present study was thus to explore the experiences and perceptions of nurses/midwives caring for women undergoing second-trimester MTOP.

2. Material and methods

A qualitative approach was used to gain a deeper understanding and capture the perceptions and experiences [11] of the nurses and midwives caring for women undergoing second-trimester TOP.

2.1. Participants

Participants were recruited from three gynecological care units at a general hospital in Stockholm. Forty nurses and 10 midwives are employed in these wards and care for patients undergoing gynecological surgery or treatment as well as women undergoing second-trimester abortion. About 500 second-trimester (and total 2500) abortions are performed annually. Nurses/midwives are responsible for medication administration, care given during the process and fetus delivery. The participants' varied ages and experiences from abortion care increased the possibility of revealing variations of the studied phenomena [11].

2.2. Data collection

Invitation to participate was given in six workplace meetings together with verbal and written information about the study. Twenty-one nurses/midwives interested in participating contacted the first author (I.M.A.) via mail, who interviewed them all. Interviews enable getting closer to the respondent's views and ideas, especially when interviewing colleagues from the same cultural context [12]. In this study, the interviewer's preunderstanding was acquired by earlier experiences with second-trimester abortion care.

Individual interviews were used following a semistructured guide (Table 1) which included questions with the possibility to follow up the answers. A hypothetical case, about a young woman with a repeat second-trimester abortion who expressed emotional pain, was used to capture the respondent's views on patient care.

One pilot interview was videotaped, and the product was discussed with 10 fellow research students, resulting in more open questions. All interviews were conducted between April 2010 and July 2012 in a secluded site and lasted between 17 and 35 min. The interviews were recorded and transcribed verbatim.

2.3. Analysis

Content analysis is a method that interprets reality by creating units of content related to the context being studied [13]. Thematic content analysis shares a commonality in content derived from texts from interviews with persons from a context [11,14]. Content analysis was used, originating from interviews in contexts well known to the researcher and the participants. We read the transcribed text several times to gain an overview of the content. Meaning units were identified and extracted from the transcribed text individually by two researchers (I.M.A. and K.C.) who then jointly gave the units codes to summarize the content [14]. We discussed the codes, and likely words and sentences were placed together in 14 categories to systematically and objectively describe patterns [15] in how the nurses and midwives expressed their feelings and thoughts. From the categories, two themes emerged: "The professional self" and "The personal self" (Table 2). The themes were discussed by the whole research team as well as in seminar sessions with other research fellow midwives.

The study was approved by the Regional Ethical Review Board at Karolinska Institutet in Stockholm. Voluntary par-

Table 1
Questions from the interview guide

Question
How did it come that you chose to work in gynecology?
How long have you cared for women undergoing late abortion?
How do you like your work?
What do you perceive as positively in care for late abortion?
What do you perceive as difficult?
What are a woman's needs of you as a caregiver?
What do you need to be able to provide/meet the need for care?

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