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Original research article

Women's experiences with doula support during first-trimester surgical abortion: a qualitative study☆,☆☆

Julie Chor[a,*], Phoebe Lyman[a], Megan Tusken[b], Ashlesha Patel[c], Melissa Gilliam[a]

[a]*Department of Obstetrics and Gynecology, The University of Chicago, USA*
[b]*The Pritzker School of Medicine, The University of Chicago, USA*
[c]*Department of Obstetrics and Gynecology, The John H. Stroger, Jr. Hospital of Cook County, USA*

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Abstract

Objective: To explore how doula support influences women's experiences with first-trimester surgical abortion.
Study Design: We conducted semistructured interviews with women given the option to receive doula support during first-trimester surgical abortion in a clinic that uses local anesthesia and does not routinely allow support people to be present during procedures. Dimensions explored included (a) reasons women did or did not choose doula support; (b) key aspects of the doula interaction; and (c) future directions for doula support in abortion care. Interviews were transcribed, and computer-assisted content analysis was performed; salient themes are presented.
Results: Thirty women were interviewed: 19 received and 11 did not receive doula support. Reasons to accept doula support included (a) wanting companionship during the procedure and (b) being concerned about the procedure. Reasons to decline doula support included (a) a sense of stoicism and desiring privacy or (b) not wanting to add emotion to this event. Women who received doula support universally reported positive experiences with the verbal and physical techniques used by doulas during the procedure, and most women who declined doula support subsequently regretted not having a doula. Many women endorsed additional roles for doulas in abortion care, including addressing informational and emotional needs before and after the procedure.
Conclusion: Women receiving first-trimester surgical abortion in this setting value doula support at the time of the procedure. This intervention has the potential to be further developed to help women address pre- and postabortion informational and emotional needs.
Implications: In a setting that does not allow family or friends to be present during the abortion procedure, women highly valued the presence of trained abortion doulas. This study speaks to the importance of providing support to women during abortion care. Developing a volunteer doula service is one approach to addressing this need, especially in clinics that otherwise do not permit support people in the procedure room or for women who do not have a support person and desire one.
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1. Introduction

Doulas are lay health workers traditionally trained to support women in labor [1]. During labor and delivery, doulas provide both verbal support (e.g., verbal guidance, relaxation techniques) and physical support (e.g., hand-holding, massage). Doula support is used in 3% of US deliveries and is associated with improved pain management, shorter labor, and decreased cesarean delivery rates [1,2]. More recently, doula support has expanded to other reproductive contexts, including miscarriage, adoption, and abortion. The use of doulas in abortion care has only recently been studied [3].

During surgical abortion, doulas adapt techniques used in labor and delivery [3,4]. Doula support may be especially

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* Corresponding author at: Department of Obstetrics and Gynecology, The University of Chicago, 5841 South Maryland Avenue MC 2050 Chicago, Illinois 60637. Tel.: +1 773 834 0165.
E-mail address: jchormd@gmail.com (J. Chor).

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relevant to women presenting for first-trimester surgical abortion, as many receive local anesthesia and are awake during the procedure [5]. A randomized controlled trial conducted in a clinic that uses local anesthesia and that does not routinely allow support people to be present during procedures found that, though doula support did not improve pain or satisfaction with first-trimester surgical abortion, 96% of women who received doula support recommended that it be routinely offered and 72% of women who did not receive doula support would have liked to have received it [3]. Despite negative findings, therefore, women did value doula support. This qualitative study explores why women in this clinic endorsed doula support, despite not experiencing measurable improvements in pain or satisfaction.

2. Materials and methods

This study took place in a high-volume, urban, first-trimester surgical abortion clinic between May and July 2014. The clinic has incorporated doulas into first-trimester abortion care. Doulas in this setting have completed a 2-day training session and undergone proctoring and have been deemed ready to function independently in the clinic [3]. Doula training consisted of a 2-day course conducted by a family planning fellowship-trained obstetrician–gynecologist (JC) and two doula trainers with 5 years of combined doula experience. Trainees participated in lectures, group discussions and role-playing on topics including medical and psychosocial aspects of abortion, values clarification, pregnancy options counseling, team building and doula techniques. Prior to functioning independently, one of two doula trainers observed trainees to assess their competency in providing verbal support, using physical techniques and working well with other clinic staff members. Five doulas provided support in the clinic during the study period, with a range of 3 months to 5 years of practice in providing abortion doula support. Their role includes meeting women immediately prior to the procedure, providing support during the procedure and escorting women to recovery after the procedure. During the procedure, doulas engage in verbal coaching, hand-holding, massage, breathing guidance and relaxation techniques.

The clinic typically performs 15 to 30 first-trimester surgical abortions per daily clinic session. Standard clinic procedures include providing women with 400 mcg of buccal misoprostol and 800 mg of ibuprofen 30 min prior to first-trimester surgical procedures. Providers routinely perform procedures with a paracervical block consisting of 1% lidocaine, though the use of a paracervical block is left to the discretion of the individual provider. At least one physician, one surgical assistant and one ultrasound technician are present during procedures. Family members or support persons other than doulas are generally not allowed to be present during procedures. Doulas in the clinic are volunteers and are present as their individual schedules permit. On days when doulas are available, women have the opportunity to accept or decline a doula. On days that doulas are not available, additional staff members are available to come to the room to provide additional support when needed. These staff members have not undergone formal doula training.

Women were recruited for study participation after completing clinic intake procedures and abortion consent. Inclusion criteria included age > 18 years, gestational age < 13 6/7 weeks, desiring pregnancy termination and able to provide informed consent. Research staff asked eligible women to provide consent to be contacted by phone for participation in a telephone interview. Research staff employed purposive sampling to invite eligible women to participate in interviews based on age, level of education, marital status, gestational age, termination history and having requested or declined doula support. Research staff contacted women within 2 weeks postprocedure to explain the nature of the study and obtained oral consent. While we determined an a priori sample size of 30 participants, the study team determined the final sample size based on thematic saturation, at which point further data were not expected to reveal additional themes.

Women completed a short background survey prior to participating in a semistructured interview exploring a range of themes related to how the presence or absence of doula support shaped their abortion experience. Interviews were digitally recorded, transcribed and deidentified prior to analysis. Research participants received US$25 gift cards in compensation for their time. All study procedures were approved by the institutional review boards at the John H. Stroger Jr. Hospital and the University of Chicago.

Analysis used a modified template approach [6]. The lead investigator developed a preliminary code directory, using themes derived from the interview guide and from interview transcripts. Research team members modified the code directory in an iterative process with continued readings of the data. Two researchers (JC and PL) then independently coded five transcripts, achieving interrater reliability of 84.5%. All transcripts were subsequently coded using Atlas.ti® Version 7 (Berlin) qualitative analysis software. Two researchers independently reviewed code queries and met to discuss and interpret key findings. Disagreement regarding data analysis was resolved through discussion. This analysis presents salient themes regarding reasons for requesting or declining doula support, key aspects of the doula interaction and ideas for additional roles for doulas in abortion care.

3. Results

3.1. Study recruitment and demographics

During the study period, 1144 women aged 18 years or older obtained a first-trimester surgical abortion. Anticipating potential challenges in reaching participants by phone, we approached 191 women over 10 clinic sessions to obtain consent to be contacted for phone interviews. A total of 144 women provided consent to be contacted by phone: 36

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