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Original research article

The impact of psychiatric history on women's pre- and postabortion experiences

Jenneke van Ditzhuijzen[a,*], Margreet ten Have[b], Ron de Graaf[b], Carolus H.C.J. van Nijnatten[a], Wilma A.M. Vollebergh[a]

[a]*Utrecht University, Faculty of Social and Behavioral Sciences, Utrecht, the Netherlands*
[b]*Netherlands Institute of Mental Health and Addiction (Trimbos Institute), Utrecht, the Netherlands*

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Abstract

Objective: The objective of this study is to investigate to what extent psychiatric history affects preabortion decision difficulty, experienced burden, and postabortion emotions and coping. Women with and without a history of mental disorders might respond differently to unwanted pregnancy and subsequent abortion.
Study design: Women who had an abortion (n=325) were classified as either with or without a history of mental disorders, using the Composite International Diagnostic Interview version 3.0. The two groups were compared on preabortion doubt, postabortion decision uncertainty, experienced pressure, experienced burden of unwanted pregnancy and abortion, and postabortion emotions, self-efficacy and coping. The study was conducted in the Netherlands. Data were collected using structured face-to-face interviews and analyzed with regression analyses.
Results: Compared to women without prior mental disorders, women with a psychiatric history were more likely to report higher levels of doubt [odds ratio (OR)=2.30; confidence interval (CI)=1.29–4.09], more burden of the pregnancy (OR=2.23; CI=1.34–3.70) and the abortion (OR=1.93; CI=1.12–3.34) and more negative postabortion emotions (β=.16; CI=.05–.28). They also scored lower on abortion-specific self-efficacy (β=−.11; CI=−.22 to .00) and higher on emotion-oriented (β=.22; .11–.33) and avoidance-oriented coping (β=.12; CI=.01–.24). The two groups did not differ significantly in terms of experienced pressure, decision uncertainty and positive postabortion emotions.
Conclusions: Psychiatric history strongly affects women's pre- and postabortion experiences. Women with a history of mental disorders experience a more stressful pre- and postabortion period in terms of preabortion doubt, burden of pregnancy and abortion, and postabortion emotions, self-efficacy and coping.
Implications: Negative abortion experiences may, at least partially, stem from prior or underlying mental health problems.

Keywords: Abortion; Mental health; Doubt; Emotions; Coping; Self-efficacy

1. Introduction

Research consistently has shown that abortion experiences are highly variable, individualized and often characterized by both positive and negative feelings [1–3]. For some women, having an abortion is moderately stressful, and for others it is perceived as a severely stressful life event [4,5]. Stress-vulnerability models assert that pathogenic effects of stressors are more pronounced in more vulnerable persons [6,7]; psychiatric history is considered a vulnerability factor of major importance. The objective of this study is to investigate to what extent psychiatric history affects how women experience the period around the abortion, in terms of preabortion decision difficulty, experienced burden of pregnancy and abortion, and postabortion emotions, self-efficacy and coping.

Research into preabortion psychiatric history is scarce and inconsistent. Studies assessing preabortion history of specific disorders, such as posttraumatic stress [8], depression [4,9,10] or anxiety [11], show variable prevalence rates of preabortion symptoms, and their conclusions are limited to specific disorders only. A few abortion studies have measured a wide range of disorders, using the Composite

* Corresponding author at: P.O. Box 80.140, 3508TC, Utrecht, the Netherlands. Tel.: +31-30-2531-873.
E-mail address: j.m.vanditzhuijzen@uu.nl (J. van Ditzhuijzen).

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International Diagnostic Interview (CIDI) [12–16]. However, in most of these studies [12,13,15,16], abortion was based on retrospective self-report only, which is methodologically problematic, especially in the case of large time intervals between waves [17]. In our psychiatric epidemiology study [14], the date of abortion could be determined, and the abortion-to-interview interval was equally short for all participants. Results revealed that women who had an abortion were three times more likely to report a preabortion psychiatric history than women who did not have an abortion [14]. Preabortion psychiatric history should therefore be taken into account when investigating postabortion mental health.

It is relevant to find out whether women with and without preabortion mental disorders (MDs) respond differently to an event like unwanted pregnancy and subsequent abortion, as this might influence future mental health. For example, research has shown that women who experienced doubt during abortion decision making, or felt pressure to have the abortion, had poorer mental health outcomes postabortion [1,18,19]. Abortion experience variables might also mediate or moderate any possible effects of preabortion mental health on postabortion mental health. A study showed that abortion-specific self-efficacy partly mediated the relationship between pre- and postabortion depression [20]. Depression and anxiety may also be reciprocally related to avoidance coping [21]. Even though most reviews conclude that abortion itself does not predict MDs [17,19,22], women with a history of MDs might experience more stress around the abortion, which in turn might increase the likelihood or timing of recurrence of the disorder; in particular when prior mental health problems are associated with increased levels of stress. Therefore these variables should be taken into account when looking at links between mental health and abortion.

In the current study, we use the first wave of a cohort study (the Dutch Abortion and Mental Health Study; DAMHS) to compare women with and without a history of MDs. The main research question is: Do women with a history of MDs experience a more stressful period before and after an abortion than women without this history? The outcomes examined include preabortion doubt, decision uncertainty, experienced pressure, experienced burden (of pregnancy and abortion) and postabortion emotions, self-efficacy and coping. An exploratory subquestion is whether there are differences between types of disorder histories. Internalizing disorders, such as depression and anxiety disorders, have traditionally been related to abortion [9–11]. However, there are also indications that externalizing disorders, such as conduct disorder or alcohol abuse, might predispose for unwanted pregnancy [23,24]. We wanted to investigate whether these two types of disorder histories, as well as a comorbid internalizing and externalizing disorder history, are differentially related to various aspects of pre- and postabortion variables.

2. Material and methods

2.1. Participants and procedure

Participants were recruited by clinical staff in specialized abortion clinics. In the Netherlands, the majority of abortions are performed in these clinics. Eight out of the sixteen existing Dutch clinics were selected in order to attain a good balance on the basis of geographical location and clinic size, but one clinic could not participate due to reorganization at the time of the study. Shortly after the abortion procedure, staff members would ask the women to read the research flyer, complete a reply card and deposit it in a locked mailbox. Women wrote either their contact details on one side of this reply card in case they wished to be contacted for informed consent and the interview, or they completed a short nonresponse form on the other side in case they refused participation. The study enrolled Dutch-speaking women from 18 to 46 years, requesting an abortion (medical or aspiration, up to 24 weeks) for an unwanted pregnancy without clear fetal or maternal medical indications. In three clinics recruitment was limited to predetermined days when enough staff was available; in the other four clinics all eligible women were approached. We also collected demographic data and reasons for nonresponse from 1366 women who refused participation at recruitment, and another 158 women who were willing but did not participate, in order to do a response analysis.

Between April 2010 and January 2011, 10 professionally trained female interviewers interviewed the participants face-to-face 20 to 40 days after the abortion. The entire interview was laptop assisted and lasted on average 2.5 h. Oral and written informed consent was obtained at the time of the interview. The women received a gift card of €50 for their participation. The study was approved by a local medical ethics committee of the Central Committee on Research involving Human Subjects.

2.2. Psychiatric history

Presence of lifetime DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, fourth edition) disorders was assessed with the CIDI version 3.0, which was developed in the World Mental Health Survey Initiative [25] of the World Health Organization. The CIDI 3.0 can be administered by trained lay-interviewers. Using a fully structured and extensive questioning procedure, CIDI 3.0 assesses all diagnostic criteria and symptoms required to determine presence of a variety of common MDs. The CIDI 3.0 was first produced in English and underwent a rigorous process of adaptation in order to obtain a conceptually and cross-culturally comparable version in Dutch [26,27]. Clinical calibration studies in over 30 countries found that the CIDI 3.0 assesses various anxiety, mood and substance use disorders with generally good validity in comparison to blinded clinical reappraisal with Structured Clinical Interviews for DSM-IV [28]. Included internalizing disorders