



## Original research article

## Women's experiences of their preabortion ultrasound image printout

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## Abstract

**Objectives:** We know little about women's interest in and experiences with a printout of their preabortion ultrasound image.

**Methods:** We conducted a mixed-methods study at a large-volume abortion-providing facility where patients are offered the opportunity to receive their ultrasound printout, using 2 years of abstracted medical chart data on demographics and printout acceptance and interviews with patients about whether they took a printout and, if they did, why and what they did with it. We analyzed chart data using multivariable logistic regression to examine predictors of printout acceptance and interviews using elaborative coding and modified grounded theory.

**Results:** We abstracted data from 5342 charts and interviewed 23 women. Thirty-eight percent of all patients and 61% of interviewees accepted the printout. Predictors of accepting the printout included being younger, being nonwhite, having a partner who is a boyfriend or friend, and not having a support person at the visit. Interviewees reported that they accepted the printout simply because it was offered, out of curiosity and as part of confirming their abortion decision. They described various uses for the printout, including sharing with others, consulting before their abortion appointment, retaining as a keepsake and nothing at all.

**Conclusions:** Some abortion patients are interested in receiving a printout of their ultrasound image and find it useful. Women accept a printout for a range of reasons and use it in various ways; there is no singular experience or use of the printout.

**Implications:** We find no evidence that taking a printout of the preabortion ultrasound image causes emotional distress, nor did we find that it was expressly important for any patient's experience. Providers should consider providing interested patients with a printout, if they have the capability to do so, when they request one.

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## 1. Introduction

Twenty-six US states legally regulate the provision of ultrasound in abortion care [1]. Research has examined the impacts of some of these laws on people seeking abortion, particularly those laws related to ultrasound viewing. Studies have found that a substantial portion of abortion patients are interested in viewing their preabortion ultrasound image [2–6], that patients report a range of emotional responses to viewing [7] and that viewing has no or only a very small effect on the rate that women proceed to abortion [8,9]. These findings are of great importance in informing clinical

practices and understanding patients' experience of ultrasound in abortion care.

To our knowledge, scholars have yet to investigate another aspect of women's preabortion ultrasound experience that is increasingly regulated: the receipt of a printout of the ultrasound image. Five states currently require that a preabortion ultrasound be performed and a printout of the image be offered to the patient; two others require the printout be offered if the patient receives an ultrasound (personal communication with Elizabeth Nash, Guttmacher Institute). Women's interest in having this opportunity, their reasons for accepting or declining the printout and what they do with the printout when they accept it have not been examined in the published literature.

Using mixed-methods data from a high-volume abortion facility in Wisconsin, a state that does not currently regulate ultrasound printout provision, we establish a baseline for abortion patients' interest in receiving an ultrasound printout

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and offer an initial investigation into women's uses of the printout.

## 2. Materials and methods

We conducted a mixed-methods data collection at a high-volume abortion-providing facility in Wisconsin that had a policy of offering all patients a copy of their preabortion ultrasound printout.

Onsite clinic staff members and one UCSF research assistant abstracted chart data for all patients who presented for abortion care between July 7, 2012, and July 6, 2014. Abstracted data included patient age, race/ethnicity, highest educational achievement, number of previous births and gestational age; whether their partner was a friend, boyfriend or ex, a husband or other/unknown; whether they had a support person present at the appointment; and whether they accepted a printout of their ultrasound image. The first author conducted in-depth interviews between May and September 2015. Patients were eligible for an interview if they were over 18, were English-speaking and had received an ultrasound at the study facility. Interviews took place over the phone, most between 1 and 3 weeks after the respondent received the ultrasound. The first author conducted the interviews in accordance with feminist research methodology, which includes starting from women's experiences, conducting research of use to women and being reflexive about one's own positionality through field notes [10]. Recruitment ceased when the first author judged that she had reached thematic saturation. Relevant to this analysis, interviews included questions about respondents' ultrasound experience; why they did or did not accept a printout of their ultrasound image; and, if they did take the printout, what they did with it in the time since. Interviews were audio recorded and transcribed verbatim. Full details on our methods are available elsewhere [9].

At the temporal midpoint in our chart abstraction data (July 7, 2013), a mandatory preabortion viewing law went into effect in Wisconsin. All interviewees were subject to the law. The law did not regulate provision or offers of the ultrasound printout, and the clinic did not change its policy or practices regarding the printout during the study period.

### 2.1. Analysis

The second and third authors tabulated the chart data to summarize the study population. To examine factors associated with printout acceptance, the second and third authors constructed a generalized estimating equation model with logistic regression specifications and the patient as the panel variable to account for multiple pregnancies for the same woman. Based on literature regarding predictors of ultrasound viewing and factors that could plausibly impact printout acceptance, the model controlled for demographic characteristics including age, education, race/ethnicity and number of previous births, as well as pregnancy and partner

characteristics including weeks of gestation, support person presence at the visit and patient's relationship with their partner (who may not be the man involved in the pregnancy).

The first author analyzed the interview transcripts in Atlas.ti 7 in two stages. First, using elaborative coding, she applied three general codes based on the research questions, capturing interviewee descriptions of accepting the printout, declining the printout and what they did with the printout if they accepted it. After noticing the recurring theme of sharing the printout with others, she added a fourth general theme code on printout sharing. Second, the first author conducted incident-by-incident coding to compare excerpts of each of these general codes using modified grounded theory, an iterative, inductive coding approach wherein patterns and themes are identified in the data [11]. This coding strategy, combined with field note production guided by feminist methodology, reduced positionality bias, although we acknowledge that data collection and analyses are never entirely objective. We considered coding complete when no new avenues of analysis emerged.

## 3. Results

### 3.1. Characteristics of sample

We abstracted 5342 charts. Whether the patient accepted the printout was missing from 56 charts, so we dropped those charts from the analyses below, leaving an analytical sample of 5286 charts. Across the 2-year period, 38% of patients accepted the printout. We completed in-depth interviews with 23 women, 14 of whom (61%) accepted the offer of a printout, representing a higher rate of taking the printout than among the general patient population. See Table 1 for sample characteristics. Though the Wisconsin law requiring providers to display and describe the ultrasound image that went into effect during the study period substantially increased ultrasound viewing rates (from 62% prelaw to 92% postlaw,  $p < .001$ ), the rate of printout acceptance did not change (39% prelaw vs. 38% postlaw,  $p = .39$ ).

### 3.2. Who accepts the printout and why

According to the chart data, younger women were more likely than women aged 20–24 to accept the printout [adjusted odds ratio (aOR)=1.29, 95% confidence interval (CI): 1.04–1.60; Table 2], as were nonwhite women and women at later gestational ages. Women with a boyfriend, friend or ex as their partner were more likely to accept the printout than women with a husband as their partner (aOR=1.32, 95% CI: 1.04–1.68), and women who did not have a support person at the visit were also more likely to accept the printout than those who did (aOR=1.28, 95% CI: 1.13–1.46). Women with college degrees were significantly less likely to accept a printout than those whose highest education was high school (aOR=0.67, 95% CI: 0.54–

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