Termination of pregnancy procedures: patient choice, emotional impact and satisfaction with care

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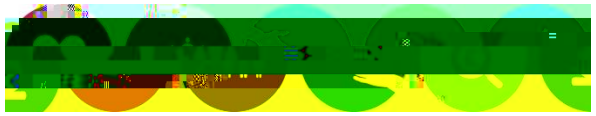
PROUD TO MAKE A DIFFERENCE

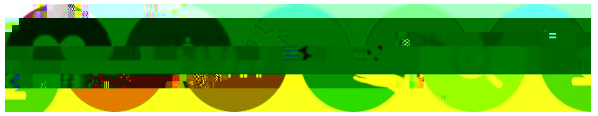


Aims of the study

To investigate whether women felt that they were able to choose their abortion method of choice

What factors influenced their choice

What effect their choice had on emotional responses and satisfaction with care

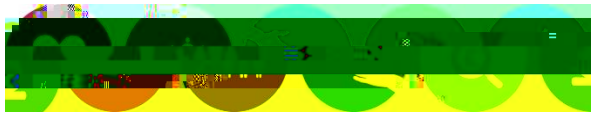


Ethical approval, funding & PPI

Ethical approval obtained by Yorkshire & Humber NHS Research ethics Committee (REC Ref:15/YH/0345)

Funding ς part funded by Jessop Wing Small Grants scheme & part by STHFT Psychology Dept

PPI advice sought during development of the study



Methods, recruitment procedure, sample population

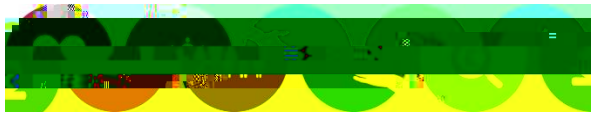
Methods 1

Mixed methods prospective comparative study

Semi-structured pre-abortion interview and questionnaire

Post-abortion questionnaire four weeks after the procedure (telephone or via post)

8 month period (2016-2017)



Recruitment procedure

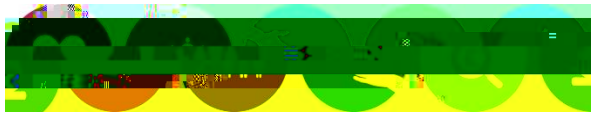
Women identified by nursing staff as being eligible to participate

Surgical abortion ς recruited on day of procedure

Medical abortion ς recruited on day of admission for second visit

Early medical abortion (EMA) ς recruited on day of administration of misoprostol

Informed consent obtained by research team



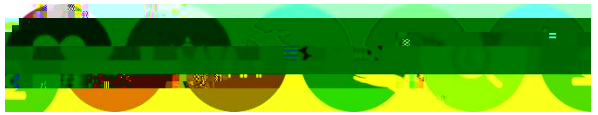
Methods 2

Quantitative data collected using:

- Patient Health Questionnaire (PHQ)
- Generalised Anxiety Disorder Scale (GADS)
- Positive and Negative Affect Scale (PANAS)
- Impact of Event Scale (revised) (IES-A, IES-I, IES total)
- Client Satisfaction Questionnaire

Statistical analysis carried out using SPSS

Qualitative information analysed using content analysis by second & third authors



Sample population

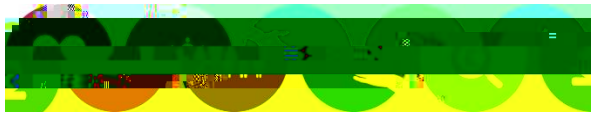
Women between 5 and 18 weeks gestation requesting abortion under Ground C of the 1967 Abortion Act

16 years or above

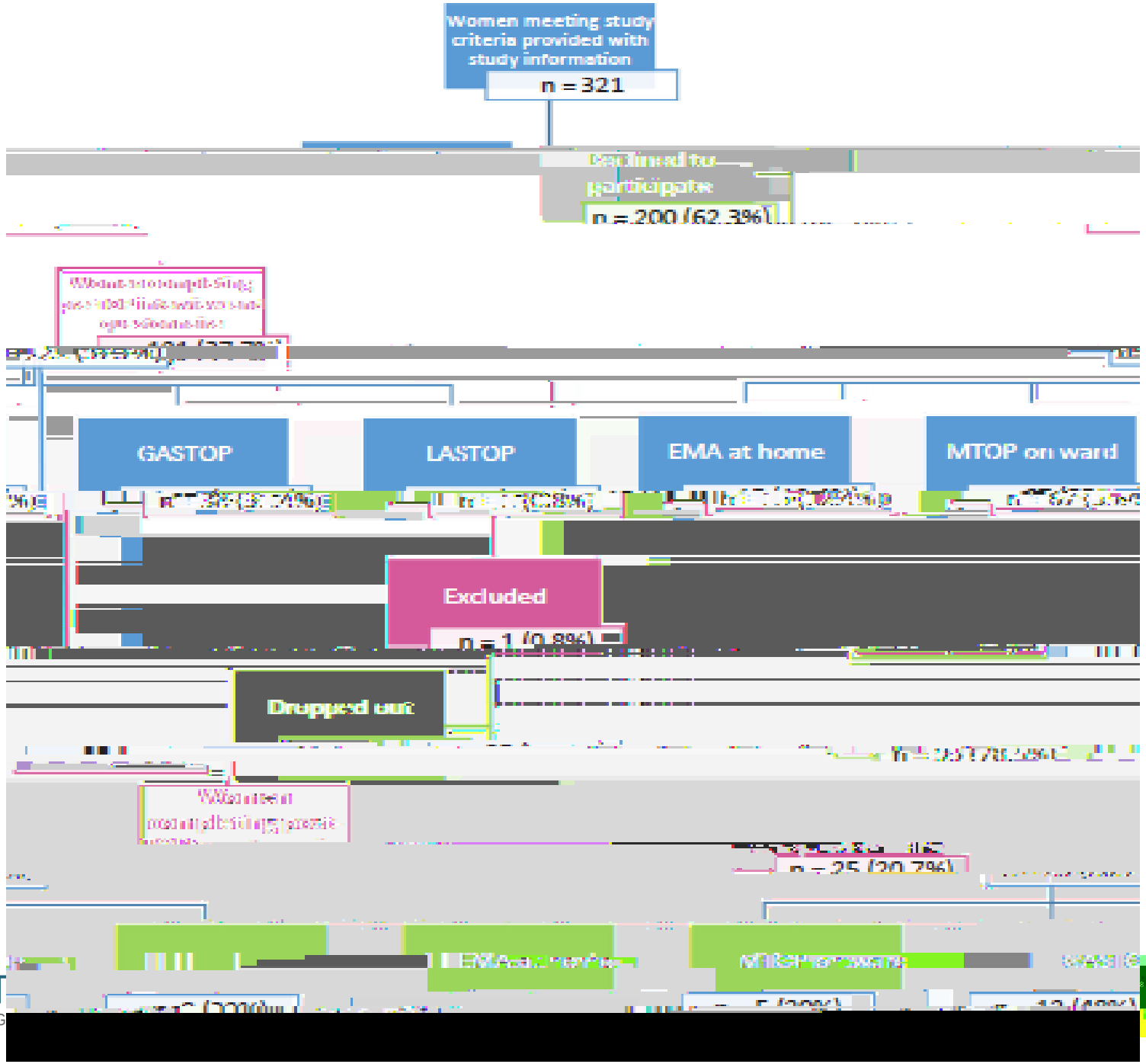
Exclusions: non English speaking

pregnant as result of sexual assault

TOP for fetal abnormality



Results


Women meeting study criteria provided with study information
n = 321
GASTOP
LASTOP
EMA at home
MTOP on ward
Excluded
Dropped out

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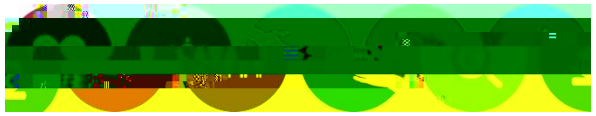

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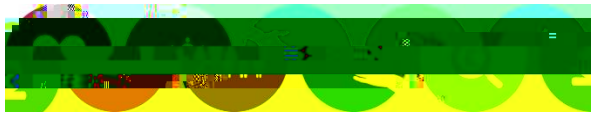
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

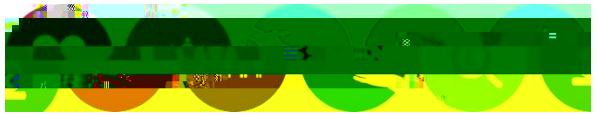


Pre-abortion emotion based measures

Median pre-abortion scores were not significant for:

- PHQ
- GAD
- PANAS (positive or negative effect)

Non- significant trend towards lower levels of depression in women opting for EMA at home



Factors influencing choice

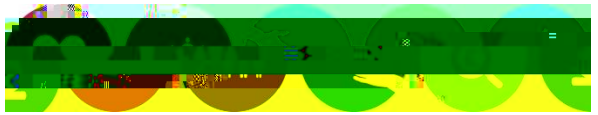
Multifaceted & varied, grouped into themes:

(1) procedure-related

(2) Life or social circumstances-related

(3) Emotional

(4) Based on any other factor



	57% More natural/ like a miscarriage Less invasive	66% Feeling safer in hospital Not wanting GA STOP	Want to be asleep Wanting IUD/IUS fitting at same time Perceived negative aspects of MTOP (seeing blood, pain, feeling unwell)
	Childcare	43% Quicker than waiting for a GA STOP	37% Convenience
	20%	43% Anxiety Lack of support Seeing fetus	GA STOP less traumatic Not seeing fetus Not having to witness or acknowledge being part of TOP procedure
	7% Needle phobia	3% Needle phobia	

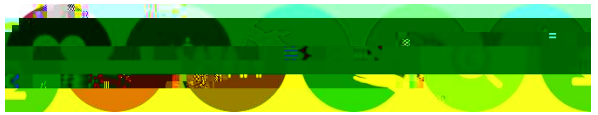
Comparison of post abortion emotion-based responses (4 weeks post abortion)

N=25 (79.2% attrition rate) ς no statistical analysis (EMA n=5, MTOP n=12, GA STOP n=8)

Women in group scored higher on

ς indicating higher levels of depression, anxiety, negative effect, avoidance and intrusion than women in the other groups

Women undergoing had lowest scores



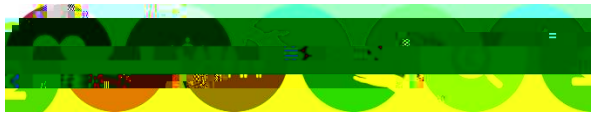
Procedure related data

EMA at home ς rated procedure as more stressful, more painful, more distressing due to pain, most disruptive to daily activities

MTOP ς heavier bleeding

STOP ς bled for longer

MTOP (50%) most likely to choose same procedure again ς contrast to where 77% would choose GA STOP



Patient choice

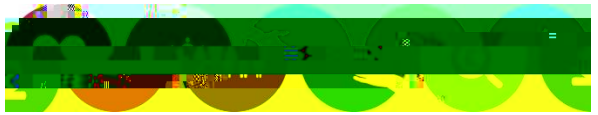
109 (90.8%) believed they had been able to choose their preferred method

EMA at home (100%), however least likely to choose again

MTOP ς 57 (85%) indicated it was their choice. 10 (15%) women thought they had no choice (related to gestation, no GA STOP availability)

GA STOP ς 37 (97%) indicated it was their choice

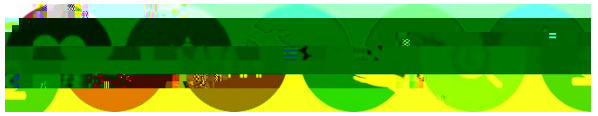
No choice = rated procedure more stressful



Patient satisfaction

All groups highly satisfied with care (GA STOP → EMA at home → MTOP)

Women who felt they had a choice of procedure were generally more satisfied with their care



Discussion, limitations of study & implications for practice

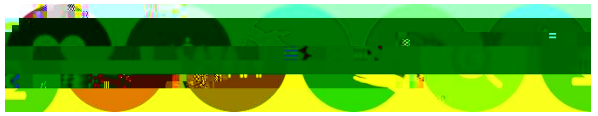
Discussion

Study design replicated earlier study of

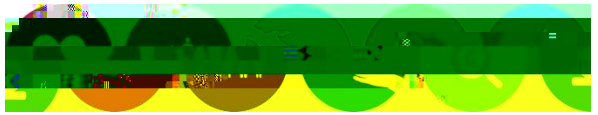
Introduction of EMA at home gives new method to analyse

Trend towards lower level of pre & post abortion depression in EMA at home group

No new evidence suggesting pre-abortion emotion based factors influenced procedure



- Generally, if women are able to have method of choice, they rate satisfaction with care higher
- Service constraints/ lack of surgical availability impacted on patient choice
- Ability to access a method sooner may be greatest influencing factor of choice
- Procedure related factors play an important part in choice for all groups



Limitations of study

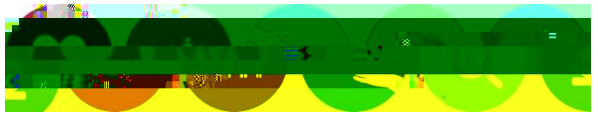
Initial recruitment only 37.4%

Attrition rate of 79.2% at follow up

Only one woman was recruited from LA TOP group

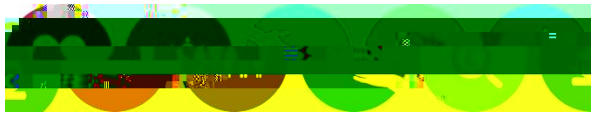
Low rate of participation and high rates of attrition possibly due to perceived burden of taking part in the study, unwillingness to be followed up or have contact post abortion (
)

Introducing choice of post abortion follow up (post or telephone) did not improve attrition rates



Implications for practice

- Improve access to all methods so women have full control of choice
- Allow nurses/ midwives to perform surgical abortions → improve waiting times and give more flexibility
- Future research should consider how attrition rates can be reduced ς involvement of PPI group throughout research process



Conclusion

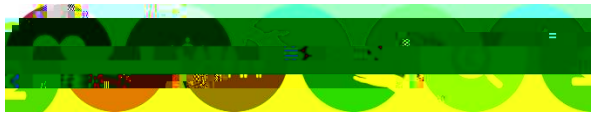
Conclusion

No evidence to suggest that pre abortion emotional factors influence choice of abortion

Post abortion it could be argued that women having GA STOP have least favourable outcomes

Majority of women thought they had a choice of method and this related to increased satisfaction with care

Better understanding of patient experience can inform service development



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