



After-Abortion Emotional Response: Working with Patients

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Introduction/Background

Having an abortion can be a significant event in a woman's reproductive life. The wide variety of factors that influence her decision to have an abortion (e.g. economic resources, relationships, community norms, political and religious beliefs) combine with the quality of the abortion service, personal coping skills and the controversy surrounding the topic to influence her emotional response following the procedure.¹

Abortion clinics are an important source of support for women before, during and after the procedure. Clinics have a wide range of counseling practices that must meet patients' needs, be cost effective and meet medical standards and a variety of regulations.

In order to gain a greater understanding of clinic-based emotional support, San Francisco Bay Area abortion clinic personnel were surveyed regarding attitudes and practices regarding women's post-abortion emotional health.

Design Sample

The investigators developed the questionnaire and field-tested in a clinic outside the study area. The final questionnaire was mailed to clinic managers at 33 abortion clinics in the San Francisco Bay Area in November 2003. Abortion clinics were specifically selected because over 70% of abortions in the United States take place in abortion clinics.² Each clinic manager was asked to choose one support staff or counselor, one licensed clinician, and one administrator to complete questionnaires. Because of abortion clinics' sensitivity to security and privacy issues, the survey was anonymous and confidential, and individuals were not asked to identify the clinic where they were employed. The response rate was 49% (n = 49).

Analysis

Data from 49 completed surveys were analyzed, focusing on staff attitudes and practices related to addressing patients' post-abortion emotional issues. This includes whether staff members are aware of clinic policies regarding how to address post-abortion emotions, whether clinic staff feel equipped to address their patients' post-abortion emotions, and whether they think clinics are the best place for patients to receive emotional support after an abortion.

¹ Bankole A, Singh S and Haas T, Reasons why women have induced abortions: Evidence from 27 countries, *International Family Planning Perspectives*, 1998, 24(3)3: 117-27, 152; Russo N and Denious J, Violence in the Lives of Women Having Abortions: Implications for Practice and Public Policy, *Professional Psychology, Research and Practice*, 2001, 32:142-150; Russo N and Zierk K, Abortion, Childbearing, and Women's Well-Being, *Professional Psychology, Research and Practice*, 1992, 23:269-280.

² Alan Guttmacher Institute, 2003.



Summary

- 32% of respondents did not know whether there are written policies at their clinic about addressing patients' post-abortion emotions.
- 98% of respondents disagreed that women do not generally need emotional support after an abortion.
- Clinic administrators are most likely (100%) and support staff least likely (88%) to feel comfortable talking with their patients about post-abortion emotions. Support staff is least likely (72%) to report that their training prepared them to deal with patients' post-abortion emotions.
- 75% of respondents report that they talk to patients about how they may feel after the abortion; 40% talk to every patient. This most often occurs during intake/options counseling (63%) and when patients bring it up (67%), and least often during recovery (21%). Information about possible post-abortion emotional responses is most often provided to patients verbally with brief discussion (63%) or through brochures/fact sheets (69%). 87% have ever referred clients for outside counseling, mainly to therapists (68%) and telephone hotlines (62%).
- Respondents age 45 and older are most likely (80%) to feel that they do not have enough time or resources to counsel patients. Respondents reporting that their clinic does have written policies about working with post-abortion emotions were the least likely (31%) to agree that they do not have enough time or resources to counsel patients.
- Respondents who reported 21-30 abortion client contacts per week were most likely (83%) to feel that clinics may not be the best place for patients to receive support. Clinic administrators were most likely (91%) to agree that clinics may not be the best place for patients to receive support after an abortion.

Conclusions/Further Research

Abortion clinic staff generally feels comfortable and equipped to talk with their patients about emotions they may feel after an abortion. Differences in responses, however, reflect both staff function and clinic volume. Respondents thought women's feelings about their abortions ranged from relief to serious emotional distress, and that women's feelings can change over time.

Clinics may consider developing policies that delineate clinic philosophy and protocols for addressing patients' post-abortion emotional responses. Additionally, trainings and/or materials that focus on addressing emotional support after an abortion, especially for support staff – who are generally the first and last personnel with whom patients are in contact – may improve quality of care.

Though there is ample research on post-abortion emotional and psychological issues, continued sharing of clinical experience in supporting women who have abortions is an important part of ensuring quality of care. One area for further study may be the relationship between staff comfort levels and skills in dealing with post-abortion emotions.

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