

Multiple Abortions: The experiences of women who request them and the staff who provide them

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Background

- Between 2007-2017 there was a 7% increase in the number of women requesting repeat abortions
- Previous quantitative research has focussed on what is different about women who request multiple abortions
- And how to get women to uptake and adhere to long acting reversible contraception
- Rather than their personal experiences

Methodology

- Qualitative semi structured interviews
- 10 women who have had multiple abortions
- 12 semi structured interviews with staff who work in an abortion service
- All interviews were transcribed verbatim
- Interviews were analysed using thematic analysis

The socio-political experiences of stigma

- “If you’ve decided to have that procedure and its all legal and above board then why do you need two people to sign it why but them doctors don’t even know me from Adam, well I don’t need your permission to do that I don’t need my husbands permission” (Naomi, 32: 3 abortions)
- “Yeah there is a stigma around the word abortion isn’t there? I think like when you say termination it could be for medical reasons but abortion things are associated with it like you’re just being selfish” (Jennifer, 24: 2 abortions)

The socio-political experiences of stigma

- “So, I think that there is a big stigma on how many you have done and I think you do get treated differently and you do get looked down you nose at, to be honest” (Angela 31: 7 abortions)
- “I’m not sure I want to leave medicine known as an abortionist ((laughs)) hanging up my bullet proof vest ((laughs))” (Vanessa Consultant)

Coping

- “Erm erm I wouldn’t even say I don’t know I wouldn’t even say relief but it was just it was how I I suppose how I dealt with it. Very matter of fact and that is that now and that is done and that’s probably how I tend to deal with a lot of things anyway. So, I was like yep that’s that then, now I can move on” (Mandy 32: 2 abortions)
- “She didn’t disclose the three she’d had she disclosed one and then when she was prompted afterwards she was ‘oh yeah they were miscarriages’ and when we explored that a little bit further she admitted that’s how she liked to think of it that was a coping mechanism for her so that’s how she coped and that was ok” (Nicola Counsellor)

Perfect Contraception

- “I tried the needle but I had it cos I was under anaesthetic but if it agreed with me cos I do have reactions to everything but if it agreed with me I would just have to suck it up and get it done every 12 weeks but it didn’t I think I bleed for 6 months on and off” (Rebecca 22: 3 abortions)
- “Your talking to them about contraception and they’re very negative about contraception ‘oh I’ve tried everything nothing works’ ‘I tried a coil and it fell out’ ‘no no I don’t like the idea of that’ they’re very they’ve put up the wall already erm . . .” (Karen Nurse)

Conclusions

- Abortion is a stigmatised medical procedure for both women and the staff who provide them
- Women and staff use a variety of mechanisms to reduce that stigma some of which may fail to address ongoing problems with contraception
- However, women who return for multiple abortions are diverse and so are their experiences, procedural and service issues may need to re-examine implicit attitudes to abortion

Future Initiatives

- Reporting mechanisms
- Taking misoprostol at home
- Public patient empowerment research
- Avoidance coping style and its links to uptake & adherence to contraception
- Reducing staff stigma and stress through clinical supervision

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