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Review of Abortion Patient Information, Education and Emotional Support Practices in Clinics across the United States

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Background

In recent years, many states have instituted mandates regulating the provision of patient information and counseling to women seeking abortion services. These policies, which include scripted patient information, waiting periods, and ultrasound protocols, have generated much debate. However, little is known about how providers assess and provide their patients' information and emotional support needs in the clinical setting. This study documents some of the practices providers use to assess and meet their abortion patients' educational and emotional needs.

Study design

Between December 2010 and March 2011, we conducted confidential telephone interviews with key informants from 26 abortion-providing facilities that served as recruitment sites for the "Turnaway Study," an ongoing, longitudinal study of the well-being of women seeking abortion. Key informants were clinic directors, program managers, clinicians or seasoned counselors. Data were entered into a database using numeric identification codes. This study received approval from UCSF's Institutional Review Board.

Results

Sites vary in size, structure and location, serve diverse populations, and include both primary care and dedicated abortion facilities. All respondents work directly with patients and 89% supervise other staff. The average number of years they have worked at their facilities is 10.5 years (range 3-45). *(See Turnaway Study site characteristics.)*

The majority of facilities (96%) reported that patients routinely participate in an information or counseling session as part of the abortion visit (average time 28 minutes, range 10-75 minutes). While not all labeled this interaction "counseling," there was high consistency among participating sites as to what takes place during these conversations, and who participates in them (i.e., predominantly non-licensed staff). However, greater variability is evident when examining the approaches used to inform patients, as well as the time spent on provision of education and emotional support. *(See Turnaway Study site practices.)*

Gaining informed consent was a priority revealed in different aspects of the survey. All facilities encourage patients to take more time to think about the decision if they expresses ambivalence, and all but one agree that it is important to ask patients about the presence of coercion in their decisions.

Mental health assessment and support also emerged as a key component of care at many sites. 77% reported that physicians or staff routinely ask patients about their prior mental health history; 23% utilize a dedicated needs assessment form to help assess patient's emotional state or identify psychosocial support needs, and 54% report including questions designed for these purposes on medical history forms. In addition, key informants reported giving patients referrals to the following health and social services referrals "always," "very often" or "sometimes:" sexual assault organizations (100%), domestic violence organizations (89%), contraception services (85%), mental health services (77%), post-abortion hotlines (48%), faith-based groups (62%), and adoption organizations (42%).

Turnaway Study site characteristics

Exit interview data (N=26)

Site characteristics	Number
Region	
North	7 (27%)
South	8 (31%)
East	5 (19%)
West	6 (23%)
Facility type	
Clinic	19 (73%)
Ambulatory Surgicenter	3 (11%)
Physician office	2 (8%)
Hospital-based practice	2 (8%)
Facility status	
Not-for-profit	14 (54%)
For-profit	12 (46%)
Approximate number of abortions performed in previous 12 months	
<1000	6 (23%)
1000-2999	7 (27%)
3000-4999	6 (23%)
5000-8000	4 (15%)
Missing data	3 (12%)
Total abortions (all sites)	64743
Range (volume)	440-8000
% services abortion-related	
Range	5-100
Average	71
Gestational limits	
Minimum	0[1]
Maximum	26
NAF member?	
Yes	23
No	3

Turnaway Study site practices

Site practice survey data (n=26)

	Staff practices			
	Provide information about abortion procedure	Assess certainty of patients' abortion decisions	Assess patient's feelings & provide emotional support	Provide contraceptive health education
Frequency				
Always	25 (96)	24 (92)	19 (73)	24 (92)
When the patient raises the issue	1(4)	0 (0)	6 (23)	1 (4)
When an individual staff member thinks important	0 (0)	1 (4)	1 (4)	1 (4)
We do not do this	0 (0)	1 (4)	0 (0)	0 (0)
Approaches used		*(respondents asked to choose all that apply)*		
Individual format	26 (100)	25 (100)	26 (100)	25 (96)
Group format	8 (31)	2 (8)	1 (4)	4 (15)
Video	8 (31)	1 (4)	2 (8)	1 (4)
Phone	20 (77)	9 (36)	14 (54)	1 (4)
Written materials	22 (85)	5 (20)	7 (27)	23 (89)
Website	17 (65)	2 (8)	1 (4)	10 (39)
Other	3 (12)	3(12)	5 (20)	1 (4)
Which staff members conduct majority of work involved with task?		*(respondents asked to choose one)*		
Non-licensed staff	22 (84)	19 (76)	19 (73)	16 (62)
Licensed mental health professionals	0 (0)	3 (12)	4 (15)	4 (15)
Certified medical assistants	1 (4)	1 (4)	1 (4)	1 (4)
Nurses	2 (8)	2 (8)	2 (8)	4 (15)
Physicians	0 (0)	0 (0)	0 (0)	0 (0)
Front office staff/phone staff	1 (4)	0 (0)	0 (0)	0 (0)
Refused	0 (0)	0 (0)	0 (0)	1 (4)
Typical amount of time staff spend on task with each patient at visit				
1-5 minutes	4 (15)	8 (32)	1 (4)	9 (35)
6-10 minutes	3 (12)	7 (28)	12 (46)	9 (35)
11-15 minutes	7 (27)	4 (16)	2 (8)	6 (23)
16-20 minutes	5 (19)	2 (8)	5 (19)	7 (7)
21-25 minutes	1 (4)	1 (4)	2 (8)	0 (0)
>25 minutes	6 (23)	3 (12)	4 (15)	0 (0)
Range	≥5-60 mins.	≥5-180 mins.	≥5-120 mins.	≥5-20 mins.

The majority of key informants (81%) expressed the view that it is part of the staff's role to provide "counseling" for emotional issues related to abortion, and that staff-patient interactions can affect patients' future feelings. Key informants at all sites agreed or strongly agreed with the following statements:

- It is important for clinic staff to provide emotional support during the abortion procedure. (100%)
- Positive messages about abortion from clinic staff can reduce abortion stigma. (100%)
- Patients' interactions with clinic staff can influence their future feelings about the abortion. (96%)
- It is important to ask patients about the quality of social support for their abortion decision. (92%)
- It is important for clinic staff to ask patients how they feel about their abortion decision. (88%)
- It is important for clinic staff to talk with patients about expectations and strategies for coping after the abortion. (85%)
- It is the role of the clinic staff to talk with patients about spiritual or religious conflicts related to abortion when they arise. (62%)

Conclusion and significance

This study illustrates that, while some aspects of care are similar across sites, providers' information and emotional support practices do vary, especially with regard to the educational methods used, the frequency with which providers and patients discuss emotional issues, and time involved with providing these aspects of care. These data suggest that providers tailor their practices to meet the perceived needs of their patients. Mandates that force a one-size-fits-all approach to information provision will fail to replicate the rich, individualized interactions that providers and patients have on a daily basis.

[1] No lower limit—abortions performed at first recognition of pregnancy.

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