



Original research article

A need to expand our thinking about “repeat” abortions

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Abstract

Background: Women who have more than one abortion are often the “targets” for social and clinical interventions geared at preventing “repeat abortions.” Such an approach ignores the unique circumstances that may surround each abortion.

Study Design: We qualitatively analyzed the history of 10 women who have had more than one abortion who were participating in a larger study of women’s emotional experiences following abortion. Women were recruited following their initial contact with a postabortion support talk line and from a previously completed study.

Results: Overall, women in the sample reported that each abortion was different and *some* abortions were more emotionally difficult than others, suggesting that the phrase “repeat” can be a misnomer and discounts the unique circumstances surrounding each abortion.

Conclusion: Rather than use the term “repeat abortions,” we advocate for the use of the less loaded term “multiple abortions,” in which each abortion is understood as a unique experience.

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1. Introduction

Half of all induced abortions in the United States occur in women who have had a prior induced abortion [1]. Seeking to understand this statistic, several demographic studies have been conducted over the years to identify which women have repeat abortions, often with the goal of identifying who needs to be targeted for interventions [1–4]. Consequently, reducing the rate of repeat abortion is an often-stated aim of recent studies of postabortion contraception [5–8], and reproductive health advocates use the potential to reduce repeat abortion as a justification for policies that support access to contraception [9]. Inside the abortion clinic, the idea that women are “repeaters” creates a sense that these women need less counseling or support about the abortion itself and staff should give greater attention to these women’s contraceptive practices. Women’s behaviors, and thus their experiences, are seen as repeated; they are duplications, do-

overs that need a contraceptive fix. To date, research has not qualitatively examined the experiences of women obtaining more than one abortion to ascertain the extent to which they indeed experience those abortions similarly.

To test the assumption that “repeat” abortions are experienced as duplications of the first abortion, we consider here interview data gathered as part of a study of the landscape of emotions women experience following an abortion. In contrast to focusing on the contraceptive or sexual behavior of women as the unit of interest, this paper focuses on the abortion itself. The data from our study suggest that some abortions can be more emotionally difficult than others, and that difficulty may not be due to the repetitive nature of the abortion experience, but rather to the unique circumstances surrounding a given abortion.

2. Materials and methods

Between March and August 2009, 21 women were interviewed about their abortion experiences. To be eligible, potential respondents had to be over 18 years of age and English speaking. Respondents were recruited in two ways.

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First, we partnered with two abortion support talk lines that were not religiously affiliated. Volunteer counselors from the talk lines informed eligible callers about the study. A total of 31 callers were referred. Second, we solicited participants from a previously completed research study on abortion who had agreed to be contacted about future research. A total of 12 women were contacted from this previously completed study. Potential respondents were invited to call a designated cell phone to participate in the study.

Interviews were conducted over the phone and were open-ended and semistructured, covering a range of topics related to respondents' abortion experiences. Relevant to this analysis, respondents discussed the social, familial and relationship circumstances surrounding their abortion(s), including their emotional reactions to these circumstances. Trained interviewers asked probing follow-up questions as appropriate to elicit complete narratives from each respondent about her abortion experience(s).

Fourteen women referred by the talk lines and seven women recruited from the previously completed research participated in this study. The remaining 29 women did not follow up on the referral to contact the study for an interview. Interviews lasted between 0.5 h and over 2 h, averaging 1 h and 15 min. Interviews were audio recorded and transcribed. To thank respondents for sharing their stories and their time, we mailed them a gift card after the interview. However, no identifying information was retained; all names used below are pseudonyms.

Of the total sample of 21 women interviewed, 10 reported having had more than one abortion. The analysis presented is restricted to the narratives of these 10 women. Together, these women had a total of 35 abortions: five women had two abortions each; two women had three abortions each; two women had four abortions each; and one woman had 11 abortions. The time between their abortions varied from as little as one-and-a-half years to as much as 21 years.

Interviews were analyzed qualitatively using Atlas.ti 5.0 for comparison of how respondents discussed their different abortion experiences, especially ways in which they experienced their abortions as similar to or different from one another.

This study was approved by the Institutional Review Board at the University of California, San Francisco.

3. Results

Demographically, respondents were fairly diverse. Five women were white, three were Asian/Pacific Islander, one was Latina, and one was African–American. They ranged in age from 21 to 47 years: three were in their 20s, five were in their 30s and two were in their 40s at the time of the interview. Because interviews were conducted by phone, respondents were not restricted to a single geographical area. Three respondents were from the Northeast, and seven were from the West Coast.

Overall, women in the sample reported that each abortion is different and *some* abortions were hard. In several cases, respondents described the abortion experiences as feeling different to them because of their age. Lana (28, Asian) hypothesized that her second abortion at age 28 was different from her first, at 22, in large part because of her age. Of her first abortion, she explains:

It was painless. And I knew it was the right thing to do. I was young. But it was the right thing to do at the time. I just had no way, I, you know, the first time, I didn't have a problem. I made my mind up. I was like, "This is what I want to do." I didn't have a problem with it.

The second one was different and more emotionally difficult, Lana said repeatedly, because she was older:

The second time around, it was a lot more difficult. It was exponentially more difficult than the first time around ... I think it's because of my age. I'm older. The first time around was six years ago. I'm older.

Michelle (39, white), too, ascribed some of the emotional difficulty she experienced following her second abortion, nearly two decades after her first, to her older age.

Cynthia (36, white) also believed age played a role in her emotional reaction to abortion, although she had the reverse experience. Unlike Lana and Michelle, Cynthia experienced her first abortion as more emotionally difficult than her second. Cynthia's first abortion was at age 15, largely under her parents' guidance, and she has only hazy memories of the specifics of that experience. She continues to be troubled by her lack of personal control surrounding that abortion. She has much clearer memories of her second abortion, over two decades later, at age 36, which she coordinated on her own, without her parents' assistance, and thus sees the two abortions as vastly different experiences:

I feel like this time, you know, it was totally on my shoulders, the whole thing, you know, arranging it, going for it, having it, you know, taking care of myself afterwards. Everything was just my responsibility. And I feel more responsible for it I guess but I don't really feel bad about it.

Taking ownership of the decision to have an abortion made Cynthia's experience of her second abortion emotionally clearer than that of her first abortion, and because of this, she identified the second abortion as emotionally easier than the first.

Other respondents identified their abortion experiences as different because of their partner. Laura (37, white) had a complicated emotional experience surrounding her first abortion at age 27 when she was married to her now-ex-husband. She learned she was pregnant that time soon after a business trip during which she had had sex with someone other than her husband. Laura feared that her husband was not the genetic father of her pregnancy and elected to have an abortion. She told her husband it was not the right time for them to have a child, hiding her questions about paternity from him, and he fully supported her. A decade later, during her interview, Laura marveled at just how supportive her ex-

husband had been, saying, “he was so much there for me. He never left me. He was always there for everything.” Their marriage ended a couple years later, but Laura continues to feel pangs of guilt that she did not tell her husband her real reasons for the abortion.

Laura’s abortion 10 years later, at age 37, occurred under very different circumstances and was less emotionally charged for her. This time, Laura had only been in a relationship for a few months. She was initially very interested in this man, and their relationship progressed quickly, but she also recognized that they did not actually know each other very well. Just a few months into their relationship, Laura neglected to refill her birth control prescription before they went on a short vacation together. She became pregnant and decided to have an abortion. According to Laura, this time, the experience was much less emotionally difficult for her, largely because she felt less connected to this man. As she said, “[the second abortion was] less emotional, I think, than the first because I don’t think the second relationship was as good as the first.” The relationship context of the abortion influenced Laura’s experience of abortion.

Lucia’s (30, Hispanic) experience of abortion was likewise viewed through the lens of her intimate relationship. She knew she did not have a future with the man with whom she got pregnant with at ages 21 and 24. He was abusive to her and sabotaged her birth control. As Lucia explained:

He didn’t want me to leave him and everything and he did it on purpose, you know, he got me pregnant. And, you know, I went and did it [had the abortions]. And like I said, those abortions, I don’t think nothing of them.

In each of these two pregnancies, the social circumstances were similar — same partner, same negative relationship — and it could be argued that Lucia’s second abortion constitutes a “repeat” abortion. However, she was in a different and more positive relationship at 29 when she once again became unintentionally pregnant. It still was not her ideal relationship, and their interaction was sometimes volatile, but she could imagine raising a child with this man. Lucia ultimately decided abortion was a better choice. This abortion experience, however, was distinct from the two before it because of the different emotional and social circumstances surrounding it. Lucia’s experiences could be thought of as demonstrating both repeat abortion and multiple abortions.

Still others saw their experiences as different because of where they were in life. Susan (47, white) had no hesitation about having an abortion at age 45 since her most recent pregnancy had ended in a placental abruption with an emergency Cesarean section; another pregnancy was not advised. Besides, Susan reasoned, after giving birth to eight children, she already had plenty of kids. In contrast, deciding to have the two abortions Susan had earlier in her marriage had not been easy: one of the pregnancies that ended in abortion had been planned, but she and her husband’s financial situation significantly worsened soon

after she learned she was pregnant, and the other came at a time when they were contemplating divorce. Each abortion came with a different set of circumstances, some that made the experience emotionally easier and some that made it harder. Susan explained:

They were all different. They were. A lot depended on what was going on in my life at the time, the way that I responded to them ... I had different circumstances going on under each, between each of those two.

Kelly’s (43, African–American) two abortions, a decade apart, were also different because of where she was in life. When she decided to terminate her first pregnancy at age 27, she assumed she would have future opportunities to become a mother, making her decision to have an abortion relatively unproblematic in her mind. However, when she became pregnant at age 38, in a different but still not long-term relationship, Kelly was less sure she would have another chance to have a child. The confluence of other factors made her decide to have a second abortion, but her fear that she had missed her chance at motherhood made her emotional experience of the second abortion more difficult. As these stories make clear, personal circumstances and context matter in women’s emotional experience of abortion.

Finally, two respondents considered their multiple abortions, each occurring under different social circumstances, to be a responsible form of birth control and experienced no emotional difficulty following their abortions. Emily (36, white) is the clearest case; over the course of 18 years, she had 11 abortions. Emily did not want to be a mother — and never has — but explained that either all forms of prescription contraception currently available have failed her or she is medically excluded from them. In addition, she is allergic to latex, and her husband is unable to undergo a vasectomy procedure due to his own medical conditions. As in her previous relationships, Emily uses the rhythm method to avoid pregnancy, with limited success. Instead of causing Emily emotional difficulty, her access to and use of abortion 11 times has allowed her to manage her fertility and live the child-free life she seeks. Emily was clear that she did not need support from providers for contraception, despite their insistence:

They want to send me off with a prescription of birth control pills. And I’d give them to my friends. I mean, it’s like what am I supposed to [do since they don’t work for me]?

And she did not want to experience judgment for the number of abortions she had received. In fact, she had lied to providers about the number of previous abortions in order to avoid their judgment and traveled to a more distant provider on at least one occasion to avoid “that attitude.”

4. Discussion

Research on women and mental health continues to demonstrate that most women cope well following an

abortion [10]. Such results have led us to focus the unit of attention on the women who have abortions rather than on the context of the abortion itself. Thus, society tends to think that abortion is more or less hard for individual women. Data from this study suggest that at least some women experience their abortions as distinct events and that their emotional needs likely differ based on the personal circumstances in which the abortion occurs. We argue here that it is important to recognize that *some abortions* can be emotionally easier or harder; it is problematic to instead think about abortion as being harder or easier for *some women*.

In our data, for some women, being younger and less in control affected their coping with a given abortion, whereas for others, their older age led them to self-blame and the feeling that they should have prevented the abortion. Still other women understood their abortion experiences as different based on the relationship context surrounding the pregnancy. Across all these narratives, the women who participated in our study did not talk about their abortions as repeat experiences. In their accounts, they described wanting different kinds of support based on the circumstances in which they found themselves in need of an abortion.

Providers who care for women seeking abortions should not assume that how a woman coped with one abortion is how she will cope with another. Nor should they assume that what a woman needed emotionally following her last abortion is what she will need for the current abortion. Finally, her contraceptive needs should be determined according to her circumstances at the time of her clinical care and not as a byproduct of her accessing abortion services more than once. As Emily's experience illustrates, such an approach can lead women to specifically avoid returning to health care providers in order to protect themselves from judgmental treatment.

Nonetheless, quickly recurring unintended pregnancies may be an indicator of difficulty with contraception which merits attention by providers and, as in Lucia's case, specific attention to contraceptive sabotage [11–13]. Lucia's experience of her first two abortions, described above, suggests that this condition is real and should be of relevance to the health care provider. Her experience also suggests that her need for more than one abortion is both related (for her second abortion) and unrelated (for her third abortion) to her history of contraceptive sabotage. Providers should be cautious about inferring too much from a woman's abortion history. A similar argument could be made for another identified risk factor associated with multiple abortions: the history of childhood abuse [2]. Women with this risk factor, whether they are presenting for one or several abortions, do not need different services. What is relevant to the care these women may need is their history of abuse and not the decision to abort more than one pregnancy. A history of abuse should not prompt greater clinical interest because a woman presents for a second abortion than if disclosed in seeking care for contraception or a first abortion.

5. Conclusion

In a recent editorial, William Saletan, a columnist for *Slate* magazine and a frequent commentator on the abortion issue, wrote that the Pro-Choice Movement should “target repeaters,” arguing that the cavalier approach of these women to the use of abortion contributes to society's social conflict over the issue. He states, “One unintended pregnancy should be enough to warn you — and the doctor who vacuums out your uterus — not to risk another” [14]. He is not alone in this belief, and just a brief reading of the comments posted to most stories about abortion on the Internet will find the utter demonization of women who have more than a single abortion (e.g., see article and comments to a recent *National Review* article [15]).

The term “repeat abortion” is fraught with social meaning that stigmatizes the women who find themselves in need of abortion care more than once in a lifetime. As the data from this analysis suggest, women who have more than one abortion do not represent a class of people who need to be “targeted” or thought of as different or aberrant. Indeed, given the high number of women who have more than one abortion, it is important to recognize this as a fairly common phenomenon. Rather than targeting, these women need emotional support that is context based and recognizes that some abortions can be emotionally harder or easier than others.

Access to contraception after an abortion is the standard of care for abortion providers [16], and like all contraceptive counseling, the focus should be on the preferences of the individual patient. Women who wish to avoid unintended pregnancies should be helped by providers to use the contraceptive of their choice, but the prevention of “repeat abortion” should not be the goal of any clinical visit or public policy. And the women themselves seeking abortion care who have had more than one abortion should not be targeted as repeat offenders whose contraceptive needs are more or less acute than their first-time counterparts. It may be that women who experience multiple unintended pregnancies need more support in managing their fertility, but their use of abortion more than once should not stigmatize them in the eyes of their health care providers.

We should understand these women through their individual life experiences, rather than through the biographical fact that they have sought to terminate more than one pregnancy. These women, like all women seeking abortion care, need to be treated as individuals whose decision making is respected and validated, and they must have access to the full range of contraceptive methods and emotional support. This paper argues for seeing each abortion experience as a separate and distinct event with specific social circumstances. As the findings from our study suggest, the shift is about more than just semantics. Rather than use the term “repeat abortions,” we advocate for the use of a less loaded term “multiple abortions,” in which each abortion can be understood as a unique experience. In

treating abortions as separate events, each associated with a unique set of personal circumstances that can result in women having very different needs, we believe that the reproductive health field can better meet women's emotional needs related to abortion. While contraception remains an important part of all abortion care, our data suggest that focusing solely on this need may not provide women with the best abortion care.

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