

ISSUE BRIEF #5, JUNE 2014

## Ultrasound viewing in abortion care

Ultrasound in the context of abortion care has received more attention in recent years as states have passed regulations mandating specific ultrasound procedures. Already, 23 states have enacted such laws,<sup>1</sup> requiring abortion providers to perform ultrasounds and/or offer fetal images and heart tone sounds to patients. Additional laws are being introduced across the country, with the most extreme requiring that a doctor explain certain characteristics of the fetus regardless of a woman's desire for that information.

Abortion opponents support these regulations, expecting that women who view ultrasound images will be more likely to forgo having an abortion. Reproductive rights advocates generally oppose the regulations, citing concerns that they are coercive and interfere with the patient-provider relationship. Both sets of claims assume specific effects of ultrasound viewing on women seeking abortion.

To delve deeper into these claims, ANSIRH conducted a variety of research studies to better understand the use and experience of ultrasound viewing in the abortion care setting.

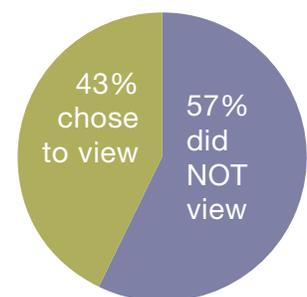
### Findings

#### There is a large diversity in provider practices surrounding ultrasound viewing in the abortion context:

- Without state interference, there are three ultrasound viewing models:
  1. Offered to all
  2. Shown upon request
  3. Managed viewing—Many providers negotiate ultrasound viewing according to their philosophies of care; navigating between the medical, social, and personal meaning for their patients.
- With state interference, there are two ultrasound viewing models:
  1. Mandated offering
  2. Mandated viewing

#### Many patients *do* want to view their ultrasound image:

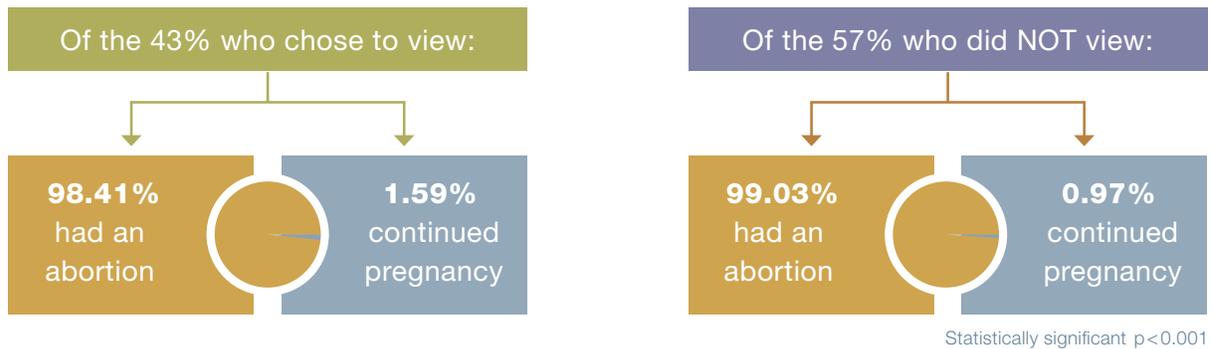
- Many women seeking abortion are interested in viewing their ultrasound image and will choose to do so when offered the opportunity.
- The presence of a state law or facility policy to offer viewing increases the odds that the patient will choose to view.
- Patients' experience of control over decisions affecting their medical care leads to better health outcomes and greater patient satisfaction.



### Women report a range of emotional responses to viewing:

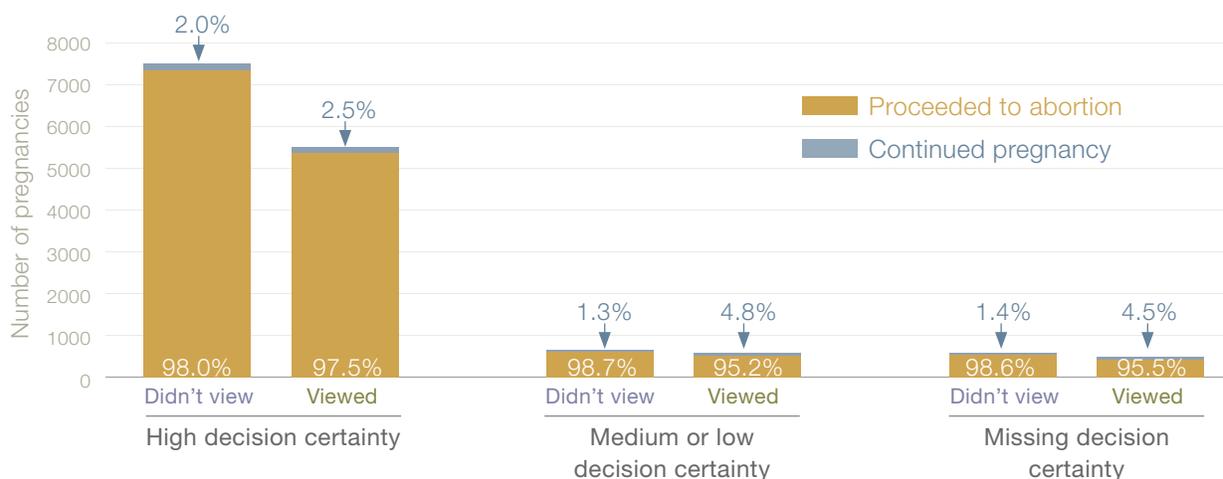
- Neutral emotions are the most frequent, followed by negative and then positive emotions.
- Ultrasound viewing prompted by state law or solely by a facility policy to offer viewing are both (nearly) associated with increased odds of a negative emotional response.
- There is no support for the perception that gestational age matters for women's emotional response to viewing the pre-procedure ultrasound image.
- This diversity of response points to the importance of understanding ultrasound viewing in the broader context of a woman's life and the variety of factors that influence her decision-making.

### The vast majority of women proceed to termination whether they view the ultrasound or not:



### Decision certainty plays a role in women's overall experience and outcome:

- Viewing does not increase odds of continuing pregnancy among women with high decision certainty.
  - The vast majority of women (85.4%) were certain about their decision to have an abortion, while 7.4% expressed medium or low decision certainty about choosing abortion.
  - Women who viewed were more likely to have medium or low decision certainty and to select medication abortion.
- Among women with low and medium decision certainty, viewing the ultrasound image does have a small effect on the odds that a woman seeking abortion will change her mind and decide to continue the pregnancy. *Important note: this analysis only considers women who chose to view; they were not required to view. Data cannot be generalized to describe women who explicitly do not want to view their ultrasound image.*



## Conclusions

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- Ultrasound viewing does not have a singular effect.
- From both a health care and a policy perspective, it is important to understand the role that ultrasound viewing may play in women's decisions. It is equally important not to overstate its effect above other factors women use to make an abortion decision.
- Mandating that women view their ultrasound images may have negative psychological and physical effects even on women who wish to view.
- Removing women's ability to decide whether to have an ultrasound before an abortion and dictating the manner in which the ultrasound is administered is likely to reduce women's perceptions of decisional control regarding abortion, and thus may have negative psychological and physical health outcomes, impede adjustment, and increase the risk of a negative emotional response in women seeking abortions under such conditions.
- Our findings suggest that providers, advocates, and legal experts would be best served by articulating the importance of ultrasound in the abortion care context while simultaneously opposing laws that seek to mobilize images in particular ways to manipulate women's decision-making.
- Questions about clinical care practices are best addressed in the medical context, not the legislative arena.

### Above findings can be found in these publications:

Gatter, Mary, Kimport, Katrina, Foster, Diana Greene, Weitz, Tracy, Upadhyay, Ushma D. January 2014. Relationship Between Ultrasound Viewing and Proceeding to Abortion. *Obstetrics and Gynecology*. 123(1):81-87.

Kimport, Katrina, Ushma D. Upadhyay, Diana Greene Foster, Mary Gatter, Tracy A. Weitz. 2013. Patient Viewing of the Ultrasound Image Prior to Abortion. *Contraception*. 88(5): 666-670.

Kimport, Katrina, Felisa Preskill, Kate Cockrill, & Tracy A. Weitz. November 2012. Women's Perspectives on Ultrasound Viewing in the Abortion Care Context. *Women's Health Issues*. 22(6):e513-e517.

## References

- <sup>1</sup> Guttmacher Institute. June 2014. *State policies in brief: Requirements for ultrasound*. New York.