

Barriers to presenting sooner

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plan

a quick note on terminology

why does this area matter?

overview of research findings

summary and future perspectives

terminology

potential association of 'late' with

not ideal

negativity

blame

lack of initiative

misuse of medical facilities

reactions of others and self

may (do!) slip into usage amongst professionals

focus of this talk

most research on second trimester procedures (13 to 20)

limited research on 20 plus weeks finds generally similar results (in UK, just 1.4% of all procedures)

in UK, the shift to higher proportions of pre-10 weeks has come from 10 to 13 week procedures, rather than a shift from second trimester procedures

why does it matter?

higher risk procedure

(10 to 15% of all procedures, but 65% of all complications)

fewer facilities (and clinicians) available

cost implications (travel, payment for procedure, etc.)

further delays add to uncertainty and stress

to inform discussions on likely impact of legal contexts and potential changes

possible greater psychological impact

why do research?

any patterns of reasons for late presentation and other delays can be addressed

ascertain factors affecting delays, and balance between women-centred issues and service delivery issues

overview of research challenges

challenges of carrying out research
access to women who fit the category
ethical balance between recovery and research
questionnaire and/or qualitative approaches?
accuracy of recall, dates, etc.

what counts as delay?

overview of research findings

England and Wales UK study

Ingham, Lee, Clements, Stone (2008)

883 women aged 16 plus

questionnaire PLUS space for additional comments

provided long list of possible reasons (developed preliminary from qualitative research)

women self reported reasons and all relevant dates

(no case analyses)

overview of research findings

five main factors emerged

delay in suspecting pregnancy

delay in seeking pregnancy test

delay in deciding to have an abortion

delay in asking for abortion

delay in obtaining abortion

overview of research findings (2)

median gestation overall was 15 weeks and six days

median gestation at each stage

suspecting pregnancy -- 7 weeks

taking test -- 10 weeks

decision -- 12 weeks

requesting abortion -- 13 weeks

procedure -- 15 weeks

delay 1 - not suspecting pregnancy

71 % of women reported this

I didn't realise I was pregnant earlier because my periods are irregular (38%)

I didn't realise I was pregnant earlier because I was using contraception (31%)

I didn't realise I was pregnant earlier because I continued having periods (20%)

delay 2 - not seeking pregnancy test

64 % of women reported this

I wasn't sure what I would do if I were pregnant (32%)

I suspected I was pregnant but I didn't do anything about it until the weeks had gone by (30%)

I was worried how my parent(s) would react (26%)

delay 3 – deciding to have abortion

79 % of women reported this

I was not sure about having the abortion, and it took me a while to make my mind up and ask for one (41%)

I thought the pregnancy was much less advanced than it was when I asked for the abortion (36%)

delay 4 – asking for abortion

28 % of women reported this

I was worried about what was involved in having an abortion so it took me a while to ask for one (22%)

I had to wait more than five days before I could get a consultation appointment to get the go-ahead for the abortion (24%)

I had to wait over 48 hours for an appointment at my/a doctor's surgery to ask for an abortion (20%)

delay 5 – obtaining abortion

60 % of women reported this

I had to wait more than seven days between the consultation and the appointment for the abortion (20%)

doctor delays, practical arrangements, etc.

other relatively frequent factors

relationship breakdown (23%)

partner changed mind about having a baby

missed appointments

chaotic lifestyles

research from elsewhere

basically similar results from other countries, including USA, The Netherlands, Finland, Singapore, Vietnam
different emphasis depending on nature of health services (so USA and Vietnam, for example, have more delays due to raising money)

... and there may be more pregnancies that are not terminated that would have been in a different context
... and some that are carried out illegally due to restricted policies, etc., so biasing patterns
generally, more vulnerable women in populations are more likely to be in 'delaying' group

key learning points

still a great deal of ignorance about bodies amongst some women

lack of knowledge regarding the processes involved in abortion

stigma about abortion

ignorance amongst doctors

(some genuine, some seemingly disruptive)

services sometimes impersonal and seemingly judgemental

powerful influences of financial contexts

impact of lowering upper limit

if reduction in upper limit occurred, what would impact be?

parallel with my students' essays?

moving deadline would NOT lead to many more late essays, but ...

... reduction in prevarication, better organisation, etc.

BUT abortion processes are not the same
vast majority of the delays are due to factors other than laziness, deadline mania, etc.

but are due to a series of barriers and circumstances

impact of raising upper limit

what is the rationale for lower limits (eg 13 weeks)?

raising upper limit would enable more women to exercise
their choice

many situations are not (and could not have been)
anticipated

so, if the logic of choice is permitted, why restrict it?

finally ...

implications for education ...

... about bodies

... about procedures

... about realities

implications for levels of professionalism ...

... training

... accurate information and support

implications for funding

and for respect for women's rights