

The Ugly News: Late abortion

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Late abortion

- What is late?
- Why is it 'ugly news'?
- Why it occurs?
- What strategies need?

870	440P	DELATED	E12
864	340P	DELATED	08
879	500P	DELATED	E12
772	505P	710P	E11
230	445P	DELATED	04
125	430P	645P	08

What is late ?

	Non- medical limit
Great Britain	24
Sweden	22
Netherlands	22
Belgium	18
Austria	16
France	14
Switzerland	14

Why ugly ?

- Safer than birth
- Fewer providers willing/ able
- Gest limit 'turned away' higher distress

Harris et al BMC Wom Health 2014
 Biggs et al am J public Health 2015

'Late'

- "...abortion is **so readily available** and **such easy** access ... and I don't think there's any reason why people shouldn't come earlier and make their decision earlier...except on **rare** occasions'

Scottish O&G

- ' **most women will know** they are pregnant long before that...' Scottish GP

Benyon -Jones Soc Stud Sci 2012

Why ? Delays in pathway

- Self admin survey UK in 2006 (N>800)
- Stages of delay in pathway:

- Suspect preg (71%)
- Taking preg test (64%)
- Making decision (74%)
- Request TOP (28%)
- Waiting for TOP (60%)



Ingham et al Repro Health Matters 2008

Delay in suspecting pregnancy

- Periods irregular (49%)
- Periods continued (42%)
- Using contraception (29%)



Delay in deciding TOP

Reasons	%
General indecision	65
Relationship with partner broke down	30
Thought pregnancy less advanced	29
Worried about what was in involved	27

Ingham et al Repro Health Matters 2008

Common findings

- Netherlands:
- Fail recognise preg, time to make decision *Loeber & Wijzen, Repro Health Matters 2008*
- US:
- Enforced waiting times, difficult to arrange, find provider, funding, teenagers, fear of TOP *Finer et al Contra 2006, Foster et al Contra 2008*

Permissible but not provided

- Scotland > 11,000 in 2014
- Legal 24/40 (> 20 wks travel to England)
- Providers support 'late service'
- Barriers: feticide 22/40, no support from hospital managers, 'distasteful' service



*Cochrane & Cameron
Eur J Contra Repro Health 2013*

Who ?

- Scottish national audit (2013-14)
- 267 request TOP (16-24 wks)
- Med 22yrs, 87% deprived, 50% children, 27% prev TOP, 10% prev mid TOP
- 66% proceed TOP
- >20 wks sig more likely continue preg ($p < 0.01$) *Cameron et al Eur J Contra Repro Health 2015*
- In depth interviews (N=23) experience

> 20 wks travel for TOP

- Emotional and physical challenge
- Some too much to manage
- Having to tell family, work, borrow money
- 'Judgement' at being close to gest limits
- Differential provision for late miscarriage
- Added to stigmatization and discrimination
- Majority felt relief following abortion

Purcell et al Pers Sex Repro Health 2014

Summary

- Key findings several countries concur
- Delay due to combination factors
- Much before request - recognition preg
- Relationship parents /partner
- Fear about what TOP involves
- Funding & lack providers
- Distress and stigmatisation at limits

Future strategies?

- Education signs/symptoms pregnancy
- High quality information TOP
- Access TOP service
- Minimise service delays
- Funding
- Always need for mid trimester TOP
- Improve provision 'later' abortion

