

Final report form

for a granted project

Date project actually started:

zaterdag, september 7, 2019

Date of completion:

donderdag, september 1, 2022

Please provide a report of your findings and data.

This project aims to examine this through in-depth interviews with participants who have undergone abortion in the 'scan as indicated' model and have also had a previous abortion with an ultrasound scan.

OBJECTIVES

1. To understand the experiences and opinions of women who have undergone telemedical abortion without a pre-procedure ultrasound.
2. To compare the experiences of having an abortion without an ultrasound to prior experiences of abortion with an ultrasound scan.
3. To explore women's perspectives on the routine or selective use of ultrasound as a reflection of quality in abortion care.

STUDY DESIGN

In-depth, qualitative interviews with 20 participants. Interviews were recorded and transcribed.

INCLUSION CRITERIA

- Age 18 years and above
- Able to give informed consent
- Able to read and write in English
- Had EMA at BPAS without pre-procedure ultrasound and a prior abortion with ultrasound

EXCLUSION CRITERIA

- Any indication for an ultrasound prior to the abortion at BPAS (e.g., to rule out ectopic pregnancy/miscarriage)

DATA ANALYSIS

We conducted thematic analysis of the interview transcripts and identified the four themes presented below.

FINDINGS

A total of 20 patients participated in the research.

1. Limited knowledge of ultrasound scanning in abortion care

Most participants were not aware that they would need an ultrasound scan as part of their abortion care. When they were told they needed to have a scan they were often not told why, and assumed it was a taken-for-granted part of the abortion care pathway:

"Oh, this must be what you do, what you have to go through"

2. Ultrasound scanning caused negative feelings
Participants described the physical and emotional discomfort caused by having an ultrasound scan. For example, most participants described how having an ultrasound scan during pregnancy should be a happy experience, regardless of whether they had continued a pregnancy before:

"Obviously lying down and having the stuff on your belly and the coldness and all the rest of it is a very emotional thing when you've been a mother anyway because a lot of the time that's a very joyous thing to go through"

They described the scan as an event that made the abortion "harder", "more real", and induced feelings of guilt.

Many participants described how having an ultrasound scan could be physically uncomfortable, even painful. This was particularly the case for those participants who had a transvaginal ultrasound scan using a probe:

"Yes, it's painful firstly, and ... I wasn't shaved, like there was stubble and I didn't want her to see that"

3. Near-universal endorsement for not scanning
Participants described "relief" when they found out they would not need an ultrasound scan in the 'scan as indicated' model of abortion care as they did not have to endure the negative physical and emotional impacts of ultrasound scanning that they previously felt. Participants also reflected on the opportunity posed by omitting ultrasound scanning from the abortion care pathway, allowing them to access telemedicine which they could fit around their lives:

"I could sit at home and strategically think about how it would fit around my life without me having it affect anyone else"

4. Perceptions of quality of care were not impacted by omission of ultrasound scanning
Participants were asked whether their perceptions of the quality of care they received were impacted by not having an ultrasound scan in the 'scan as indicated' model. Overall, they described feeling safe and reassured by the counselling provided by staff, and did not feel the quality of their care was impacted:

"I knew 100% that they'd had all the information

they could have from me and...that I was safe”
We will gladly share the sociodemographic data of participants, but this form did not allow the inclusion of such a table.

Please provide a final detailed budget on how much you have spent. Was any money not spent? Receipts may be requested.

Budget in euros

Consultancy fees for Prof Hoggart: 4044.42

Transcription: 849.74

Participant remuneration: 554.66

FIAPAC Conference: subsistence: 450

Poster printing for FIAPAC: 50

Dedoose software for analysis: 90

Total: 5998.82 euro

How will your findings be presented?

Publication in journal

Presentation

Was your paper published? Indicate journal and acceptance date

We are in the process of writing two papers for publication. The first will be written for service providers and we aim to submit this to BMJ Sexual and Reproductive Health. The second will have a greater focus on the socio-cultural experiences of ultrasound scanning in abortion care and we aim to submit this to Social Science and Medicine.

Presentation – note meeting organisation and date

Oral presentation at the 16th European Society for Contraception Congress in Ghent: 25-28 May 2022

Poster presentation at FIAPAC in Riga: 8- 11 September 2022

Please let us know whether having a mentor has been helpful or not

I accessed my mentor at the beginning of the project but did not seek their support after this point.

Full Name

Patricia Lohr

Date

donderdag, oktober 13, 2022

Questions? ESC Central Office: info@escrh.eu

Type a question

info@escrh.eu