

PATIENT EXPERIENCES OF UNDERGOING ABORTION WITH AND WITHOUT AN ULTRASOUND SCAN IN BRITAIN

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Background

Routine ultrasound scanning to determine gestational age and pregnancy location has long been part of pre-abortion assessment in Britain, despite not being legally required or recommended in national clinical guidelines.

To support implementation of telemedical abortion care, the Royal College of Obstetricians and Gynaecologists (RCOG) issued clinical guidance for an ‘as-indicated’ approach to pre-abortion ultrasound, removing the need for a clinic visit.

We conducted a qualitative study with individuals who had abortions with and without an ultrasound.

Objectives

- to understand the experiences of those who had an abortion without an ultrasound;
- to compare the experiences of having an abortion with and without an ultrasound;
- to explore patient perspectives on routine or as-indicated use of ultrasound as a reflection of quality of care.

Methods

We recruited patients who had a medical abortion at home without a pre-procedure ultrasound at 69 days’ gestation or less at BPAS, and also had at least one other abortion with an ultrasound from any provider in Britain. We undertook semi-structured interviews to explore our participants’ experiences and conducted reflexive thematic analysis.



Sociodemographic characteristics of interview population (n=19)

Age [years], mean (range)	32 (23 - 40)
Ethnicity	
White	14 (74%)
Asian	4 (21%)
Black	1 (5%)
In receipt of state benefits	7 (37%)

KEY MESSAGES

Omitting the ultrasound scan did not negatively impact participants’ perception of the quality of care received.

Our findings suggest that patients find the overall ‘ritual’ of having a scan emotionally distressing whether they see the ultrasound image or not.

User-testing of strategies to improve the scan experience should be undertaken with patients who need one.

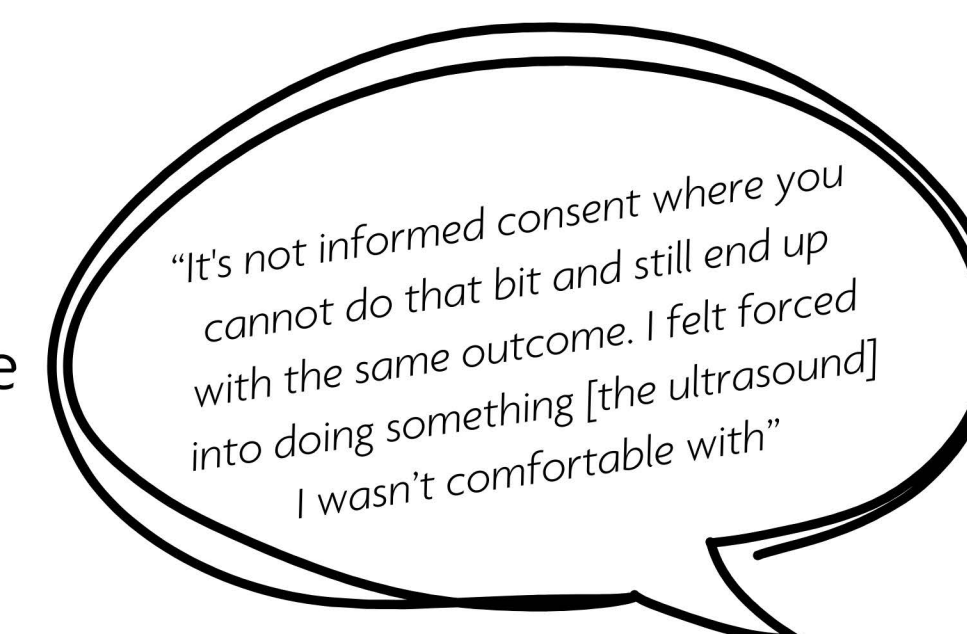
Patient testimonies on the negative impact of pre-abortion ultrasound scans should reassure providers that omitting them according to patient preference is a positive step towards providing patient-centred care.

Findings

We recruited 24 participants and included 19 interviews in our analysis. We developed three themes from our data, explored here:

‘Ultrasound scans and their relationship with autonomy and decision-making’

Many said they were not told the reason a scan was needed, with one saying she “thought it was the law that you had to have a scan”. Routine scans left little room for autonomy and shared decision-making.

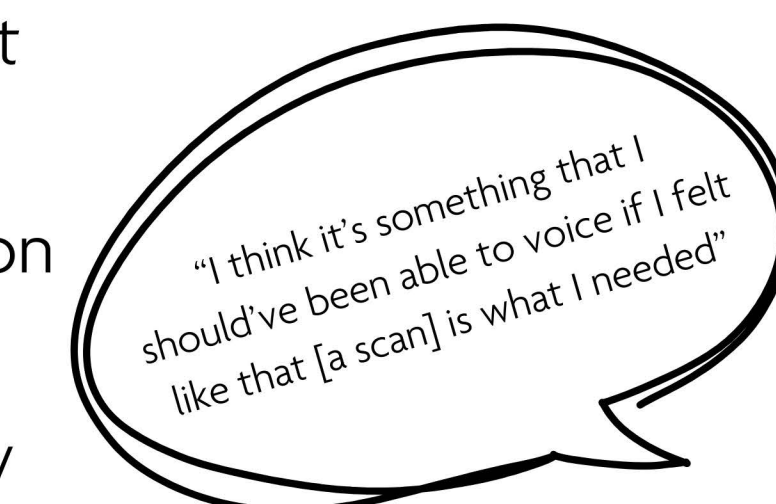


‘Intrusive and out of place: the ultrasound as an inappropriate technology’

Many participants explained that having a scan as part of their abortion care invited comparisons to scans for a continuing pregnancy, making them feel “guilty” and “upset”, regardless of whether they viewed the image or not.

‘Towards preference-centred, quality care’

Participants overwhelmingly preferred not having an ultrasound scan as part of their abortion care, but some wanted the option of having one. All but one participant said they did not think the quality of care they received was impacted by omitting the scan from their care pathway.



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