



HOW WOMEN COPE WITH PREGNANCY TERMINATION FOR FETAL ABNORMALITY: A COMPARISON BETWEEN HEALTH PROFESSIONALS' PERCEPTIONS AND WOMEN'S ACCOUNTS



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1 - BACKGROUND

- 2,732 (1%) pregnancies terminated under Ground E of Abortion Act in England and Wales in 2013 (DH, 2014)
- Increasing number of pregnancy terminations for fetal abnormality (TFA; DH, 2011, 2012, 2013; Lewis et al., 2014) due to progress in antenatal screening and delay in maternal age
- Psychological impact of TFA on women and family well documented: complicated grief, depression, and posttraumatic stress (Davies et al., 2005; Green & Statham, 2007; Kersting et al., 2005; 2009; Korenromp et al., 2007)
- Little focus on women's coping strategies in the context of TFA, despite evidence of the link between coping and psychological adjustment to stressful life events (Carver & Connor-Smith, 2010; Folkman & Lazarus, 1988)
- Experience of care, and particularly interactions with health professionals, impact women's experience of TFA (Asplin et al., 2013; Fisher & Lafarge, 2015; Statham, 2002)
- Caring for parents undergoing TFA may be challenging for health professionals (Garel et al., 2007; de Menezes et al., 2013)
- Collectively, studies indicate that professionals have some understanding of women's experience, but there is no evidence of the congruence of women's accounts and health professionals' perceptions of how they cope with the experience

2 - OBJECTIVES

- To assess healthcare professionals' perceptions of women's coping with TFA
- Compare these perceptions to women's accounts to identify any potential gap in knowledge or understanding

3 - METHODS

Study 1 – Women's accounts

- Qualitative study among 27 women members of Antenatal Results & Choices (ARC)
- Data gathered online (Feb 2011 - Mar 2012) and analysed using Interpretative Phenomenological Analysis

Study 2 – Health professionals' accounts

- Qualitative study among 15 health professionals, recruited from three units providing fetal medicine services in England
- Data gathered through face-to-face interviews (Apr- Jul 2013) and analysed using Thematic Analysis
- Analytical process: inductive process (exploration of data) and deductive process (comparison with women's accounts)
- Ethical approval from University of West London

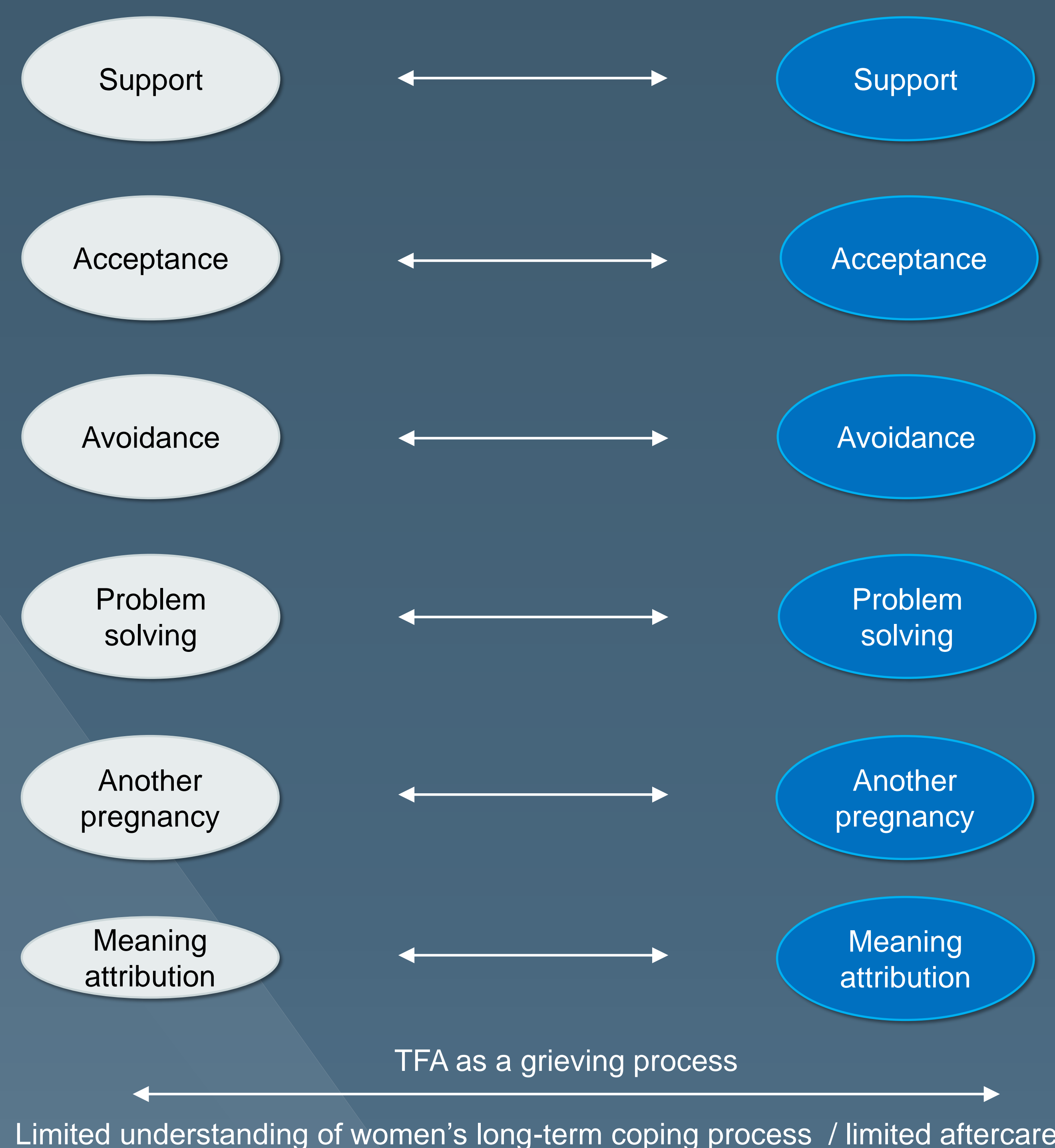
4 - FINDINGS

- 27 women - mean age: 34 years old; mean gestational age at TFA: 19 weeks (range: 12-30); 21 medical terminations; 13 first pregnancies; 14 with prognosis incompatible with life
- 15 health professionals - 3 males, 12 females; mean age: 42 years old; role: 7 consultants, 4 midwives, 2 sonographers, 1 specialist nurse, 1 healthcare assistant
- Inductive coding (exploration of health professionals' accounts) - 4 themes: 'the nature of coping with TFA', 'the idiosyncrasies of women's coping', 'helping women cope' and 'the limitations to health professionals' understanding of women's long-term coping'
- Deductive coding (comparison with women's accounts): 6 coping processes represented in both the women's and the health professionals' accounts: 'support' (seeking/providing), 'acceptance' (of the situation/baby), 'avoidance' (dissociating/blocking the pain), 'problem solving' (preparation/focusing on task), 'another pregnancy', 'attributing meaning' (e.g. to the birth experience)

Healthcare professionals' accounts

Women's accounts

Rightness of the decision / HP's role in reaching it



5 – DISCUSSION & IMPLICATIONS

- Many similarities between the two sets of accounts, suggesting that health professionals have a good understanding of how women cope with TFA
- Health professionals placed strong emphasis on the rightness of the decision and their role in supporting women reaching a decision; 'right decision' seen as a key element to successful coping
- Rightness of the decision not so prominent in women's data. Women more likely to comment on emotional support provided by health professionals. Differences may be due to women's expectations of care, or possible conflicts between health professionals' informative and supportive roles
- Women more likely to report 'meaning attribution' as a coping strategy and comment on positive changes following TFA
- General lack of insight into how women cope long-term among health professionals, although midwives generally more knowledgeable on this aspect
- Lack of insight into women's long-term coping compatible with reports of limited aftercare in women's accounts. This has important implications as many women feel isolated post TFA
- Limitations: self-selected sample, women participants were all members of a support group, health professionals recruited from three units. Thus, findings may not be transferable to other settings or applicable to women who do not use a support organisation