Unwanted Pregnancy
Unwanted Pregnancy

- Half of all pregnancies in US are unintended
- Approximately 40% of unintended pregnancies end in abortion
In 2014, the U.S. abortion rate reached a historic low.
Unwanted Pregnancy

- Approximately 0.93 million abortions in the US in 2014 (last stats) down from 1.06 million in 2011 (down 12%)
- Reasons for the decrease?
  - Reduced number of unintended pregnancy with increased access to contraception with Affordable Care Act
  - Decreased access to abortion with closure of clinics that provide abortions and more restrictive abortion laws
- Compared to 3.99 million births in 2014 (up 1% from 2011)
  - would expect a bigger jump if the only restrictions involved
Two-thirds of abortions occur at eight weeks of pregnancy or earlier; 89% occur in the first 12 weeks, 2013.

- ≤8 weeks: 66%
- 9-10 weeks: 14.5%
- 11-12 weeks: 8.3%
- 13-15 weeks: 6.2%
- 16-20 weeks: 3.8%
- ≥21 weeks: 1.3%

*In weeks from the last menstrual period.
Abortion Risks

- Risk of death from childbirth is much higher than from early abortion
  - Early abortion ($\leq$ 8 weeks) 1 death for every 530,000 abortions
  - Late abortion ($>_{21}$ weeks) 1 death per 6000 abortions
  - Childbirth 1 death per 5,800 births
Abortion Stats*

- Of US women having abortions:
  - 61% by women in their 20s
  - 59% had at least one prior birth
  - 46% are not married or co-habiting
  - 94% identify as heterosexual
  - 75% were poor or low income
  - 62% report having a religious affiliation
  - 39% white, 28% black 25% hispanic

* 2014 Stats from Guttmacher Institute
(https://www.guttmacher.org/media/presskits/abortion-US/statsandfacts.html)
Why have an abortion?

- most common reasons
  - concern for or responsibility to other individuals
  - inability to afford raising a child
  - belief that having a baby would interfere with work, school or the ability to care for dependents
  - did not want to be a single parent or were having problems with their husband or partner.
Types of Abortions

- **Medical Abortion**
  - performed during the first 70 days (10 weeks) from the start of the last menses
  - Timing change by FDA in 2016
  - 31% of all abortions in 2014 (when timeframe was 8 weeks)
Types of Abortions

- Medical Abortion
  - involves taking 2 drugs
    - Mefepristone (anti-progesterone) - results in deterioration of the endometrium
    - Misoprostol (prostaglandin) - causes contractions of the uterus to expel contents
Types of Abortions

- Medical Abortion
  - follow-up exam required 7-14 days later
  - must be willing to undergo surgical abortion if drug doesn’t work
  - Procedure is 92-99% effective at inducing a complete abortion
Types of Abortions

- Surgical Abortions
  - Manual Vacuum Aspiration
    - gentle manual aspiration (no machines) - \( \leq 10 \) weeks after start of last menses
  - Vacuum Aspiration
    - machine-based aspiration often with gentle scraping of uterine walls with a curette - \( \leq 14 \) weeks after start of last menses
Types of Abortions

- Surgical Abortions
  - Dilation and Evacuation (D&E)
    - more use of instruments to dislodge uterine contents coupled with suction to remove contents
    - used after 14 weeks
Abortion – Psychological Reactions

1. Abortion for medical reasons - for the health of the mother - often followed by guilt

2. Abortion for eugenic reasons (health/development problems with fetus) - often followed by depression
For most women the psychological reaction to a voluntary abortion is mild (commonly relief).
Factors that Increase Risk of Negative Outcomes to Voluntary Abortion

Risk of negative outcomes with voluntary abortion increase if:

1. Woman previously treated for psychiatric problems
2. Mid-trimester abortion especially one which involves induction of labor
3. Low self-esteem pre-abortion
4. Poor prior knowledge of contraception
Factors that Increase Risk of Negative Outcomes to Voluntary Abortion

5. Ambivalence about decision - can’t make up mind - may result in later abortion

6. Pregnancy is highly meaningful to the woman

7. Having someone else make the decision to end the pregnancy
Relinquishment

- Most data are from women who experienced closed adoption, i.e., the women knew little or nothing about what happened to their child after birth and from women who were part of birth mother support groups.
- Results suggest result is depression and regret common.
Open vs. Closed Adoption

- Open adoption allows women more knowledge about what happens to their child and more say in who gets to raise their child.
- Adoptions can be open to varying degrees from contact by letter through agency to regular visitation.
Open vs. Closed Adoption

- Lauderdale and Boyle (Journal of Nursing Scholarship, 1994)
  - Comparison of women relinquishing children in open vs. closed adoptions
Relinquishment – Open and Closed

Findings:

1. All women reported avoiding developing attachment to the child during pregnancy
2. Most relinquish their child due to pressure from others such as parents, physicians, social workers or due to financial constraints
Open vs. Closed Adoption

Women relinquishing in closed adoption (compared to those relinquishing in open adoption):

1. Are more likely to have been pressured to relinquish by others
2. Less likely to admit the pregnancy to others
3. Have poorer pre-natal care
Open vs. Closed Adoption

Women relinquishing in closed adoption (compared to those relinquishing in open adoption):

4. Have less contact with the infant immediately after birth

5. More likely to initiate a search for the child years later (Women relinquishing in open adoptions prefer to have the child initiate the search later in life.)