Abortion counselling from the providers point of view

Data from a qualitative study in the Lisbon metropolitan area, Portugal, three to ten months after the legalization of abortion on request

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Context: Abortion in Portugal

Grounds for legal abortion **up to 2007**: 
- Foetal anomalies (≥ 24 weeks)
- Risk for the woman’s health (≥ 12 weeks)
- Suspicion of rape (≥ 16 weeks)

Grounds for legal abortion **since 2007**: 
- All of the above + **on the woman’s request regardless of her reasons** (≥ 10 weeks)
Context: Abortion in Portugal

1. Preliminary consultation
   - 0-5 days after requested
   - Confirm pregnancy
   - Establish gestational age
   - Collect clinical data
   - Provide info for decision on pregnancy
   - Advise on abortion method and post-abortion contraception

2. Reflexion period (3 days)
   - Optional psychological and/or social counselling to discuss decision and/or receive additional information on State support for pregnancy continuation

3. Abortion
   - Before: written informed consent
   - Medical abortion: 2 consultations (36 to 48h between them)
   - Surgical abortion: 1 consultation
   - Immediately after: select and initiate a contraceptive method

4. Abortion follow-up consultation
   - Compulsory for medical abortion but not for surgical abortion.
   - Clinical check-up and intervention, in case of incomplete abortion or other complications.

5. C&FP follow-up consultation
   - Discuss importance of contraception to prevent pregnancy
   - Show, explain and discuss all contraceptive methods
   - Choose a method
   - Deliver it, if available.

Throughout the entire process
- Women may be accompanied
- DGS official written information
- Collection of statistical data

15 days

Up to 15 days

3 to 5 days
Context: Abortion in Portugal

Throughout the abortion process, health professionals (doctors, nurses, psychologists, social workers) are required to provide women with information on:

- Gestational age
- Medical and surgical abortion
- Legal and administrative requirements
- Psychological and social counselling
- State support to continue pregnancy
- Family planning and contraception

We consider abortion counselling to be the interaction occurring throughout the entire abortion process and involving the provision of this information between providers and women seeking abortion (as well as those who accompany them).
Objectives

To examine the perception of healthcare providers, who counsel women requesting abortion, on various abortion related issues, including:

- **What** the counselling they provide consists of
- **How useful** they find it
- And, if so, **why** do they find it useful
Method

Design

- Qualitative, descriptive and exploratory study

Participants

- 16 abortion care providers
- Lisbon metropolitan area
- Wide sample variety (≠ professions, healthcare institutions, type of counselling, counselling setting)

Data collection and analysis

- From Oct 2007 to May 2008 = 3 to 10 months post-legalisation
- Individual face-to-face in-depth interviews
- Content analysis
Results

Description of abortion counselling

- Receiving the woman and understanding the abortion request
- Providing information
- Supporting abortion decision-making
- Managing emotional and psychological issues
- Addressing contraception issues
- Managing third-party involvement
- Offering psychological counselling
- Informing about State support and offering social counselling
Results

Usefulness of abortion counselling

All participants described the counselling they provided as useful, relevant or important but valued it different aspects of it:

- Information provision
- Addressing contraception issues to prevent unplanned pregnancy-abortion
- Emotional support
- Decision-making support
- Addressing emotional issues beyond abortion
- Enticing women to seek healthcare in the future
- Prevention of poor emotional post-abortion adjustment
Results

Desired providers’ behaviours/attitudes

In order to ensure good quality abortion care, participants pointed out the importance of the following behaviours/attitudes from providers:

- Being impartial/avoiding a judge mental attitude
- Ensuring confidentiality
- Acting according to the specific needs/features of each woman
- Avoiding subjects that may be painful to women
- Following the Law and official regulations
Results

Ways to improve abortion care

Participants identified the following as aspects that could improve their own intervention and abortion providers' intervention in general:

- Obtaining specific training on abortion care and sharing/discussing experiences with other abortion providers
- Research on abortion care
- Feeling comfortable/confident about providing abortion care
- Being aware of the paramount importance of the provision of abortion care
Conclusions

- The abortion counselling conducted in Portugal is **in tune with the current literature** and follows a **client-centred approach** focused on the **provision of information and emotional support**.

- Abortion counselling is perceived by providers as a **useful** service in **various ways**.

- However, it can be **improved**, especially, with regard to the **providers’ communication and counselling skills**.

Provider-client interaction
Empathy and effective client-centred communication
Conclusions

- However, it can be **improved**, especially, with regard to the **providers’ communication and counselling skills**.

**Provider-client interaction**

Empathy and effective client-centred communication

- Mastering basic communication and counselling skills
- Feeling comfortable and drawing pleasure from their role as counsellors
- Being aware of prejudice or personal beliefs that might affect the way they act towards women

**Training**

- Initial and continued

**Monitoring**

- Clinical supervision
- Discussion groups
- Anonymous client evaluation
Conclusions

Limitations

- We used a small non-probability sample that included only providers working in the Lisbon metropolitan area.

- It is not possible to generalize the results since no statistical analysis was conducted.

- It is based on an account of what abortion counselling is and not on its direct observation, hence, the results may not accurately reflect reality.
Contacts

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