

Second-trimester abortions in England and Wales

By Roger Ingham, Ellie Lee, Steve Clements and Nicole Stone

In recent years, there has been a great deal of public debate about the ethics of 'later abortions' - those that are carried out in the second trimester of pregnancy (13–24 weeks), and especially towards the end of that time. However, relatively little research has been conducted into why women have abortions in the second trimester.

This study, conducted by the Centre for Sexual Health Research at the University of Southampton and the School of Social Policy, Sociology and Social Research at the University of Kent, aims to address this gap in the research by examining the reasons that women give for delays in seeking and obtaining abortions.

The current policy framework for the abortion service emphasises the importance of women being able to access abortion, particularly early on in pregnancy, and funding has increased accordingly. Since 2003, there has been a relative increase in abortions at gestations below 10 weeks compared with those that take place later in the first trimester. However, these developments have not significantly reduced demand for abortions in the second trimester, which account for approximately 11 percent of all abortions, with 1.4 percent of all abortions occurring after 20 weeks. In 2005, the Chief Medical Officer stated that Primary Care Trusts should ensure that services are available for abortions up to 24 weeks' gestation, and he made several recommendations regarding late abortions (at 20–23 weeks). It is against this background that this research study was conducted.

Key findings

- There is no single reason why women have abortions in the second trimester.
- Much of the delay occurs prior to women requesting an abortion.
- Women's concerns about what is involved in having the abortion contribute to the delay.
- Various aspects of women's relationships with their partners and/or parents play a role in delays in women's decision-making about whether to have an abortion.
- After requesting an abortion, delays are partly service related (e.g. waiting for appointments) and partly 'woman related' (e.g. missing or cancelling appointments).

Methodology

This was a questionnaire-based study of 883 women who had obtained second-trimester abortions at non-NHS units, although the vast majority of procedures were funded by the NHS. Analyses were weighted so that sample characteristics broadly matched the national sample attending for abortion in non-NHS settings. The questionnaire was developed, in part, on the basis of conversations with abortion practitioners, including counsellors, nurses and clinic managers.

Women were asked to give reasons why their abortions occurred in the second trimester, and these were grouped into five stages. Women were also asked to indicate the length of time between each of these stages – for example, between suspecting they were pregnant and taking a pregnancy test.

Reasons for delay in seeking and obtaining an abortion

One key finding is that there is no single reason why women have abortions in the second trimester. Respondents reported a whole variety of reasons for their delay in seeking and obtaining an abortion. Furthermore, for individual women, several factors contribute to their own delay, such as not realising they are pregnant until relatively late on in the pregnancy, then struggling with the decision to have an abortion, and then having to wait for the procedure.

As the table below indicates, 13 different reasons were selected by at least one-fifth of the overall sample.

The 'Five Stages' of delay

The pathway to abortion can be divided into five stages, and delay can occur during any of these. The overall proportions of women who reported at least one reason within each of these five stages were as follows:

- suspecting pregnancy (71 percent)
- confirming pregnancy with a test (64 percent)
- deciding to have an abortion (79 percent)
- asking for an abortion (28 percent)
- obtaining an abortion (60 percent).

In terms of time, much of the delay occurs before an abortion is even requested. Half of the women were at 13+ weeks' gestation by the time they first asked for an abortion.

Delay in suspecting pregnancy

A lack of early awareness of pregnancy is a significant factor in second-trimester abortions. Half of the respondents were more than seven and a half weeks' gestation when they first suspected they were pregnant, while one quarter were over 11 weeks 2 days' gestation. For women who were more than seven and a half week's gestation, the key factors for a delay in suspecting pregnancy included:

- irregular periods (49 percent)
- continuing periods (42 percent)
- they were using contraception (29 percent).

	Specific reasons reported for delays by at least 20 percent of the whole sample			
	Reason Percer	ntage	Reason Pero	centage
	I was not sure about having the abortion, and it took me a while to make my mind up and ask for one	41	I had to wait more than five days before I could get a consultation appointment to get the go-ahead for the abortion*	24
	I didn't realise I was pregnant earlier because my periods are irregular	38	My relationship with my partner broke down/changed	23
	I thought the pregnancy was much less advanced than it was when I asked for the abortion	36	I was worried about what was involved in having an abortion so it took me a while to ask for one	22
	I wasn't sure what I would do if I were pregnant	32	I didn't realise I was pregnant earlier because continued having periods	20
	I didn't realise I was pregnant earlier because I was using contraception	31	I had to wait more than seven days between	20
	I suspected I was pregnant but I didn't do anything about it until the weeks had gone by	30	the consultation and the appointment for the abortion* I had to wait over 48 hours for an appointment at my/a doctor's surgery to ask for an abortion	20
	I was worried how my parent(s) would react	26		20

^{*}Adjusted for missed appointments

Delay in taking pregnancy test

Around a third of respondents took more than two weeks between suspecting they were pregnant and taking a pregnancy test. Indeed, 45 percent of these women suspected they were pregnant but 'didn't do anything about it until the weeks had gone by'. Other common responses indicated that respondents were 'not sure about what they would do if they were pregnant' (37 percent), and fears over the reactions of their parents (29 percent) and partners (18 percent).

Seventy-one percent of women confirmed their pregnancy at home. These women were less likely to take more than two weeks to take a pregnancy test than were those who were tested at a doctor's surgery or clinic. Part of the delay in the latter group was due to women wishing to avoid seeing their regular doctor and having to spend time finding an alternative place to take a pregnancy test.

Delay in deciding to have abortion

Around half of the respondents took one week or less between taking their test and then making the decision to have an abortion. For those who took more than one week to make the decision, the most commonly cited reason (by 65 percent of respondents) was: 'I was not sure about having the abortion, and it took a while to make up my mind and ask for one'. Reasons for this indecision included:

- concerns about what was involved in having an abortion
- difficulties in agreeing a decision with their partner.

Women whose partners changed their minds about having a baby were more likely to have more than one week's delay at this stage. This indicates that, for some women, the decision to have an abortion is dependent on broader changes and complications in their lives and relationships.

Delay in first asking for abortion

There was one area in which the delay was noticeably shorter and, interestingly, for half of the women the time between making the decision and asking for an abortion was two days or less.

Delay in obtaining abortion

A relatively large proportion of the sample (60 percent) reported a delay between requesting an abortion and having the procedure. Forty-two percent of the respondents waited more than two weeks between requesting and having an abortion, and 23 percent waited more than three weeks – beyond the minimum standard recommended by the Royal College of Obstetricians and Gynaecologists (RCOG).

Some of the reasons for delay at this stage were clearly service related, and included:

- the person I first asked for an abortion took a long time to sort out further appointments for me (30 percent)
- there were confusions about where I should go to have the abortion (24 percent).

This suggests a certain amount of confusion about the provision of abortion services on the part of the first health professional approached. For 62 percent of the women, this was their own GP. However, there were no greater delays when women approached their GP as opposed to another health professional.

Some of the reasons women gave for the delay between deciding to have an abortion and going through with the abortion were not related to service provision but were linked to the woman's continuing indecision about the procedure. In particular, concerns about what was involved in having an abortion, and/or second thoughts led to missed appointments which, in turn, resulted in delays.

Women under 18

Variations by age were not substantial and median gestations were only one week longer for women under 18 than for those who were older than this. Women under the age of 18 were, however, significantly more likely than older women to report delays at the early stages of the decision-making process. Reasons given included:

- having a suspicion of pregnancy but not doing anything about it
- not being sure what they would do if they were pregnant (leading to a delay in taking the pregnancy
- concern about what an abortion involved, and waiting before asking for the procedure.

Younger women were also more likely to raise concerns about how their parents would react. In common with older women, the women's relationships with their partners played a significant role in the decision-making process.

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Women who have later abortions

Overall, abortions at more than 18 weeks' gestation are associated with delays in the earlier stages of the abortion pathway. Women who had abortions at 18+ weeks took longer to suspect that they were pregnant and to confirm the pregnancy with a test than women who had abortions at earlier gestations. Half the women who had an abortion at 21+ weeks had reached a gestation of at least 18 weeks 2 days prior to taking a pregnancy test, compared with nine weeks' gestation for those who had abortions at 13–15 weeks. Women who had an abortion at 18+ weeks were also more likely to have experienced continuing periods, which naturally delayed any suspicion that they were pregnant.

Another significant reason given by women who underwent an abortion at 18+ weeks, as opposed to 13–17 weeks, was: 'The person I first asked made it hard for me to get further appointments'. At this stage of pregnancy, any delay related to the provision of services could potentially turn a second-trimester abortion into a 'very late' abortion.

Conclusions

A wide range of factors explain why abortion is delayed until the second trimester. Many of these reasons are 'woman related' rather than service related – for example, delays in suspecting and confirming the pregnancy, and deciding to have an abortion. In this sense, policy developments may only have a limited impact on the proportion of second-trimester abortions.

These findings do, however, indicate areas of education and service provision that should be considered, and which could help to reduce the incidence of second-trimester abortion:

• Education about the signs and symptoms of pregnancy. A significant proportion of women do not suspect they are pregnant until it is too late for them to access an earlier abortion, and they report further delays in confirming the pregnancy with a test. Raising greater awareness about the signs and symptoms of pregnancy, including the fact that some women experience continuing periods while pregnant, as well as encouraging early pregnancy testing, could reduce these delays.

- Building a better understanding about what abortion involves. Many women reported 'worry' about having an abortion, which contributed to a delay in their decision making. Promoting awareness, particularly among GPs (the first person with whom a woman is likely to discuss her abortion), about how abortion works and the safety of the procedure, could address some of these concerns.
- Involvement in abortion services 'pre decision'. Many women report taking a long time to make their mind up about having an abortion, and only make contact with a doctor or other health professional once they have made a decision. Encouraging women to seek help at an earlier stage and to talk through issues with a health professional could help to speed up the process between finally asking for an abortion and obtaining one.
- Educating those who refer women for abortion about local second-trimester services. The study highlighted some confusion regarding abortion provision among referrers (usually a GP) and local referral pathways should therefore be made clearer to health professionals.

The key challenge for policy-makers is to recognise that, for women seeking abortion in the second trimester, a significant factor is their ambivalence about their pregnancy. Abortion services need to meet the needs of these women through an understanding of the broader life context in which they struggle to make their decision.

Further information

This summary is an abridged version of *Second-Trimester Abortions in England and Wales*, by Roger Ingham, Ellie Lee, Steve Clements and Nicole Stone, which is available to download from:

www.psychology.soton.ac.uk/cshr

Alternatively, please email: cshr@soton.ac.uk

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