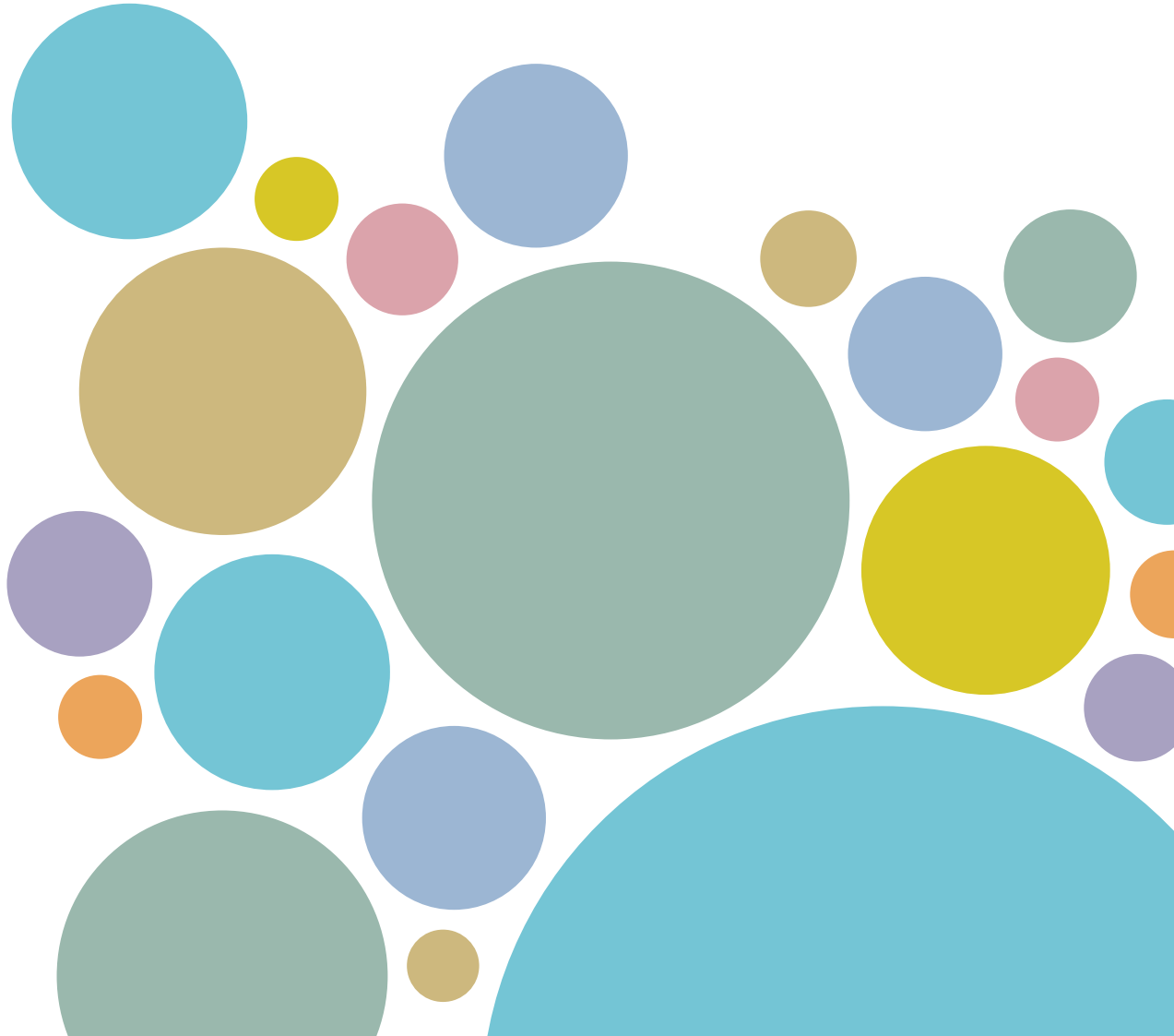


“But I was using contraception...”

Why women present for abortions after 20 weeks.



Introduction

There have been huge improvements in access to abortion services over the past decade, and today more than 80% of terminations are performed at under 10 weeks gestation, compared to 67% in 2005. However the proportion of abortions performed after 20 weeks (and before the legal limit of 24 weeks) has remained stable over that same period, accounting for between 1 to 2% of all terminations performed. Around a third of later abortions are performed because a serious problem has been found with the developing foetus, however the reasons why women seek abortions after 20 weeks for reasons other than foetal anomaly are often poorly understood.

The British Pregnancy Advisory Service (bpas) believes strongly that no woman should ever have to justify her need to end a pregnancy, as we believe she is the best judge of whether it is right to continue that pregnancy or not. However we also know that there is strong public interest in better understanding the circumstances that women find themselves in when they request abortions in the final weeks of the second trimester. As a charity which cares for 80,000 women a year with an unplanned pregnancy or a pregnancy they cannot continue, we are uniquely placed to help further broader understanding of the complex reasons underpinning abortions towards the end of the second trimester.

Between July and October 2015 BPAS clinics and consultation centres in England, Wales and Scotland asked women presenting over 20 weeks' gestation if they would participate in a study recording their reasons for needing an abortion. Some women were too distressed to take part, some were over the legal time limit and some did not want their story shared. Twenty eight women ultimately consented to their situation being documented by staff for publication.

There is of course no single reason why women have later abortions; nevertheless, several key themes emerged. Overwhelmingly, women did not need an abortion at a later gestation because of an inability to access abortion services or secure an appointment earlier, as has been illustrated by previous research. Their reasons for needing a later abortion highlight the intricacies of avoiding pregnancy, identifying pregnancy and pregnancy decision-making. They are all examples of the complex nature of women's lives today, and the themes which emerged will be explored in the following report. Names have been changed to protect identities.

Unaware of pregnancy

a) Contraceptive use

17 of the 28 the women were not aware of their pregnancy until shortly before presenting at BPAS. Reasons for later recognition include contraceptive use and irregular periods. These women were not delayed in accessing services by a third party. They were unable to begin the decision-making process earlier because they did not know they had a decision to make.

Contraceptive use was a direct factor in delaying identification of pregnancy. Six women were taking the pill and, in one case, also using condoms for additional protection. One woman was using the contraceptive implant, a highly effective Long Acting Reversible Contraceptive (LARC) which women are increasingly encouraged to use to avoid unwanted pregnancy. Hormonal contraceptives can cause side effects which would hinder pregnancy identification, including changes to the menstrual pattern such as the suppression of bleeding or irregular bleeding.

These women were actively and consciously trying to avoid pregnancy, and because they were using contraception had not anticipated that they may become pregnant. For that reason they presented significantly later for an abortion than if they had been using no contraception at all. No method of contraception is 100% effective, yet public discourse on unplanned pregnancy frequently implies abortion can always be avoided through the use of contraception. Each year 9 in every 100 women using the pill will become pregnant, 6 in every 100 using the injection, nearly one in every 100 using the IUD, and even the implant has a small – if extremely low – failure rate. Pregnancies can also occur if the implant was not correctly inserted, or if the woman was already in the early stages of pregnancy when the device was fitted. This contributes to a small number of women recognising pregnancy when they are well into the second trimester, and consequently needing an abortion over 20 weeks gestation.

Catriona (20) only found out she was pregnant on Friday and was scanned at over 22 weeks gestation. She has had no pregnancy symptoms and has had the implant in since December. Catriona cannot continue with this pregnancy as she has so much she wants to do with her life before having a child. Her partner is supportive as is her Dad. She is upset as she can now feel the pregnancy but feels abortion is the best for her.

Laura (19) is in her first year at university. She lives at home with her family and has been in a relationship with her partner for six months. Laura has been using oral contraception and is shocked to find she is at this stage of pregnancy. She feels “this is just not the right time” to have a child. Her partner and friends are supportive and she is considering discussing her situation with her Mum, who she feels will also be supportive.

Ella (25) has been using oral contraception but is now considering using a long-acting-reversible method as her contraceptive choice. She has two children, aged 6 years and under 1 year. Ella says she does not feel that she would be able to cope with having another child at this time in her life. She has thought about all her options around this pregnancy and is certain that abortion is the right choice for her.



b) Irregular periods and fertility misconceptions

One of the most striking similarities between the women is the number who routinely had irregular periods, which may be interpreted by women as a sign of sub-fertility, and the absence of a monthly bleed would not be read as a sign of pregnancy. 10 women said their irregular periods led to decreased suspicion of pregnancy, therefore later presentation into abortion services. One woman suffered from Polycystic Ovary Syndrome (PCOS). This is a common condition causing irregular periods, which affects millions of women in the UK, and which is associated with difficulties conceiving. It is natural that if a late or missed period is not ordinarily a cause for concern women would not assume they were pregnant, especially if combined with contraceptive use.

Nicola (18) has always had irregular periods so did not worry that she might be pregnant. She was about to go on holiday when she became dehydrated and started vomiting. Nicola was advised to go to A&E, where they confirmed that she is pregnant. She is no longer with her partner. Her Mum is with her and is supportive – both are upset and in disbelief. Nicola feels too young to care for a child and wants to finish her education.

Hannah (23) has very irregular periods and has had no symptoms. She presented with abdominal pains and thought that she was having an attack of grumbling appendix [chronic appendicitis] again.

India (25) has PCOS and has not had a period since having her child in 2013 [2 years previously]. She had no idea she was pregnant until she started vomiting. Her boyfriend split up with her and is now in another relationship. India feels she cannot cope with another child on her own and is very clear she wants to end the pregnancy.

Poppy (21) is hoping to gain a qualification to work with special needs children. She is currently working part-time and studying - it is not the right time to have a baby. Her boyfriend aware and supportive. Poppy was unaware of her pregnancy – she quite often misses periods and thinks nothing of it.

Jo (39) suffers with Irritable Bowel Syndrome and has irregular periods. She has been using the combined pill without any problems, was unaware of the pregnancy until two weeks ago. Jo had no symptoms but felt her stomach was more prominent than usual so decided to do a pregnancy test. Her GP referred her for an emergency scan and the pregnancy was confirmed at 19 weeks gestation.

c) Breastfeeding

A woman with a young baby reported that she was unaware she was pregnant because she was breastfeeding, which also causes periods to be irregular or suppresses them altogether. Breastfeeding can be an effective contraceptive if carried out according strict criteria – regular, exclusive breastfeeding for an infant less than 6 months old, however most women are not exclusively breastfeeding by 6 weeks. Research carried out with the parenting website Mumsnet by BPAS found that just a third of mothers who were breastfeeding discussed contraception with a healthcare professional. There is confusion about when breastfeeding protects against unplanned pregnancy and what contraception can be safely used while breastfeeding. This can leave new mothers at increased risk of unplanned pregnancy. The belief that any level of breastfeeding prevents pregnancy leads to the assumption that a woman cannot get pregnant, contributing to the later identification of pregnancy.

Lucy (27) is single and has three young children. Her previous relationship was abusive and she is just getting back on her feet. She feels she could not cope with another child at this time. As her periods were erratic and she was breastfeeding she did not realise she was pregnant

Young women

Three women were under the age of 18 when they had their abortion. All were still in education and two stated that they wanted an abortion in order to be able to complete their studies. One young woman was in a desperate financial situation and was extremely distressed. The teenage conception rate in Britain is at its lowest since records began in 1969. More than half of the remaining teenage pregnancies end in abortion, although the majority are at an early gestation. The young women sought abortions because they did not believe it was appropriate to become a mother at a young age.

Casey (15) is terrified to tell her Mum. Her boyfriend is 18 and in poor health. She told a counsellor “I will just have to deal with the cards I have been dealt.”

Kelly (18) lives at home with her family and recently split from her partner. She is not working at the moment but is hoping to go to college. This pregnancy is unplanned and she had been using the pill and condoms as contraception. Her Mum is supportive of her decision.

Chrissi (17) has an irregular cycle and did not initially consider pregnancy. She eventually became suspicious and took test – she was very shocked by result. Chrissi feels too young to have a baby and is about to start final year of college course to complete her education. She lives at home and doesn't want her parents to know. She has no resources to provide for herself and no partner support.

Sara (16) feels she is too young to have a baby and wants to continue her education.

Domestic violence

Four of the 28 women disclosed that the partner with whom they had conceived was violent and they had recently ended relationships where they felt they and their children were unsafe at home. Domestic violence screening is an important part of the care pathway at BPAS. Women are always seen alone and asked if they feel safe at home. For some women this is their first opportunity to see a healthcare professional without their partner and to disclose a violent relationship.

Pregnancy is a risk factor for domestic violence. Women may also become pregnant while trying to leave their partner or their partner may use the pregnancy as a means of trying to control his partner. According to the Department of Health, 30% of abuse either starts or intensifies during pregnancy. It is unsurprising that women experiencing domestic violence feature heavily in this study. Pregnancy decision-making for these women may be more complex and take longer because they are in unpredictable situations and are trying to establish what is in the best interests of themselves, their existing children, and the child they may go on to have.

Rachel (27) is still dealing with the fallout from a domestically violent situation and wouldn't cope with another child as well. She has known since April [requested an abortion in August] that she was pregnant but it took a while for her to be clear an abortion was the "best way forward". The father of her daughter, and this pregnancy, has been arrested and her child is on a child protection plan. She has a lot of support from friends, family and social services.

Chloe's (25) partner kept changing his mind about continuing the pregnancy. He was violent and the relationship has ended. She decided she really wouldn't cope with being a single parent.

Nikki is currently living in a women's refuge with her 11 month old daughter. She left her violent abusive partner because she "did not want to live like that anymore". She has a new partner of 4 months. Nikki does not have periods so she did not realise that she was pregnant. When she suspected that she could be she was referred for a scan and was shocked to discover that she was 19 weeks. She has discussed it at great lengths with her current partner and she now feels that it would be detrimental to all involved if she continued with this pregnancy as her ex-partner is putting her under enormous pressure to return to him.

Existing children

In this study 11 of the 28 women had existing children. Women presenting for abortion often have experience of pregnancy and understand very clearly what it means to be pregnant. Some women cite the wellbeing of existing children or the belief that they could not support another child as the motivation for ending the pregnancy. The challenging situations in which women find themselves are also experienced by their children. Later abortions are often characterised as woman-centric decisions but the reality is many of the women presenting over 20 weeks gestation are mothers ending a pregnancy in the best interests of their children.

Angela (24) has three children. Her youngest child is 9 months old. This pregnancy is unplanned and that she did not realise until only recently that she was pregnant. Angela has split from her partner and is currently living on her own in the family home with her three children. She says that emotionally and financially she is unable to cope with another child at this time and feels sure that abortion is the right choice for her.

Katie (25) has continued to have periods throughout this pregnancy and she was taking oral contraceptive pill. There is no visible pregnancy and she hasn't felt movement. Her daughter is 17 months old. Katie's mother is her daughter's main carer but has recently been diagnosed with cancer and couldn't cope with looking after a newborn.

Crisis situations

Many of the women were in situations which indicate a crisis point in their lives. One woman and her partner were working but had, until recently, been living in a homeless hostel with their three children. Another woman was in an unstable relationship and had recently learned both her parents diagnosed with serious illnesses. A recent widow was still grieving and felt she could not cope with having another child. A particularly challenging case involved a woman who had four children in care already. She was trying to "get her life back on track" and wanted to have another child but felt this was not the right time and this baby would also be removed from her care.

Niamh (32) has children and her relationship isn't stable. On top of this both her parents have recently been diagnosed with serious illnesses. She couldn't cope with another child now. Her sister is here and supportive.

Helen (35) has three children and the youngest is only 16 months old. They lived in a homeless hostel for two years and now have a house. Helen has gone back to work and her partner is self-employed – she cannot afford not to work.

Jessica (27) has got 4 children in care already and that one would be taken away from her too. She thought she got her life back on track and was ready to have another child but she decided it is not the right time. She wouldn't be able to support the baby financially or emotionally.

Alisha (42) lost her husband last year and suffered a nervous breakdown. She had a night out with her friends and had a one night stand. She says at the back of her mind she knew she could have been pregnant but "buried her head in the sand" as her periods stopped last year and she has not had any since. Alisha has a 20 year old son and feels she cannot go through with this pregnancy as a lot has happened since her husband passed away. She is still grieving and single. Her friends are supportive.

Conclusion

Women requesting abortion over 20 weeks gestation at BPAS are as different as those that request abortion at earlier gestations. Some will involve very vulnerable women, including victims of domestic violence, young teenagers and women with children in care. A significant number were actively trying to avoid pregnancy: these were women who had made a decision not to have child, actively obtained contraception to ensure they did not become pregnant, then discovered they were pregnant in the second trimester. Staff described these women as “shocked” and “devastated” when told the gestation of their pregnancy. The small number of women who had been aware of their pregnancy for longer had delayed making a decision because of very complex personal situations. Having the time to come to the right decision for themselves and their families was essential for these women.

Much of the discussion about later abortion ignores the reality of women’s lives. No woman aspires to have an abortion, even less so a later abortion. These cases demonstrate why access to abortion needs to be maintained clinically and legally. Life can be complicated and pregnancy can occur at a time of crisis. Women need the freedom to make deeply personal decisions that are right for them. These cases illustrate why later abortion services are required: doctors should provide support and politicians should ensure the framework exists to allow clinicians to deliver the care women never knew they would need.

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BPAS is registered and regulated by the Care Quality Commission

Issue 1

July 2017

