

MENTAL HEALTH AND ABORTION

Abortion Practices in New Zealand and their Impact on Mental Health

Introduction

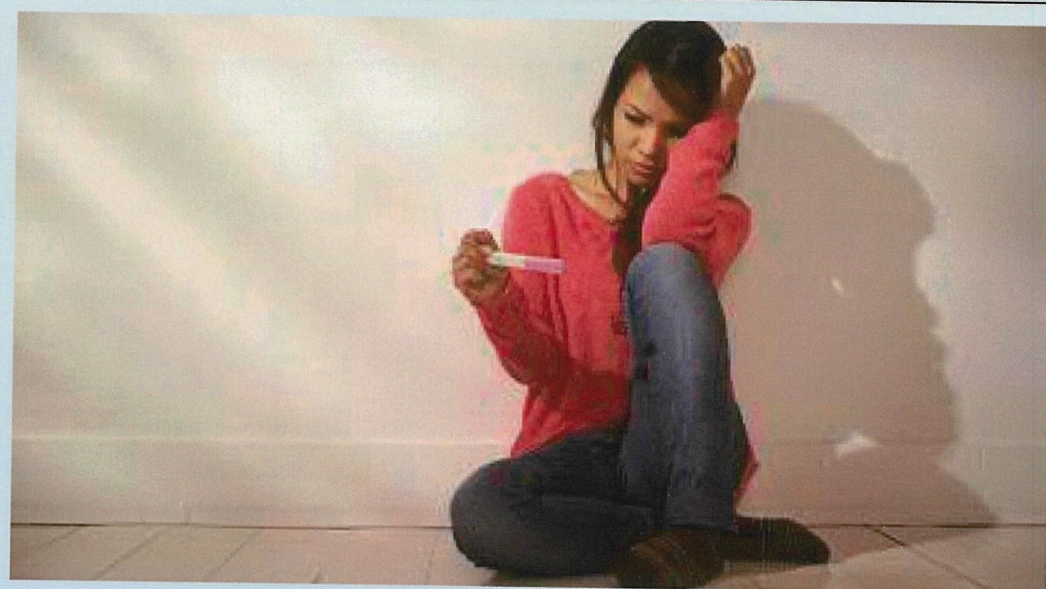
Recently there has been a lot of discussion within New Zealand Government about the current laws and legislations guiding the practice and accessibility of abortions throughout the country. Under the current law, if a woman in New Zealand wishes to terminate a pregnancy, she must consult with two certified physicians who will determine if she meets the lawful grounds for the termination. There are numerous grounds of which abortion can be certified under, however in summary a termination is considered lawful if following through with the pregnancy would be detrimental to the physical or mental health of the mother or the infant.

There are three different types of abortion practiced in New Zealand, two surgical methods and one medication induced. Literature suggests that the method of termination can be a determinant of mental health outcomes. With most of the discussion around abortion law reform centred around their accessibility, Government also need to consider how the procedures themselves are carried out and the potential impact these may have on mental health.

Literature Review

From an extensive literature search, it is evident that there is relatively little information available on this topic. It is clear that more research is needed to reach definitive conclusions, however common themes across the literature are as follows:

- The most commonly reported psychological reactions around abortion are depression, anxiety, insomnia, and post-traumatic stress (3.)
- There are conflicting statistics on the incidence of adverse mental health outcomes following abortion, but an average of 20% of women across the literature report some type of psychological distress following termination (2.)
- Most women who report adverse mental states following a termination do not report experiencing these three months following the termination, indicating that any potential effects on mental health tend to be acute rather than chronic (2.)
- Women undergoing surgical abortions under local anaesthetic or light sedation experience higher levels of acute psychological distress than those under general anaesthetic (1.)
- There appears to be little difference in mental health outcomes when comparing early medical abortions with surgical abortions when undergone using general anaesthetic (5.)
- There is a positive correlation between the degree of stress experienced pre-procedurally and psychological distress post-procedurally (4.)



Implications and Recommendations

Registered nurses in New Zealand are involved with all aspects of the abortion pathway, from pre-admission clinics, assisting with surgical procedures, providing post-operative care and education, to administering the medications necessary for the medical abortion. To provide optimal nursing care it is crucial to recognise the individuality of each woman's experience with the abortion process, and work in partnership with them to determine what is appropriate for them.

As the literature suggests a lower incidence of adverse psychological reactions are associated with surgical abortions when conducted under general anaesthetic, if the New Zealand Government does follow through with the proposed abortion law reform, perhaps conversations need to focus around providing guidelines to healthcare providers on the type of anaesthesia used with surgical terminations of pregnancy.

(1.) Aléx, L., & Hammarström, A. (2004). Women's experiences in connection with induced abortion - a feminist perspective. *Scandinavian Journal Of Caring Sciences*, 18(2), 160-168.

(2.) Bradshaw, Z., & Slade, P. (2003). The effects of induced abortion on emotional experiences and relationships: A critical review of the literature. *Clinical Psychology Review*, 23(7), 929-958.

(3.) Coleman, P., Coyle, C., & Rue, V. (2010). Late-Term Elective Abortion and Susceptibility to Posttraumatic Stress Symptoms. *Journal Of Pregnancy*, 2010,

(4.) Suliman, S., Erickson, T., Labuschgne, P., de Wit, R., Stein, D., & Seedat, S. (2007). Comparison of pain, cortisol levels, and psychological distress in women undergoing surgical termination of pregnancy under local anaesthesia versus intravenous sedation. *BMC Psychiatry*, 7(1).

(5.) Urquhart, D., & Templeton, A. (1992). Psychiatric morbidity and acceptability following medical and surgical methods of induced abortion. *International Journal Of Gynecology & Obstetrics*, 37(4), 331-331.

Rationale

My interest to pursue this topic stemmed from my experience with caring for women undergoing surgical abortions on clinical placement. It became apparent to me that each woman dealt with her experience very differently. Some demonstrated a great deal of anxiety and psychological distress, while others appeared to not be affected by their procedure at all. Another reason I chose to pursue this topic was a conversation I had with a senior nurse with many years of experience caring for women undergoing surgical terminations. She shared stories of other patients she had provided care to, who came to her practice with signs of post-traumatic stress following surgical abortions performed under conscious sedation. On the unit I completed my clinical placement at, they utilised general anaesthetic for the procedures, so I was interested to learn that this was not the case for all abortion service providers in New Zealand. I began to wonder if the procedures were less traumatic when performed under general anaesthetic and if there were any nursing interventions that could be implemented to limit the impact abortions can have on mental health.

PECOT and Research Question

To what extent do abortion practices impact on the mental health of women receiving abortions in New Zealand, and what are the determinants of mental health outcomes following abortion?

	Information related to question	Explanation
Population	Women receiving a legal termination of pregnancy	Legal terminations of pregnancy are practiced worldwide and can be applied to the New Zealand context
Exposure (Intervention)	The mental health state of the individual both before and after undergoing a specified abortion procedure	To examine the changes in mental health an individual may experience during any stage of the abortion process and in the time following the procedure to examine any long term effects. A specified abortion procedure must be mentioned to examine the effect of each procedure as a potential determinant for mental health outcomes
Comparison (Control)	The mental health of the individual undergoing the abortion prior to pregnancy	This will act as the baseline for any changes in mental health to be observed
Outcome	To identify the impact various abortion practices have on the mental health of women	Abortion is a highly controversial topic and is widely believed to have an impact on mental health, however the extent of this is widely unknown. Through understanding the specific impact certain abortion practices have within the New Zealand context, recommendations can be made to the proposed abortion law reform to guide best practice, leading to improved mental health outcomes for these women
Time	Directly before the abortion, and three months following the abortion	To give an indication of the effects abortion has on both acute and chronic mental health