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Later Abortion: What Makes It Difficult?

Ellie Lee,
Reader in Social Policy,
University of Kent, UK

In what ways and for whom is 'later abortion' difficult? The 'difficulty' that needs to be placed at the centre of discussion about abortion is that which is experienced by the relatively small proportion of women who find themselves terminating pregnancies at later stages of pregnancy. I discuss here some findings of a piece of research carried out in Britain about women's reasons for abortion in the second trimester of pregnancy and argue that abortion is needed not only as early as possible, but also as late as necessary, precisely because of that difficulty.

Many legal regimes make differentiations between earlier and later abortions. This has nothing to do with medical questions, such as the fact that abortions at different gestational stages are more or less complicated or challenging for providers. Rather, the idea that law should operate by making distinctions between 'earlier' and 'later' draws upon the conviction that the more advanced a pregnancy becomes, the terms on which women may access abortion should become more restrictive.

Since the 1970s, when women in Britain – and numerous other countries – have been able to access abortion legally, the focus for this conviction has found expression in debates about fetal viability. These debates continue, with advocates of lower time limits for abortion drawing on any advance in the care of pre-term babies born to women in maternity wards to argue that abortion access should be restricted. (1)

Developments in ultrasound technology have contributed to the way that medical technology has been mobilized to press the case for the legal protection of the fetus. For example, in Britain in 2004 the following was reported:

> A new type of ultrasound scan has produced vivid pictures of a 12 week-old fetus 'walking' in the womb. The new images also show fetuses apparently yawning and rubbing their eyes. The scans, pioneered by Professor Stuart Campbell at London's Create Health Clinic, are much more detailed than conventional ultrasound. Professor Campbell has previously released images of unborn babies appearing to smile. (2)

Images from 3D and 4D ultrasonography are now absorbed into culture. They influence perceptions of pregnancy and the pregnant woman, and these shape ideas, policies and practices ostensibly unconnected to abortion. For example, such images are used widely in campaign materials produced by organizations that promote alcohol abstinence in pregnancy. (3)

The legal scholar Kristin Savell has argued, however, that their use in the abortion debate has opened a new frontier in the regulation of abortion; first bringing about a shift from 'viability to sentience as a criterion of legal significance' and second, on this basis, 'constructing abortion in terms of feticide as distinct from the termination of pregnancy'. (4)

There is little anyone can do about these realities of being a sexually active woman other than recognise the importance of abortion as part of fertility control.

This latter point draws attention to how the definition of abortion moves away from what it does to and for a woman (the ending of a pregnancy) to a growing focus on its effects for the fetus (the death of a feeling being).

As Stuart Derbyshire argues in this publication, 'sentience' is an uncertain concept (more so than even 'viability'). This uncertainty can bring with it claims about what 'matters' about a fetus, and what it can do or feel, that range from 12 weeks' gestation right through to birth. Claims about sentience in turn destabilize the arguments for legal limits for abortion based on viability.

Savell's point about the redefinition of abortion away from what it does to and for a woman (the ending of a pregnancy) to a growing focus on its effects for the fetus (the death of a feeling being), clearly also points to the basis on which claims for restrictions on abortion gain ground.

There is a range of possible responses to the opening of this new frontier in debates on abortion based in disciplines including ethics, psychology, history and sociology. The basis for the study discussed below was socio-legal, insofar as it took as its backdrop both the particular legal framework for abortion in Britain and its interpretation in practice since 1968.

Analysis of the law, and the practice of provision, indicates that a consistent proportion of around 12 per cent of abortions in Britain over the years have been performed in the second trimester, with diminishing proportions of this minority of abortions carried out as gestation increases.

In other words: despite better access to early abortion over the decades (5), a consistent demand for later abortion from British women is apparent. It was this which formed the study's explicit focus. Its aim was, by finding out more about why women have abortions later, to provide information that might play some part in re-grounding discussion of abortion as the ending of a woman's pregnancy, rather than the death of a fetus.

Women's reasons for seeking later abortion

The study, which I conducted with colleagues from the University of Southampton and was published in 2007, drew on interviews with 883 women presenting for second trimester abortions at clinics around Britain. The details and interpretation of the study are reported elsewhere. (6) Here I want to emphasise the following points.

First, for some women later abortion is the *necessary* outcome of the pregnancy (that is, they could not have had an abortion earlier).

Second, later abortion emerged as not only the necessary outcome of pregnancy; for *some* women it was a *better* outcome than an earlier abortion. In other words, early abortion is not *always* better.

To discuss this further, I work though some points from what the study found, drawing particular attention to distinctions between what can be termed 'service-related' delays on the one hand, and 'women-related' delays on the other.

'Service-related' delays, and 'women-related' delays

We organized our questionnaire around the concept of 'delay on the "pathway" to abortion'. The percentages overall with at least one reason for delay reported at each stage were as follows:

- To suspecting pregnancy 71%
- Between suspecting and taking test 64%
- Between test result and decision 79%
- Between decision and requesting abortion 28%
- Between requesting abortion and procedure 60%

These findings suggest that majorities of women experience delays at all stages bar one. The one point in the pathway where there is relatively little delay is between decision and request; once a woman has first decided she wants to request an abortion this evidence confirms she will act on her decision. In the study sample, where delay at this stage was longer than 2 days, it was because of issues getting an appointment. We were told:

> *I had to wait more than 48 hours for an appointment at my/a doctor's to request an abortion* (27%).
>
> *I did not want to see my regular doctor and it took time for me to find another one* (13%).

At the next stage, between request and procedure, it was clear that hold-ups in getting access to a procedure in a clinic were important for delaying abortion for many women. Forty-two per cent reporting delays at this stage waited over two weeks and 23 per cent waited over three weeks. Women told us:

I had to wait more than 5 days before I could get a consultation appointment to get the go-ahead for the abortion (32%).

The person I first asked for an abortion took a long time to sort out further appointments for me (30%).

I had to wait more than 7 days between the consultation and the appointment for the abortion (27%).

There were confusions about where I should go to have the abortion (24%).

These sorts of service delays are important ones for advocates of reproductive choice to address, as part of efforts to improve the abortion service. Less well recognized, however, is another part of the picture: 'women-related' reasons for delay.

Between request and procedure we were told by 16 per cent of women reporting delay at this point that: *'I was having second thoughts about having the abortion I had asked for, so I missed/cancelled some appointments and then re-booked them'*. This matter of 'second thoughts' (and variations of it) occurred at earlier stages too, in the following ways.

Three hundred and forty-nine women told us there were delays between taking a pregnancy test and deciding to request an abortion. These were the reasons they gave:

I was not sure about having the abortion, and it took me a while to make my mind up and ask for one (65%).

My relationship with my partner broke down (30%).

I thought the pregnancy was much less advanced than it was when I asked for the abortion (29%).

I was worried about what was involved in having an abortion so it took me a while to ask for one (27%).

I was hoping/waiting to see if my partner would support me in having a baby (20%).

My partner changed his mind about having a baby (11%).

[Reasons cited by >10% taking more than median time of 1 week]

The largest percentage thus reported being 'not sure'. Taking what we were told across all the stages, 'second thoughts' and 'not being sure' similarly emerged as commonplace in women's experience. Forty-one per cent of women across all stages told us, *'I was not sure about having the abortion, and it took me a while to make my mind up and ask for one'* and 32 per cent said that, *'I wasn't sure what I would do if I were pregnant'*.

These were not the only commonplace experiences. *'I didn't realise I was pregnant earlier because my periods are irregular'* was reported by 38 per cent of women; 36 per cent told us that, *'I thought the pregnancy was much less advanced than it was when I asked for the abortion'*; and 31 per cent that, *'I didn't realise I was pregnant earlier because I was using contraception'*.

These responses support the argument that contraception should not be seen as a 'solution' to abortion. They indicate that 'knowing' one is pregnant is not a straightforward matter. There is little anyone can do about these realities of being a sexually active woman other than recognise the importance of abortion as part of fertility control. The 'difficult' dimensions of deciding on abortion for some women go along with this too, however; taking time to make up one's mind is just as much part of the pathway to abortion as is failed contraception and breakthrough bleeding.

Later abortion emerged as not only the necessary outcome of pregnancy; for some women it was a better outcome than an earlier abortion.

Conclusions

This study, along with others like it, suggests that where arguments focus on 'the pregnancy' rather than 'the fetus', the case needs to be made equally strongly about what can be done and should be done to reduce delay, and what delay must and should be accepted. In Britain, at least, there is a lot to press for when it comes to improving services to reduce delays that are properly thought of as unhelpful and unnecessary. Some women who have second trimester abortions could and should have them earlier.

Then, however, there are delays that are either inevitable or, we would argue, *necessary.* Some women *need* later abortion because they need more time to decide and for these women earlier abortion may not be better—arguably worse a rushed earlier abortion, than a later one (or a baby).

We noted at the start of this article that the turn away from 'pregnancy' to 'the fetus' is a generally influential development. The sociologist Deborah Lupton has described what has happened this way:

> *Embryos and fetuses have gained increasing visibility in the public domain to the point that they have become fetishised cultural icons… Part of this process has been the infantilising of the unborn, which has reached into the earliest stage of embryonic development so that even new clusters of cells are now frequently referred to as 'babies'… Current discourses on pregnancy represent the pregnant woman as custodian of her precious and vulnerable 'baby' and frequently privilege the unborn's needs and rights over those of the woman. (7)*

The study discussed here sought to make a contribution to what might be called the re-embodiment of pregnancy: that is to place the woman, her body, and experience of it, back in the frame and discuss what it means to focus on 'pregnancy' rather than 'the fetus'. When pregnancy is embodied, we can see that women need abortion as late as necessary (not just as early as possible), and that for some women this will mean they 'delay'.

When pregnancy is embodied, we can see that women need abortion as late as necessary, not just as early as possible.

Lupton alerts us, however, to the fact that contesting the 'fetusization' of the abortion debate needs to be seen as one part of a much larger contest. The representation of the pregnant woman in general as the 'custodian of her… baby' demands that those who know what is really 'difficult' about late abortion take on and battle around the wider 'difficulties' that our present constructions of pregnancy bring with them.

Notes

For those interested in research of this kind, the question 'Why "second trimester"?' might be asked. In our case, the main rationale was because we wanted to find out about differences between women presenting for abortion at different points across this band of 12-14 weeks. Otherwise, our thinking was largely conventional, based on the fact that discussion about abortion 'just does' use the concept 'trimester'. While this may be meaningful for medical research, its salience for social science research is, however, less obvious. More recently published studies have, we would suggest, been based on compelling rationales for sample selection. For example, Greene Foster and Kimport (2013) (8) use 'at or after 20 weeks' because of restrictions on abortion access in US states from this point, and Purcell *et al.* (2014) (9) use '16 or more weeks' because of limits on access to abortion in Scotland after this point. These are both excellent studies.

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Dr Ellie Lee is Reader in Social Policy at the University of Kent, and Director of the Center for Parenting Culture Studies. Her research and teaching draw on sociological concepts such as 'risk consciousness' and 'medicalization' to analyze the evolution of family policy and health policy. Her work explores why everyday issues – for example how women feel after abortion or how mothers feed their babies – turn into major preoccupations for policy makers and become heated topics of wider public debate. She is the author of *Abortion, Motherhood and Mental Health: Medicalizing Reproduction in the United States and Great Britain* (Aldine Transaction) and co-author of *Parenting Culture Studies* (Palgrave).

Associação para o Planeamento da Família

Rua Eça de Queirós, 13, 1°
1050-095 LISBOA
Portugal

Tel.: 21 385 39 93
Fax: 21 388 73 79

Email: apfsede@apf.pt
Web: www.apf.pt

British Pregnancy Advisory Service

20 Timothys Bridge Road
Stratford Enterprise Park
Stratford-upon-Avon
Warwickshire, CV37 9BF
UK

Tel: +44 207 061 33776

Email: press@bpas.org
Web: www.bpas.org

Catholics for Choice

1436 U St., NW, Suite 301
Washington, DC 20009
USA

Tel: +1 202-986-6093
Fax: +1 202-332-7995

Email: cfc@CatholicsForChoice.org
Web: www.CatholicsForChoice.org

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