

Accessing termination of pregnancy due to fetal anomaly during COVID-19 in South Australia: A qualitative case study

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Abstract

Objective Examine experiences of termination of pregnancy (TOP) in South Australia to recommend areas for service improvement following decriminalisation legislation. **Design** Qualitative case study. **Setting** Online semi-structured interview. **Participants** The case study was an example of the unheard, complex and distressing circumstance of TOP due to fetal anomaly diagnosis. The case was selected from larger sample (N=8) of adults who had recently had a TOP in South Australia as a subgroup from a larger study looking at the potential missed opportunities of health professionals to provide access to contraception prior to abortion. **Methods** Semi-structured, in depth, qualitative interview. Qualitative description using thematic content analysis identified significant aspects of the participant's story pertaining to potential health service improvements. **Results** The participant experienced trauma navigating a difficult care pathway following a diagnosis of fetal anomaly. They described inadequacy of labels for pregnancy such as planned, unplanned, wanted, unwanted, the framing of abortion through the lens of 'choice', and confusion about service referrals and inappropriate communication by health professionals. Not being able to have a partner accompany her through the process of having a TOP due to COVID-19 restrictions resulted in extreme distress. **Conclusion** Abortion services need clear care pathways that are context specific, and patient centred. The language and attitudes of health professionals can result in distressing experiences of TOP. Further investigation of the relationship between infection control strategies and trauma in health service provision is warranted to improve future pandemic responses.

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