Abortion After Forty

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Healthy People 2010 (US Department of Health and Human Services, 2000*)* is a compilation of national health objectives which addresses the most prevalent and preventable health risks of our time. Its ultimate goals are to increase the number and quality of healthy years of life as well as to promote equality among different socioeconomic segments of the population. Ample scientific research and consultation about the nation's health helped create 28 focus areas such as cancer and disability that need improvement. Then, within each focus area, six health dimensions (biophysical, psychological, behavioral, physical environment, socio-cultural, and health system) further explain health risks and offer opportunities for intervention.

Family planning, an important facet to women's health, is one of the 28 focus areas within Healthy People 2010. One study revealed that 49% of all pregnancies were unintended, and nearly half of those pregnancies ended in abortion (Henshaw, 1998). However, according to the Alan Guttmacher Institute (2006), over the past 20 years, family planning clinics have helped women prevent nearly 20 million pregnancies and nine million abortions. Clearly organizations which helped women plan the number of pregnancies they have has contributed to a decrease in the number of abortions. Additionally, agencies that research the incidence of abortion provide accurate, statistical information, helping health care providers tailor care and education to appropriate demographic groups.

Information about pregnancy and abortion rates assesses the effectiveness of family planning programs. For example, abortion rates for all women aged 15-44 have steadily decreased from 2001 suggesting that recent efforts in family planning and education have made positive changes (Guttmacher, 2006). Unfortunately, this decrease is not true for women aged 40 or greater; for these women, the rate of abortion increased 10% between 1994 and 2000 whereas

the national average for all women of childbearing age decreased by 11% (Darroch, Henshaw, & Jones, 2002). Theirs is the only age group whose incidence has increased over the past 12 years and surprisingly, research has not addressed this discrepancy.

Overall, abortion is a fairly safe procedure with minimal risk. Less than 0.3% of patients choosing an abortion have complications that lead to hospitalization. The earlier the abortion during the pregnancy, the lower the risk. Mortality rates for abortion are also low, only one-tenth that associated with childbirth. However, the risk for death increases with gestational age from one death in every one million abortions performed by week eight to one in every 11,000 performed at 21 weeks or later (Guttmacher, 2006).

Regarding socio-demographic characteristics, studies reveal that the typical woman choosing an abortion is white, Christian, under the age of 30, has never married, has at least one child, resides in a metropolitan area, and lives at or below the poverty line (Darroch et al, 2002). However, not one of the studies selected a sample of women over 40 having an abortion to assess their socio-demographic characteristics. More research is needed to learn which women in this age range choose to terminate their pregnancy because findings will help decide which interventions will best serve this population.

As of 2001, the cost for a medical or surgical abortion was $468 and $487 respectively. Most women (74%) pay for this procedure with their own money since Congress forbids the use of public funds for abortion except in cases of life endangerment, rape, or incest (Guttmacher, 2006). Since the prevalence of abortion in women 40 or older is four in every 1000 in the year 2000 (compared to 21 per 1000 women as the national average), the cost to society for abortion for this particular age group remains relatively low.

Finally, more research is needed on the impact of abortion on women aged 40 or older. According to Guttmacher (2006), "In repeated studies since the early 1980s, leading experts have concluded that abortion does not pose a hazard to women's mental health" (p. 2). Also, as stated above, the risk of physical complications from abortion is minimal. Nonetheless, abortion may be a major life decision for some women and perhaps abortion has a greater effect on the mental health of woman than studies have revealed thus far.

Biophysical Risks: In the past 20-30 years, women have chosen to start their families later than earlier generations. Unfortunately, as women age, they have a greater risk of perinatal complications which could be a reason for choosing to terminate a pregnancy. As described by Olds, Davidson, Ladewig & London (2004), women over 35 have increased risk of preeclampsia, a cesarean birth, and psychosocial issues. However, studies do not fully support the theory that older women choose an abortion because of the increased risk of complications.

Psychological Risks: In one study (Dauhinee, Finer, Frohwirth, Moore, & Singh, 2005), 1200 women stated the various reasons why they chose to have an abortion. For women over the age of 30 (the oldest group in this study), their top three reasons were: "have already completed childbearing" (69%), "cannot afford a baby right now" (60%), and "do not want to be a single mother (47%)." To a lesser extent, women in this age group (17%) did choose to terminate their pregnancy due to reasons of poor fetal health; however, this portion of women is three to four times lower than those who said a child did not fit into their lives due to either financial or timing reasons. Consequently, it appears that the women over 30 in this study had unplanned pregnancies which they choose to terminate. Various behavioral practices may help explain the reason for these unplanned pregnancies.

Behavioral Risks: One study examined the behavioral practices among women aged 30 and over (the oldest age group in this study) who had an abortion. Darroch, Henshaw, & Jones (2002) showed that 44% of these women had not used contraception when they became pregnant because they did not believe they were fertile, they had difficulty using the contraceptive, or they had difficulty accessing contraception. For the females in this study who did use contraception and still became pregnant (56%) perceived their pregnancy was due to inconsistent use of the contraceptive. Clearly, accurate and adequate use of contraception by women over 30 is one area where nurses can focus their teaching.

Physical Environment Risks: Nationwide, women over 40 have medical or surgical abortions. For all reported legal abortions in the United States, the percentage of women aged 40 or above who elected to terminate a pregnancy ranged from 2.1% to 6.0% (Cook et al, 2006). The highest percentage occurred in Vermont whereas the lowest percentage was in Mississippi and the difference in availability of legal abortion providers may help to explain this discrepancy. In Vermont, there are 11 abortion providers, one in every metropolitan area, whereas in Mississippi women must travel farther to a clinic because there are only four abortion providers in the entire state.

Socio-Cultural Risks: As mentioned above, research has yet to address the socio-cultural patterns of women aged 40 or older who chose to have an abortion. From what research has revealed – those women of reproductive age who do have an abortion are mostly unmarried and economically disadvantaged, more nursing resources need to go to these populations within the older age groups.

Health System Risks: There are many resources to help women with their reproductive choices. Planned Parenthood is a nationwide organization with health clinics in almost all of the

states. Also, family planning clinics are prevalent throughout the nation (106 clinics in the United States) offering contraception and education about reproductive health. However, not all areas of the country have equal access to abortion providers or equal regulations regarding abortion. For example, more women aged 40 or older had abortions in the state of Vermont than any other state perhaps due to the presence of abortion providers in all metropolitan areas as well as a lack of any major abortion restriction such as waiting periods or inability to publicly fund abortion (Guttmacher, 2006).

There are several places to collect local data on abortion rates in women over 40. The Center for Disease Control (CDC) offers vital statistic information from the National Center for Health Statistics. The CDC website lists birth data for each state and keeps a current database in the "Abortion Surveillance Summaries" of abortion rates for each age group in each state. Similarly, the Alan Guttmacher Institute is a not-for-profit organization whose mission is to protect reproductive choices of women throughout the United States and the World. Their website under the State Center link, provides data on each state's reproductive health trends, how women can find contraception, and current policies regarding abortion. Finally, Planned Parenthood is an organization that offers confidential, high-quality reproductive health care, education, and family planning in the 860 Planned Parenthood health centers nationwide. Typing a Kansas zip code under the "find a health center" link, one learns that 20 different clinics specializing in women's health exist in the Kansas City area including "Comprehensive Health Center in Overland Park, KS (Planned Parenthood, 2006). Overall there are numerous resources for information and care regarding all aspects of reproductive health at a local, state and national level.

Interventions: Several opportunities exist for a nurse to address the rising incidence of abortion in women over 40 years old. One method of primary prevention is education. Nurses should remind women and their partners about contraception including the various methods available for both males and females and where the contraceptives can be found. Double barrier protection needs to be emphasized since no one method is 100% sure. Nurses can also educate their clients about family planning strategies such as how to assess when a woman ovulates and therefore is the most fertile. Another strategy for primary prevention is to ensure women have safe access to contraception. According to Olds et al. (2004), when women can safely and conveniently obtain modern contraception, abortion rates decline. However, research must continue to assess the behavioral practices particular to this over 40 age group to help health care providers understand why such women have the only rising incidence of abortion in the nation.

Regarding secondary prevention, nurses should assess client's beliefs about their reproductive health to dispel any misconceptions they have which put them at greater risk of an unwanted pregnancy. For example, 35% of women over 30 who had an abortion had chosen not to use contraception because they believed they were unfertile (Darroch et al, 2002). Secondly, once research assesses which types of women over 40 are most at risk for having an abortion, family planning organizations may tailor their interventions to help this particular population.

Tertiary interventions will help prevent women who already had one abortion from having another one, as well as reduce the extent of mental distress from the experience. One example is an outreach program that follows a female after an abortion to assess her future plans for contraceptive use. Another example is a post-abortion support group that helps women to process their decision to have an abortion and to assess whether members experience any mental distress from their incident.

The role of a nurse who works with women of childbearing age is primarily to help advocate for and educate about reproductive health and family planning. Nurses can help ensure that all women of reproductive age have safe access to contraception as well as the knowledge to choose which method works best for them. Also, since abortion is currently a controversial topic, nurses can provide their clients a caring, safe atmosphere to discuss their options regarding pregnancy. In sum, the incidence of women over 40 choosing abortion has risen significantly while the national average for all women aged 15-44 has steadily decreased. Through non-judgmental conversation, nurses can begin to understand and address this issue in hopes to increase the number of wanted pregnancies while decreasing the rate of abortion.

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