Discussion paper

Termination of pregnancy

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The Royal Australian & New Zealand College of Psychiatrists

Purpose

This paper has been developed by an Expert Reference Group on Women's Health of the Royal Australian and New Zealand College of Psychiatrists (RANZCP). Termination of pregnancy is a difficult and complex issue that will be influenced by many factors. This paper serves to outline current evidence in respect of termination of pregnancy and mental health and discuss the role of psychiatry in this practice.

This paper is used to inform members of the RANZCP, and the wider public, of some of the more significant issues in regard to termination of pregnancy as they refer to mental illness.

Context

The RANZCP is dedicated to the provision of the best possible care to women, including accessible and appropriate expert mental health assessment and management for all women who are pregnant and requesting a termination as required. This specifically takes into account that:

- women with existing mental health problems are often at a disadvantage because of barriers in accessing services, and are more likely to suffer adverse psychological outcomes; and
- regardless of the difficulties in the research findings to date, adverse psychological outcomes are common enough to justify availability of expert counselling and support services for every woman undergoing a termination of pregnancy if required.

Termination of pregnancy rates and legislation in Australia and New Zealand

In Australia the estimate most frequently stated for the incidence of termination of pregnancy is approximately 15 - 20 pregnancy terminations for every 1000 women aged 15 - 44 years [1-3]. In New Zealand in 2009, the rate was 19.2 per 1,000 women aged 15 - 44years [4]. In 2001 Màori women had higher rates of abortion than the national average [5]. Termination rates in Aboriginal and Torres Strait Islander women are not readily obtainable.

Legislation regarding both early and late terminations varies greatly between the states of Australia [6]. Furthermore, there are widespread differences in availability and access to abortion even within the same state jurisdictions, amongst hospitals and other service providers. Legislation in New Zealand is more uniform although there are still differences in availability of services between and within regions.

What is the effect of termination of pregnancy on women's mental health?

The degree to which termination of pregnancy has harmful effects on a woman's mental health is the subject of much debate and extensive research. Reports on the linkage between termination of pregnancy and the effect on mental health are conflicting with some studies finding there are no harmful effects, whilst others find there is a link and identify a range of associated mental disorders [7, 8]. A report by the American Psychological Association (APA), which evaluated all of the empirical studies published in English in peer-reviewed journals since 1989, concluded that no credible evidence that a single elective termination of an unwanted pregnancy causes mental health problems for adult women [9]. The evidence regarding the relative mental health risks associated with multiple abortions is less clear, and the evidence with respect to the psychological sequelae of late termination of pregnancy is similarly inconclusive [9]. There are however a number of well respected studies that have found definite psychiatric sequelae [10].

Research into the psychological effects of termination of pregnancy is difficult for many reasons: low participation rates and large drop-out rates; difficulty selecting appropriate comparison groups; a large number of confounders; large variety of potential outcome factors; and potential influence of the political and social environment on results [11]. More robust, definitive research studies are required on mental health after termination of pregnancy and alternative outcomes such as childbirth [7].

What factors may influence women's mental health in regard to termination of pregnancy?

An unintended pregnancy or prenatal diagnosis of a foetal abnormality creates a psychosocial crisis for the woman. It is widely accepted that the extent of the effect, if any, on a woman's mental health will depend on the circumstances of the termination of pregnancy, such as: the reason for the having it; how comfortable the woman is with her decision including unresolved ambivalence; any pre-existing mental illness; and the level of support from her spouse/partner, family and friends [12, 13]. Women most likely to show subsequent problems are those who are coerced into terminating the pregnancy against their own wishes (including owing to issues of timeliness or existing illness) or through fetal anomaly.

The APA report also found that women who report distress after a termination often carry other risk factors for mental health problems, such as substance abuse, socioeconomic adversity, or exposure to domestic violence. Where a link between termination of pregnancy and mental disorder or substance misuse has been identified, it may be because of shared risk factors. Unplanned pregnancy commonly occurs alongside individual and social risk factors such as early sexual activity, poor school performance, alcohol and illicit drug taking and behaviour problems [14]. Women with risk factors for poor mental health following a termination of pregnancy include those with pre-existing mental health problems [7].

Many of these risk factors are more prevalent amongst Indigenous groups suggesting a higher likelihood of psychological distress following termination, although definitive data is not available. Health services offering termination of pregnancy should provide mental health support as part of the health service. For Maori and Aboriginal and Torres Strait Islander women, this should include access to services that are responsive to the cultural needs throughout the termination process.

What consideration should be given to women suffering mental illness?

Pregnancy signals a time of vulnerability to the onset or relapse of mental disorders [15] and issues associated with termination of pregnancy require particular attention in respect of women suffering mental illness, or who are at risk of developing mental illness. Psychiatric sequelae are more common for women with a history of previous psychiatric disorder or who have a current psychiatric disorder at the time of presentation for a termination of pregnancy. Women with a serious mental illness are more likely to have unwanted or unplanned pregnancies than the general population and require accessible support, including access to termination of pregnancy. There remain significant barriers to accessing such services, especially in relation to late termination of pregnancy which, unfortunately, particularly affects women with mental illness as they often present late.

What is the role for psychiatry in termination of pregnancy?

There may be a role in assessing or counselling a patient already under psychiatric care with an unwanted pregnancy, providing information about mental illness and pregnancy, and providing counselling for patients after diagnosis of fetal abnormality [11]. Women may also find that they develop emotional, psychological and mental health problems much later in life after having a termination. Psychiatrists should be aware of this and provide access to services as required.

Psychiatry may have an enhanced role in late terminations as these present a more emotive and ethically challenging situation for both patient and staff members for a number of reasons including: the pregnancy often being wanted; strong attachment to the fetus; and the relative high incidence of mental health problems among this group. This role can include an assessment of coping ability, as well as assessment of decision making ability. The role for psychiatrists in the assessment and care of women requesting late termination of pregnancy should be through expanding appreciation of consequences of

making a choice to aid the decision-making process, or to assist the woman resolve her ambivalence, when requested, rather than mandated psychiatric assessment. The role of the psychiatrist should also extend to follow-up in case of adverse psychological outcomes.

Psychiatrists may also be asked to provide a psychiatric opinion by an obstetrician in regard to the risks of a woman continuing with a pregnancy. This therefore relates to the risk of continuing with a pregnancy and potential mental health consequences. When placed in such a situation, the psychiatrist should make a recommendation based on the best interests of the patient. Referrals from obstetricians are required to be addressed in a timely manner, often being treated as emergencies, and psychiatrists should be aware of the process surrounding this assessment. The decision as to whether or not to go ahead with the termination usually rests with the obstetrician; in this regard good communication between psychiatrists and the obstetrician is essential.

Pregnancy in women whose autonomy is impaired through lack of capacity from mental illness, including involuntary patients, is also an issue when termination of pregnancy is considered. The role of the psychiatrist in this situation is ultimately to promote the woman's welfare and autonomy. Psychiatrists shall encourage the active participation of the woman's family (and/or other closely involved in the patient's non-professional care) where considered appropriate, taking confidentiality and cultural features into account. Greater than usual care is necessary in obtaining valid consent to undertake any action and where a woman does not have the capacity to provide consent, psychiatrists should seek consent from an authorised substitute decision-maker, including taking into account any valid advance directives made by the woman.

Termination of pregnancy may raise difficult ethical issues for the psychiatrist that reflect conflict between the psychiatrist's obligations to maximise the patient's wellbeing and respect her autonomy, and/or the psychiatrist's personal value system. Psychiatrists are urged to consider the particular life context which has led to the difficult decision to terminate a pregnancy. Professional ethics entitle a doctor to his or her own opinion but do not permit the doctor to promote these viewpoints by persuasion, manipulation or suggestion. When psychiatrists find themselves unable to treat patients because of their personal moral stance on termination of pregnancy, they should exclude themselves from this role but comply with their duty to refer patients to ensure they receive appropriate assistance and counselling.

What is the role for the RANZCP in termination of pregnancy?

The RANZCP has role in advocating for good delivery of care to women requesting a termination of pregnancy who may require mental health care. In line with this discussion paper, the RANCZP will endeavour to work with the Royal Australia and New Zealand College of Obstetrics and Gynaecology, and other relevant bodies as appropriate, to develop and improve standards and services for women who request a termination of pregnancy who may be susceptible to mental health issues.

The points below are a listed as guide to best practice in the treatment of women requesting a termination of pregnancy.

- Health professionals, including psychiatrists, should ensure they provide women requesting a termination of pregnancy with accurate, impartial information on the possible benefits and risks to physical and mental health, so they can make an informed decision.

- Health professionals, including psychiatrists, who encounter women requesting a termination of pregnancy should make an assessment of possible mental disorder and associated risk factors. If a mental disorder or risk factors are identified, then an appropriate care plan should be developed to ensure the mental health needs of the woman and her significant others are met both pre- and post-termination.

- Health professionals, including psychiatrists, should be alert to possible psychological sequelae following a termination of pregnancy and assess these and make referral as appropriate.

- Women with pre-existing psychiatric disorders who continue with their pregnancy, as well as those with psychiatric disorders who undergo termination of pregnancy, will need appropriate support and care. Liaison between services, and, where relevant, with carers and advocates, is advisable.

- Psychiatrists are not generally needed for routine pre-termination counselling, although they may be called on as consultants to the woman or doctor in those cases in which such consultation is requested to expand mutual appreciation of motivation and consequences of making a choice and thus aid the decision-making process, or to assist the woman resolve her ambivalence. This may be particularly relevant for late termination of pregnancy.

- When psychiatrists find themselves unable to treat women because of their personal moral values on termination of pregnancy, they have a duty to refer these women to ensure they receive appropriate assistance and counselling.

- There is a need for further research to determine the relationship between termination of pregnancy and mental health to identify factors that might predict mental health problems. This research is necessary to improve health planning and policy.

The Women's Health Expert Reference Group convened to develop this discussion paper consisted of Professor Anne Buist, Dr Dennis Handrinos, Professor Jayashri Kulkarni and Professor Louise Newman

The RANZCP will continue to develop and promote policy and best practice in this area and, as such, comments in regard to this discussion paper are welcome and should be sent to policy@ranzcp.org

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