



“I Don’t Want to Go Anywhere Else”: Patient Experiences of Abortion in Family Medicine

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BACKGROUND AND OBJECTIVES: Prior studies have demonstrated that most women are comfortable with the option of receiving early abortion care in the family medicine setting, and patients who received early abortion care in this context report satisfaction with their experience. There are few qualitative studies, however, that explore abortion experiences in the family medicine setting. This study aimed to better understand influential factors in women’s choices and experiences of their family medicine setting for abortion care.

METHODS: We conducted semi-structured interviews with 15 women who received early abortion care at an urban federally qualified health center offering full-spectrum family medicine. Transcripts were analyzed in NVivo, using editing and immersion/crystallization approaches.

RESULTS: Women who received abortion care in this setting were highly satisfied. Though many were surprised when they learned abortion care was available, their responses were favorable, and their experiences were positive. Our results indicate that connection to the clinic setting and to the provider who performed the abortion created a context of trust and comfort. Further, women in our study appreciated the privacy offered by a general medical setting as well as the convenience and continuity of care afforded by accessing abortion care in their accustomed primary care setting.

CONCLUSIONS: Women in our study reported high levels of satisfaction with care and would recommend this setting to others. In a context of increasing restrictions on abortion, family physicians are well-positioned to increase access by including abortion care in the range of reproductive health services offered in their primary care practice settings.

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A recent survey of family medicine educators found that only 15% had ever provided abortion care, although nearly 75% believed early abortion is within the scope of family medicine.⁵ In order to bridge this gap, an increasing number of family medicine residencies are integrating early abortion training and services into their reproductive health curricula.⁶⁻⁹

Several studies in New York and Chicago have demonstrated the acceptability of the family medicine setting as a site for abortion care. Two studies of women approached in family medicine practices found that the majority (67% and 73%) of those open to having an abortion in the future would prefer to do so in that setting, with their primary care provider.^{10,11} A similar study in a primary care setting found that 67% would make that choice.¹²

Previous studies report high levels of satisfaction among women who received abortion care in the family medicine setting: one multi-site study found that 93% of women were very satisfied with their care.¹³ Another study assessing women’s satisfaction with medication abortion at either a family medicine clinic or

Family doctors provide many reproductive health services, including contraceptive management, miscarriage management, and prenatal care.¹⁻³ However, while

an estimated one in three women in the United States will have an abortion by age 45 (based on current abortion rates),⁴ abortion is not commonly provided by family physicians.

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a specialized abortion clinic found that equivalent proportions, approximately 92%, were very satisfied with their care in both settings.¹⁴

Across these studies, women reported comfort and familiarity with the provider and the clinic, trust, convenience, privacy, and the ability to avoid protestors and security procedures as reasons for accessing abortion in the family medicine setting. Conversely, women who preferred a specialized abortion clinic reported their reasons as a desire for specialized care and perceived expertise, privacy, and fear of disapproval from their primary care provider.^{11-13,15-18}

While these quantitative studies underscore acceptability of abortion care within the family medicine setting, qualitative research on abortion has primarily focused on women's decision-making processes around choosing abortion, comparing abortion methods, and retrospective reflections on the experience.¹⁹ One qualitative study found a range of preferences, with some women stating they would have felt more comfortable accessing abortion care with their primary care provider and others preferring to separate abortion from other health care.¹⁸ Although the literature indicates some women are interested in accessing abortion within the primary care setting, qualitative research has not explored women's experiences doing so. This study was designed to better understand influential factors in women's choice of their family medicine setting as the site for abortion care, as well as their experiences of the abortion itself.

Methods

We conducted qualitative interviews with a convenience sample of 15 women who had recently obtained an abortion at an urban federally qualified health center offering full-spectrum family medicine services in the Bronx. All women who spoke English or Spanish and were at the clinic for an abortion or an abortion follow-up appointment on the days

recruitment occurred were asked by their provider if they were interested in participating in the study. Interested women chose to either be interviewed in person at the time of recruitment or by phone within 1 month of the abortion.

Interviews were conducted by two members of the research team. They took approximately 30 minutes and followed a semi-structured interview guide. Topics included how and why women chose this setting for their abortion, their experience of the abortion, perceived benefits and drawbacks of both the family medicine setting and other settings, decision-making around abortion method choices, and comparison to any previous abortion experiences. Women were given a \$25 gift card to compensate for their time. Oral consent was obtained in all cases, and the study was approved by the Montefiore Medical Center Institutional Review Board.

All interviews were recorded and transcribed. A codebook was collaboratively developed by three research staff, with the assistance of a qualitative research expert, based on readings of early interview transcripts. Initial interviews were coded by two coders, and disagreements were resolved by discussion until consensus was reached. After further modification of the codebook to reflect discussion, inter-rater reliability was at 90%. All interviews were then coded in NVivo10 software (QSR 2012) (NVivo qualitative data analysis software, Version 10. QSR International Pty Ltd., 2012) using the editing and immersion/crystallization methods.²⁰ In order to assess the validity of emerging patterns, analysts independently reread the coded data to assess whether initial conclusions represented the major and minor themes in the transcripts.

Results

Description of Sample

Interviews were conducted between March 2012 and August 2014. Forty-three women were invited to participate in the study, and 24 agreed.

Of those, 15 completed an interview, after which thematic saturation was reached. Common reasons for declining to participate included a lack of time and disinterest in discussing the abortion, particularly among those women who had completed a procedure that day. Demographic characteristics of the sample are presented in Table 1.

Abortion in the Family Medicine Setting: Initial Reactions

Most respondents, including those who were longstanding patients at the clinic, were unaware that abortions were offered there until they were informed during pregnancy options counseling. One woman expressed this common reaction, saying, "Really? I can do that here? And I was really surprised. I thought you had to go to like Planned Parenthood or something, like I didn't know you could come here." (Participant 12) Another woman said, "I was surprised a little bit...I'm like, really? Wow, this is like a regular doctor, like a regular clinic, but ... I was like, okay, I'll look into it, because I didn't really want to go nowhere else." (Participant 6)

On learning abortions were available at this clinic, patients in our study responded with relief and a desire to seek services there. When asked if she had any concerns about accessing abortion at this clinic, one woman replied, "No, I don't ... maybe 'cause I've been here for so long, like I trust it, so I really didn't have any concerns...I knew this is where I wanted to come, like I don't want to go anywhere else." (Participant 12) Another patient echoed this, saying, "Well, I usually go to [this clinic], I always came here, and if they had this option here before [when I had a previous abortion] I would've come here, because I feel more comfortable coming here." (Participant 5)

Though most participants responded positively to abortion services being available at this clinic, two described mixed feelings. One discussed her surprise at the way abortion care was "intertwined"

Table 1: Participant Demographics

Characteristics	Number of Study Participants (Total n=15)
Age, years	
19 or younger	3
20–29	4
30–39	8
Race	
Latina/Hispanic	7
Black/African-American	6
Mixed	2
Highest level of education completed	
Some high school	3
Graduated high school/GED	3
Some college	4
Graduated college or graduate school	4
Not known	1
Patient status at clinic	
Regular patient at this clinic	11
Regular patient within larger health care system but not at this clinic	2
New to clinic and larger health care system	2
Type of abortion	
Medication abortion	10
Manual vacuum aspiration	5

with other types of care, and said, “I didn’t like it, because...it was a very difficult, personal decision, so for me...it’s like basically revisiting that moment every time now I go back to the clinic.” (Participant 11) Despite these concerns, both women described their interactions with providers and staff as positive.

Connection to Place

Of the 15 women in the study, 11 were long-term patients at this particular clinic, and two more were long-term patients of the larger health care network with which the clinic is affiliated. When asked about why they chose this clinic for abortion care, patients discussed their connection to this clinic. One woman explained: “I think that it may just go back to it’s a safe place. You know, it’s years of coming here, and so I think it goes back to childhood, you

know, like you just trust a setting and the people...I’m going to cry...it’s a lot of trust.” (Participant 1)

Many patients’ long histories with the clinic, staff, and providers contributed to comfort in that setting. One woman said, “I’m comfortable because I know everyone in this clinic. I know almost all the doctors. I’ve been here basically, like I said, all my life.” (Participant 14) Long-term connections with clinic staff were mentioned explicitly by several patients, one of whom said, “Because I knew the staff here and because how comfortable I felt, I wasn’t feeling nervous or scared. Initially I thought I would feel that way, but I didn’t.” (Participant 7)

Most women in our study were referred to a new provider by their primary care doctor for their abortion. Patients reported quickly establishing trust with their abortion

provider, often rooting this in their preexisting connection to the clinic. One woman said, of her abortion provider: “I felt comfortable seeing her. I usually feel comfortable coming here to this clinic, so whenever they send me to a new doctor, I’m very comfortable with that doctor.” (Participant 5) Another woman said, about the team who provided her abortion: “It was new, but they made me feel so comfortable...as if I knew them for just about as long as I knew [my regular doctor]. Very compassionate, very concerned, very informative.” (Participant 7)

Connection to Provider

Many women spoke about the emotional support and nonjudgmental care they received from their provider. One woman explained, “He made me feel very comfortable, like I sat here and cried my ass off, and he was just like, ‘It’s alright, it’s okay.’... He’s like, you know, ‘It sounds like you got a plan.’ I’m like, you get me.” (Participant 7) Another noted similarly: “When I was talking to Dr [name], she made me feel comfortable. She was asking me...do I have any questions, do I want to talk about how I felt...after she gave me my abortion pill, so she made me feel very comfortable and comforting.” (Participant 12)

The two women in our study who saw their own primary care provider for their abortion expressed relief that they were able to go to a provider with whom they had a long-established connection. One woman explained, “I just felt that it would help me, you know, to have someone that I trust counsel me and give me some feedback and also recommendations as to which abortion method to use. I highly respect her opinions, so I prefer to come to her.” (Participant 1)

Further, women spoke about feeling supported to make their own choices around their pregnancies. They talked about how they felt that providers reinforced their own agency, offering support not only for the choice these women ultimately

made, to have an abortion, but that they would have been equally supportive of other choices. One woman explained, “To me basically it feels like the people are here for you to support you and what you want to do, like that was my experience.” (Participant 10) Another woman, who described having taken some time to come to a decision around her pregnancy, said, “They was, you know, trying to help me make the best decision for myself. They was just so supportive, and, you know, they made me feel like, either decision that I make...they’re still going to be on my side.” (Participant 6)

Privacy

Many women named privacy as another benefit of accessing abortion care within the family medicine setting. They felt that because there was a range of services offered at the clinic, only they and their doctor would know the reason for their visit. One respondent said, “I’ve always thought [abortion] has to be done at like a Planned Parenthood where, you know, as soon as you walk in the building everyone knows what you going to do.” (Participant 13)

Other patients highlighted connections between privacy and being able to avoid anti-abortion protesters. One woman said, “Here it was more private and calm. Nobody knows what you’re doing. Ain’t nobody with no picket signs in front of the building.” (Participant 3) Another woman said, “Here, you don’t have to deal with protesters against abortions, they try to make you feel guilty...it’s more private, it’s more comforting.” (Participant 14)

However, a few patients felt as though their privacy was compromised because of their preexisting relationships with clinic staff and doctors. One long-time patient expressed concern over clinic staff knowing the reason for her visit. She said, “I was concerned because...the nurses here know me for so long, so everyone’s asking you why you’re here, and I’m like looking at them like I don’t want you to ask me. [An

abortion] is very private.” (Participant 1)

Convenience

Many women appreciated the convenience of obtaining an abortion in their primary care setting. One woman echoed others when she spoke about the ease of making an appointment, saying, “Well, when I went to see my doctor...that’s when I found out I was pregnant. So, you know, I made the decision right there. Being that I didn’t have to wait and go someplace else, it was very convenient that she was able to...[make the appointment] while I’m still in the office and so it was very convenient, very fast and easy for me.” (Participant 3)

The location of the clinic was also important for many. One said, “It’s convenient, right here. I didn’t have to go seek out another place so far in midtown...so convenience had to play a part.” (Participant 7) Finally, women talked about the simplicity and speed of the process. When asked what was positive about her experience, one woman noted, “They were real quick and it finished in no time and I think the clinic is less crowded than the hospital. You just go in, you see that they call you to get it over with, you don’t have to go through a lot of departments, call a lot of people.” (Participant 8)

Continuity of Care

Enhanced continuity of care was an advantage for many women. When asked her feelings about the fact that her primary care provider would be aware of her abortion, one woman noted, “He’s my doctor and he needs to know...as far as like my body concerns and my health wise, he needs to know.” (Participant 12) Another woman responded, “That’s good. So that when you see your doctor, your doctor knows what was going on, you can follow up and make sure that you’re okay.” (Participant 14)

Another woman affirmed her choice to receive abortion care in this clinic because it was where she already accessed other reproductive

health care: “Because I’m familiar with that clinic...since I was pregnant until the 9 month, and after [my children] were born, I was going to that clinic, so I’m much familiar with it, with the staff.” (Participant 8)

In addition, patients felt they would get better medical care in a place where providers were aware of their medical history and where their medical records were accessible. One woman explained, “For me I felt like it’s more like I always come here, they have my records here, everything here, so I would rather do something here and they know my history and in case of anything like my blood type...I don’t have to go through all that again somewhere else.” (Participant 5) Another woman echoed this idea, noting, “I felt that I’m in good hands here as opposed to going somewhere where they know nothing about my history... So, I feel comfortable with the people here.” (Participant 7)

Discussion

Previous research has shown many women are receptive to receiving abortion care in the family medicine setting. Our results support this finding, demonstrating that some women choose their family medicine clinic over other sites for abortion care, and that women who did so are highly satisfied. Though many women were surprised to learn abortion care was available, their responses were favorable. Our results indicate that connection to the clinic and the abortion provider created a context of trust and comfort. Participants in our study appreciated the privacy offered by a general medical setting as well as the convenience and the continuity of care afforded by accessing abortion care in their accustomed primary care setting. A small minority of respondents worried about privacy in their established clinic setting, which indicates a potential need for reinforcing existing in-service training on patient confidentiality.

An important theme that emerged from our data is the importance of continuity of care. Several patients stated it was beneficial for their overall health for abortions to be provided in the same setting as their other health services and for their providers to be aware of their abortion. This key theme resonates with an established movement in primary care toward the patient-centered medical home (PCMH), which emphasizes whole-person care, integrated care, and increased health care access.²¹ Providing early abortion in the primary care setting supports those goals by placing abortion within a broader spectrum of reproductive health care and an ongoing provider-patient relationship. Our results show that patients particularly appreciated the respect and nonjudgmental care they received from their providers, supporting the trend for family medicine settings to offer comprehensive medical care to all pregnant patients, whether they miscarry, terminate, or continue the pregnancy.

A family medicine site that offers patients abortion services does not need all, or even most, providers to perform abortions. Our data show that women's preexisting connection with the clinic and referring physician contributed to feelings of trust and comfort with the new provider. These results point to the potential increased access and positive patient experiences that even having one abortion provider at a larger family medicine site could bring.

This study has several limitations. As it is a qualitative study at one family medicine clinic in a north-eastern urban setting, our findings may not be generalizable to other geographic areas.^{17,18} As our design did not include women who chose other settings for abortion care, this study does not elucidate or compare reasons for their choices, and it is possible that women who declined to participate in the study may have

had different experiences than those interviewed. However, our findings build on existing literature on abortion setting choice and suggest the value of providing abortion care in the family medicine setting.

Implications for this study are limited by some states' legal restrictions, which prohibit Medicaid funding for abortion and restrict abortion provision to ambulatory surgical centers, making abortion provision in the family medicine setting impossible. However, particularly in rural areas of states without such restrictive laws, including early abortion in more family doctors' practice has the potential to increase access. Further, by increasing available options and allowing women to choose the setting in which they are most comfortable, it offers the opportunity to provide truly patient-centered care.

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References

- Cohen D, Coco A. Trends in the provision of preventive women's health services by family physicians. *Fam Med* 2011 Mar;43(3):166-71.
- Kozhimannil KB, Fontaine P. Care from family physicians reported by pregnant women in the United States. *Ann Fam Med* 2013;11:350-4.
- Landry DJ, Wei J, Frost JJ. Public and private providers' involvement in improving their patients' contraceptive use. *Contraception* 2008;78:42-51.
- Jones RK, Kooistra K. Abortion incidence and access to services in the United States, 2008. *Perspect Sex Reprod Health* 2011 Mar;43(1):41-50.
- Herbitter C, Bennett A, Schubert FD, Bennett IM, Gold M. Management of early pregnancy failure and induced abortion by family medicine educators. *J Am Board Fam Med* 2013;26:751-8.
- Brahmi D, Dehlendorf C, Engel D, Grumbach K, Joffe C, Gold M. A descriptive analysis of abortion training in family medicine residency programs. *Fam Med* 2007 Jun;39(6):399-403.
- Dehlendorf C, Brahmi D, Engel D, Grumbach K, Joffe C, Gold M. Integrating abortion training into family medicine residency programs. *Fam Med* 2007 May;39(5):337-42.
- Goodman S, Shih G, Hawkins M, et al. A long-term evaluation of a required reproductive health training rotation with opt-out provisions for family medicine residents. *Fam Med* 2013 Mar;45(3):180-6.
- Paul M, Nobel K, Goodman S, Lossy P, Moschella JE, Hammer H. Abortion training in three family medicine programs: resident and patient outcomes. *Fam Med* 2007 Mar;39(3):184-9.
- Rubin SE, Godfrey E, Gold M. Patient attitudes toward early abortion services in the family medicine clinic. *J Am Board Fam Med* 2008;21:162-4.
- Rubin SE, Godfrey EM, Shapiro M, Gold M. Urban female patients' perceptions of the family medicine clinic as a site for abortion care. *Contraception* 2009;80:174-9.
- Godfrey EM, Rubin SE, Smith EJ, Khare MM, Gold M. Women's preference for receiving abortion in primary care settings. *J Women's Health (Larchmt)* 2010 Mar;19(3):547-53.
- Wu JP, Godfrey E, Prine L, Andersen K, MacNaughton H, Gold M. Women's satisfaction with abortion care in academic family medicine centers. *Fam Med* 2015 Feb;47(2):98-106.
- Prine L, Shannon C, Gillespie G, et al. Medical abortion: outcomes in a family medicine setting. *J Am Board Fam Med* 2010;23:509-13.
- Kimport K, Cockrill K, Weitz TA. Analyzing the impacts of abortion clinic structures and processes: a qualitative analysis of women's negative experience of abortion clinics. *Contraception* 2012;85:204-10.
- Logsdon MB, Handler A, Godfrey EM. Women's preferences for the location of abortion services: a pilot study in two Chicago clinics. *Matern Child Health J* 2012;16:212-6.
- Shochet T, Trussell J. Determinants of demand: method selection and provider preference among US women seeking abortion services. *Contraception* 2008;77:397-404.
- Weitz TA, Cockrill K. Abortion clinic patients' opinions about obtaining abortions from general women's health care providers. *Patient Educ Couns* 2010;81:409-14.
- Lie ML, Robson SC, May CR. Experiences of abortion: a narrative review of qualitative studies. *BMC Health Serv Res* 2008;8:150.
- Miller WL, Crabtree BF. Qualitative analysis: how to begin making sense. *Fam Pract Res J* 1994;14:289-97.
- Joint Principles of the Patient-Centered Medical Home. 2007. http://www.acponline.org/running_practice/delivery_and_payment_models/pcmh/demonstrations/jointprinc_05_17.pdf. Accessed October 16, 2014.