



Pregnancy Termination

Media Module 1

Facilitator's Guide

Contributors

Nina Ross, MD

Susan Hatters Friedman, MD

Overview

Our goal for this session is to understand discrepancies between media reports and well-designed studies about abortion and mental health sequelae.

The scientific community has long sought to understand if pregnancy termination causes mental health sequelae. However, the research in this area has historically been fraught with methodological errors, so much so that the American Psychological Association issued a statement calling for caution when interpreting research in this field (Majors 2009). Such problematic research has had an impact on legislation. As well, popular media often cites these misleading and problematically designed studies which can disseminate misinformation to our patients. Therefore, it is crucial that trainees be able to understand and interpret this information so that we can share accurate, evidence-based information with our patients.

In this session, we will review an article in the popular media about abortion and mental health. We will then appraise a piece of scientific literature with the summary of the Turnaway study findings, a landmark study that examines abortion and mental health, physical health, and socioeconomic outcomes. We will then role play a psychiatrist and patient interaction where we explore how to discuss this topic with patients.

Learning Objectives

At the end of this Media Module, the learner will be able to:

- Describe common methodological flaws in research about pregnancy termination and mental health outcomes.
- Critique media coverage about pregnancy termination and mental health.
- Communicate thoughtfully and accurately with a lay audience (e.g. a patient) in order to combat misinformation.

Structure of the Session (Total: 55 minutes)

- Review of media items (10 minutes): Faculty and residents will review the media items.
- Review of medical literature (15 minutes): Faculty and residents together will briefly assess the comparable medical literature.
- Role play (10 minutes): Small groups of residents will role-play a discussion with a patient who has read misinformation about abortion
- Large group discussion (10 minutes)
- Wrap up and Q+A (5 minutes)

Resources Required

- Faculty moderator
- Media samples (provided)
- Article references (provided)

Required Pre-Reading

Guttmacher Institute: Abortion Fact Sheet. <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>

A Summary of Publications on The Turnaway Study. December 2022. Accessed November 27, 2023.
<https://www.ansirh.org/sites/default/files/2022-12/turnawaystudyannotatedbibliography122122.pdf>

Major, B., Appelbaum, M., Beckman, L., Dutton, M. A., Russo, N. F., & West, C. (2009). Abortion and mental health: Evaluating the evidence. *The American psychologist*, 64(9), 863–890. <https://doi.org/10.1037/a0017497>.

Presentation of Media Items

Article: Newsweek. “Abortion Fuels Hidden Mental Health Crisis.”

<https://www.newsweek.com/abortion-fuels-hidden-mental-health-crisis-opinion-1839614>

Critique of Media Coverage

1. What is the central claim of this media piece?

Facilitator elicits the following:

Abortion increases suicide risk.

2. Does this article make problematic claims?

Facilitator elicits the following:

This article makes numerous problematic claims because they are false (please see the Appraisal of Scientific Literature Section for a summary of Turnaway study results). This claim includes that women who have abortions are more likely to develop depression, anxiety, PTSD, substance abuse, destructive behavior, and suicidality than women who go on to deliver the infant. Please also see the below section for additional exploration of misleading use of research and statistics.

Steinberg quote: “The studies make it look like there is a debate, but what’s really going on is those studies are very poorly conducted. They are not methodologically rigorous, and they don’t adhere to scientific principles.”

3. Does this article use research in problematic ways?

Facilitator elicits the following:

- This article makes numerous problematic claims because they lack scientific validity. For example, this article makes conclusions based on anecdotal evidence, which is not a scientifically valid form of data. Anecdotal evidence relies on personal observation, collected in an informal manner, and subject to numerous forms of biases, including recall bias (an error where important details may not be remembered accurately upon recall) and confirmation bias (collecting/interpreting data consistent with pre-existing beliefs and in search of a desired outcome).
- This article also contains logical flaws that are inconsistent with our knowledge of suicide. For example, the author states with certainty that the women became suicidal and even completed suicide because of their abortion. In reality, we cannot say with such certainty why any one person attempts or completes suicide, particularly after a person has completed suicide and is no longer able to provide an explanation. These patients may have had other risk factors for their suicide attempts. Unfortunately, the field of suicide risk assessment is complex and imperfect, and we are far from drawing such neat conclusions about any decedent’s cause of suicide, let alone a group of women whom the author asserts she treated as inpatients prior to their suicides.
- This article cites problematically designed studies. For example:
 - o Mota et al (linked in “higher rates”) assert that their study demonstrates that abortion leads to worsened health outcomes, despite numerous methodological errors including a retrospective

design that relies on the memory of the participants for information and not clearly establishing a temporal relationship between the abortion and identified mental health issues. In addition, the sentence citing this article refers to “numerous studies” yet references only this one problematic study, language that is problematically misleading.

- o The article linked in “six times higher” by Gissler et al also contains many problems, including relying on retrospective data of women who completed suicide who also had an abortion in the year before her death and asserts that abortion presents an increased risk for suicide after an abortion. The authors further assert that this observed increased risk “indicates either common risk factors for both or harmful effects of induced abortion on mental health.” However, the article does not evaluate mental health diagnoses of these women, a major risk factor for suicide and a major confounding factor to omit despite the strong assertions of this article. Personal situations and stressors are also not considered.
 - The article also misreports the conclusions of some cited articles. For example, the article linked to the statement “highest risk” as well as the second link to “highest rates of mental health disorders from abortion” links to the American Psychological Association’s Task Force Report on “Mental Health and Abortion” (Major et al). It is unclear where in this position statement the author finds any information indicating that women who have second or third trimester abortions are at the highest risk of mental health problems and psychological distress after the procedure. In fact, the statement states rather conclusively that abortion is not causally linked to mental health issues or psychological distress except perhaps women who internalize stigma about abortion.
 - This article also makes claims that appear to be fact-based without actually citing any factual basis. For example, the article states that abortions that “happen after babies feel pain in the womb” which is presented as fact but is not, in fact, scientifically valid.
4. How does this media piece influence (and potentially bias) the lay reader?
- Facilitator elicits the following:*
- As discussed previously, this article potentially influences and biases the reader in numerous ways, including an overreliance on anecdotal data, logical fallacies drawn from this anecdotal data, use of problematically designed research, and the generation of claims without any references cited.

Appraisal of Scientific Literature

A Summary of Publications on The Turnaway Study. December 2022. Accessed November 27, 2023.
<https://www.ansirh.org/sites/default/files/2022-12/turnawaystudyannotatedbibliography122122.pdf>

1. What is the study design?

Facilitator elicits the following:

A prospective, longitudinal study. This study design has corrected numerous methodological flaws present in earlier research, including addressing confounding factors such as pre-existing mental illness, demographic disparities between comparison groups, and inappropriate control groups.

2. Who were the patients?

Facilitator elicits the following:

Almost 1000 women who sought abortions from 30 abortion facilities across the United States.

3. Who were the two groups of patients being compared?

Facilitator elicits the following:

Women who sought out, and received, an abortion and women who sought out, but did not receive, an abortion (and therefore proceeded with an unwanted pregnancy).

4. What were the main outcomes being studied?

Facilitator elicits the following:

The physical health, mental health, and socioeconomic outcomes of receiving an abortion versus having an unwanted pregnancy.

5. What were the conclusions?

Facilitator elicits the following:

There were many meaningful conclusions drawn, including:

- Receiving an abortion does not cause adverse mental health sequelae.
- The most significant predictor of post-abortion mental health is pre-abortion mental health.
- Five years after the abortion, 95% of women who received an abortion still felt that the abortion was the right decision for them.
- Perceived abortion stigma at the time of an abortion is associated with negative psychological outcomes.
- Being denied a wanted abortion is associated with multiple adverse socioeconomic consequences years later compared to women who received a desired abortion, including being almost four times more likely to have a household income under the poverty line.
- Women who received a desired abortion were more likely to describe themselves as being in “very good” relationships years later. Women who were denied a desired abortion were more likely to stay in a relationship with violent partners.

6. What are the limitations of this study?

Facilitator elicits the following:

- There may be additional confounding factors between these two groups.
- This is not a blinded study.

Role-Playing Exercise

Trainees should separate into groups of 2-3 with one trainee playing the role of the psychiatrist, and another playing the role of a female patient who has questions about abortion from an article they read in the news. If a third person is in the group, they may role-play the partner of the patient.

N.B. This scenario is not about obtaining informed consent for abortion, but rather dispelling misinformation.

A female patient asks her psychiatrist about a recent article in the media that indicated that depression, anxiety, and post-traumatic stress disorder are caused by abortion, as well as future relationship problems. The patient asks the psychiatrist, **“What are the actual mental health risks of an abortion?”**

Sample responses may include:

Abortion is a safe medical procedure. Abortion does not cause mental health issues. In contrast, pregnancy is associated with health risks, including mental health risks such as postpartum depression. While a person may feel emotions after an abortion, experiencing emotions is a normal part of life and not indicative of mental illness. In addition, these emotions are often a mixture of positive and negative emotions. Relief is often the strongest emotion. Over 95% of women who have an abortion still feel it was the right decision for them five years later, even women who had later abortions and had a hard time making the decision at the time.

The patient then asks the psychiatrist, **“But the media said that medical studies proved that abortion causes mental health issues. How can you say it doesn’t?”**

Sample responses may include:

Poorly designed studies about abortion have been a major problem for the scientific community. Having an abortion does not cause mental health problems. Studies that have shown that abortion causes mental health problems have historically been poorly designed. For example, some of these studies did not look at women’s pre-abortion mental health. Better, more rigorously designed studies have found that abortion does not cause mental health problems.

Other research flaws include the use of inadequate comparison groups - for example, comparing women who obtained abortions to women who have never been pregnant. Women who seek out abortions often have distinct characteristics, such as stressors, unwanted pregnancies, and lower socioeconomic status, all of which present confounding factors that skew apparent and misleading findings of outcomes after abortions. In addition, the reality is that women who are pregnant and wish to terminate their pregnancy cannot simply choose to not be pregnant. Their choice is to obtain an abortion or to carry out the pregnancy to term. Therefore, it is crucial that we compare women who obtain abortions to women who are demographically similar who also go through pregnancy – and compare any findings of physical or mental health outcomes of pregnancy termination to the real physical and mental health risks of pregnancy.

The patient then says, **“So, how do you pick and choose which study to believe?”**

Sample responses may include:

It can be hard to interpret the evidence on abortion when there are so many poorly designed studies. We recommend information based on the landmark Turnaway study, which compares the long term outcomes of thousands of women who received an abortion to those who wanted, but did not receive, an abortion (women who were “Turned Away”). The Turnaway study has produced many high quality publications about these women’s healthcare outcomes.

Wrap-Up and Q&A

For the learner role-playing the physician: What was challenging about this interaction?

Facilitator elicits the following:

- Addressing a potentially strongly political/emotional topic.
- Explaining statistical terms to a lay person.

For the learner role-playing the patient: How did it feel to be in the patient role? Did you feel convinced or comforted by the physician’s responses to your questions?

References (and Optional Supplemental Reading)

ACOG. Abortion Access Fact Sheet.

<https://www.acog.org/advocacy/abortion-is-essential/come-prepared/abortion-access-fact-sheet>

ACOG. ACOG Guide to Language and Abortion.

<https://www.acog.org/contact/media-center/abortion-language-guide>

A Summary of Publications on The Turnaway Study. December 2022. Accessed November 27, 2023.

<https://www.ansirh.org/sites/default/files/2022-12/turnawaystudyannotatedbibliography122122.pdf>

Biggs MA, Neuhaus JM, Foster DG. Mental Health Diagnoses 3 Years After Receiving or Being Denied an Abortion in the United States. *Am J Public Health*. 2015 Dec;105(12):2557-63. doi: 10.2105/AJPH.2015.302803. Epub 2015 Oct 15. PMID: 26469674; PMCID: PMC4638270.

Biggs MA, Rowland B, McCulloch CE, Foster DG. Does abortion increase women's risk for post-traumatic stress? Findings from a prospective longitudinal cohort study. *BMJ Open*. 2016 Feb 1;6(2):e009698. doi: 10.1136/bmjopen-2015-009698. PMID: 26832431; PMCID: PMC4746441.

Boonstra HD, Gold RB, Richards CL, Finer LB. Guttmacher Institute: Abortion in Women's Lives.

<https://www.guttmacher.org/sites/default/files/pdfs/pubs/2006/05/04/AiWL.pdf>. p. 5.

Guttmacher Institute: Abortion Fact Sheet. <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>

Major, B., Appelbaum, M., Beckman, L., Dutton, M. A., Russo, N. F., & West, C. (2009). Abortion and mental health: Evaluating the evidence. *The American psychologist*, 64(9), 863–890. <https://doi.org/10.1037/a0017497>.

Major, B., Appelbaum, M., Beckman, L., Dutton, M. A., Russo, N. F., & West, C. (2008). Report of the apa Task Force on Mental Health and Abortion. <http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf>

Rocca CH, Moseson H, Gould H, Foster DG, Kimport K. Emotions over five years after denial of abortion in the United States: Contextualizing the effects of abortion denial on women's health and lives. *Soc Sci Med*. 2021 Jan;269:113567. doi: 10.1016/j.socscimed.2020.113567. Epub 2020 Nov 29. PMID: 33309441.