

Croydon Joint Strategic Needs Assessment 2011/12

Deep-dive 1: Repeat Abortions In Croydon

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Executive Summary

An induced termination of a pregnancy is called an abortion. Abortions can happen spontaneously and are then called miscarriages, however, in the context of this chapter only clinically-induced abortions are included.

Abortions are a highly emotive issue for many people. Repeat abortions, where a woman has more than one abortion in her life time, appear particularly problematic as there has been a failure to prevent a further unwanted pregnancy.

Work on the chapter on sexual health in the 2010/2011 Joint Strategic Needs Assessment revealed that repeat abortions are more common in Croydon than in the rest of London and nationwide. This observation could indicate that repeat abortions and the underlying causes are of particular concern for public health in Croydon. The decision was therefore taken to undertake a 'deep dive' investigation in order to identify possible causes for the high number of repeat abortions and recommend ways to reduce their number.

A close look at abortions in Croydon reveals that despite overall abortion numbers falling in the past four years, repeat abortions now make up 50% of all abortions. The highest rates of repeat abortion were seen in Thornton Heath, Selhurst and Broad Green. Repeat abortion rates were highest among 30-39 year old women (where more than 60% of abortions performed were in women who had previously had an abortion). In general, repeat abortion rates are higher than the national average in all Croydon wards, with the exception of Selsdon and Sanderstead.

The highest proportion of repeat abortions was seen in black ethnic groups and those living with higher levels of deprivation.

Across all age groups, 37% of repeat abortions took place within one year following the first abortion. Among 13-19 year old women, 50% of repeat abortions took place within a year.

Prior to a repeat abortion, over 35% of women were not using any form of contraception, however, 55% were either taking the pill or using condoms.

From the data, we were able to identify the following risk factors for a repeat abortion within two years in Croydon:

- Black Caribbean or mixed ethnicity

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- Higher levels of deprivationⁱ
- Abstaining from sex or on the pill
- Aged between 13-24 years old

Analysis of information from women responding to a questionnaire during our investigation revealed that the most common reasons for having an abortion were family and other social reasons, such as being in education and financial constraints. Many felt that talking about abortions was not easy and not enough was being done to overcome this stigma. Over 75% of women did not feel that they had received any counselling either before or after the abortion, but 77% said they received advice on contraception following the abortion. Twelve per cent of women said they had experienced difficulties in accessing abortion services.

Interviews with women and an expert think tank revealed a range of issues contributing to repeat abortions. These issues were the lack of use of effective contraception, lack of services (including counselling) for Croydon patients, difficulties in access to services and lack of effective sexual health education.

Barriers to access to services included inconvenient clinic times, lack of awareness of services available and negative staff attitudes towards patients.

General views on abortion included the financial costs to society, increased frequency of abortions, the availability of choice and ethical considerations particularly associated with religious, community and social affiliations.

Members of the expert think tank predominantly saw the advantage of having access to abortions. They perceived induced abortions as relatively simple and effective procedures with few disadvantages other than cost to the health service and society. This perception was in contrast to the views expressed by the women we interviewed, many of whom had moral, religious and other social concerns and expressed a significant stigma attached to abortions on the whole.

The data in this chapter was the most recent published data as at 31 December 2011. Data for 2011, released by the Department for Health on 29 May 2012, shows that although the abortion rate per 1,000 women aged 15-44 for Croydon has risen slightly from 27.9 to 28.6, the repeat abortion rate for women aged under 25 has fallen from 41.3% to 36.7% and for women of all ages from 50.0% to 49.1%. The percentage of under-19 repeat abortions has dropped from 24% in 2010 to 16% in 2011.

ⁱ Index of Multiple Deprivation quintile 3

1. Introduction

Despite the range of contraceptive methods available to both men and women, unwanted pregnancies occur and can lead to induced abortions of pregnancy. In some cases, women experience unwanted pregnancies repeatedly and repeat abortions occur. Issues surrounding induced abortion are highly emotive for many people and are subject to intense public debate.

This chapter describes the current issues surrounding repeat abortions in Croydon. It highlights where the greatest needs lie in terms of information, education and access to services in relation to abortions and sexual health. It identifies and summarises policies and targets and analyses how repeat abortions in Croydon compare with England and London. It includes information from previous needs assessments, service user interviews, key expert consultations and routinely available data.

1.1 What do we mean by repeat abortion?

Most abortions are either a result of an unintended pregnancy through unprotected intercourse or a contraceptive method that has failed.¹ Around one in three sexually active women in Britain will have an abortion during their lifetime, and one in three legal abortions performed in 2010 (34%) was a repeat episode.²

Although there is no agreed definition, a widely accepted definition of repeat abortion refers to more than one termination of pregnancy in a woman's life.

Currently, there is limited data on the reasons women have repeat abortions and on the number of illegal abortions that take place.³ It is important to understand why repeat abortions are of concern in Croydon and at what point it becomes an issue and to whom.

1.2 Why do we need to focus on repeat abortion in Croydon?

Where a repeat abortion becomes necessary, there has been a failure to prevent a subsequent unintended pregnancy. The available literature suggests that the occurrence of repeat abortions is related to previous pregnancies, the uptake and choice of contraception and ease of access to local sexual health services.

An investigation of the causes of the high numbers of repeat abortions locally is expected to help improve sexual health in people in Croydon and to lead to better services.

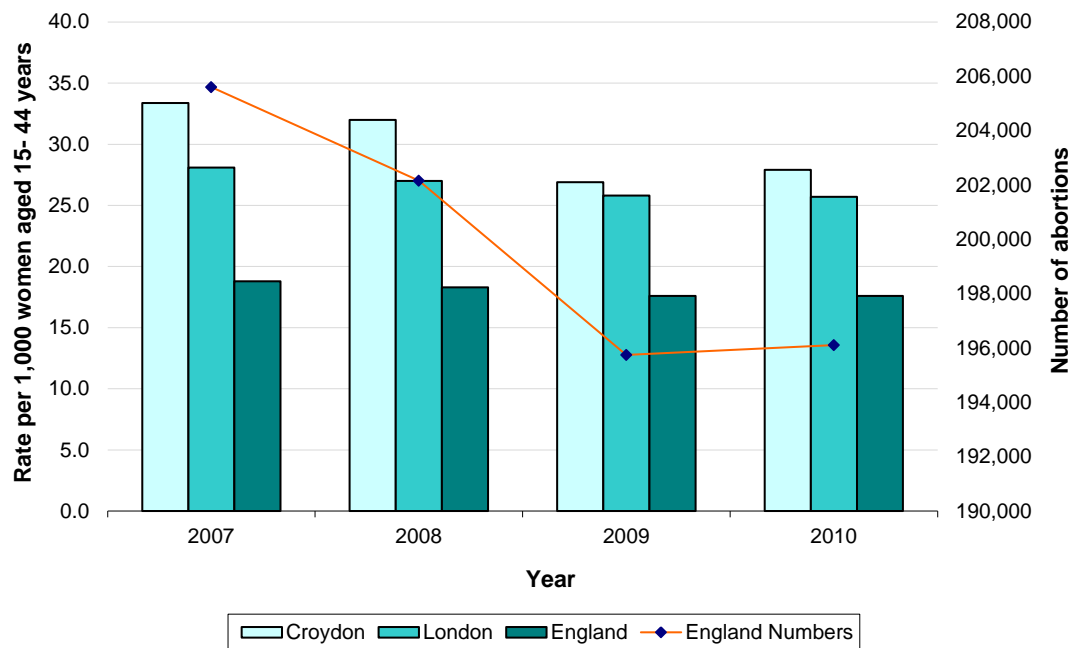
The Croydon Key Dataset 2011/12 shows Croydon has one of the highest rates of repeat abortions in the country. The overall rate of repeat abortions is

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higher in Croydon than in London and nationally: 41.3% of all abortions in women under 25, and 50.5% of abortions at all ages, are repeat abortions.

Figure 1 shows the decrease in the total number of induced legal abortions over the past four years in England and Wales.¹ The overall rates have fallen to 17.6 per 1,000 women residents aged 15-44 years. Croydon follows a similar pattern, however the abortion rate is higher than that of London and nationally.

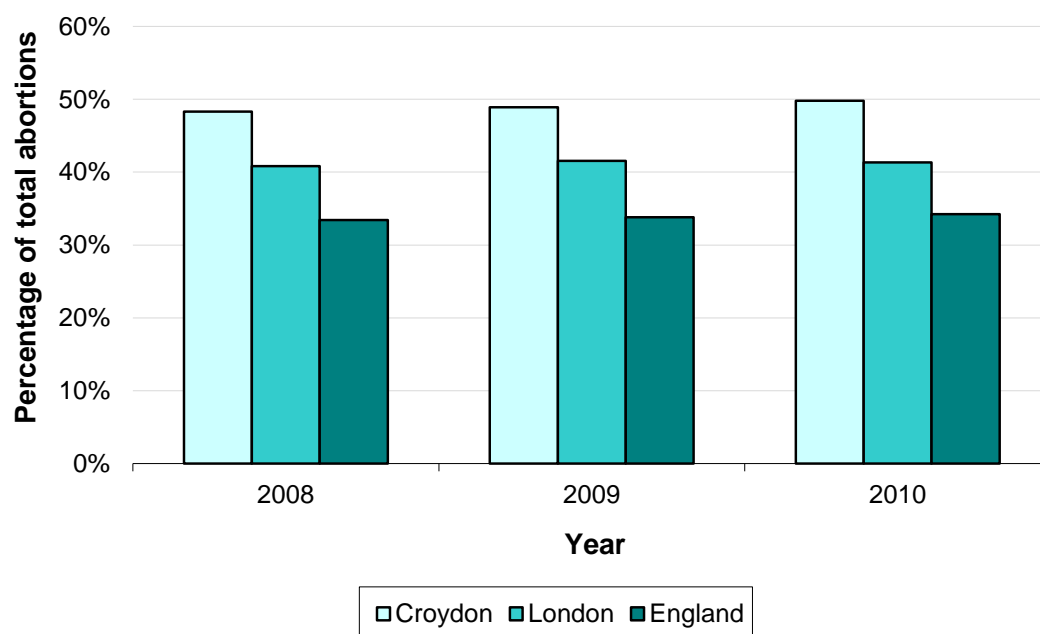
Figure 1 Abortion rates, England, London and Croydon 2007-2010



Source: Department of Health

Furthermore, despite the overall abortion rates stabilising, the proportion of repeat abortions appears to have increased for Croydon (Figure 2).

Figure 2 Repeat abortions as a proportion of all abortions, Croydon, London and England 2008-2010



Source: Department of Health

1.3 Policy context

The **Abortion Act (1967)**, later amended by the **Human Fertilisation and Embryology Act in 1990**, allows an abortion to be performed up to 24 weeks of pregnancy under defined statutory grounds (see Appendix A for full list). Nationally, 98% of abortions were undertaken under ground ‘C’ (i.e. ‘The continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman’).²

Reducing unintended pregnancies and resulting abortions has been a policy aim in the first **National Strategy for Sexual Health and HIV 2001**.⁵ The Strategy highlights and seeks to tackle inequalities in access to abortion. It recommends that commissioners and providers should ensure that services are developed to provide NHS funded abortions in line with guidelines from the Royal College of Obstetricians and Gynaecologists (RCOG)⁹. These include targets to ensure women have access to abortion within three weeks of the first appointment with the GP or other referring doctor and a PCT performance indicator of the percentage of NHS-funded abortions performed under ten weeks. Recent data from the Department of Health show that access to abortion services has improved since 2001 with more abortions being performed at an earlier gestation.

The **NICE clinical guidelines on Long-Acting Reversible Contraception (LARC)**⁶ offers best-practice advice for all women of reproductive age who may wish to regulate their fertility by using LARC methods. It recognises the importance for repeat unintended pregnancies to be prevented rather than aborted and recommends the use of LARC as both more effective as well as more cost-effective when compliance with other forms of contraception were taken into account.

NICE public health guidance on prevention of sexually transmitted infections and under 18 conceptions⁷ states recommendations on contraceptive advice for vulnerable women.

The **Healthcare Commission report on sexual health services in England**⁷ in 2007 highlights differences in abortion rates and gestational age at time of abortion across and within regions. This may be related to access to contraception and abortion services and pregnancy rates. It recommends the development of a minimum data set for sexual health services to improve services and monitor abortion (and repeat abortion) trends and performance.

More recently, the **Pan-London Commissioning Guidelines for Abortion Services**⁸ were developed to enable women across London to have consistent and easy access to high quality abortion services, including post abortion contraceptive advice and supplies. The document builds upon national guidelines and reports, including RCOG guidance on **The Care of Women Requesting Induced Abortion**⁹ (2011). There are 58 recommendations for health service provision covering various issues, for example, organisation of services, information for women, pre-abortion management, abortion procedures and aftercare. Similarly, abortion service provision is also included in the **Recommended Standards for Sexual Health Services**¹⁰ (2005) developed by Medical Foundation for AIDS and Sexual Health (MedFASH).

In September 2011, MPs rejected a bid to amend the **Health and Social Care Bill** regarding access to independent counselling for women seeking abortion. However, the government and Department of Health stated there will be a consultation on improving counselling services and have yet to finalise any proposals.

The case for monitoring and reducing repeat abortion as part of an overall campaign for contraception and reproductive health (including teenage pregnancy) is cited within the **Croydon Joint Strategic Needs Assessment (JSNA) 2010/11**¹¹. Recommendations included agreeing a local plan to reduce abortion rates; arrangements to measure and increase post abortion contraception; and increase the proportion of abortions undertaken to under 10 weeks. **The Croydon Sexual Health Strategy 2011-16** includes a sub-

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chapter on repeat abortion. The overall aim is to reduce the number of unwanted pregnancies and therefore the need for abortions through increasing the use of contraception; increasing the provision and accessibility of sexual health support services; and providing further promotion and education in regard to these services and this strategy.

2. Methodology

Various methods and sources were used to gather information on repeat abortions in Croydon in order to understand the situation better and to enable us to recommend ways to improve sexual health in Croydon.

2.1 Routinely available statistics and datasets

Information was obtained from two main datasets:

- Abortion registrations data from the Department of Health, Abortions Statistics Unit, and
- Abortion records from Marie Stopes International (Croydon's main abortion provider)ⁱⁱ

Data for analyses included all abortions for patients registered with Croydon GPs, and for unregistered patients living in Croydon. Cases with an unknown number of previous abortions were excluded from the counts of repeat abortions or the counts of first ever abortions, but were included in the total number of abortions for Croydon.

The dataset was evaluated by age, ethnicity, area or deprivation, gestation at time of termination, and number of previous terminations.

2.2 Service user questionnaires

A survey using questionnaires was conducted to gain insight on the views of women who use sexual health services in Croydon. Survey questions on abortion services included issues with access, awareness of services and specific local needs. The questionnaires were aimed to strengthen community participation and involve those who may wish to partake but preferred the anonymity of a questionnaire to interviews.

The questionnaires were delivered to Croydon residents who were service users through Marie Stopes International (MSI), Croydon's main provider of abortion, and organisations coordinated by Croydon Voluntary Action (CVA). The survey was conducted from 26th August 2011 to 14th October 2011.

Respondents were asked to complete questionnaires with both closed and open-ended questions. The format of the questions has been provided in Appendix B.

ⁱⁱ Abortion records from Marie Stopes International for April 2007 to July 2011 were linked to identify repeat abortions and the length of time between abortions

2.3 Expert Think Tank Forum

A round-table discussion was held with leads and representatives from the voluntary and community sector, statutory organisations, public health, health care commissioning and health service providers.⁴

The overall aims were to explore and understand the main concerns, exchange ideas and expertise as well as best practice, recognise similarities or differences felt amongst different groups, and identify local priorities on repeat abortions.

The themes and questions debated are listed in Appendix C. A consent form was signed and interviews were recorded with the permission of the delegates. The recordings were transcribed and findings were evaluated.

2.4 Individual interviews

The aim of individual interviews was to gain information about public experiences of using Croydon's sexual health services, issues and barriers to access, attitudes towards unintended pregnancies and repeat terminations, and to explore preferred options for local sexual health services. Participants were recruited from the community, and consisted of women who are Croydon residents and have accessed sexual health services. Posters and invitation letters were sent to local community organisations. The participants were invited to attend an individual interview lasting between 45 and 60 minutes. A consent form was signed and interviews were recorded with the permission of the participant. The list of questions used in the interview has been provided in Appendix D. The recordings were transcribed onto computer files after the interviews and the findings were analysed.

2.5 Literature Review

A literature search was undertaken and published articles were collected from systematic reviews, guidelines, reviews and healthcare databases (Medline, Cinahl, PsychInfo and Social Care Online).

Literature fell into two principle categories; papers detailing effective interventions to reduce repeat abortions, and papers analysing characteristics of women who undergo repeat abortions.

2.6 Limitations

The individual interviews, expert think tank and service user questionnaires provide strength through detail and personal experiences and views on the issues surrounding repeat abortion. Information based on experience can help reinforce quantitative data as it can be more compelling and potent. However, limitations were encountered to both the qualitative and quantitative methods

used. As with all research, there are important limitations to our approach which should be borne in mind.

Data

The ability to present 'trend' data has been limited by the availability of data, as comparable data on repeat abortion for Department of Health and Marie Stopes International is only available from 2008.

Only legal abortions are reported, therefore our figures are likely to under represent the total number of abortions to Croydon women. Furthermore, there was some discrepancy between figures provided by Marie Stopes International and the Department of Health. The total number of legal abortions reported for Croydon in 2010 was 1901 by the Department of Health and 2226 by Marie Stopes International. Department of Health figures were felt to underestimate the true picture since there is evidence that not all abortions are being registered. For this reason, data from Marie Stopes International was used for the analysis.

We prioritised collection of data on those factors which are known from the literature to be associated with repeat abortion, such as age and ethnicity. We did not collect data on disability or primary language spoken.

Breaking the data down into smaller units, such as women within particular age bands, meant that we were dealing with quite small numbers therefore few of the results were statistically significant. However, this does not mean they should be dismissed. The results should be interpreted with caution but taken into account with other factors where alternative explanations are possible. For example, the relative risk of having a repeat abortion with a particular contraceptive method may be high but must be taken into account with level of sexual health education received for that individual.

Participants

Given the time and resources available and the sensitivity of the issue, we could not hope to represent the views of all of those experiencing repeat abortion in Croydon, and it was only possible to interview a small sample of women. The sample size was small (40 questionnaires and 10 interviews) compared to the total number of repeat abortions in 2010 (1108). However, the interviews aimed at achieving depth, rather than breadth. Their purpose was to access personal thoughts and feelings of those who had experience of this very sensitive topic to help inform the issue from the perspective of the service users.

As with all studies, those who do volunteer to offer their opinions may not be representative of others. A small payment was offered to encourage

attendance, and could have influenced who volunteered as well as responses to the interviews.

Given that the majority of women with previous abortion we interviewed had had their last abortion more than six months ago, there may be also be some recall bias, for example, selective memory (remembering or not remembering experiences or events that occurred at some point in the past); or exaggeration (the act of representing outcomes or embellishing events as more significant than is actually suggested from other data). It must be remembered that all research taking place in the 'real world' is constrained by factors such as the above. It is important to be transparent about these and to be aware of their potential implications on the findings.

3. Findings

3.1 Rates and Trends

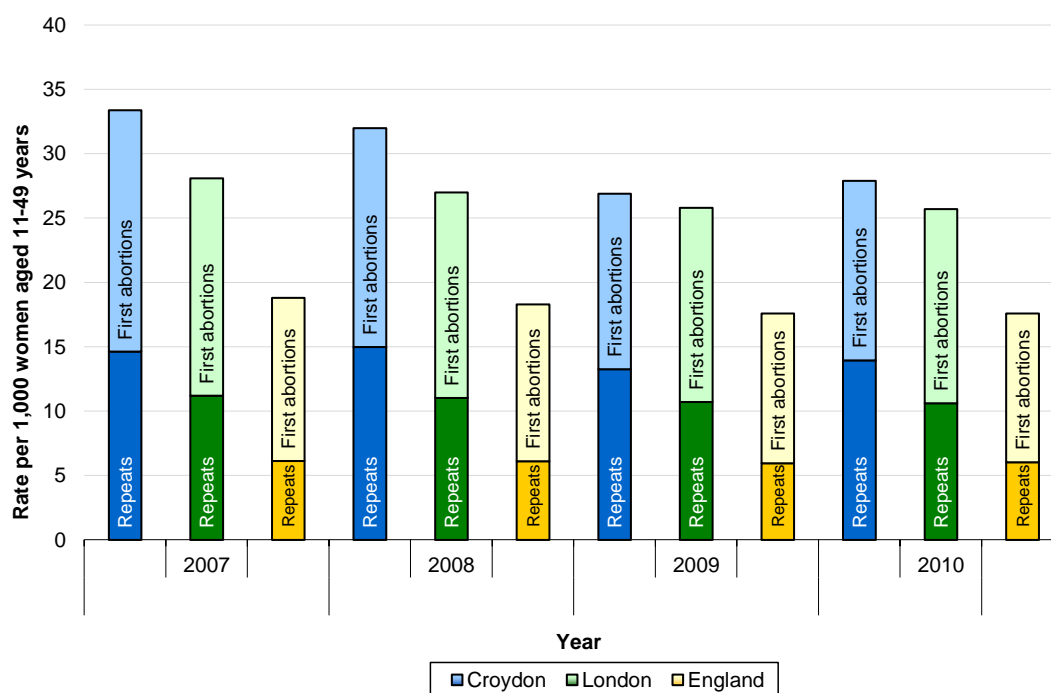
Croydon has a documented conception rate of approximately 75.3 per 1000 women aged between 15-44 years. Of these, over 70% resulted in a birth and the remainder in either a miscarriage or an abortion.

Women seeking an abortion have a consultation with the abortion service provider. Not all women will proceed with an abortion following a consultation. Data collected from January 2008 and December 2010 showed that of the 7,457 women who had attended a consultation for an abortion at Marie Stopes International, 778 (10.4%) did not proceed on to having an abortion at that visit.

Based on Department of Health statistics, Croydon’s abortion rate in 2010 was 27.9 per 1,000 women aged between 15-44 years. This is higher than the rate for both London (25.7) and England and Wales (17.6).

Figure 3 shows the **overall abortion rate** from 2007 to 2010 for Croydon (shown by both the dark and light blue columns combined) was consistently higher than for both London and England. Overall, the abortion rate decreased from 2007 to 2010.

Figure 3 Rate of repeat abortions, Croydon, London and England 2007-2010



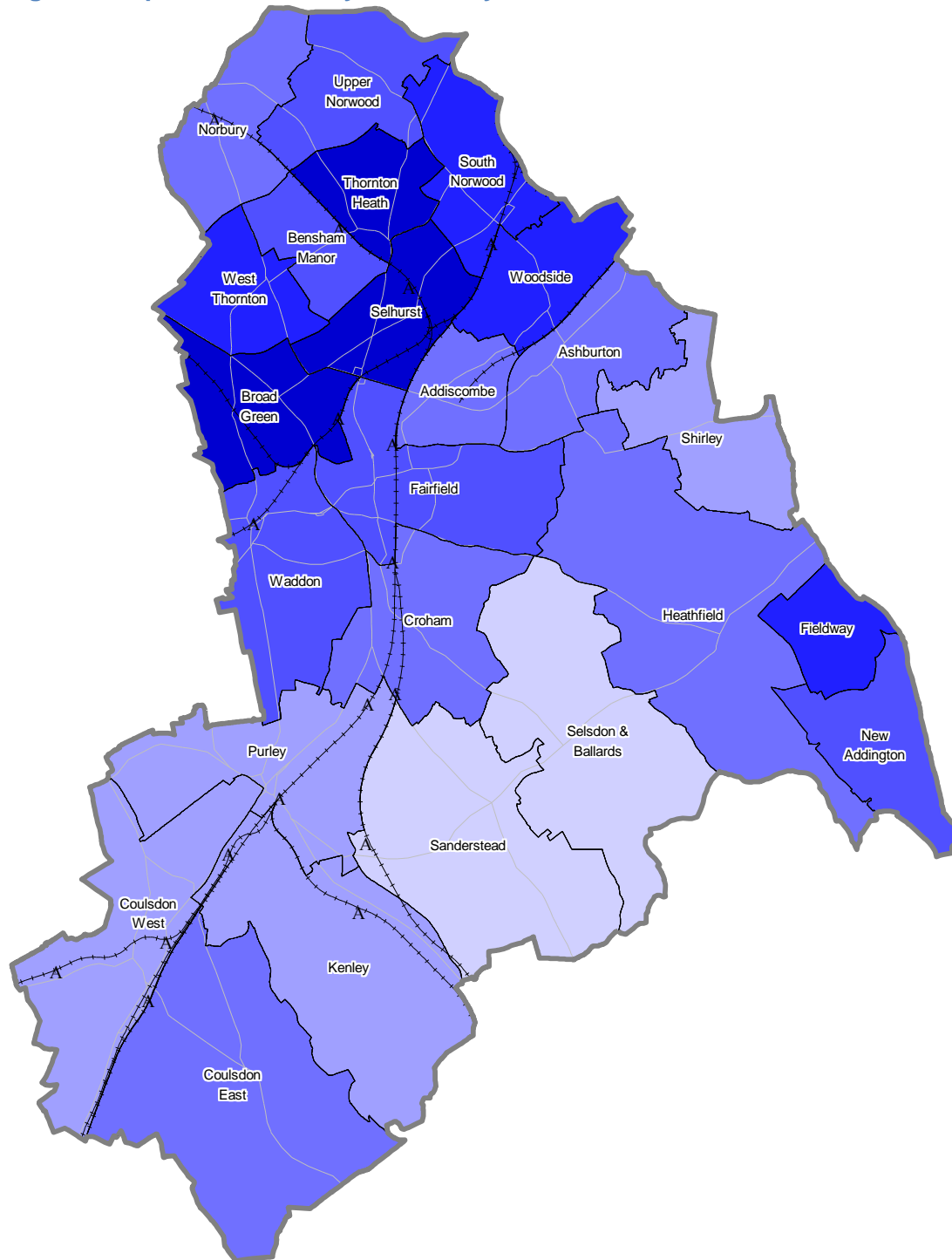
Source: Department of Health

The graph further shows the **repeat abortion rate** for Croydon women aged 15-44 years in 2010, at 14.0 per 1000, is higher than both London (10.6) and England (6.0). About half of all abortions in Croydon are repeat abortion (50.5%), which is significantly higher than in London overall (41.3%) and England (33.9%). Croydon has one of the highest rates of repeat abortions nationally.

3.2 Geographical variation

Within Croydon there is some variation in the geographical distribution of repeat abortion rates. Data suggests that across the Croydon borough wards 45% of women presenting for an abortion have a repeat abortion. Figure 4 shows the three wards with the highest repeat abortion rates are Thornton Heath, Selhurst and Broad Green, all in the North of the borough. The distribution is similar to the overall abortion rates for Croydon. The three wards are areas of higher levels of deprivation, under 18 conception rates, birth rates and larger proportion of people aged 15-44 years. In general, repeat abortion rates are higher than the national average in all Croydon wards, with the exception of Selsdon and Sanderstead.

Figure 4 Repeat abortions by ward, Croydon 2008-2010



Rate of repeat abortions by Croydon ward, 2008-2010 (3 year rate)
 Rate per 1,000 women aged 11-49 (GLA Mid 2009 Population Estimate)

- More than 15.0
- 12.5 to 15.0
- 10.0 to 12.5
- 7.5 to 10.0
- 5.0 to 7.5
- Less than 5.0

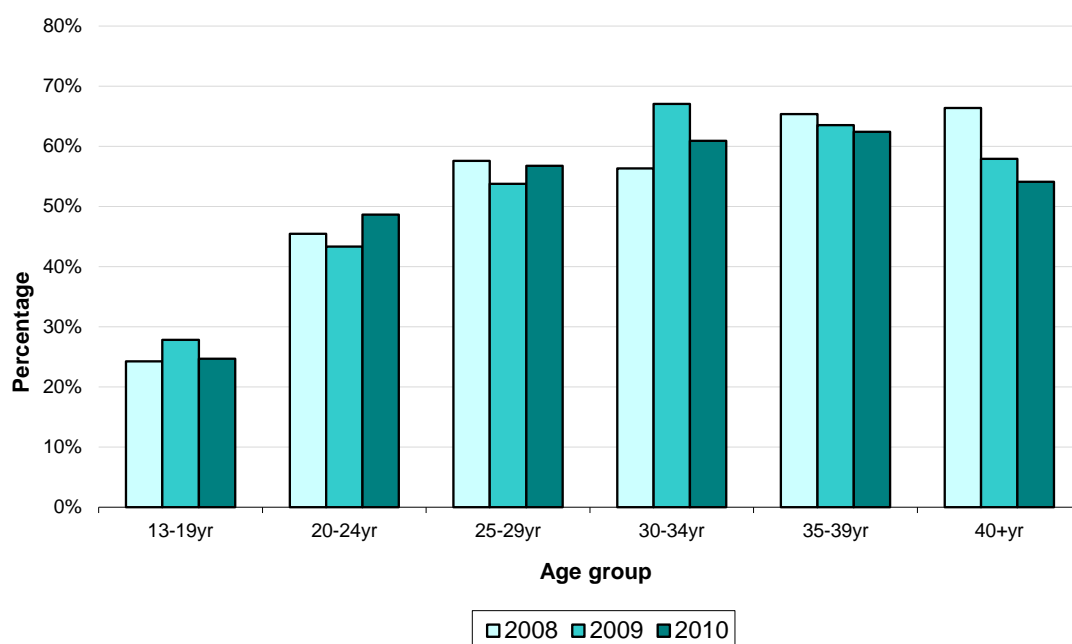
Source: Marie Stopes International

3.3 Age groups

The percentage of repeat abortions generally increases with age. Women aged between 20-24 years had the highest number of repeat abortions (27.5% of the total number of abortions in 2010).

Figure 5 shows the proportion of repeat abortions (of total abortion) within age groups. Over 60% of abortions in 2010 in 30 to 39 year olds were undertaken in women who have had at least one previous abortion.

Figure 5 Percentage of repeat abortions by age, Croydon Jan 2008 - Dec 2010



Source: Marie Stopes International

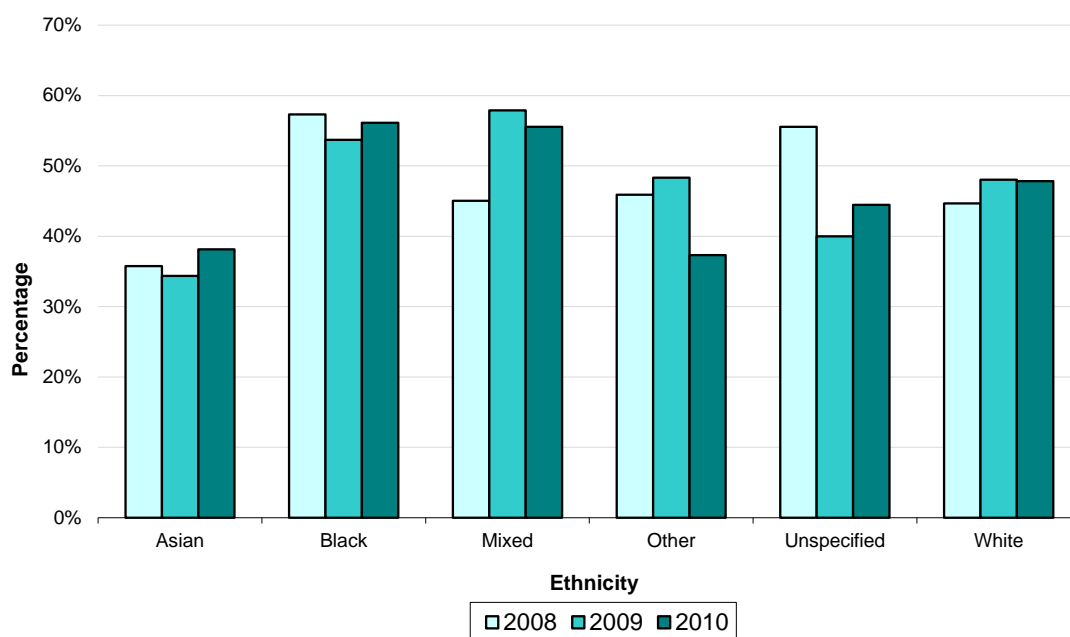
The proportion of repeat abortions in women aged 13-19 years in 2010 in Croydon was 24.7%, higher than in both London (17%) and England (11%).

The percentage of repeat abortions in the 35 years and above age groups has decreased from the previous years. The percentage in repeat abortions in women aged 20 to 29 years has increased.

3.4 Ethnicity

Figure 6 shows women of Black or Mixed ethnicity had the highest repeat abortion rates within their ethnic groups, 56.1% and 55.6% respectively in Croydon in 2010. More specifically, women of Black Caribbean and Black African ethnicity showed the highest rates of repeat abortion (57.6% and 55.6% respectively). The lowest rates were seen among women of Asian and Other ethnicity. A full list of ethnicity categories are listed in Appendix E.

Figure 6 Percentage of repeat abortions by ethnic group, Croydon Jan 2008 - Dec 2010



Source: Marie Stopes International

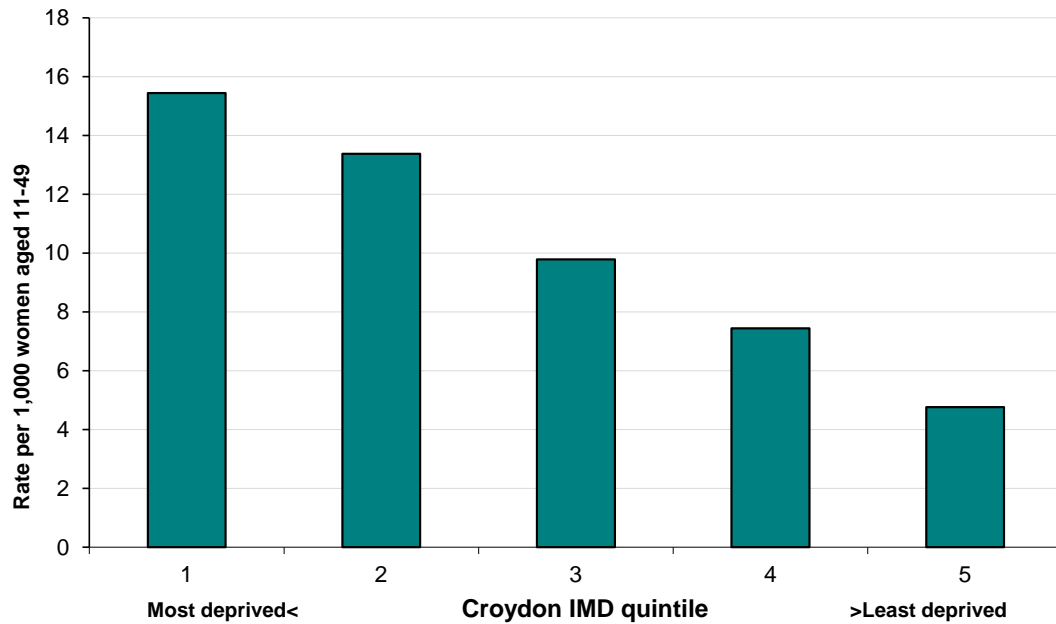
3.5 Index of Multiple Deprivation

The Index of Multiple Deprivation (IMD) is a measure of deprivation and poverty across seven domain indicators. This is an index that measures income, employment, health and disability, education, housing and services, living environment and crime at a small area level. (The Overview Chapter of the 2011/12 Joint Strategic Needs Assessment provides further detail on this topic and can be found on the Croydon Observatory website at <http://www.croydonobservatory.org/jsna/>).

To assist in analysing any relationship between deprivation and abortion, the population of Croydon was divided into fifths or ‘quintiles’, in which quintile 1 represents the highest level of deprivation and quintile 5 represents the lowest level of deprivation.

From the analysis, the lowest rates of abortion are seen in the least deprived areas of Croydon and high rates of abortion in the most deprived areas, and there is a steady decline in repeat abortion rate as deprivation level reduces. A similar picture is seen with the rate of repeat abortions for Croydon (Figure 7).

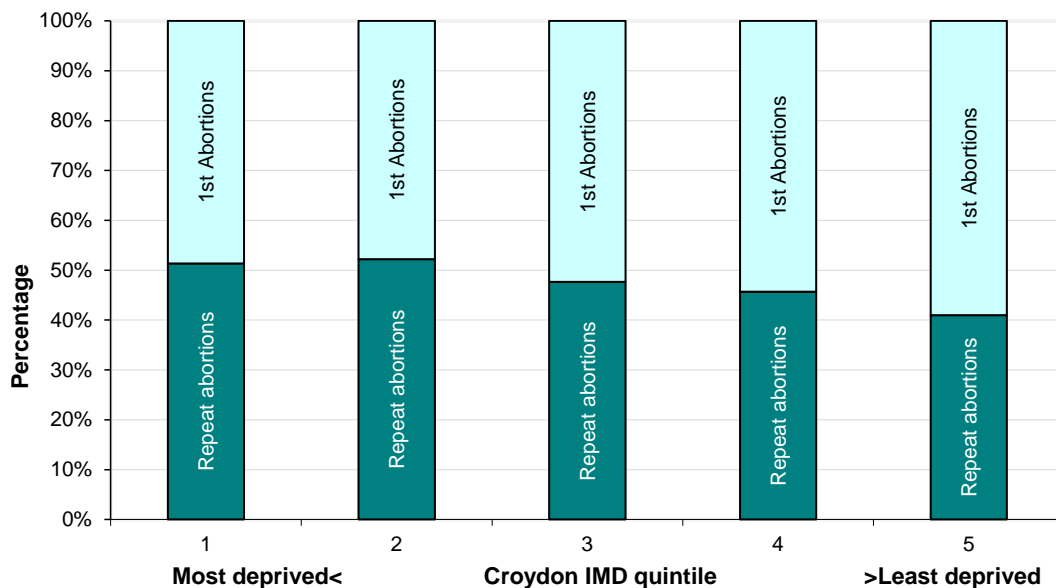
Figure 7 Rate of repeat abortions by Croydon IMD quintile, Jan 2008 - Dec 2010 (aggregated)



Source: Marie Stopes International

When analysing the proportion of repeat abortions across the IMD quintiles, the proportion of total abortions which are repeat abortions decreases from 51% in quintile 1 (most deprived) to 41% in quintile 5 (Figure 8). This suggests a relationship between repeat abortion and deprivation in Croydon.

Figure 8 Proportion of abortions that are repeat abortions, by Croydon IMD quintile, Jan 2008 - Dec 2010 (aggregated)



Source: Marie Stopes International

3.6 Timeframes between abortions

The time between an abortion and a subsequent repeat abortion was measured in five time intervals, from less than a year to more than four years (Table 1). The time since previous abortion data has been difficult to capture: 54.1% were recorded as ‘unknown’ in the linked data set.

Of those with known previous abortion time lines, over one third of women aged from 15-44 years have had an abortion within one year (see Table 1).

Table 1 Aggregated data showing time since previous abortion for Croydon 2008- 2010

Time since previous abortion	Overall Percentage
<1 yr	37.1%
13-24 months	28.7%
25-36 months	17.6%
37-48 months	10.5%
48+months	6.1%

Source: Marie Stopes International

The time from previous abortion was also compared against age, ethnicity and level of deprivation. Overall, the proportion of repeat abortions occurring within one year was seen in all age groups, ethnicities and levels of deprivation (Appendix F). However, there was one exception, where the majority of women aged 35-39 years had a subsequent abortion between 13-24 months.

The highest proportion of repeat abortions occurring within one year was seen in the 13-19 year age group, at 50.5%. The data also suggested that over 80% of women aged 13-19 years experienced a subsequent abortion within 24 months. Additionally, the data shows that 62% of abortions occurred within 24 months in women of White ethnicity. The proportion of women undergoing a repeat abortion within the defined timelines was similar in the IMD quintiles (Appendix F).

3.7 Gestational age

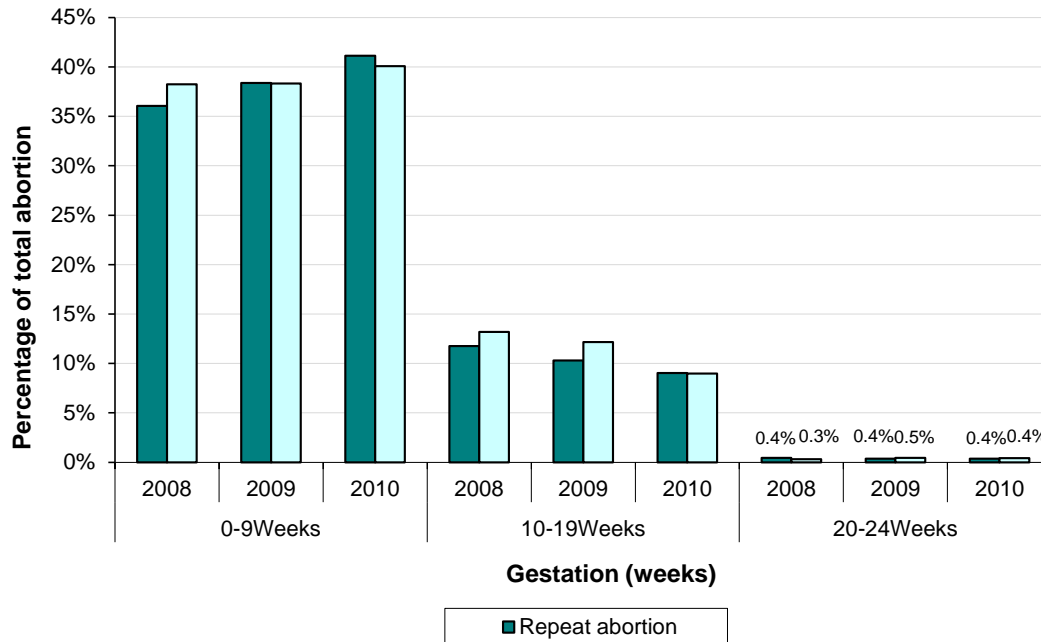
In 2010, over 75% were performed at 9 weeks or less gestation.¹

Gestational age refers to the time elapsed from the women’s last menstrual period prior to conception. A full-term pregnancy is about 40 weeks long.

Figure 9 shows the number of abortions performed at different gestational ages in Croydon. In 2010, 81.2% of abortions were performed at 9 weeks or

less and less than 1% at 20-24 weeks. In the past three years, the percentage of women seeking an abortion earlier (9 weeks and under) has increased for both first and repeat abortion groups.

Figure 9 Repeat abortion at gestational age, Croydon Jan 2008 - Dec 2010



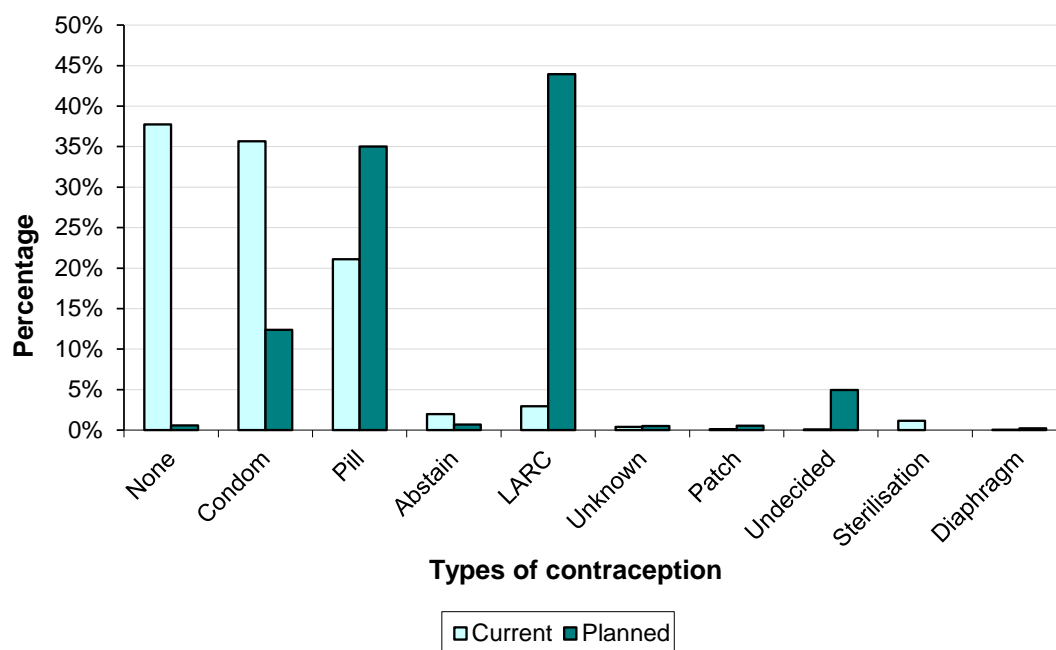
Source: Marie Stopes International

3.8 Contraception

An analysis of contraception methods used prior to the repeat abortion showed that over a third of women were not using any form of contraception and over a third were using condoms (Figure 10).

The graph also shows the planned use of contraceptive method after the abortion. In 43% the planned method was long acting reversible contraception (LARC) and in 35% the planned method was the pill. LARC includes intrauterine devices, intrauterine systems, injections and implants.

Figure 10 Repeat abortions by current and planned contraception, Croydon Jan 2008 - Dec 2010 (aggregated)



Source: Marie Stopes International

3.9 Characteristics associated with repeat abortion

There are several characteristics associated with higher rates of repeat abortions. Evidence from the literature suggests that this may be linked to ethnicity, level of deprivation, previous abortions, contraception usage and age.

Analysis of data from legal abortion between 2007 and 2011 in Croydon shows that women of Black Caribbean ethnicity are 30% more likely to have a repeat abortion within two years and women of Asian ethnicity have a statistically lower risk of having a subsequent abortion than women of White British origin. Girls and women aged between 13 and 24 have a higher risk of having a repeat abortion than women aged 25 to 29 years. Appendix G provides an overview of relative risks associated with repeat abortions in Croydon.

3.10 Service user questionnaires

A total of 40 questionnaires were completed by women living in Croydon who have accessed sexual health services in Croydon. Twelve were distributed through Croydon Voluntary Action and 28 through Marie Stopes International. The questionnaires provide useful insight into the service users' journey in seeking an abortion.

The questionnaires were answered by women aged between 16 and 44 years (average age 27). Respondents came from a range of ethnicities: one third

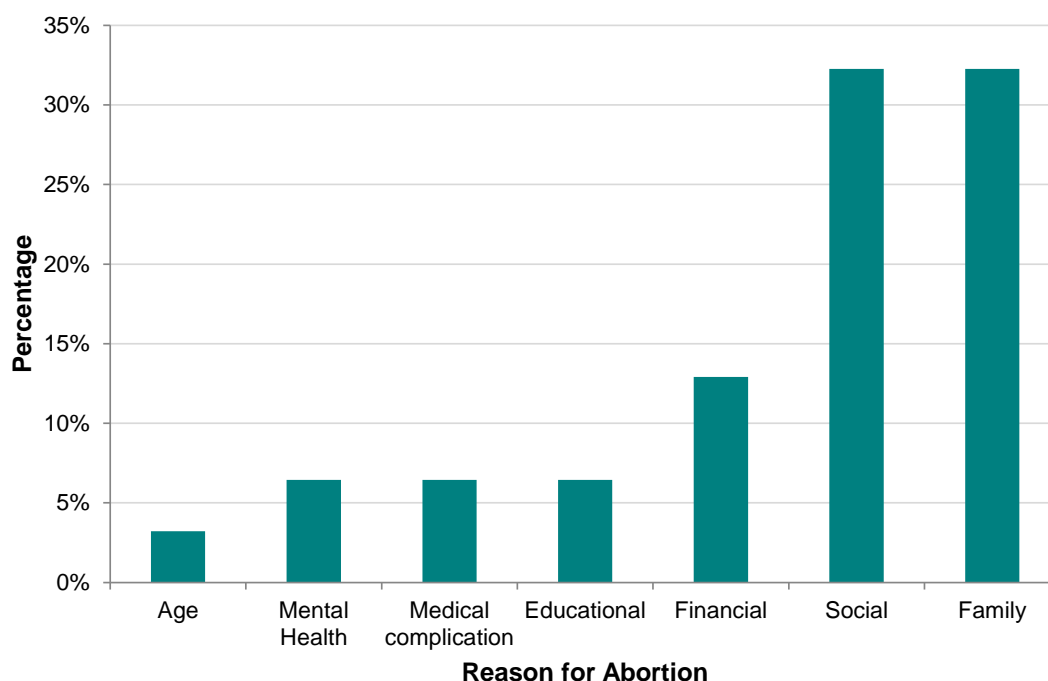
were Black, over one third White and the remainder from Mixed and Asian ethnicities (see Appendix F for full breakdown).

Twenty out of 40 respondents had a previous abortion. Thirteen of these women (65%) had an abortion less than a month ago. Of those who had a previous abortion, the average time between the last two abortions was 27 months (ranging from one to twelve years) with 28% having an abortion within one year.

Figure 11 shows the reasons given for abortion amongst different age groups. 25 out of 40 questionnaires provided reasons, which were grouped into seven main themes. The two most popular reasons for having an abortion were family and social reasons. Comments included, “already have enough children”, “not ready for having a child”, “wrong partner” and “gave birth two months ago”. Social and family reasons were seen in women aged 15-34 years. Financial reasons were mentioned mainly by respondents in the 20-24 and 30-39 year age groups. Educational reasons were mainly seen in women aged 15-29 years.

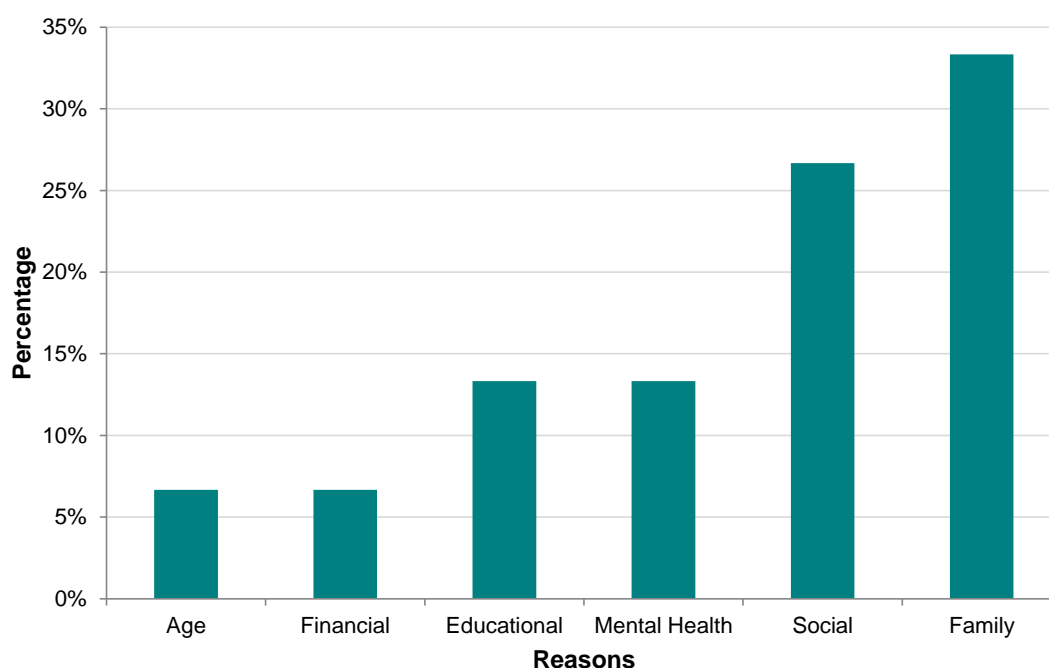
Figure 11 gives the reasons for abortion and Figure 12 gives the reasons stated by those who had repeat abortions.

Figure 11 Reasons for abortion 2008-2010



Source: Experiencing Terminations in Croydon 2011, Croydon Healthwatch Pathfinder

Figure 12 Reasons for abortions among women with more than one abortion 2008-2010



Source: Experiencing Terminations in Croydon 2011, Croydon Healthwatch Pathfinder

The majority of referrals to abortion services were via the GP (72.5%), 20.0% were self-referrals and 7.5% came through Contraception and Sexual Health Services (CASH).

Over a third (35%) of women made the decision for an abortion on their own; 27.5% made the decision with their partner, and the remaining involved other people e.g. their GP or family members other than their partner.

Over three quarters (78.3%) of the women said they did not receive any pre-abortion counselling and 90.9% that they did not receive any post-abortion counselling. Counselling should involve a decision-making process, the options for continuing the pregnancy, medical issues of the pregnancy, information regarding the abortion itself, full disclosure of the risks of the abortion, information and options for the abortion procedure, risks and benefits of both medical and surgical abortions and, finally, information regarding a birth control decision.

The majority of women (77.1%) received post abortion contraceptive advice from the abortion service provider. Furthermore, 87.9% agreed they did not experience any difficulties or barriers accessing the services. Of those that did not agree, comments were related to service access, counselling, information and education, service provision and over all experience (Table 2).

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Appendix H provides an overview of responses to the service user questionnaires.

Table 2 Comments from Service User Questionnaires

Themes	Comments
Access	<p>“Due to my disability, I was not allowed abortion at family planning clinic and had to be seen by a doctor”</p> <p>“Should have been told about self referral”</p>
Counselling	<p>“More counselling would have been preferred more help to deal with the consequences and prevent another one”</p> <p>“Need non judgemental counsellors”</p> <p>“Pre-abortion counselling and advice on what to expect”</p> <p>“Partner received no support or advice and it was difficult time for him”</p> <p>“Support should be offered in counselling instead of having to request it”</p>
Information and education	<p>“GPs to educate patients better on how contraception works”</p> <p>“More information on sex education”</p>
Service provision	<p>“Not enough services with long waiting list and need more LARC services”</p> <p>“Reception not signposting”</p> <p>“Insensitive/judgmental and uncaring staff”</p> <p>“Preferred abortion outside the borough”</p> <p>“Quick service”</p> <p>“Difficulty in booking appointments”</p> <p>“Staff were helpful”</p> <p>“Good service, very friendly, nice and clean”</p>
Overall experience	<p>“Felt like a slaughter house”</p> <p>“It was horrible”</p> <p>“Services are great and no need of improvement”</p> <p>“Everything was fine and people very friendly”</p> <p>“Well looked after, everything was clear but wait was long”</p> <p>“All great”</p> <p>“Impressed with overall care advice and support from all the staff. All were very caring”</p>

Source: *Experiencing Terminations in Croydon 2011, Croydon Healthwatch Pathfinder*

3.11 Expert Think Tank Forum

Twenty two experts were invited to participate in a group discussion and nine individuals attended the experts' forum in August 2011. Participants were from a wide range of backgrounds including members from Obstetrics and Gynaecology, Public Health, sexual health commissioners, sexual health provider organisations, faith based organisations, statutory organisations and members of the public. Several key themes arose from the panel discussions about why repeat abortion is an issue.⁴

Overall, much of the group agreed that repeat abortion was not a problem clinically if it was performed early and safely. Women who have repeat abortions should not be treated differently as the main issues lay with prevention of unintended pregnancies through effective contraception use, access to services with follow up and sexual health education. Some felt that failure rates of contraception meant it was inevitable that a high number of women would face unwanted pregnancies in their lifetime. Repeat abortion was thought to be a problem in terms of the financial costs to the NHS, short time between abortions and choice associated with religious, community and social affiliations.

Some of the participants felt that more evidence was needed on measures to target hard-to-reach groups in relation to contraception provision and prevention of subsequent abortions. Interventions that have been successful in other London boroughs include active post-abortion follow up of young women by abortion service providers.

3.12 Individual interviews with service users

Interviews with Croydon residents who had either undergone a previous abortion or accessed local health services were conducted by Croydon Voluntary Action in collaboration with the Public Health Department at NHS South West London Croydon Borough Team. Nine women accepted the invitation to participate in individual interviews. One participant brought their partner to the interview. The ages of the participants ranged from 23-38 years and were predominantly from Black ethnicity.

The participants were asked questions and their responses were grouped into four main themes (see Appendix D).

Beliefs on abortions and repeat abortions

Participants' views on abortion were varied and ranged from those who did not agree with it to those who were in favour of abortions. Religion and culture were the main reasons stated for those who felt strongly against abortion. However, most participants felt that abortions were justified in certain circumstances, for example, rape, medical complications or age at pregnancy.

“Well, I’m a Catholic and I just think, what’s the point in killing a life for no reason. Like you’ve got yourself in that situation, why even kill it? If that’s the case, just don’t have sex or use contraception.”

Generally it was considered that repeat abortions were perceived as a problem for individuals based on cultural and religious influences rather than society. For many the issue is stigmatised and talking about abortions is difficult.

“I do think it is perceived as a problem because people are really quiet about it and it is a problem too, I am not sure, I think it is got lots to do with religion from what I have experienced now. It is a lot of beliefs, other peoples beliefs they are trying not like to be judged or something like that. So that is a problem, not to be judged and feel like an outsider or something like that”

The participants felt that there were social, cultural and religious values that affected attitudes towards abortion, teenage pregnancy and sexual health. One participant suggested collaboration with faith groups as a method of mitigating cultural and religious barriers affecting those seeking abortions from ethnic minorities.

Service provision

Many of the participants remarked that there were not enough sexual health services provided in Croydon. Comments were mixed regarding the sexual health services structure; with some participants opting to travel to neighbouring boroughs due to geographical distance, poor local service provision and others believing that available services in Croydon are good but underused.

“I know a lot of people don’t feel that they’re delivering what they’ve been commissioned to deliver. I don’t think our quality of service is good and that we’re given that service and because of the area, possibly because of the BME groups, the refugees, or people who aren’t actually aware of what we should be getting, quality of services”

Participants recommended improving service provision and awareness through a more targeted approach to for high risk population groups, more sex and relationship education for all age groups, more health promotion, pre and post abortion follow up and starting mobile or outreach services.

Service access

Access to abortion services was perceived by some participants as difficult especially regarding awareness of services available in Croydon. Clinic appointment times were an issue especially for those aged above 21 years.

Other access barriers included poor family support when individuals are found to be pregnant, attitudes of health care staff and poor communication skills of both patient and health care staff.

“Appointments, more staff, more promotion, good customer care, definitely and, more knowledgeable staff who can find services needed, who are up to date with information”

Suggestions were made to inform the public of health care services through leaflets either through housing services or dropped through the letter box. Changing both the appointment times and drop-in session times would benefit the older age groups.

Abortion experience

The overall abortion experience left participants with mixed views. Some believed they were given adequate support and there were no issues to access, whilst others felt unsure of the abortion process and felt judged by staff.

“Because people can make mistakes, I think that is what people say afterwards. That was a big mistake, I should have never done it and then it is too late. But with that kind of support there, people can get over it a lot a quicker”

Participants wanted better counselling services and contraception services from empathetic and caring staff; more information and education about the abortion process, contraceptive choices and STI prevention; and more time with a friendly and non-judgemental counsellor.

‘..I’ve gone through from like my abortion, I had no help, I had no pre-advice, I had no aftercare, I had nothing, no-one’s talked, I wasn’t able to get over the ordeal of having an abortion. I had that when I was 19, I’m now 24. I’m still not over it...’

‘..So I believe they need more counselling. Maybe you can get the girls out of having abortions that are quite weak minded, that will go into depression and pick them out, put them in group support, something like that. Or have abortion classes. ..’

'..it was all sort of turmoil. I didn't have an outsider I could go to. Like there was no counselling, like what could I do. I need help making a decision and getting my thoughts out. So it was all sort of, right I'll do it, it was OK, fine, just go with it. Things like that. I sort of felt like I was forced into it..'

Some participants felt that sex and relationship education in schools and colleges needs to be more available and better targeted at young people's needs.

'..if I was a parent and my kid was at school, I would want you guys coming in and saying, this is abortion, this is ... and giving them the fact. Don't pussyfoot around.'

3.13 Evidence from literature

Characteristics of women seeking repeat abortions

Understanding the reasons for previous abortions is complex and multifactorial. Risk factors for repeat abortion are poorly understood. Internationally, it has been shown that young age, parity, history of physical or social violence, drug and alcohol abuse, adverse events in childhood, poverty, lack of emotional support and low educational levels contribute towards the likelihood of women seeking repeat abortions.^{13,14, 24-28} Studies indicate the association between repeat abortion and less than effective contraceptive use may be related to poor sexual and relationship education (SRE), compliance of contraceptive use, uptake of IUD and history of previous abortions.^{13, 23, 29} The method of abortion used is not a risk factor for repeat abortion, however contraceptive choices made at the time of abortion have an important effect on increased rates of repeat abortion.³⁰

In the UK, evidence suggests repeat abortion is related to age, ethnicity, level of education, socio-economic circumstances, sexual health knowledge, access to services and attitudes towards abortion.^{17, 20, 31} The Second National Survey of Sexual Attitudes and Lifestyles found that repeat abortions are more likely to occur in women who are of Black or White ethnicity, left school at an earlier age, living in rented accommodation, earlier age of first sexual experience, less likely to have used reliable contraceptive methods at sexual debut and report a greater number of sexual partners.³¹

Interventions to reduce unintended pregnancies

Evidence suggests there are several methods that can address successful family planning and prevent repeated unintended pregnancies. Contraception such as Long Acting Reversible Contraception (LARC), which includes Intrauterine Devices (IUD), Intrauterine Systems (IUS), Implants and Injectable Contraceptives, inserted or administered immediately after abortion reduce the likelihood of repeat abortions.¹²⁻¹⁵ However, some studies have shown that repeat abortions may be attributed to the short-lived compliance with LARC after an abortion and its low uptake compared to other methods.¹⁶⁻¹⁷

There is strong evidence that intensive case management interventions for young people led by culturally matched social workers are effective.¹⁸ The role of counselling offered before or soon after an abortion with timely follow up appeared to reduce the probability of a subsequent abortion.^{11,19-21} Some studies have recommended that social workers and psychologists should be part of the peri-abortion counselling team.^{17, 19-20} Furthermore, repeat abortions could be reduced with partner and family involvement in the

abortion counselling process.^{17, 22-23} Improving sign posting, promotion and access to sexual health services is recommended.^{12, 20, 23}

4. Abortion Services in Croydon

The main provider of abortion services in Croydon is Marie Stopes International. Clinically complex cases are referred to Croydon University Hospital or other secondary care providers in the region.

Community contraceptive and family planning services are provided at Levels 1, 2 and 3 (see Table 3) by Croydon Health Services NHS Trust Contraception and Sexual Health Service (CASH). At present, these services are commissioned by NHS Southwest London Croydon Borough Team. GP practices in Croydon offer some Level 1 services and some GPs and practice nurses offer elements of level 2 (implants and IUD/IUS).

Currently, all pharmacies can sell emergency hormonal contraception (EHC) to women and there are 12 pharmacies that provide EHC free of charge to under-21 year olds. In addition, pharmacists from three pharmacies are accredited to provide on-going oral contraception to those accessing EHC.

Table 3 Croydon Contraception and Sexual Health Services offered³²

Level 1
• Sexual history taking, risk assessment and signposting
• HIV testing (including pre-test discussion and giving of results)
• Pregnancy testing and counselling
• Referral for abortion
• Provision of emergency hormonal contraception
• Contraceptive information
• Health promotion
• Condom distribution
• Range of hormonal contraception / Depo-Provera
• Cervical screening and referral
• Chlamydia screening as part of the NCSP
Level 2

• IUD insertion and removal (including emergency IUD fitting)
• IUS insertion and removal for contraception and gynaecological reasons
• Contraceptive Implant insertion and removal
Level 3
• Specialist level responsibility for provider quality, teaching and training and clinical governance
• Young people's outreach clinics A full range of contraceptive services is provided at all of these settings.
• 3 dedicated Young Persons clinics weekly at CASH
• Highly specialised contraception
• Difficult IUD insertion and removal
• Difficult implant removal
• Psychosexual / erectile dysfunction services

Source: NHS South West London, Croydon Borough Team, 2012

The Croydon Contraception and Sexual Health Service also provide teaching on natural family planning, a domiciliary service, and have a care pathway in place with the local GUM service for HIV positive women requiring contraception.

Croydon's strategic plan on repeat abortion³³ sets out a commitment to the development of abortion service provision. These will provide a streamlined care pathway, improve partnership working with other sexual health services, increase uptake of and access to contraception, and continue to build up the health promotion and training around abortion.

5. Recommendations

- Review contraceptive services in Croydon to improve access and uptake of services and choice for all age groups.
- Targeted interventions e.g.
 - Improve the provision of effective contraceptive methods following an abortion, particularly in women who have had more than one abortion
 - Review Sex and Relationship education in Croydon to ensure uptake
 - Develop targeted post abortion follow up to higher risk groups e.g. young women, women who undergo repeat abortions, those of Black ethnicity and women aged 30-39 years.
 - Expand sexual health service provision to local ward level.
- Review the patient pathways for abortion services in Croydon and develop e.g.
 - The provision of counselling prior to and following abortion as part of the Termination of Pregnancy Services provided for Croydon
 - The uptake of effective methods of contraception post abortion

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Appendices

Appendix A. Department of Health defined statutory grounds for abortion under 1967 Abortion Act

	Definition
A	The continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated
B	The termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.
C	The continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman.
D	The continuance of the pregnancy would involve risk , greater than if the pregnancy were terminated, of injury to the physical or mental health of any existing children of the family of the pregnant woman
E	There is a substantial risk that if the child were born, it would suffer from physical or mental abnormalities as to be seriously handicapped, or in emergency, certified by the operating practitioners as immediately necessary.
F	To prevent the life of the pregnant woman; or
G	To prevent grave permanent injury to the physical or mental health of the pregnant woman.

Appendix B. Service User Questionnaire

Age _____ **Occupation** _____

Ethnicity (please tick as appropriate)

WHITE

British

Irish

Any other White background Please state.....

BLACK or BLACK BRITISH

Caribbean

African

Any other Black background Please state.....

ASIAN or ASIAN BRITISH

Indian

Pakistani

Bangladeshi

Any other Asian background Please state.....

MIXED

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background Please state.....

CHINESE or OTHER ETHNIC GROUP

Chinese

Any other Mixed background Please state.....

The next questions are regarding local termination services.

When was your last termination?

- More than 12 months ago
- 6-12 months ago
- 1- 6 months ago
- Less than a month ago

How were you referred to the service?

- Via your GP
- Via Contraceptive and Sexual Health Services
- Self referral
- Other Please state.....

Would you like to share your reasons for a termination?

.....

.....

Who helped you make the decision? (Please tick all that apply)

- Friend
- Family
- Partner
- Doctor/Nurse/Healthcare provider
- Own decision
- Other Please state.....

Did you receive any counselling before the termination?

- Yes
- No

Did you receive any counselling after the termination?

- Yes

No

Were you offered screening for sexually transmitted infections?

Yes

No

Did you receive any contraceptive advice after the termination?

Yes

No

How many terminations have you had in total and how long ago?

0

1 Year.....

2 Years.....

>3 Years.....

Were there any difficulties or barriers in accessing any of the termination services?

No

Yes. Please state reason.....

What was your overall experience of local sexual health services? What support or improvement do you think would help improve these services?

.....

.....

.....

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Appendix C. Expert Think Tank Forum Questions

1.Introduction by Facilitator

2.Participant introduction

3.Presentation- Repeat Abortion: Setting the Background

4.Focus topics:

- a) How is repeat abortion defined?
- b) Should women who have repeat abortions be treated differently?
- c) When does repeat abortion become an issue?
- d) Although rates of repeat abortions are increasing, is this a problem?
- e) When is it considered a problem? And for whom?
- f) What are the reasons for an abortion?
- g) What is the cost of an abortion?
- h) What is the evidence available?
- i) What support is available for women?
- j) What is the research around religious beliefs and impact on life around repeat abortion?

Appendix D. Individual Interview Questions

Perceptions about abortions

- a) What are the general beliefs on abortions and repeat abortions in society?
- b) Is having an abortion perceived as a problem? Who is this a problem for?
Explore their perception of whether repeat abortion is a 'problem' issue that Croydon should be looking to reduce.
- c) Are there different social, cultural and religious values and attitudes surrounding abortion, teenage pregnancy and sexual health?

Service Provision

- a) How are local sexual health services perceived in relation to the health structure in Croydon? Including contraception/GUM etc.
- b) How are people made aware of these services? How did they decide to choose this service? Would they have chosen somewhere else if there was choice?
- c) What should a good service provide? What would be recommended?

Service Access

- a) What issues are there around access to services in Croydon? Do you think the service reaches everyone in the Croydon? Why not?
- b) What about young people? Older people? Different ethnic groups? Are there any barriers that can be seen to access the services?

Abortion Experience

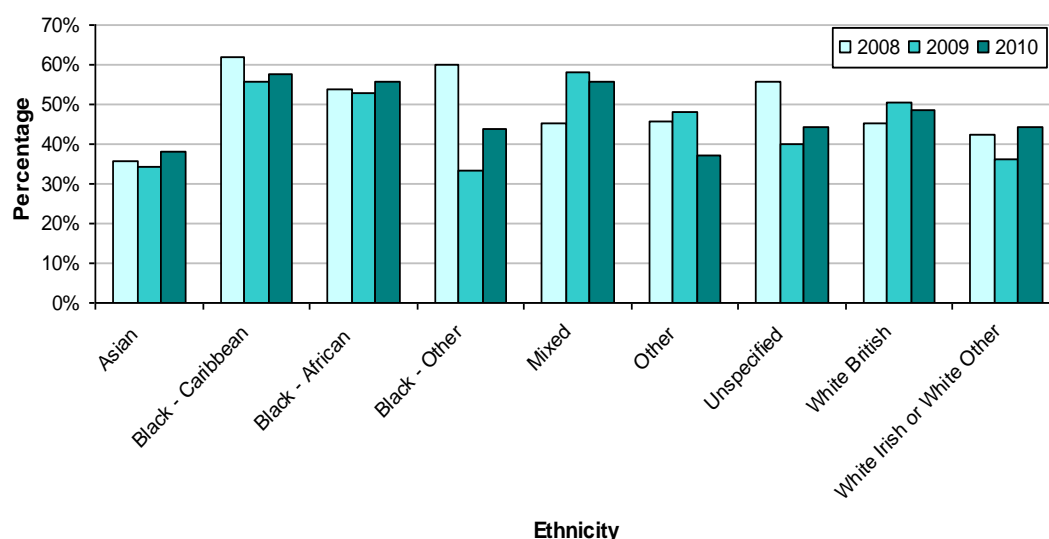
- a) How do women explain their decision-making processes around sexual behaviour; and deciding whether to terminate a confirmed pregnancy?
- b) Do you think contraception counselling is useful prior or post procedure? How did you find the counselling before and after the termination? How is what type of contraception decided? When is this decided? What was your experience of the contraceptive advice you received?
- c) What support would you have preferred from your experience of the service?

Appendix E. Ethnicity Full Categories

Ethnicity Full Categories	
A White	White British
B White	White Irish
C White	Any other white background
D Mixed	White and Black Caribbean
E Mixed	White and Black African
F Mixed	White and Asian
G Mixed	Any other mixed background
H Asian	Indian
J Asian	Pakistani
K Asian	Bangladeshi
L Asian	Any other Asian background
M Black	Caribbean
N Black	African
P Black	Any other Black background
R Other	Chinese
S Other	Any other ethnic group
	Unspecified
Z	Unspecified

Source: Marie Stopes International Ethnicity Categories

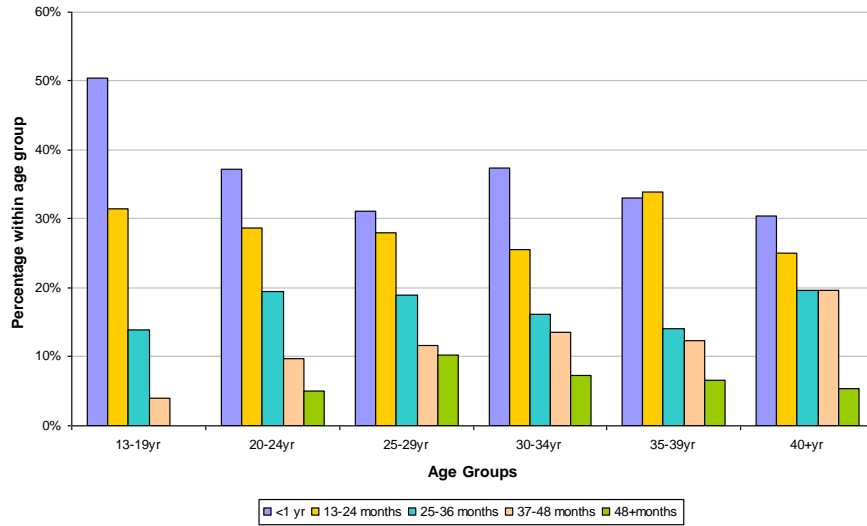
Percentage of abortions with one or more previous abortions, by ethnic groups, Croydon 2008-2010



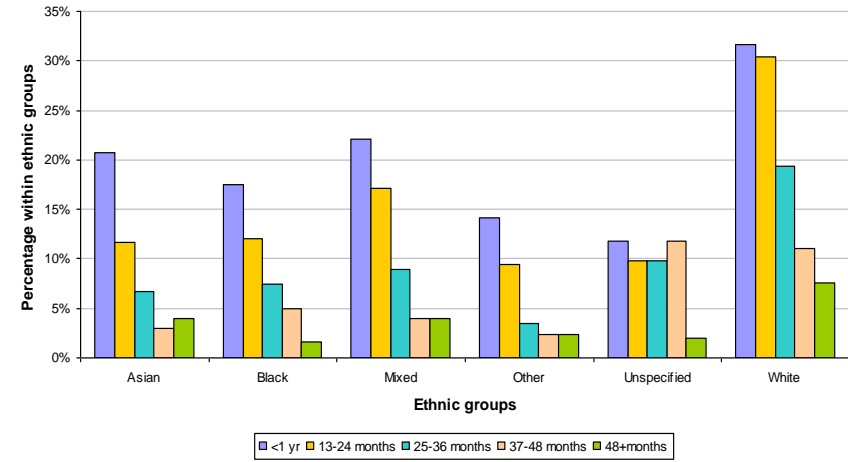
Source: Marie Stopes International, 2010

Appendix F. Time since previous abortion

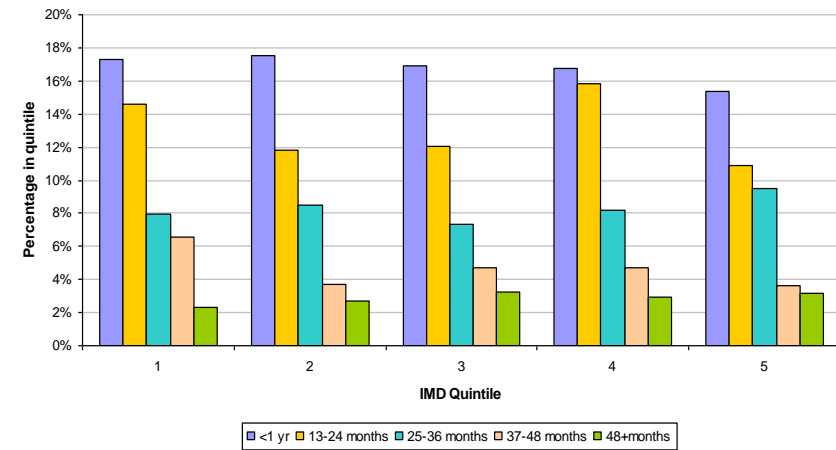
Time since previous abortion by age group, Croydon 2008-2010 (aggregated)



Time since previous abortion by ethnic group, Croydon 2008-2010 (aggregated)



Time since previous abortion by IMD quintiles, Croydon 2008-2010 (aggregated)



Appendix G. Relative Risk for Repeat Abortion

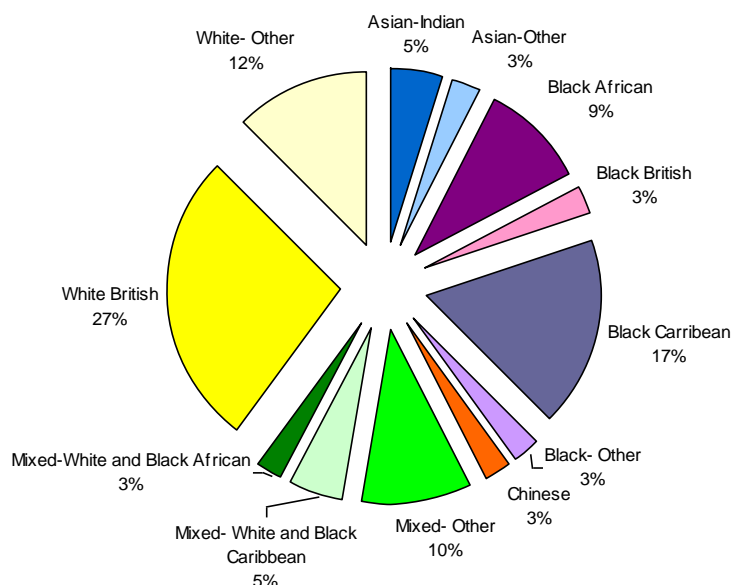
Relative Risk of further abortions within following 2 years - in women with a 1st Termination Of Pregnancy between Apr 07 and July 09								
Cohort = women with a first abortion between April 07 and July 09								
2 years taken as 104.00 weeks								
Factors		Number with outcome	Total within group from cohort	RR	LCI	UCI	Risk (significantly higher or lower)	Notes
Ethnicity	Asian	52	608	0.7	0.5	0.9	Low	Relative risk of having a repeat abortion, for specified ethnic group as compared to White British group (as standard)
	Black African	66	524	1.0	0.8	1.3		
	Black Caribbean	53	321	1.3	1.0	1.7	High	
	Mixed	52	247	1.7	1.3	2.2	High	
	Other	7	80	0.7	0.3	1.4		
	White Irish or White Other	15	185	0.7	0.4	1.1		
	Blank	339	2724	0.0				
IMD Quintiles	1	152	1361	1.1	0.8	1.4		Relative risk of having a repeat abortion, for those in IMD decile 1 (most deprived) as compared to IMD decile 10 (least deprived), (as Standard).
	2	122	1017	1.2	0.9	1.5		
	3	141	838	1.6	1.2	2.1	High	
	4	89	680	1.3	1.0	1.6		
	5	58	558	1.0	0.5	2.0		
With prior TOP		720	4087	1.4	1.3	1.5	High	

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Current Contraception	Abstain	28	156	1.7	1.2	2.4	High	Relative risk of having a repeat abortion, for those using a particular contraception type or 'Any' contraception as compared to using no contraception (as standard). AND relative risk of having a repeat abortion, for those using a form of LARC as compared to no contraception (as standard).
	Condom	252	2055	1.1	0.9	1.4		
	Diaphragm	0	0	-				
	DEPO	3	29	1.0	0.3	2.8		
	Implant	-	-	-				
	IUD	1	12	0.8	0.1	5.1		
	None	166	1545					
	Patch	-	-	-				
	Pill	121	755	1.5	1.2	1.9	High	
	Undecided	-	-	-				
	Any Contraception	405	3022	1.25	1.1	1.5	High	
LARC	13	123	0.98	0.6	1.7			
Age	13-19	241	1504	1.6	1.2	2.0	High	Relative risk of having a repeat abortion, In women of different age groups as compared to women of age 25-29 years (as standard).
	20-24	194	1357	1.4	1.1	1.8	High	
	30-34	42	567	0.7	0.5	1.0		
	35-39	26	344	0.7	0.5	1.1		
	40+	9	146	0.6	0.3	1.2		
	25-29	82	798	1.0	0.7	1.3		

Appendix H. Service User Questionnaire Results

Ethnicity of questionnaire respondents



Summary of findings

Outcomes	Findings
Respondents	40 (12 from CVA and 28 from MSI)
Ethnicity	see graph
Age	Average age 27.2 (range 16-44)
Last abortion	65% had an abortion <1 month ago and of these 54% had a previous abortion
Time from previous abortion	50% have had no previous abortion. Of those that have had a previous abortion, average time between the last 2 abortions was 2.25 years (range 1-12 years). 28% was 1 year or less
Total number of abortions	Average number of abortion was 1.63 (range 1-4 abortions)
Referral via	72.5% were referrals made by GP, 20% self-referred and 7.5% by CASH
Reason for abortion	64.1% (25/39 respondents) gave reasons- of that did respond 40% said due to family reasons i.e. already having a family; see graph

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Decision made by	35% made the decision on their own only; 27.5% with their partner only and remaining had more than one person involved.
Pre-abortion counselling?	78.3% received no pre abortion counselling
Post abortion counselling?	90.9% received no post abortion counselling
STI screening offered?	57.1% were offered STI screening
Post abortion contraception advice and counselling?	77.1% received post abortion contraceptive advice and counselling (of these 77.8% had an abortion \leq 1 year)
Difficulties/barriers in accessing any of the termination services	Of those who answered 87.9% (29/33) said that there were no difficulties or barriers accessing any of the services.