**Interdisciplinary Bibliography of the World’s Peer-Reviewed**

**Literature on the Psychology of Abortion**

**Compiled by the International Institute for Reproductive Loss**

**(Updated on April 5, 2025)**

**Priscilla K. Coleman, Ph.D.**

**Samuel A. Coleman**

1. **Aamlid, I. B., Dahl, B., & Sommerseth, E. (2021). Women's experiences with information before medication abortion at home, support during the process, and follow-up procedures - A qualitative study. *Sexual & Reproductive Healthcare: Official Journal of the Swedish Association of Midwives*, *27*, 100582. https://doi.org/10.1016/j.srhc.2020.100582**

The stated objective of this study was for the authors to explore the reported experiences of those who had undergone abortion via medication while at home to assess the woman’s perspective of the quality of information provided about them before beginning the abortion. Three primary themes emerged the first one “covers how the women found the information given before the abortion to be inadequate and how this affected their feelings of safety”, the second was “the participants described how they experienced lack of acknowledgement from health care professionals and how this affected their feeling of support, and the third was “how the women perceived access to healthcare professionals during the home abortion, and how this affected their feelings of well-being”. They concluded from their findings that women generally found the provided information inadequate in many ways and that support while at home was also lacking. The authors feel that this highlights a need for healthcare professionals to improve these aspects by providing better information and higher levels of caring support.

1. **Adair, L., Lozano, N., & Ferenczi, N. (2024). Abortion attitudes across cultural contexts: Exploring the role of gender inequality, abortion policy, and individual values. International Perspectives in Psychology: Research, Practice, Consultation, 13(3), 138–152. https://doi.org/10.1027/2157-3891/a000101**

Between-country and within-country variability in abortion attitudes were examined, using country-level factors and individual-level factors as predictors. Respondents were from Mexico (N = 215), India (N = 215), the United States (N = 215), and the United Kingdom (N = 206). As hypothesized, individuals living in countries with greater gender inequality and more restrictive abortion policies expressed more restrictive abortion attitudes and stronger endorsement for banning abortion. More traditional gender role ideologies, belief in “big/moralizing gods,” and use of long-term sexual strategies were associated with more restrictive abortion attitudes and more robust support for banning abortion. The authors concluded that both contextual factors (e.g., local abortion legislation and gender inequality) and individual difference factors (e.g., gender role attitudes and religious/spiritual beliefs) are instrumental in shaping people’s attitudes toward abortion. Implications of a bidirectional relationship between attitudes and policy in the reproductive health arena are discussed.

1. **Adamczyk, A. & Felson, J. (2008). Fetal positions: Unraveling the influence of religion on premarital pregnancy resolution. Social Science Quarterly. vol. 89 (1) pp. 17-38.**

Religiosity and denominational affiliation were examined as predictors of abortion in young women with National Longitudinal Study of Adolescent Health (Add Health) data. Results revealed that religiosity indirectly reduced the likelihood that women would have an abortion by reducing the probability of an out-of-wedlock pregnancy. Among those who conceived out of wedlock, religiosity increased the chances of marriage before birth and decreased the likelihood of abortion. When women conceived out of wedlock and did not marry before birth, religiosity was shown to be unrelated to the possibility of having an abortion. Overall, religiosity affected abortion probability more through choices about sex and marriage than by influencing abortion attitudes.

1. **Adler N. E. (1975). Emotional responses of women following therapeutic abortion. Am J Orthopsychiatry, 45(3), 446-54.**

Factor analysis of post-abortion emotional responses revealed three factors. Negative emotions are split into two factors: socially based and internally based. Positive emotions, constituting the third factor, were experienced most strongly. Correlations with background variables suggested two influences on responses: the woman's social environment and her internalized concerns about abortion.

1. **Adler, N. E. (1976). Sample attrition in studies of psychosocial sequelae of abortion: How great a problem? Journal of Applied Social Psychology, 6(3), 240–259.**

This study examined sample attrition problems in abortion-related research and the implications for conclusions reached about sequelae (negative conditions resulting from an event or injury) of abortion. The author reviewed 17 recent studies and found that the percentage of initial samples lost to follow-up ranges from a low of 13% to a high of 86%. Younger and Catholic women appear less likely to participate in follow-up. Both groups can be associated with a greater likelihood of negative sequelae, so follow-up studies may not be an accurate indicator of the extent of negative reactions to abortion. In a recent study in which data were presented, comparisons were made between the characteristics of initial volunteers and the total population and the population of volunteers who did not return for the follow-up interview. Results suggested that women for whom the abortion process was more stressful are less likely to be represented in the final sample. This highlights an issue when collecting data that the authors suggested may be rectified by increasing sample representativeness through incentives.

1. **Aiken, A., Gomperts, R., & Trussell, J. (2017). Experiences and characteristics of women seeking and completing at-home medical termination of pregnancy through online telemedicine in Ireland and Northern Ireland: a population-based analysis. BJOG: An International Journal of Obstetrics and Gynaecology, 124(8), 1208–1215.**

The objective of this study was to examine the characteristics and experiences of women in Ireland and Northern Ireland seeking at-home medical termination of pregnancy (TOP) using online telemedicine. The study’s design was population-based, and the sample included 5650 women who requested these services. For methodology, they examined the demographics and circumstances of women requesting medical TOP from January 2010 to December 2012. A content analysis was performed with logistical regression to examine factors that could be linked with a lack of emotional support during and after TOP. The results showed that women who request TOP are diverse in age, pregnancy circumstances, and reasons for seeking TOP. Of the participants, 97% felt they made the right choice, and 98% would recommend it to others in a similar situation. Women commonly reported severe mental stress caused by the burden they felt their pregnancy placed on them. Women with financial hardship had twice the risk of lacking emotional support. The authors concluded that most women who completed at-home TOP had a positive experience.

1. **Aléx, L., & Hammarström, A. (2004). Women's experiences in connection with induced abortion - a feminist perspective. Scandinavian Journal of Caring Sciences, 18(2), 160–168.**

For context, not many researchers have taken the time to truly delve into the abortion experiences of women, despite abortions being very common. The author's aim for this study was to use a qualitative methodology to analyze the individual abortion experiences of women and to do so from a feminist perspective. The subject pool consisted of 5 women aged 19-33 who were interviewed around one month after their abortion. The authors then examined the interviews using a thematic content analysis. The themes identified included “experiences connected with the decision-making process, experiences connected with the abortion, and experiences after the abortion,” as well as “childhood experiences of divided families, financial problems, being too young, and an insecure partnership.” These themes were all factors that impacted the women’s decisions to abort. One major conclusion the authors drew from the life experiences of these women was that healthcare professionals (nurses and midwives in particular) need to be more aware of women’s experiences with abortion to empower better and support them.

1. **Allanson S. (2007). Abortion decision and ambivalence: Insights via an abortion decision balance sheet. Clinical Psychologist, 11(2), 50–60.** [**https://doi.org/10.1080/13284200701675767**](https://doi.org/10.1080/13284200701675767)**.**

This study explored the concept of decision ambivalence via an Abortion Decision Balance Sheet (ADBS) with reasons both for and against terminating an unintended pregnancy. Ninety-six women undergoing an early abortion for psychosocial reasons participated in a prospective, longitudinal study with repeated measures (Impact of Event Scale; Positive and Negative Affect Schedule) taken at the initial consultation (T1) and 3 months postoperatively (T2). Confronting the problem of pregnancy and abortion decision was a high-stress event. Up to 40% of the variability in women's emotional well-being at T1 and up to 19% of variability at T2 was predicted by fewer than five ADBS items. These items gave insight into the importance of a woman's concern about mothering capacity, abortion role models, and stability of the relationship with the partner.

1. **Allanson, S., & Astbury, J. (2001). Attachment style and broken attachments: Violence, pregnancy, and abortion. Australian Journal of Psychology, 53(3), 146–151.** [**https://doi.org/10.1080/00049530108255137**](https://doi.org/10.1080/00049530108255137)

The authors comment on pregnancy, abortion, and violence as having intrinsic connections with attachment issues and on the lack of existing research exploring the associations. The authors reported on data gathered from 96 pregnant women who presented for an early abortion. A general pattern was observed wherein anxious women reported the most adverse life circumstances as well as physiologically and psychologically demanding experiences (e.g., violence, pregnancy, abortion, emotional problems, and poor education). On the other hand, secure attachment demonstrated the least association with such experiences. Secure attachment was specifically related to fewer pregnancies and abortions, lower levels of violence and emotional problems, and higher levels of education. The authors described the possibility that pregnancy is uniquely situated to highlight complex attachment processes. They conclude by noting, “Links between insecure attachment, maternal ambivalence, multiple models, and trauma/violence may best be pursued via a collaboration of attachment and posttraumatic stress frameworks.”

1. **Allanson, S., & Astbury, J. (1996). The abortion decision: Fantasy processes. Journal of Psychosomatic Obstetrics & Gynecology, 17(3), 158–167. https://doi.org/10.3109/01674829609025677**

The authors of this paper consider aspects of pregnancy/abortion decision occurrence and the importance of fantasy in the decision-maker's thinking. They noted that non-rational processes in abortion decisions highlight the complexity of decision-making in a manner that may challenge conceptualizations of decision-making generally. The results of a pilot study using a short fantasy inventory are presented based on 20 women’s responses when facing an abortion decision. Fantasy is observed as not irrational or pathological but as legitimately coexisting with logical, reasoning, or non-fantasy thought in the abortion decision process. Examples of items on the inventory endorsed by significant portions of the sample included daydreaming about what type of mother one would be, imagining the relief one would feel if a miscarriage occurred, and imagining that something terrible might happen following an abortion.

1. **Allanson, S., & Astbury, J. (1995). The abortion decision: Reasons and ambivalence. Journal of Psychosomatic Obstetrics & Gynecology, 16(3), 123–136. https://doi.org/10.3109/01674829509024461.**

Allanson and Astbury’s 1995 study examines the complex dynamics surrounding women’s decisions to terminate a pregnancy, emphasizing both the practical reasons and the psychological ambivalence. The authors identify diverse reasons behind the choice to terminate a pregnancy, including socio-economic pressures, relationship issues, and future aspirations. Participants often cited concerns about financial stability, parenting readiness, and the desire to secure better opportunities for themselves or their existing children. However, these pragmatic considerations were regularly accompanied by conflicting emotions, highlighting the tension between immediate needs and deeply held values. Allanson and Astbury describe decisional ambivalence as a central theme, illustrating how many women simultaneously experience relief, guilt, hope, and sadness throughout the decision-making process. Tracking emotional trajectories before and after the procedure sheds light on how such feelings fluctuate and converge over time. The authors underscore the critical role of empathetic, nonjudgmental counseling that helps women explore their emotions and clarify their priorities before finalizing their decision.

Allanson and Astbury call for expanded support services and education to recognize the multifactorial dimensions of abortion. By addressing their ambivalence and supporting informed choices, health professionals can better respond to the emotional and practical needs of women facing unintended pregnancies. The authors advocate for policies that respect women’s autonomy and well-being, ensuring that abortion care encompasses the full scope of women’s experiences.

1. **Alter, R. C. (1984). Abortion outcome as a function of sex-role identification. Psychol Women Q., 8(3):211-33.**

Investigated the relationship between sex-role identification and abortion outcome in 120 women receiving 1st trimester abortions. The sex-role concept dimension was measured by self-attributions of sex-role traits (as measured by the Bem Sex-Role Inventory) and lifestyle (career vs. homemaker) trait attributions. Psychological and physiological aspects of abortion outcome were included: slightly more than 7% of scores were in the symptomatic range, similar to percentages found in previous studies. Both Androgyny and Masculinity were found to be related to positive abortion outcomes. Congruence between one's self-image and one's image of a career woman was related to abortion outcome (r = .31, P.01). Androgyny and self-career congruence accounted for 32% of the variance in abortion outcome.

1. **Altshuler, A. L., & Gerns Storey, H. L. (2016). Male partners’ involvement in abortion care: A mixed-methods systematic review. Perspectives on Sexual and Reproductive Health, 48(4), 209–219.**

This systematic review explores how male partner involvement in abortion care influences women's experiences. Analyzing studies from various countries, the authors identify four types of involvement: presence in the medical facility, participation in preabortion counseling, presence during the procedure, and participation in postabortion care. Findings suggest that non-coercive male involvement is generally associated with positive outcomes for women, including emotional support and improved access to care.

1. **Arena, A., Moro, E., Degli Esposti, E., Zanello, M., Lenzi, J., Casadio, P., Seracchioli, R., Perrone, A., & Lenzi, M. (2023). How much will it hurt? Factors associated with pain experience in women undergoing medication abortion during the first trimester. Contraception, 119, 109916.**

This study investigated the risk factors for experiencing pain during medication abortion, with an additional focus on psychological distress and anxiety levels experienced. An observation study was carried out at two centers in Bologna, Italy, which included 252 women in its analysis; 92 (38%) reported severe pain during medication abortion. Those with higher anxiety levels or a prior anxiety disorder were found to have a higher probability of experiencing pain, as well as those who reported dysmenorrhea. Previous vaginal deliveries were inversely correlated with pain intensity. The study authors concluded that it is important to identify women at higher risk for experiencing pain and ensure adequate analgesic regimens are applied.

1. **Ashok, P. W., Hamoda, H., Flett, G.M., Kidd, A, Fitzmaurice A, & Templeton A. (2005). Psychological sequelae of medical and surgical abortion at 10-13 weeks of gestation. Acta Obstet Gynecol Scand., 84(8), 761-6.**

The aim of this study was to assess the psychological sequelae and emotional distress following medical and surgical abortion at 10-13 weeks of gestation. There were no significant differences in hospital anxiety and depression scale scores for anxiety or depression between the groups. Visual analog scales showed higher anxiety levels in women randomized to surgery prior to abortion (P < 0.0001), while women randomized to surgical treatment were less anxious after abortion (P < 0.0001). Semantic differential rating scores showed a fall in self-esteem in the randomized medical group compared to those undergoing surgery (P = 0.02).

1. **Ashton, J. R. (1980). The psychosocial outcome of induced abortion. Br J Obstet Gynaecol. 1980, 87(12), 1115-22.**

The psychosocial outcome of induced abortion was assessed in 64 women after 8 weeks and in 86 women after eight months. Three groups were identified. About 5 percent had enduring, severe psychiatric disturbance following abortion. Women, especially at risk, were those with a previous psychiatric or abnormal obstetric history or with physical grounds for abortion and those expressing ambivalence towards abortion. Short-lived disturbances affected about half of all abortion patients. These symptoms included initial guilt and regrets, and sensitivity to the comments of people around them, which relate to abortion. The third group of women experienced no adverse sequelae. It is suggested that an awareness of the risk factors should lead to the instigation of adequate counseling and support for those women who need it.

1. **Aryal, S., & Basnet, R. S. (2024). First Trimester Abortion and Psychiatric Morbidity. Journal of Nepal Health Research Council, 22(1), 58–65. https://doi.org/10.33314/jnhrc.v22i01.5025**

The general aim of this study was to find the prevalence of depression and anxiety before and after undergoing spontaneous or induced first-trimester abortion. Demographic and obstetric factors and those associated with mental health outcomes were also analyzed. This study was conducted at Kathmandu Medical College (KMC) for a year from September 2022 through August 2023. The 171 clients were assessed at their first hospital visit and then at two weeks and two months post-abortion. Levels of anxiety and depression were measured by socio-demographic factors as well as the type of abortion. Before the spontaneous abortion, severe anxiety was present in 13% of clients, mild to severe anxiety was present in 67.3%, and at two weeks and two months in 23.9% and 23.9%, respectively. In clients undergoing induced abortion, varying levels of anxiety were present in 43.2% before the procedure and 38.4% and 43.2% of clients at two weeks and two months, respectively. Mild to moderate depression was seen in 45.6% among those who had spontaneous abortions and 40.8% among those who had induced abortions. The authors concluded by noting that anxiety and depression were shared in response to early pregnancy loss, with anxiety decreasing over time in spontaneous abortion but remaining persistent in induced abortion.

1. **Aslan, H., Yildirim, G., Ongut, C., & Ceylan, Y. (2007). Termination of pregnancy for fetal anomaly. International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics, 99(3), 221–224. https://doi.org/10.1016/j.ijgo.2007.05.047**

In this article, the authors analyze the aspects and outcomes of terminating a pregnancy due to fetal anomaly. They discuss the primary reasons women and clinicians choose termination, focusing on diagnostic tools including ultrasound, genetic testing, and detailed screening. The article highlights how timely detection of significant fetal anomalies can allow families to make informed decisions. Parents' psychological burden and the importance of compassionate support from healthcare providers are also addressed. Ethical and legal considerations are reviewed, emphasizing respecting patients’ autonomy and following established guidelines. Key findings suggest that early counseling, accurate diagnosis, and empathetic care can help with distress and reduce long-term repercussions. The results of this study underscore the necessity of a comprehensive, multidisciplinary approach to fetal anomalies within contemporary obstetric practice.

1. **Asplin, N., Wessel, H., Marions, L., & Georgsson Öhman, S. (2014). Pregnancy termination due to fetal anomaly: women's reactions, satisfaction and experiences of care. Midwifery, 30(6), 620–627. https://doi.org/10.1016/j.midw.2013.10.013**

The researchers investigated women’s emotional reactions, satisfaction, and experiences of care following pregnancy termination due to fetal anomaly. Through interviews and questionnaires, the authors explore common feelings of grief, guilt, and relief, and factors affecting women’s coping abilities. They emphasize the importance of empathetic and individualized care, including clear communication about the fetus’s condition and support for decision-making. The study highlights how healthcare providers’ sensitivity, quality of information offered, and provision of psychological resources can influence women’s overall experiences. Results indicated that women who received comprehensive counseling, consistent contact with medical staff, and immediate access to follow-up services reported higher satisfaction. Clinicians can assist with patients’ distress by addressing physical and emotional needs. Ultimately, this paper underscores the significance of compassionate, woman-centered care for those facing the difficult decision to terminate a pregnancy based on fetal anomalies.

1. **Ayen, S. S., Kasahun, A. W., & Zewdie, A. (2024). Depression during pregnancy and associated factors among women in Ethiopia: a systematic review and meta-analysis. BMC Pregnancy and Childbirth, 24(1), 220. https://doi.org/10.1186/s12884-024-06409-y**

For background purposes, the authors noted that an estimated 25-35% of pregnant women experience depressive symptoms, with 20% meeting the criteria for major depression. This study's systematic review and meta-analysis were undertaken to examine depression during pregnancy in Ethiopia. The overall pooled prevalence of depression derived from the 18 included studies in Ethiopia was 27.85%. Factors significantly associated with depression included unplanned pregnancies, low social support, low income, previous history of depression, intimate partner violence, and history of abortion.

1. **Bahadur, A., Mittal, S., Sharma, J. B., & Sehgal, R. (2008). Socio-demographic profile of women undergoing abortion in a tertiary center. Archives of Gynecology and Obstetrics, 278(4), 329–332.**

This study was a cross-sectional population-based analysis of the socio-demographic profile of women who had abortions in 2007 in New Delhi. One hundred and eighty women requesting an abortion were identified as eligible for inclusion. The following results were observed: mean age was 29.2 years; mean parity was 2.8; 34% had a previous abortion, and 52.5% of women with an unintended had contraception 6 months before the event. The reasons cited for termination of pregnancy were unplanned pregnancy 32.8% of women, inadequate income 24.6%, family completion 20.3%, and contraceptive failure 22.3%. The majority of the participants were uneducated (34.8%), with 31.4% having completed high school or further education and 33.8% having left formal education prior to finishing high school. The authors noted that their study highlights the need for population-based contraception and expanded contraception awareness.

1. **Baker, A., Morrison, J. A., & Coffey, S. F. (2011). Using prolonged exposure to treat abortion-related posttraumatic stress disorder in alcohol-dependent men: A case study. Clinical Case Studies, 10(6), 427–439. https://doi.org/10.1177/1534650111429376**

For context, relative to the opinions of women regarding their abortion, the reactions of men whose partners abort have not been well-studied, and the authors found no studies regarding the onset of PTSD with this experience in men as well as the necessary treatment for men suffering from this form of loss and the use of alcohol to cope. Due to this, the authors of this study decided to conduct a case study of a 46-year-old male suffering from alcohol dependency with a history of a partner having an abortion. He participated in 12 sessions of “Prolonged Exposure” therapy, and the decrease in PTSD symptoms was measured by the “Clinician-Administered PTSD Rating Scale,” which saw an 87% decrease in symptoms, and the “Event Scale-Revised,” which showed a similar 85% decrease in symptoms. These results indicated to the authors that Prolonged exposure treatment could effectively be administered to men as well for treating PTSD resulting from abortion loss. Further research is still needed in this area due to the initial lack of information and the use of a case study.

1. **Barglow, P, & Weinstein S. (1973). Therapeutic abortion during adolescence: psychiatric observations. J Youth Adolesc. 1973, 2(4), 331-42.**

The psychological reactions of 78 adolescent girls who underwent an abortion during the first trimester of pregnancy were studied. Adolescent emotional responses differed from those of adult patients in 2 ways: 1) the abortion decision was more "outer-other" directed by parents, peer group, or sexual partner and was, therefore, more difficult, and 2) developmental immaturity contributed to the decision ambivalence, distorted perceptions of the procedure, and to a variety of pathological reactions. Patient symptoms suggested a mourning process in response to failure to realize an expectation rather than an object loss. Pre-abortion dreams were a “potential adjuvant to psychiatric diagnosis and prognosis for adolescent patients.”

1. **Bartlett, L. A., Berg, C. J., Shulman, H. B., Zane, S. B., Green, C. A., Whitehead, S., & Atrash, H. K. (2004). Risk factors for legal induced abortion-related mortality in the United States. Obstetrics and Gynecology, 103(4), 729–737. https://doi.org/10.1097/01.AOG.0000116260.81570.60**

The objective for this study was to assess potential risk factors for death related to induced abortion. To do this, they used data from the Abortion Mortality Surveillance System. They looked for risk factors including “age of the woman, gestational length of pregnancy at the time of the termination, race, and procedure”. They found that between the years 1998 and 1997 the rate of death for women having legally obtained abortions performed on them was 0.7 individuals in 100,000. Risk of death was found to increase by 38% for each week of gestation, and women who had their abortions within 8 weeks of gestation were less likely than those in the second trimester of their pregnancy to die from complications of their abortions. The authors noted that “up to 87%” of deaths that occurred after 8 weeks of gestation may have been avoided by earlier utilization of services. The authors conclude that while avoiding unintended pregnancy would be ideal, earlier utilization of services and abortions performed at earlier gestational ages may help reduce the risk of mortality for women seeking abortion.

1. **Bartlomiejczyk, M., Poellabauer, S., & Straczek-Helios, V. (2024). Activist interpreting in abortion clinics: Emotional challenges and self-care strategies. Translation & Interpreting Studies: The Journal of the American Translation and Interpreting Studies Association, (online first), 1-28.** [**https://doi.org/10.1075/tis.23064.bar**](https://doi.org/10.1075/tis.23064.bar)

The authors of this study sought to take a closer look at a group of pro-choice activists from Vienna, “Clocia Wienia,” and their role as “interpreters” for people who travel to obtain an abortion (Poland to Austria) and, in particular, examine how their job impacts their own mental health and ability to self-care. The authors used data from interviews with members or people associated with Clocia Wienia to gain insight. Results showed that their work was taxing for them, and many experienced negative emotions such as anger and sadness. It was also difficult for them to develop self-care strategies and coping strategies in the unusual environment and role they were in. Not all had negative experiences; however, the authors found a distinct lack of self-care and positivity within this line of work.

1. **Basile, K. C., Smith, S. G., Liu, Y., Kresnow, M. J., Fasula, A. M., Gilbert, L., & Chen, J. (2018). Rape-Related Pregnancy and Association with Reproductive Coercion in the U.S. American Journal of Preventive Medicine, 55(6), 770–776.**

The authors studied the prevalence and characteristics of rape-related pregnancy in U.S. women and the association with intimate partner reproductive coercion. Data from the National Intimate Partner and Sexual Violence Survey (2010–2012), a telephone survey of U.S. adults, served as the data source. Results revealed that almost 2.9 million U.S. women (2.4%) experienced rape-related pregnancy during their lifetime. Among rape victims, 77.3% identified a current/former intimate partner perpetrator; 26.2% of intimate partner rape victims reported rape-related pregnancy. This high rate contrasted with those raped by an acquaintance (5.2%) or stranger (6.9%). Women raped by an intimate partner and reporting rape-related pregnancy were also significantly more likely to report reproductive coercion compared with women who were raped by an intimate partner but did not become pregnant. This study provided the first National prevalence of rape-related pregnancy by distinct types of perpetrators in two decades.

1. **Beauquier-Maccotta, B., Shulz, J., De Wailly, D., Meriot, M. E., Soubieux, M. J., Ouss, L., Grosmaitre, C., Salomon, L. J., Golse, B., Ville, Y., & Missonnier, S. (2022). Prenatal attachment, anxiety, and grief during a subsequent pregnancy after medical termination of pregnancy. Attachment to which child? Journal of Gynecology Obstetrics and Human Reproduction, 51(4), 102353. https://doi.org/10.1016/j.jogoh.2022.102353**

This study aimed to examine and assess levels of emotional distress and attachment felt throughout a pregnancy following an abortion based on fetal abnormality. For this observational study, 25 women who had another pregnancy after termination for abnormality were interviewed twice, both in the prenatal and postnatal periods. Results indicated that at 20 weeks of gestation, there was a higher presence of anxiety, depression, as well as PTS symptoms. Early in the pregnancy, the attachment levels were lower and held an inverse correlation to the intensity of grief. Late in the pregnancy, the psychological symptoms lessened, and attachment flattened off, including for the women whose baby had an abnormality. The authors conclude that there is a need for better early support in pregnancies, especially those with fetal abnormality. In addition, later in the pregnancy, all women should be given special attention to their attachment levels.

1. **Bell, E. R., Glover, L., & Alexander, T. (2014). An exploration of pregnant teenagers' views of the future and their decisions to continue or terminate their pregnancy: implications for nursing care. Journal of Clinical Nursing, 23(17-18), 2503–2513.**

The authors’ stated aim for this study was to “explore teenagers’ views of the future in relation to their choices to continue or terminate a pregnancy.” The authors noted that despite the number of teenage pregnancies currently on the decline globally, the pregnancy rate is still high. For methodology, a cross-sectional study design was employed that included three groups: the termination of pregnancy group, the antenatal group, and the never-been-pregnant group. Participants ranged in age from 13 to 18. Results indicated that groups differed in orientation towards their future. The areas in which they differed included education, career, and family, as well as their personal reasons for choosing termination. A significant issue that was identified was the negative impact of the discourse others have about teen pregnancy. The authors concluded from the data collected that attitudes toward their future are a major factor for teen girls and young women when deciding whether or not to abort.

1. **Belsey, E. M., Greer, H. S., Lal, S., Lewis, S. C., Beard, R. W. (1977). Predictive factors in emotional response to abortion: King’s termination study--IV. Social Science and Medicine, 11(2), 71-82.**

The emotional attitudes of a consecutive sample of 360 women were assessed before and 3 months after a first-trimester abortion with the aim of establishing an objective approach to abortion counseling. A small number of women developed one or more features of emotional disturbance after the abortion, yet the dominant influence was the degree of adjustment existing before pregnancy. Those most likely to be disturbed after post-abortion had a history of psychosocial instability, poor or no family ties, few friends, a poor work pattern, and commonly failed to take contraceptive precautions.

1. **Bento, S. F., Pádua, K. S., Pacagnella, R. C., Fernandes, K. G., Osis, M. J. D., Duarte, G. A., & Faúndes, A. (2020). Advantages and Disadvantages of Medical Abortion, According to Brazilian Residents in Obstetrics and Gynaecology. Vantagens e desvantagens do aborto medicamentoso, segundo os residentes brasileiros em ginecologia e obstetrícia. Revista brasileira de ginecologia e obstetricia : revista da Federacao Brasileira das Sociedades de Ginecologia e Obstetricia, 42(12), 793–799.**

The primary goal of this study was to find out the opinion of residents in obstetrics and gynecology about the advantages and disadvantages of medical abortion as compared with surgical procedures. The method employed for gathering data was a cross-sectional multicenter analysis via a questionnaire of residents in obstetrics and gynecology, with 21 maternity hospitals located in 4 different geographic regions in Brazil included. The main findings of this study’s analysis were that most residents agreed that the main advantages of medical abortion were the procedure being “less invasive” (94.7%), “does not require anesthesia” (89.7%), can “be accompanied during the process” (89.1%), “prevents physical trauma” (84.4%). The study authors conclude that residents found clinical and personal advantages of medical abortion when compared to more invasive procedures.

1. **Bete, T., Asfaw, H., Nigussie, K., Alemu, A., Eyeberu Gebrie, A., Dechasa, D. B., Gemechu, K., Arkew, M., Daniel, B., Gelaye, H., Wolde, A., Kassa, M. A., & Anbesaw, T. (2023). Alcohol consumption and associated factors among pregnant**

**Women are attending antenatal care at governmental hospitals in the Harari regional state, Eastern Ethiopia. Substance Abuse Treatment, Prevention, and Policy, 18(1), 61. https://doi.org/10.1186/s13011-023-00567-6**

Even though it’s well known that alcohol is damaging to pregnancies and the development of fetuses, there is still a prevalence of drinking among pregnant women, particularly in Ethiopia, where this study took place. A survey was conducted with a participant pool of 589 pregnant women in Ethiopia receiving antenatal care from a government hospital in the particular region state of Harari in Eastern Ethiopia. The response rate from potential participants was high at 95.46%, and the results indicated that the rate of alcohol consumption among these women was 21.2%. The authors found that depression and anxiety had a strong association with drinking behavior. They concluded from the totality of their findings that relative to other similar research on the same topic, there was a high prevalence of alcohol usage among the participants of this study. In addition to depression and anxiety, a history of abortion and family mental illness were associated with higher levels of drinking, and the authors suggest that “responsible bodies,” such as those who come into contact with these mothers in a professional setting, have a responsibility to help curb the behavior.

1. **Beumer, W.Y., Reilingh, A.Y.A.M., Dalmijn, E., Roseboom, T.J. and van Ditzhuijzen, J. (2025), Motivations for abortion or continuation of an unwanted pregnancy: A scoping review of the global literature. Perspect Sex Reprod Health. https://doi.org/10.1111/psrh.12293**

Beumer and colleagues (2025) conducted a comprehensive review of existing literature to identify and synthesize data on motivations driving individuals to either terminate or continue an unwanted pregnancy across diverse global contexts. The authors reviewed various studies with participants from diverse socioeconomic, cultural, and religious backgrounds. Key findings revealed that motivations for seeking abortion often involve economic constraints, educational or career considerations, lack of partner support, perceived inability to raise a child, and concerns about maternal or fetal health. In contrast, decisions to maintain an unwanted pregnancy tend to be related to social or familial pressures, personal or religious beliefs, fear of abortion, or a sense of responsibility toward the unborn child. The review demonstrates how motivations are multifaceted and relate to personal, social, and cultural variables. Beumer et al. concluded that policymakers and healthcare providers should recognize the complexity of reproductive decision-making and foster supportive, respectful environments that account for individuals’ diverse motivations, to enable patient-centered care.

1. **Beynon-Jones S. M. (2013). Expecting motherhood? Stratifying reproduction in twenty-first century Scottish abortion practice. Sociology, 47(3), 509–525.**

This article was written to highlight how healthcare professionals in Scotland who are involved with contemporary abortion provision have expectations they construct about women’s reproductive decisions. Interviews were conducted with 42 health professionals regarding their beliefs about patient rationality related to women’s reproductive health care. Their interpretations of patient rationality were analyzed for themes that may impact the healthcare of women seeking an abortion. The author made a dichotomy between problematic and understandable reproductive requests from the perspective of the provider and used the label “stratified reproduction” for the process. Results illuminated dominant discourses among healthcare professionals regarding motherhood and abortion.

1. **Bleil, M. E., Adler, N. E., Pasch, L. A., Sternfeld, B., Reijo-Pera, R. A., & Cedars, M. I. (2011). Adverse childhood experiences and repeat induced abortion. American Journal of Obstetrics and Gynecology, 204(2), 122.e1–122.e1226. https://doi.org/10.1016/j.ajog.2010.09.029**

The authors’ objective with this study was to characterize the backgrounds of women who have had repeat abortions. For methodology, a cross-sectional study of 259 women with a mean age of 35.2 years was conducted to examine the relationship between adverse experiences in childhood and the risk of having two or more abortions versus one or no abortions. Self-reported events that occurred between the first year of life and age twelve were included. Results strongly indicated that independent of confounding factors, women who experienced more abuse, personal safety, and total adverse events in childhood were more likely to have two or more abortions versus one or none. The authors conclude that women who have repeat abortions are more likely than women who have one or no abortions to have experienced childhood adversity.

1. **Bodunde, E. O., Buckley, D., O'Neill, E., Al Khalaf, S., Maher, G. M., O'Connor, K., McCarthy, F. P., Kublickiene, K., Matvienko-Sikar, K., & Khashan, A. S. (2025). Pregnancy and birth complications and long-term maternal mental health outcomes: A systematic review and meta-analysis. BJOG: An International Journal of Obstetrics and Gynaecology, 132(2), 131–142.** [**https://doi.org/10.1111/1471-0528.17889**](https://doi.org/10.1111/1471-0528.17889)

The authors of this study conducted a review of existing literature regarding pregnancy complications and mental health. They systematically searched multiple databases for relevant literature. Two reviewers pulled the data and determined the quality of each study. A total of 16,310 articles were searched, and 33 were included, with a total of 3,973,631 participants among them. They found that pregnancy termination and miscarriage were associated with depression and anxiety disorders. Additionally, preterm birth was also associated with depression and anxiety disorders, as well as PSTD. They concluded that the exposure to these complications that the women faced increased their risk of long-term mental illness.

1. **Bota, I. A., Frandes, M., Anastasiu-Popov, D. M., & Lungeanu, D. (2020). Psychosocial risk factors of elective abortion: A structural equation modeling approach. Applied Medical Informatics, 42, No. 2, 63-68.**

Although in Romania, the number of elective abortions (EAB) has decreased in recent years, the percentage is still relatively high, given the variety and availability of contraception. The authors pose that family, education, and income are the principal factors influencing the EAB decision process. Their study aimed to determine the extent to which psychosocial factors influenced EAB. For methodology, a survey-based sociological survey was employed, including women who presented for abortion on request during the years 2015 to 2018 at Bega University Clinic of Obstetrics/Gynecology, Timisoara. The researchers investigated the amount of information and the use of contraceptive methods at the time of the termination request through structural equation modeling. Other data extracted included women’s general perception of abortion, emotional involvement with pregnancy, relationship and family life, knowledge of consequences, and social status. These five factors were found to have a significant influence on EAB.

1. **Boydell, N., Buijsen, S., Reynolds-Wright, J. J., Cameron, S. T., & Harden, J. (2024). Abortion patients' perspectives on enhancing a telemedicine model of post-abortion contraception: a qualitative study. BMJ Sexual & Reproductive Health, bmjsrh-2024-202428. Advanced online publication. https://doi.org/10.1136/bmjsrh-2024-202428**

Access to contraception after a woman has an abortion is identified as “critical” for curbing unintended pregnancies among women who have had an abortion. When seeking contraception, women often have trouble with identification access and choice due to a lack of knowledge or provided information. This service evaluation aimed to explore the perspectives on contraceptive telemedical consultations of patients who had previously had an abortion as well as their decision-making process regarding contraceptive seeking to help inform future telemedicine service models. Interviews with 15 patients who had utilized a telemedicine service from home were conducted and then subjected to “reflexive” thematic analysis. The results of the interviews showed that discussions about contraceptives during the consultation were seen as valuable since they helped inform choices. It was also found that decision-making was impacted by a variety of factors, including “previous contraception experiences, emotional state at the time of the abortion and concerns about contraceptive ‘failure.’”. In addition, some interviewees preferred non-hormonal contraceptive methods due to previous negative experiences with them. Barriers found for the women attempting to access their preferred method of contraception included primarily the availability of appointments and/or the patient's responsibility to care for others. The need for flexibility in consultations and personalized interactions with experts is highlighted.

1. **Bracke, M. B., Hachamovitch, M., & Grossman, G. (1974). The decision to abort and psychological sequelae. J Nerv Ment Dis. 1974, 158(2), 154-62.**

A brief critique of published research on psychological responses to abortion emphasizes the need to consider the pre-abortion decision-making process and the psychological and sociological context of abortion decisions. The importance of the level of support of significant others is examined as a predictor of reactions to abortion among a sample of 489 women who underwent an abortion at a New York clinic.

1. **Bracken, M. B. (1978). A Causal Model of Psychosomatic Reactions to Vacuum Aspiration Abortion, Social Psychiatry, 13, 135-145.**

Among 215 women who underwent an abortion by vacuum aspiration, approximately 15% experienced a difficult abortion decision, were quite anxious before, anxious and depressed after the abortion, and experienced a very painful abortion. Being married was the dominant socio-demographic correlate of a difficult abortion decision, which predicted more significant anxiety before the abortion. Higher anxiety before abortion interacted with the inferior skill of the operator to increase the pain experienced during the procedure. Increased postabortion anxiety resulted from the additive, independent effects of more pain during the procedure, more significant pre-procedure anxiety, and a difficult decision as well as null-parity.

1. **Bracken, M. B., Klerman, L. V., Bracken, M. (1978). Coping with pregnancy resolution among never-married women. Am J Orthopsychiatry, 48(2), 320-34.**

Never-married women delivering (n=249) and aborting a pregnancy (n=249) were matched for age, race, parity, and welfare status. In general, all pregnancies were greeted with sadness, but women delivering were relatively happier about the pregnancy, were more likely to accept delivery initially, received more support for their decision from others, had an easier decision process, and were happier with their eventual choice than women who aborted. All women received more support than opposition to their choice from significant others. Results revealed that sadness about the eventual decision resulted from a more difficult decision process, initial rejection of the choice made, and deciding to abort rather than deliver. Strategies the women used to cope with the stress of making a decision included the following: 1) the use of ego defense mechanisms to avoid the reality of unwanted pregnancy, 2) management of interpersonal relationships with significant others as they impinge on the decision process, 3) the use of authority figures and societal expectations to arrive at a decision, 4) attitude and cognitive restructuring to avoid cognitive dissonance, 5) searching for new knowledge relevant to the decision, and 6) techniques to maintain self-esteem through the whole process.

1. **Brandt, E., & Maner, J. K. (2024). Attitudes and laws about abortion are linked to extrinsic mortality risk: A life-history perspective on variability in reproductive rights. Psychological Science, 35(2), 111–125.**

The authors note that abortion policy has been conventionally perceived to be a political matter with “religious overtones,” and they propose a different view. The authors argue that from the perspective of evolutionary biology, abortion at a young age may represent prioritization of long-term development over immediate reproduction, a pattern established in other species “as resulting from stable ecologies with low mortality.” The authors examined the extent to which laws and moral beliefs regarding abortion are linked to local mortality rates. Data from 50 U.S. states, 202 world societies, 2,596 adult individuals in 363 U.S. counties, and 147,260 respondents across the globe suggested that lower levels of mortality risk are associated with more permissive laws and attitudes toward abortion. The associations were observed after controlling religious and political ideology, wealth, education, and industrialization. However, controls were not instituted for the average number of children per household and other macro-level variables. The authors also cautioned that the explanations for the third variable and reverse causality are plausible. They cautioned, “Because the current findings are based on analyses of correlational, cross-sectional, aggregated data from different years, we cannot draw strong causal conclusions about the nature of the relationship.”

1. **Brandi, K., Woodhams, E., White, K. O., & Mehta, P. K. (2018). An exploration of perceived contraceptive coercion at the time of abortion. Contraception, 97(4), 329–334. https://doi.org/10.1016/j.contraception.2017.12.009**

The authors’ objective with this study was to look at the experiences of patients being coerced into contraceptive decisions by healthcare providers, resulting in an abortion. To achieve this, they interviewed 31 women to gather their experiences. Of the women interviewed, the most common characteristics included being non-Hispanic African American (52%) and insured through Medicaid (68%). An alarming 42% recalled being pressured into contraceptives, and a further 26% of the women interviewed felt that the provider was pushing a specific method of abortion. The authors concluded that about half of the participants felt contraceptive coercion before aborting.

1. **Breitbart V. (2000). Counseling for medical abortion. American Journal of Obstetrics and Gynecology, 183(2 Suppl), S26–S33. https://doi.org/10.1067/mob.2000.107947**

Breitbart’s (2000) article examines the crucial role of counseling in the context of medical abortion, emphasizing that comprehensive pre- and post-procedure guidance can significantly influence a woman’s emotional and physical well-being. The author discusses how effective counseling not only provides essential medical information regarding the pharmacologic mechanisms and procedural steps involved but also addresses the psychological and ethical concerns that often accompany the decision to terminate a pregnancy. This dual focus is crucial in ensuring patients make fully informed decisions based on a clear understanding of potential risks, benefits, and available alternatives. The article outlines strategies for healthcare providers to deliver non-judgmental, empathetic support, suggesting that open communication fosters trust and reduces anxiety. Furthermore, it emphasizes the importance of discussing the expected course of the medical process, potential side effects, and signs of complications that may require prompt medical attention. By integrating medical facts with sensitive emotional support, the counseling process is portrayed as instrumental in helping women navigate the complexities of medical abortion, thereby promoting better overall outcomes and reducing the likelihood of subsequent psychological distress.

1. **Brewer, C. J. (1978). Induced abortion after feeling fetal movements: Its causes and emotional consequences. Biosoc Sci., 10(2), 203-8.**

Of 40 women who had late abortions (20- and 24-weeks’ gestation) and had felt fetal movements, 11 had a history of significant menstrual irregularity, six had changed their minds about an initially wanted pregnancy, five had been told that they were not pregnant, and the NHS had either refused five or were unable to get advice at an earlier stage. In 14 cases, “wishful thinking” or an unrealistic attitude regarding the continuation of the pregnancy was an important cause. Twenty-five were followed up a minimum of 3 months post-abortion. Five reported feeling depressed because of their abortion, and one had time off work or school for this reason.

1. **Brisch, K. H., Munz, D., Bemmerer-Mayer, K., Kächele, H., Terinde, R., & Kreienberg, R. (2002). Ultrasound scanning for diagnosis of foetal abnormality and maternal anxieties in a longitudinal perspective. Journal of Reproductive and Infant Psychology, 20(4), 223–235. https://doi.org/10.1080/0264683021000033156**

The authors of this study wanted to assess the anxiety of pregnant women who have discovered that they are suffering from fetal malformation by way of ultrasound by comparing high-risk sub-groups with control groups that were not at any known risk. A total of 664 women were assessed early in their pregnancy, at 5-6 weeks and 10-12 weeks. Questionnaires were also employed to collect specific data on the women. It was found that all women (497) who were categorized as being at high risk displayed high levels of anxiety before their screenings. The highest anxiety levels at the first-time interval were found to belong to women who had pathological endocrine testing done, as well as women with a suspected malformation of their fetus. Anxiety tended to taper off at 10 to 12 weeks out for most women. However, those who had confirmed fetal malformations remained at a higher level of anxiety for longer. The authors suggest that these women need more support in their care, especially given that it’s been found that there is reduced blood circulation in a woman’s placenta during periods of high anxiety.

1. **Broen, A. N., Moum, T., Bödtker, A. S., & Ekeberg, O. (2006). Predictors of anxiety and depression following pregnancy termination: a longitudinal five-year follow-up study. Acta Obstetricia Et Gynecologica Scandinavica [Acta Obstet Gynecol Scand], 85 (3), 317-23.**

This prospective, longitudinal follow-up study examined women who had a miscarriage or an induced abortion relative to the women's level of distress compared to a sample from the general population. Women who experienced miscarriage (n =/40) and induced abortion (n =/80) were interviewed ten days (T1), six months (T2), two years (T3), and five years (T4) after the pregnancy loss. Women with miscarriage had significantly more anxiety and depression at T1 than the general population. In comparison, women with induced abortion had significantly more anxiety at all time points and more depression at T1 and T2. In both groups, predictors of anxiety and depression at T2 and T4 were recent life events and poor former psychiatric health. Childbirth events between T1 and T4 had no significant influence on the scores. For women with induced abortion, doubt about the decision to abort was related to depression at T2 (p <0.05). In addition, a negative attitude towards induced abortion was associated with anxiety at T2 (p <0.05) and T4 (p <0.05).

1. **Broen, A. N., Moum, T., Bödtker, A. S., & Ekeberg, O. (2005). Reasons for induced abortion and their relation to women's emotional distress: a prospective, two-year follow-up study. General Hospital Psychiatry, 27(1), 36–43.**

This study examined the most important reasons for induced abortion and their relationship to emotional distress at follow-up. The women (n=80) were interviewed ten days, six months (T2), and two years (T3) after they underwent an abortion. Reasons related to education, job, and finances were highly rated. Also, "a child should be wished for," "male partner does not favor having a child at the moment," "tired, worn out," and "have enough children" were important reasons. "Pressure from male partner" was listed as the 11th most important reason. When the reasons for abortion and background variables were included in multiple regression analyses, the strongest predictor of emotional distress at T2 and T3 was "pressure from the male partner."

1. **Broen, A.N., Moum, T.Å., Bødtker, A.S., & Ekeberg, Ø. (2005). The course of mental health after miscarriage and induced abortion: a longitudinal, five-year follow-up study. BMC Medicine, 3, 18.**

Women who had experienced a miscarriage had more mental distress at ten days and six months after the pregnancy termination than women who had undergone an abortion. However, women who had had a miscarriage showed significantly quicker improvement in IES scores for avoidance, grief, loss, guilt, and anger throughout the study period. Women who experienced induced abortion had significantly greater IES scores for avoidance and for feelings of guilt, shame, and relief than the miscarriage group at two and five years after the pregnancy termination. Compared with the general population, women who had undergone induced abortion had significantly higher HADS anxiety scores at all four assessments, while women who had had a miscarriage had significantly higher anxiety scores only at T1.

1. **Brown, D., Elkins, T. E., & Larson, D. B. (1993). Prolonged grieving after abortion: a descriptive study. The Journal of Clinical Ethics, 4(2), 118–123.**

This study examined detailed descriptive letters from 45 women prepared in response to a request by a pastor of an upper-middle-class Protestant congregation in Florida. Results indicated that prolonged grieving after abortion may be a more widespread phenomenon than previously believed. The women were 25 to 60 years old, 75% were unmarried at the time of the procedure, and 29% were aborted before abortion was legalized in the US. The most common long-term effect, especially among those coerced by others, was continued guilt. Fantasies about the aborted fetus were the next most often mentioned experience. Half of the letter writers referred to their abortions as "murder," and 44% voiced regret about their decision to abort. Other long-term effects included depression (44%), feelings of loss (31%), shame (27%), and phobic responses to infants (13%). For 42% of these women, the adverse psychological effects of abortion lasted over ten years. The authors noted that because the letter-writers were a self-selected population group with a known bias against abortion and because only negative experiences were solicited, the data could not be generalized. They further noted the need for methodologically sound studies of a possible prolonged grief syndrome among a small percentage of women who have abortions, especially when coercion is involved.

1. **Brysk, A., & Yang, R. (2023). Abortion rights attitudes in Europe: Pro-choice, pro-life, or Pro-nation? Social Politics: International Studies in Gender, State & Society, 30 (2), 525–555,** [**https://doi.org/10.1093/sp/jxac047**](https://doi.org/10.1093/sp/jxac047)

For context, although women’s public roles in society have undergone much modernization, attitudes towards their reproductive rights and subsequent policies that have been formed have become more restrictive in many cultures around the world in recent times. The authors suggest that literature on the subject is often contentious and framed as a “feminist pro-choice vs. religious pro-life” debate because of this and a lack of “cross-national” research regarding the relationship between “ethnonationalist sentiments” and perspectives on abortion. The authors utilized the “2017 European Values Survey” to assess how these ethnonationalist attitudes could be associated with levels of approval for abortion within 30 different European countries. From their review, they found that “strong ethnonational identity” could be correlated with disapproval of abortion, and interestingly, a distrust of foreigners in their home country was also a correlating factor for abortion approval for individuals surveyed in 2017. Another interesting finding from this review that the authors found to be counterintuitive was that this association between ethnonationalism ideology and negative regard for abortion was weaker among the religious and stronger among those with more secular but still ethnonationalism views. As the authors state, it “contributes a new factor to the cross-national abortion opinion literature” as well as “an empirical demonstration of feminism theory with relevance for reproductive rights.”

1. **Burgoine, G. A., Van Kirk, S. D., Romm, J., Edelman, A. B., Jacobson, S. L., & Jensen, J. T. (2005). Comparison of perinatal grief after dilation and evacuation or labor induction in second-trimester terminations for fetal anomalies. American Journal of Obstetrics and Gynecology, 192(6), 1928–1932. https://doi.org/10.1016/j.ajog.2005.02.064**

The authors’ objective with this study was to compare grief resolution after dilation and evacuation (D&E) or induction of labor (IOL) for second-trimester terminations of pregnancy. The method employed to gather data was a prospective cohort study of 49 women choosing second-trimester abortion due to fetal anomalies by either D&E or IOL. Depression was evaluated by using the Edinburgh Postnatal Depression Scale, and bereavement was assessed by using the Perinatal Grief Scale with follow-up to 12 months after abortion. Data were analyzed using a variety of tests. The results indicated there was no significant difference in depression incidence on enrollment at 4 or 12 months. The authors concluded that there is no significant difference in grief resolution among women who terminate a pregnancy medically vs. surgically.

1. **Cameron S. (2010). Induced abortion and psychological sequelae. Best Pract Res Clin Obstet Gynaecol, 24(5),657-65. doi: 10.1016/j.bpobgyn.2010.02.001. Epub 2010 Mar 19. PMID: 20303831.**

The authors of this review noted that the decision to seek an abortion is not easy, with women articulating different reasons for the choice to abort. Social, economic, and religious backgrounds may impact abortion coping. Research studies on abortion were identified as having several methodological problems, yet a consistent finding identified in this report was pre-existing mental illness being related to subsequent mental health problems after both abortion and childbirth. A minority of women experience lasting sadness or regret, with risk factors including decisional ambivalence, level of social support, and pregnancy intention. A recommendation is made for more “robust, definitive research studies” on mental health outcomes of abortion and childbirth.

1. **Campbell, N. B., Franco, K., & Jurs, S. (1988). Abortion adolescence. Adolescence, 23(92), 813–823.**

This study compared 35 women who had abortions during their teenage years with 36 women whose abortions occurred after the age of twenty. A demographic questionnaire, the Millon Clinical Multiaxial Inventory, and the Beck Depression Inventory were completed by women who participated in a patient-led support group. Premorbid psychiatric histories, the decision-making process, and post-abortion distress responses were reported. Specific differences in perceptions of coercion, pre-abortion suicidal ideation, and nightmares post-abortion were found in the adolescent group. Antisocial and paranoid personality disorders, drug abuse, and psychotic delusions were found to be significantly higher in the teenage abortion group.

1. **Campbell, J. C., Pugh, L. C., Campbell, D., & Visscher, M. (1995). The influence of abuse on pregnancy intention. Women's Health Issues: Official Publication of the Jacobs Institute of Women's Health, 5(4), 214–223.**

Each year in the US, millions of women report being the victims of physical or sexual violence, and between 40-45% of these women have been forced into sex by their partner. It’s also been established in past studies that sexual abuse is linked to adolescent pregnancy. This study aimed to provide background information on the link between abuse and pregnancy intention as well as pregnancy resolution using focus group data. The authors also explored the decision-making process and how abuse can affect it. Women from wife abuse shelters were invited to take part in the discussion about decision-making and partner violence. The participation rate was 100% through 15-dollar incentives, and five major themes were identified. The themes included male partner control, relentless abuse, lack of consistency and jealousy from their partner, defining manhood, and health problems that resulted from abuse and/or abortions. The results also indicated clear connections between relationship abuse and unintended pregnancy through loss of autonomy. A lack of contraceptive use was also linked to the male partners’ self-perception and idea of “manhood.” The implication put forward by the authors was that healthcare professionals need to make much more frequent abuse assessments to have a chance of helping women escape from dangerous situations.

1. **Carlton, C. L., Nelson, E. S., Coleman, P. K. (2000). College students’ attitudes toward abortion and commitment to the issue The Social Science Journal, 37(4) 619-625.**

Male and female college students were surveyed relative to abortion attitudes, commitment, and abortion experience. A normal distribution of abortion attitudes was identified, rejecting the notion that pro-choice views would be dominant. No significant difference was detected between men and women relative to abortion attitudes. Individuals with direct abortion experience had stronger pro-choice attitudes than those without direct abortion experience. Overall, college students were moderately committed to the abortion issue, with females expressing more commitment than males. Direct abortion experience, compared to no direct experience, was associated with greater commitment. More extreme abortion attitudes were associated with higher commitment, and commitment was not significantly different between pro-choice and pro-life individuals.

1. **Cary, K. M. (2025). Who were you thinking about? Participant reports of people they imagined while responding to an abortion attitudes survey. Social Science Quarterly.**

This study examines the cognitive and affective processes underlying responses to abortion attitudes surveys by exploring the specific individuals that respondents imagine when answering survey questions. Utilizing a mixed-methods design, data were collected through open-ended survey items and follow-up interviews with a diverse sample of participants. Analysis of the responses reveals that many individuals invoke mental images of significant others—including family members, friends, and influential public figures—when formulating their opinions on abortion. These cognitive representations serve as heuristic anchors, shaping the framing and expression of their attitudes. The findings challenge the conventional assumption that survey responses are solely abstract or detached evaluations, demonstrating that personal experiences and social connections are critical in shaping political opinions. Furthermore, the study identifies variations in the types of individuals imagined, suggesting that factors such as demographic background, personal experience with reproductive issues, and ideological orientation influence these cognitive processes. The implications of this research are twofold: first, it contributes to our theoretical understanding of attitude formation by integrating cognitive and social dimensions; second, it offers practical insights for enhancing survey methodologies. By acknowledging the role of personal imagery, future surveys can be designed to capture the nuanced and multifaceted nature of public opinion on controversial topics like abortion. Overall, the study provides novel insights into the psychological underpinnings of abortion attitudes and highlights the importance of personal associations in shaping public discourse.

1. **Ceran, M. U., Tasdemir, U. (2022). A comparative prospective study with depression, anxiety and quality of life scales in women with induced abortion and miscarriage before pregnancy termination. J Contemp Med., 12(2), 364-368.**

The aim of this study was to compare the pre-termination quality of life (QoL) domains, depression, and anxiety symptoms of women whose pregnancy would be terminated by induced abortion or miscarriage. A prospective case-control study was employed that included women hospitalized for pregnancy termination at less than ten weeks at a university hospital between January 2020 and December 2020. Self-evaluation questionnaires were given to 35 women in the induced abortion and miscarriage group, respectively. Becks Depression and Anxiety Inventories were used to determine stress levels before termination. Results showed moderate to severe depression symptoms were found to be statistically higher in the induced abortion group (31.4%) than in the miscarriage group (5.7%). The researchers also reported that the lowest percentages were in the environmental domain of QoL in both groups and in the psychological and physical domain of QoL, results were significantly lower in the induced abortion group. The authors concluded that women who had induced abortions were more prone to depression and anxiety before pregnancy termination than those who miscarried. They suggested that whether women have a pregnancy plan or not, supporting women of reproductive age with self-efficacy-enhancing strategies and increasing their psychological resilience will help them with early pregnancy problems and management that they may face in their lives.

1. **Chae, S., Desai, S., Crowell, M., & Sedgh, G. (2017). Reasons why women have induced abortions: a synthesis of findings from 14 countries. Contraception, 96(4), 233–241.**

The objective of this study was to present reasons women give for obtaining induced abortion from data collected in 14 countries. The authors examined nationally representative data from the included countries in official stats, population-based surveys, and facility-based surveys of abortion patients. Sociodemographic characteristics were considered, and where data was available, the multiple reasons women give for having an abortion were studied. Results showed that in most countries, the most frequently cited reasons for having an abortion were socio-economic concerns or a desire to limit childbearing. When multiple reasons could be given, women often stated more than one. The authors concluded that women have abortions for a variety of reasons and provided a broad picture of the circumstances that inform a woman’s decisions. They indicate that future research should examine the personal, social, economic, and health factors that tell a woman’s decision to shed light on the potential consequences of unintended births.

1. **Chakraborty, P., Foster, B., Smith, M.H. et al. (2025). Feelings about abortion at time of care: Findings from an Ohio abortion facility. Sex Res Soc Policy (2025).** [**https://doi.org/10.1007/s13178-025-01097-5**](https://doi.org/10.1007/s13178-025-01097-5)**.**

Chakraborty and colleagues examined how people seeking abortions felt about their decision at the time of receiving services in an Ohio clinic. Through administration of surveys and interviews, the results revealed a range of emotional responses, including relief, sadness, certainty, and ambivalence, highlighting that multiple emotions can coexist. Most participants reported feeling relief. A smaller subset reported experiencing regret or sorrow. The majority felt their decision was necessary given their life circumstances. The authors emphasize that negative emotions underscore the complexity of abortion experiences. Ultimately, the study authors called for supportive, nonjudgmental care environments and nuanced policy discussions that acknowledge the multifaceted emotional landscape that defines abortion decisions.

1. **Chalana. H., & Sachdeva, J.K. (2012). A study of psychiatric morbidity during the second trimester of pregnancy subsequent to abortion in the previous pregnancy. Asian Journal of Psychiatry, 5, 215-19.**

Subjects with a history of previous abortion, whether single or more, had signiﬁcantly higher mean depression and anxiety scores than primigravida or subjects with a history of prior delivery; depression and anxiety scores decreased with an increase in the time gap between abortion and current pregnancy. High anxiety was found in 36.67% of females with a history of previous abortion. Results further demonstrated that 36.67% of subjects with a last single abortion and 30% of subjects with previous two or more abortions were suffering from a depressive episode. No psychotic disorders were observed.

1. **Cheng, J. & Xu, P., & Thostenson, C. (2024). Psychological traits and public attitudes towards abortion: the role of empathy, locus of control, and need for cognition, Palgrave Communications, Palgrave Macmillan, 11(1), pages 1-1**

**https://ideas.repec.org/a/pal/palcom/v11y2024i1d10.1057\_s41599-023-02487-z.html**

The purpose of this study was to examine the role of psychological traits such as empathy, locus of control, and need for cognition in association with abortion attitudes. A sample of 294 U.S. adults were asked to provide their attitudes on seven abortion scenarios in addition to responding to questions measuring empathy toward the pregnant woman and the unborn, locus of control, and need for cognition. Principal Component Analysis divided abortion attitudes into two categories: traumatic abortions (e.g., pregnancies due to rape) and elective abortions (e.g., the woman does not give birth). After controlling for the respondents’ religious beliefs and political ideology, the study results revealed that psychological factors accounted for substantial variation in abortion attitudes. Specifically, empathy toward the pregnant woman correlated positively with abortion support across both categories, while empathy toward the unborn revealed an inverse relationship between the two categories. An internal locus of control was positively linked to support for both types of abortions. External locus of control and need for cognition only positively correlated with attitudes toward elective abortion. The authors concluded, “Collectively, these findings underscore the significant and unique role psychological factors play in shaping public attitudes toward abortion.”

1. **Christiansen, F., Petersen, J., Thorius, I. H., Ladelund, A., Jimenez-Solem, E., Osler, M., & Ankarfeldt, M. Z. (2024). Adverse Pregnancy Outcomes and Subsequent First-Time Use of Psychiatric Treatment Among Fathers in Denmark. JAMA Network Open, 7(5), e249291. https://doi.org/10.1001/jamanetworkopen.2024.9291**

As background, the authors noted little is known about how different adverse pregnancy outcomes are associated with increased paternal risk for need of psychiatric treatment in the post-partum. The objective of the study was to examine adverse pregnancy outcomes predictors of first-time psychiatric treatment in first-time fathers. This was a national cohort study with data gathered from Danish registers. Participants included first-time fathers with no history of psychiatric treatment. Adverse pregnancy outcomes included induced abortion, spontaneous abortion, stillbirth, small for gestational age (SGA) and not preterm, preterm with or without SGA, minor congenital malformation, major congenital malformation, and congenital malformation combined with SGA or preterm compared with a full-term healthy offspring. Outcomes included prescription of psychotropic drugs, nonpharmacological psychiatric treatment, or having a psychiatric hospital contact up to 1 year after the end of the pregnancy. Of the 192455 fathers included, 31.1% experienced an adverse pregnancy outcome. Results revealed that fathers who experienced a stillbirth had a significantly increased risk of nonpharmacological psychiatric treatment and treatment with hypnotics. Fathers who had experienced an early induced abortion (≤12 wk) had an increased risk of initiating treatment with hypnotics and anxiolytics. Late induced abortion (>12 weeks) and major congenital malformation predicted increased risk of nonpharmacological treatment. Finally, fathers who had a child born preterm, SGA, or with a minor congenital malformation did not experience any increased risks. The authors concluded by noting that their findings indicate a need for increased awareness of fathers’ psychological state after experiencing adverse pregnancy outcomes.

1. **Cockrill, K., Upadhyay, U. D., Turan, J., & Greene Foster, D. (2013). The stigma of having an abortion: development of a scale and characteristics of women experiencing abortion stigma. Perspectives on Sexual and Reproductive Health, 45(2), 79–88. https://doi.org/10.1363/4507913**

Despite being shared in the US, women who have abortions report significant social stigma. Currently, there isn’t a standard measure for individual-level abortion stigma, and little is known about the demographic and social characteristics associated with it. The goal of this study was to create a measure for abortion stigma. An item pool was generated using abortion story content analysis and refined through cognitive interviews. The final item pool contained information about 627 women who reported a previous abortion and their experiences at 13 planned parenthood centers. Factor analysis was done to reduce redundant items. The results revealed a four-factor model for individual-level abortion stigma: worries about judgment, isolation, self-judgment, and community condemnation. Catholic and Protestant women experienced higher levels of stigma than their non-religious counterparts. Results showed that, in general, the higher the degree of religious belief, the greater the stigma carried by the woman after the abortion. Other minor differences were found based on race, age, education, religiosity, and motherhood status. The authors suggested that a valid and reliable scale can be used to examine abortion stigma and related outcomes and research. They further noted it is important to evaluate programs and interventions that aim to reduce the stigma experienced with this scale.

1. **Cohan, C. L., Dunkel-Schetter, C., & Lydon, J. (1993). Pregnancy decision making: Predictors of early stress and adjustment. Psychology of Women Quarterly, 17(2), 223–239. https://doi.org/10.1111/j.1471-6402.1993.tb00446.x**

Pregnancy decision-making was examined in pregnant and non-pregnant women who sought pregnancy testing. Most of the women had decided and were certain of their decision to abort or carry a possible pregnancy before learning the test results. Adjustment to pregnancy decision-making was examined longitudinally among the women who tested positive for pregnancy. Pregnant participants were interviewed about their decisions to carry to term or abort their pregnancies three times…immediately before pregnancy testing, a day after positive test results, and 4 weeks later. Nearly all maintained their original decision over the course of the study. The adjustment was related primarily to the chosen outcome and, to a lesser degree, to whether a woman had decided initially. Pregnancy testing was stressful for women who decided to abort their pregnancies.

1. **Cohen, L. & Roth, S. J. (1984). Coping with abortion. Human Stress, 10(3), 140-5.**

This study evaluated coping styles in response to abortion. The average level of distress was fairly high. When divided into groups based on coping style, "avoiders" were found to experience more distress than "nonavoiders," and "approachers" decreased in distress over time while "nonapproachers" did not. Prior to abortion, the patients showed fairly high levels of denial, anxiety, and depression, similar to those observed for bereaved individuals in other studies. The women could not be neatly divided into avoiders and approachers; however, those who tended to be high deniers were initially more distressed than low deniers. High approachers were initially more distressed than low approachers. Distress was significantly decreased after the abortion for high approachers, but not for low approachers. Following abortion, both high approachers and low approachers had similar levels of distress, ie., anxiety and depression.

1. **Coleman P. K. (2011). Abortion and mental health: quantitative synthesis and analysis of research published 1995-2009. The British Journal of Psychiatry: The Journal of Mental Science, 199(3), 180–186.**

This author’s aim was to measure the association between abortion and indicators of adverse mental health. Subgroup differences were calculated based on comparison groups (no abortion, unintended pregnancy delivered, pregnancy delivered) and based on specific mental health outcomes (anxiety, depression, substance use/abuse, and suicidal behaviors/ideation). A secondary objective was to calculate population-attributable risk (PAR) stats for each outcome. In terms of methodology, method-based selection criteria and extraction rules were implemented to minimize bias. The sample consisted of 22 studies, 36 measures of effect, and 877,181 participants, 163,831 of whom had experienced an abortion. Results of this meta-analysis or quantitative review demonstrated that women who had undergone an abortion experienced an 81% increased risk of mental health problems; nearly 10% of the incidence of mental health issues was shown to be attributable to abortion. The strongest subgroup estimates of increased risk occurred when abortion was compared with term pregnancy and when the outcomes pertained to substance use and abuse. This study offered the largest quantitative review estimating mental health risks associated with abortion available in world literature. The results revealed a moderate to highly increased risk of mental health problems after abortion. The author concluded that this calls into question the conclusion from traditional reviews indicating abortion experience is unrelated to mental health outcomes. The author recommended that this information be used to inform the delivery of abortion services.

1. **Coleman P. K. (2015). Diagnosis of Fetal Anomaly and the Increased Maternal Psychological Toll Associated with Pregnancy Termination. Issues in law & medicine, 30(1), 3–23.**

Approximately 4% of abortions in the U.S. occur in wanted pregnancies, with many resulting from fetal anomalies. Most occur in the second trimester; however, in recent years, first-trimester ultrasound measurement for nuchal translucency, calculation of risk based on maternal age, and biochemistry at 11-14 weeks gestation have enabled earlier prenatal diagnoses for chromosomal abnormalities. First-trimester ultrasound can also now lead to diagnoses of major structural anomalies. The American College of Medical Genetics released recommendations emphasizing the importance of ethical counseling and substantive communication with parents facing a fetal anomaly. Professionals often attempt to steer expectant parents toward termination even when they express a strong desire to carry the pregnancy as long as possible. Perinatal hospice is a family-centered and comprehensive alternative. An interdisciplinary team delivers the care provided by perinatal hospice units in well over a hundred U.S. locations; support is offered from diagnosis until death and beyond, with time for "bonding, loving, and losing." The approach is realistic without shattering hope that the diagnosis was wrong or that a miracle will occur. There is also recognition that building memories is essential to the grieving process, and frequent use of ultrasound provides a visualization experience. Perinatal hospice teams assist in the development of birth plans, address the type and location of the delivery, and provide aftercare for the mother and infant.

1. **Coleman, P.K. (2005). Induced Abortion and Increased Risk of Substance Abuse: A Review of the Evidence. Current Women's Health Reviews, 1, 21-34.**

Research over the last few decades has illuminated an association between a history of induced abortion and substance abuse. Psychological discomfort is often associated with induced abortion, with substances providing relief without the need for a woman to tell anyone the source of the stress. However, many characteristics related to the decision to abort are also systematically associated with the likelihood of using substances, so correlations found in the literature may be due to unrelated third variables. The stated purpose of this review was “to critically evaluate the available evidence linking induced abortion and substance abuse, but with sensitivity to the contextual complexity of both variables.” Additional objectives included the provision of an overview of substance abuse disorders in women, a review of evidence for a causal model, an assessment of methodological deficiencies in published literature, and an identification of process mechanisms (both direct and indirect) through which induced abortion may increase risk for substance abuse, provision of recommendations for further research, and consideration of practice implications of the available findings.

1. **Coleman, P. K. (2017). Post-abortion mental health research: Distilling quality evidence from a politicized professional literature. Journal of American Physicians and Surgeons, 22(2).**

In this review and commentary, Coleman critiques the politicization of abortion research, arguing that academic bias and methodological limitations have led to inconsistent findings on post-abortion mental health. She highlights studies suggesting that a subset of women may experience heightened risks for depression, anxiety, or substance use following abortion. The author calls for more rigorous research designs, transparent data reporting, and attention to subpopulations (e.g., women with prior trauma or ambivalence).

1. **Coleman, P.K. (2009). The psychological pain of perinatal loss and subsequent parenting risks: Could induced abortion be more problematic than other forms of loss. Current Women's Health Reviews, 5, 88-99.**

For this review, the author intended to organize and synthesize what we collectively know about women’s psychological and behavioral responses to perinatal loss as a predictor of compromised parenting. The conditions surrounding loss (miscarriage, relinquishment of a child for adoption, and abortion) are highly variable, making necessary an examination of the differential impact of the distinct forms of loss on women’s mental health and parenting. The author concludes that the psychological experiences and cultural context of abortion may render this form of perinatal loss, particularly damaging to the parenting process.

1. **Coleman, P. K. (2006). Resolution of unwanted pregnancy during adolescence through abortion versus childbirth: Individual and family predictors and psychological consequences. The Journal of Youth and Adolescence, 35, 903-911.**

Using data from the National Longitudinal Study of Adolescent Health, various demographic, psychological, educational, and family variables were examined as predictors of pregnancy resolution. Only 2 of the 17 variables examined were significantly associated with pregnancy resolution (risk-taking and the desire to leave home). After controlling for these variables, adolescents with an abortion history, compared to those with a birth history, were 5 times more likely to seek counseling for psychological or emotional problems and 4 times more likely to report frequent sleep problems, a common symptom of depression. In addition to use of controls, strengths include use of nationally representative, diverse sample with an exclusive focus on unwanted pregnancies aborted and delivered.

1. **Coleman, P. K., Coyle, C. T., & Rue, V.M. (2010). Late-term elective abortion and susceptibility to posttraumatic stress symptoms, Journal of Pregnancy.**

**Article ID 130519.**

The primary aim of this study was to compare an early abortion (1st trimester) to a late abortion (2nd and 3rd trimester) on a measure of posttraumatic stress disorder (PTSD) after controlling for socio-demographic and personal history variables. 374 women completed online surveys, and the results indicated that later abortions were associated with higher Intrusion subscale scores and a greater likelihood of reporting disturbing dreams, reliving the abortion, and having trouble falling asleep. Reporting the pregnancy was desired by one's partner, experiencing pressure to abort, having left the partner before the abortion, not disclosing the abortion to the partner, and physical health concerns were more common among women who had later abortions. Social reasons for abortion were correlated with higher PTSD total and subscale scores for the full sample.

1. **Coleman, P. K., Coyle, C. T., Shuping, M., & Rue, V. M. (2009). Induced abortion and anxiety, mood, and substance abuse disorders: isolating the effects of abortion in the national comorbidity survey. Journal of Psychiatric Research, 43(8), 770–776.**

Abortion made significant independent contributions to 8 of the 15 mental health variables above and beyond the effects of 22 control variables. The degree of increased risk of experiencing each variable associated with abortion was as follows: PTSD (95%), Agoraphobia with or without Panic Disorder (124%), Agoraphobia without Panic Disorder (132%), Alcohol Abuse with or without dependence (105%), Alcohol Dependence (134%), Drug abuse with or without dependence (70%), Drug Dependence (104%), and Major Depression with hierarchy (42%). The effect for Major Depression without hierarchy approached significance (p=.055), with an increased risk of 38%. In addition to the inclusion of the control variables, strengths included a nationally representative sample and thorough assessments of psych outcomes by trained professionals.

1. **Coleman, P. K., Maxey, C. D., Rue, V. M., & Coyle, C. T. (2005). Associations between voluntary and involuntary forms of perinatal loss and child maltreatment among low-income mothers. *Acta Paediatrica (Oslo, Norway: 1992)*, *94*(10), 1476–1483. https://doi.org/10.1111/j.1651-2227.2005.tb01823.x**

Focusing on low-income single mothers, the authors examined potential links between various forms of perinatal loss (abortion, miscarriage, and stillbirth) and subsequent child maltreatment. The authors proposed that unresolved grief and stress associated with these losses may contribute to parenting difficulties in some cases. Results suggest that mothers with a history of abortion reported higher levels of punitive or neglectful parenting behaviors. The authors conclude that healthcare providers and social services should be alert to women’s reproductive histories, offering psychological support to mitigate the risks of compromised caregiving.

1. **Coleman, P. K., Maxey, D. C., Spence, M., & Nixon, C. (2009). Predictors and correlates of abortion in the Fragile Families and Well-Being Study: Paternal behavior, substance use, and partner violence. International Journal of Mental Health and Addiction 7, 405-422.**

Predictors of the choice to abort or deliver a child within 18 months of a previous birth were examined. Comparisons were also made of mothers who chose to abort or deliver relative to substance use and adverse partner behavior. Data from the Fragile Families and Well-Being Study were examined. The results indicated several variables related to the father's commitment to raising a previously born child and to his relationship with the mother predicted the choice to abort. A recent abortion was related to substance use, and the partner perpetrated physical aggression after the effects of confounding variables were removed.

More specifically, women who terminated a second pregnancy, when compared to women who delivered a second time, were over three times more likely to report recent heavy use of alcohol (consumption of 5 or more drinks on one day in the past 30 days). They were nearly 2 times as likely to report recent cigarette smoking (in the past 30 days). The authors noted that professionals who work with women from impoverished environments facing an unplanned pregnancy should sensitively explore the woman’s support system.

1. **Coleman, P. K., & Nelson, E. S. (1999). Abortion attitudes as determinants of perceptions regarding male involvement in abortion decisions. Journal of American College Health: J of ACH, 47(4), 164–171**

For context, abortion decisions have a potentially meaningful impact on the lives of men. The study aimed to explore this lesser looked at aspect of abortion involvement and consequences. Abortion is generally considered a female issue, and the opinions of males are often overlooked in academic research on the issue. The authors examined a sample of 1387 college students. The general conclusion based on the evidence was that men are less involved overall in the abortion decision-making process than women.

1. **Coleman, P. K., & Nelson, E. S. (1998). The quality of abortion decisions and college students' reports of post-abortion emotional sequelae and abortion attitudes. Journal of Social and Clinical Psychology, 17(4), 425–442.** [**https://doi.org/10.1521/jscp.1998.17.4.425**](https://doi.org/10.1521/jscp.1998.17.4.425)**.**

The sample consisted of 63 college students (31 males and 32 females) with prior histories of abortion experience. The primary objective was to examine dimensions of abortion decisions (ambivalence, regret, and comfort) and emotional connection to the fetus as possible predictors of self-reported post-abortion anxiety and depression. A secondary objective was to assess different aspects of abortion decisions and emotional connection to the fetus as predictors of abortion attitudes. A sizable proportion of college men and women apparently do not take the abortion decision lightly. The quality of abortion decisions and emotional connection to the fetus may partially explain differences in post-abortion emotional adjustment.

1. **Coleman, P. K., Reardon, D. C., & Calhoun, B. C. (2013). Reproductive history patterns and long-term mortality rates: a Danish, population-based record linkage study. European Journal of Public Health, 23(4), 569–574.**

As a result of “inconsistent definitions and incomplete data,” the authors posit that not enough information is available to society regarding the risk of mortality associated with pregnancy and its outcomes. In this study of Danish women utilizing previous record-based linkage studies, records of those born between 1962 and 1993 were looked at to find associations between patterns of ways women resolve pregnancy and mortality rates over 25 years. Results showed that with controls for the number of pregnancies, year of birth, and age of last pregnancy, induced abortion, combined, and natural loss were associated with a three times higher rate of morality. In addition, moderate risk could be associated with induced abortion alone. Also, the risk of death was more than six times higher among women who had never been pregnant compared to women who had only previously had births. Increased risk of death was found to be 44%, 86%, and 150% for 1,2 and 3 losses, respectively. A decreased mortality risk was observed in women with a history of 2-3 births as opposed to none. The authors conclude that a broad perspective on reproductive history and mortality rates can be gained from this study as a whole, and the results call for further research on other possible underlying factors.

1. **Coleman, P. K., Reardon, D. C., & Cougle, J. (2002). The quality of the caregiving environment and child developmental outcomes associated with maternal history of abortion using the NLSY data. Journal of Child Psychology and Psychiatry and Allied Disciplines, 43, 743-757.** [**https://doi.org/10.1111/1469-7610.00095**](https://doi.org/10.1111/1469-7610.00095)

Analyzing National Longitudinal Survey of Youth (NLSY) data, the authors examined associations between maternal abortion history and measures of the caregiving environment and child development. In some cases, mothers who had abortions demonstrated differences in parenting styles and household stability, with variations correlated with children’s socio-emotional and cognitive outcomes. The authors call for additional research into how abortion experiences if accompanied by stress and/or unresolved grief, may impact the quality of parenting behaviors and child well-being over time.

1. **Coleman, P. K., Reardon, D. C., & Cougle, J. (2005). Substance use among pregnant women in the context of previous reproductive loss and desire for current pregnancy. British Journal of Health Psychology, 10, 255-268.**

The primary objectives of this study were to examine maternal history of perinatal loss and pregnancy wontedness as predictors of substance use during pregnancy. Women who gave birth in Washington DC hospitals during 1992 were interviewed, with the data including pregnancy history (prior births, induced abortions, miscarriages, and stillbirths), desire for the pregnancy (wanted, not wanted, mistimed), socio-demographic information, timing of onset of prenatal care, and substance use (cigarettes, alcohol, and drugs) during pregnancy. A history of induced abortion was associated with an elevated risk for maternal substance use of various forms. In contrast, other forms of perinatal loss (miscarriage and stillbirth) were not related to substance use. Unwanted pregnancy was associated with cigarette smoking during pregnancy but not with any other forms of substance use.

1. **Coleman, P. K., Reardon, D. C., & Lee, M. B. (2006). Women's preferences for information and complication seriousness ratings related to elective medical procedures. Journal of Medical Ethics, 32(8), 435–438.**

This study examined patients' preferences for information related to elective medical procedures. A waiting room survey was administered to 187 women who were on a low income and obtained obstetric or gynecological services at St Joseph Regional Medical Center in Milwaukee, Wisconsin. Many complications, including those that are uncommon and less serious, were considered relevant to most patients’ medical decisions. Average seriousness ratings associated with complications of various elective procedures were moderate to high. A frequency of 1:100 or higher complications would factor into most women's treatment decisions. Women indicated a preference for receiving as much or more information on complications associated with particular elective obstetric or gynecological procedures, such as abortion, as they did for other elective procedures. The authors concluded that most women want to be informed of risks and treatment options, rate many complications as serious, and are inclined to use the information provided to make elective treatment decisions.

1. **Coleman, P. K., Reardon, D. C., Rue, V., & Cougle, J. (2002). History of induced abortion about substance use during subsequent pregnancies carried to term. American Journal of Obstetrics and Gynecology, 187, 1673-1678.**

A nationally representative sample of women was surveyed about substance use during

pregnancy shortly after giving birth. Women with a previous induced abortion, whose second pregnancy was delivered, were compared separately with women with one previous birth and with women with no previous births. Compared with women who had previously given birth, women who aborted were significantly more likely to use marijuana (929%), various illicit drugs (460%), and alcohol (122%) during their subsequent pregnancy. Differences relative to marijuana and use of any elicit drug were more pronounced among married and higher-income women and when more time had elapsed since the prior pregnancy. Results were stratified by potentially confounding factors (marital status, income, ethnicity, and time elapsed since a previous abortion or birth). Differences relative to alcohol use were most pronounced among white women and when more time had elapsed since the prior pregnancy.

1. **Coleman, P. K., Reardon, D. C., Rue, V. M., & Cougle, J. (2002). State-funded abortions versus deliveries: a comparison of outpatient mental health claims over 4 years. The American Journal of Orthopsychiatry, 72(1), 141–152.**

Rates of 1st-time outpatient mental health treatment for 4 years following an abortion or birth among women receiving medical assistance through California were compared after implementing controls. The rate of care was 17% higher for the abortion group (n = 14,297) compared to the birth group (n = 40,122). Within 90 days after the pregnancy, the abortion group had 63% more claims than the birth group, with the percentages equaling 42%, 30%, and 16% for 180 days, 1 year, and 2 years. Additional comparisons between the abortion and birth groups were conducted based on claims for specific types of disorders and age. For example, across the 4 years, the abortion group had 40% more claims for neurotic depression than the delivery group. This large, record-based study employed a homogeneous population, and controls were instituted for pre-pregnancy psychological difficulties, age, and months of eligibility. Using actual claims data prevented concealment, recruitment, retention problems, and simplistic assessment forms.

1. **Coleman, P. K., Reardon, D. C., Strahan, T., & Cougle, J. R. (2005). The psychology of abortion: A review and suggestions for future research. Psychology & Health, 20(2), 237–271.**

The authors stated that the purpose of the review was to summarize existing research, offer suggestions for improving the quality of work done on the topic of abortion, and highlight important content areas that hold promises for enhancing our understanding of the risks and benefits of abortion. Literature relating to abortion decision-making and adjustment has grown substantially since the legalization of abortion in the US decades ago. However, research that exists has suffered from various shortcomings, both of a theoretical and methodological nature, and the findings do not seem to justify the complex nature of abortion experiences for women living in a cultural context that continues to show contentious conflict over the legality and morality of abortion.

1. **Coleman, P. K., Rue, V., & Coyle, C. (2009). Induced abortion and quality of intimate relationships: Analysis of male and female data from the Chicago Health and Social Life Survey. Public Health 123, 331–338.**

The purpose of this study was to examine associations between abortion and relationship functioning. Independent variables studied included abortion in a previous relationship and abortion in a current relationship. Perceptions of quality-of-life changes associated with ending the relationship, conflict, aggressiveness, and sexual dysfunction were the outcome measures. The data analyzed was from interviews with an ethnically diverse urban sample of men (n=658) and women (n=906). Surveys were conducted in person using computer-assisted personal interview technology by the National Opinion Research Center affiliated with the University of Chicago, USA. Results indicated that for men and women, abortion in a previous relationship was associated with adverse outcomes in the current relationship, perceptions of improved quality of life if the current relationship also ended, and intimate partner violence. An abortion within a current relationship was associated with 116% and 196% increased risk of arguing about children for women and men, respectively. Among females, the experience of abortion within a current relationship was associated with increased risk for sexual dysfunction (122-182%), increased risk of arguments about money (75%), increased risk of conflict about the partner's relatives (80%), and increased risk of arguing about the participant’s relatives (99%). Men whose current partners had an abortion were more inclined to report jealousy (96% greater risk) and conflict about drugs (385% greater risk).

1. **Coleman, P. K., Rue, V., Coyle, C., & Maxey, D. C. (2007). Induced abortion and child-directed aggressive behaviors among mothers of children who have been maltreated. Internet Journal of Pediatric Neonatology, 6 (2).**

This study’s stated purpose was to “explore the relationship between maternal history of induced abortion and subsequent frequency of child-directed aggressive behavior in a sample of mothers of children who have been abused or neglected.” A total of 237 mothers residing in Baltimore who were receiving “Aid to Families with Dependent Children” (AFDC) were interviewed in the 1980s about their experience with child-directed anger. Both women with a history of abortion and women without were compared to child-directed aggression after controlling for variables such as the experience of perinatal loss, sociodemographic factors as well as family situations, and partner attitudes towards the event. Results indicated that abortion history was strongly associated with maternal “slapping, hitting, kicking or biting, beating, and use of physical punishment in general.” The authors stated that in addition to contributing to existing literature, this study served to add to public knowledge of variables associated with choosing to abort.

1. **Coleman, P. K., Rue, V. M., & Spence, M. (2007). Intrapersonal processes and post-abortion relationship challenges: A review and consolidation of relevant literature. Internet Journal of Mental Health, 4(2).**

Scholarship about “postabortion relationship quality” has been lacking, according to the authors of this study, despite the psychological effects of abortion receiving increased attention in the last few decades. Existing empirical work relating to abortion and intimate relationships was analyzed for this report, and possible evidence indicating abortion could be linked to relationship issues. After that, “logical intrapersonal mediators” of associations between the abortion experiences of women and their relationship outcomes were examined. Lastly, attachment dynamics for adults are described as a possible moderator of associations. The largest gaps in relevant literature are highlighted in the full article for future research.

1. **Coleman, P. K., Rue, V., Spence, M., & Coyle, C. (2008). Abortion and the sexual lives of men and women: Is casual sexual behavior more appealing and more common after abortion? International Journal of Clinical and Health Psychology, 8, 77-91.**

Research indicates that abortion increases the risk of difficulties maintaining committed relationships, sexual dysfunction, and psychological problems. Associations between abortion and attitudes and behaviors associated with casual sexual activity were examined after controlling for family of origin, socio-demographic, reproductive history, and sexual history variables. The data was the National Health and Social Life Survey (NHSLS), a multistage probability sample of 3,432 men and women between 18 and 59. Among women, abortion was associated with more positive attitudes toward sex with strangers and with being forced to have sex. In contrast, the male experience of a partner abortion was correlated with attitudes endorsing sex with more than one partner and with strangers. Abortion among men and women predicted disagreement relative to restricting sexual activity to love relations, more sex partners in the last year, and endorsement of having sex with an acquaintance. Male experience of a partner abortion also increased the likelihood of having sex with a friend. Finally, abortion predicted engagement in various impersonal sexual behaviors over the previous 12 months among males and females. The study's strengths include a large nationally representative sample and the use of various control variables.

1. **Colman, S., & Joyce, T. (2009). Minors' behavioral responses to parental involvement laws: delaying abortion until age 18. Perspectives on Sexual and Reproductive Health, 41(2), 119–126.**

Statewide data were obtained on abortions in Texas between 1997 and 2003 to analyze the association between Texas's parental notification law and the occurrence of second-trimester abortions among minors who responded to the law by delaying abortion until age 18. Results revealed that in the four years after the law took effect, abortions at age 18 increased by six percentage points among minors who conceived at age 17 years and eight months and by 13 points among minors who did so at 17 years and nine months. There was no increase in the abortion rate among younger minors.

1. **Congleton, G. K., & Calhoun, L. G. (1993). Post-abortion perceptions: a comparison of self-identified distressed and nondistressed populations. The International Journal of Social Psychiatry, 39(4), 255–265.**

This study investigated the experiences of 25 women who described themselves as responding in an emotionally distressed manner to abortion and a comparison group of 25 women reporting more relieving/neutral responses. Current and initial stress responses to abortion, general mental health, and demographic characteristics were assessed quantitatively, and interviews explored subjective perceptions. The distressed group had significantly higher scores on initial stress response and religiosity, were more often currently affiliated with conservative churches, and reported a lower degree of social support and confidence in the abortion decision. Qualitatively, 48% of the distress group recalled experiencing feelings of loss immediately post-abortion, in contrast to none in the nonstress group. Both groups identified post-abortion "catalytic" events, such as subsequent childbirth, that affected responses to the abortion over time.

1. **Conklin, M. P., & O'Connor, B. P. (1995). Beliefs about the fetus as a moderator of post-abortion psychological well-being. Journal of Social and Clinical Psychology, 14(1), 76–95.**

This study examined whether beliefs about the fetus played a moderating role in post-abortion psychological well-being. Participants (N=817) were recruited from physicians’ offices and answered questions on pregnancy history, self-esteem, satisfaction with life, and emotional states. Results revealed that women who had an abortion and tended to believe that fetuses are human scored lower on the abortion well-being variables than women who had not had an abortion. In contrast, women who had an abortion and who tended to believe that fetuses are not human were as well adjusted as women who had not had an abortion. Beliefs about the fetus predicted psychological well-being among women who have had an abortion but not among women who have not had an abortion.

1. **Constant, D., de Tolly, K., Harries, J., & Myer, L. (2014). Mobile phone messages to provide support to women during the home phase of medical abortion in South Africa: a randomized controlled trial. Contraception, 90(3), 226–233.**

For context, the use of misoprostol in cases of medical abortion is often seen as more convenient for many women compared to in-clinic use of the medicine. However, this method requires the management of one’s abortion symptoms at home without a licensed provider to assist. In this study, the author's objective is to evaluate “whether automated text messages to women undergoing medical abortion can reduce anxiety and emotional discomfort, and whether the messages can better prepare women for symptoms they experience.” A multisite randomized controlled trial was employed to gain insight into the effects that texting women who are using this medication at home has on their well-being. A total of 354 women received text alerts and support; a similarly sized group did not. Shortly after taking the medication and 2-3 weeks out from doing so, women were interviewed with the intervention group having been messaged during the process. Emotional outcomes for both groups of women were then evaluated using the Hospital Anxiety and Depression Scale, Adler’s 12-Item Emotional Scale, and the Impact of Event Scale-Revised. The results showed that anxiety decreased more and also less emotional stress was experienced in the intervention group. Additionally, those in the intervention group had an increased likelihood to report feeling “very well” prepared for the bleeding pain and additional side effects experiences. However, common negative emotions relating to the event did not differ between the groups. The authors conclude that text messages for women following ingesting mifepristone for early abortion may help them manage the known symptoms and side effects, and these texts also seem to be well received by patients.

1. **Cote-Arsenault, D., & Marshall, R. (2000). One foot in one, foot out: weathering the storm of pregnancy after perinatal loss. Research in Nursing & Health, 23(6), 473–485.** [**https://doi.org/10.1002/1098-240X(200012)23:6<473**](https://doi.org/10.1002/1098-240X%28200012%2923%3A6%3C473)**: AID-NUR6>3.0.CO;2-I**

Pregnancies after perinatal loss tend to carry with them anxiety and a lack of joy that one would expect. As a result, many experience adverse obstetrical and parenting outcomes. For this qualitative inquiry, the authors sought insight into women’s pregnancy experiences, including significant features and insights into provider responses deemed helpful. A metaphor of “One Foot In—One Foot Out” and seven individual themes with four contexts were born from the data. The four contexts were “(a) reliving the past, (b) trying to find a balance with the present, (c) recognizing their changed reality, and (d) living with wavering expectations.” The seven themes discovered that helped the women navigate their pregnancy were “(1) setting the stage, (2) weathering the storm, (3) gauging where I am, (4) honoring each baby, (5) expecting the worst, (6) supporting me where I am, and (7) realizing how I’ve changed”. The authors conclude that trying to stay balanced is a major challenge for women during pregnancy after perinatal loss.

1. **Cotter, S. Y., Sudhinaraset, M., Phillips, B., Seefeld, C. A., Mugwanga, Z., Golub, G., & Ikiugu, E. (2021). Person-centred care for abortion services in private facilities to improve women's experiences in Kenya. Culture, Health & Sexuality, 23(2), 224–239. https://doi.org/10.1080/13691058.2019.1701083**

The authors put forward that safe abortion care is critical for women’s survival after the procedure and that these unsafe abortions account for a large number of maternal deaths in Kenya. The authors wanted to look into the experiences and feelings of women who have an abortion and receive aftercare services in Kenya. To achieve this, they conducted focus group discussions and interviewed women aged 18 and 35 who had all received aftercare. Through the women’s testimonies, they found significant gaps in care, where resources were unavailable, and that when care involved effective communication and the personalized delivery of comprehensive information, women had better overall experiences. Additionally, they emphasize the need for social support and the role that healthcare staff can play in providing it. They state that further research is needed into “design, implement, and test” effective interventions and treatments.

1. **Cougle, J. R., Reardon, D. C., & Coleman, P. K. (2003). Depression associated with abortion and childbirth: a long-term analysis of the NLSY cohort. Medical Science Monitor: International Medical Journal of Experimental and Clinical Research, 9(4), CR105–CR112.**

The purpose of this study was to compare women with a history of abortion vs. delivery relative to depression using a nationally representative longitudinal design, with control for prior psychological state. Data for all women from the National Longitudinal Survey of Youth (NLSY) who experienced their first pregnancy event (abortion or childbirth) between 1980 and 1992 (n=1,884) were included. Depression scores in 1992, an average of 8 years after the subjects' first pregnancy events, were compared after controlling for age, race, marital status, divorce history, education, income, and external locus of control scores (a proxy variable for pre-pregnancy psychological state). Results were also examined separately for groups based on race, marital status, and divorce history. Women whose first pregnancies ended in abortion were 65% more likely to score in the 'high-risk' range for clinical depression than women who gave birth. Differences were greatest among the demographic groups most likely to report an abortion.

1. **Cougle, J. R., Reardon, D. C., & Coleman, P. K. (2005). Generalized anxiety following unintended pregnancies resolved through childbirth and abortion: a cohort study of the 1995 National Survey of Family Growth. Journal of anxiety disorders, 19(1), 137–142.**

The purpose of this study was to examine risk of Generalized Anxiety following unintended pregnancies ending in abortion or childbirth using a large representative sample of American women. Those who aborted were found to have significantly higher rates of subsequent Generalized Anxiety after controlling for race and age. The findings highlight the clinical significance of considering reproductive history in therapeutic efforts to assist women seeking relief from anxiety.

1. **Cowan, S. K., Hout, M., & Perrett, S. (2024). Updating a Time-Series of Survey Questions: The Case of Abortion Attitudes in the General Social Survey. Sociological Methods & Research, 53(1), 193-234. https://doi.org/10.1177/00491241211043140**

The authors propose a protocol for updating measures to preserve content and construct validity in light of social change. The process includes the following steps: First, experts describe the current and anticipated future terms of debate. Second, experts use this input and their knowledge of existing measures to develop and pilot a large set of new items. Third, researchers analyze the pilot data to select items to include in the survey of record. Finally, the items comprise the survey-of-record and are available to the user community. Surveys-of-record would have procedures for changing content designed to assess if the new items should appear just once or become part of the core. In the article, the authors provide an example of the development of new abortion attitude measures in the General Social Survey. Current questions ask whether abortion should be legal under different circumstances. In addition, the new abortion items address morality, access, state policy, and interpersonal dynamics. The authors note that the new items “improve the content and construct validity and add new insights into Americans’ abortion attitudes.”

1. **Coyle, C. T., Coleman, P. K., & Rue, V. M. (2010). Inadequate pre-abortion counseling and decision conflict as predictors of subsequent relationship difficulties and psychological stress in men and women. Traumatology, 16(1), 16–30.**

The purpose of this study was to examine associations between pre-abortion counseling adequacy and partner congruence in abortion decisions and outcomes involving relationship problems and individual psychological stress. Data were collected through online surveys from 374 women and 198 men who experienced an abortion. For women, perceptions of pre-abortion counseling inadequacy predicted relationship problems, symptoms of intrusion, avoidance, and hyperarousal, and meeting full diagnostic criteria for posttraumatic stress disorder (PTSD) with controls for demographic and personal/situational variables. For men whose partners had an abortion, perceptions of inadequate counseling predicted relationship problems and symptoms of intrusion and avoidance with the same controls used. Incongruence in the decision to abort predicted intrusion and meeting diagnostic criteria for PTSD among women with controls used, whereas, for men, decision incongruence predicted intrusion, hyperarousal, meeting diagnostic criteria for PTSD, and relationship problems. Findings suggest that both perceptions of inadequate pre-abortion counseling and incongruence in the abortion decision are related to adverse personal and interpersonal outcomes.

1. **Coyle, C. T., Shuping, M. W., Speckhard, A., & Brightup, J. E. (2015). The Relationship of Abortion and Violence Against Women: Violence Prevention Strategies and Research Needs. Issues in Law & Medicine, 30(2), 111–127.**

The role of abortion in acts of violence against women is explored within a peace psychology framework. Attention is given to violence-prevention strategies by incorporating a conflict-transformation approach of considering all perspectives concerned with the right of women to avoid becoming victims of violence. Victims of Intimate Partner Violence are over-represented at abortion clinics, underscoring the need for screening at abortion facilities. Coerced abortion is a form of violence that has been socially sanctioned by government policy in China and occurs in sex trafficking and war situations. The use of sex-selection abortion of female fetuses, referred to as "gendercide," has increased and caused a gender imbalance in some parts of the world. The authors observed that psychological research has the potential to make unique contributions to expanding knowledge of how abortion and violence intersect and in developing prevention strategies.

1. **Cozzarelli, C. & Major, B. (1994). The effects of anti-abortion demonstrators and pro-choice escorts on women's psychological responses to abortion. Journal of Social & Clinical Psychology, 13(4), 404-27.**

Explored the impact of antiabortion demonstrators and pro-choice escorts on women's postabortion distress. The more women seeking an abortion reported being upset by antiabortion demonstrators and the more intense antiabortion activity, the more depressed women were immediately post-abortion. Pro-choice escorts partially insulated women against direct contact with the antiabortion demonstrators and helped to protect women from the negative effects attributable to the number of antiabortion demonstrators outside the clinic. Escorts were not able to buffer effects related to the intensity of antiabortion picketing.

1. **Cozzarelli, C., Sumer, N., & Major, B. (1998). Mental models of attachment and coping with abortion. Journal of Personality and Social Psychology, 74(2), 453–467.**

The relationship between attachment and adjustment to abortion was explored in 408 women undergoing first-trimester procedures in Buffalo, New York. As hypothesized, women who had secure attachment styles perceived higher levels of social support and lower levels of conflict from their male partners compared to those with higher self-esteem. The more positive a woman's model of self, the less distress she reported in the immediate postabortion period. A positive model of self also predicted self-efficacy for coping. Model of self-effects was largely a reflection of the overlap between the model of self and self-esteem. The combination of self-esteem, attachment variables, and mediator variables accounted for 24% of the variance in postabortion distress and 65% of the variance in postabortion positive well-being.

1. **Cresswell, J.A., Schroeder, R., Dennis, M., et al. (2016). Women's knowledge and attitudes surrounding abortion in Zambia: a cross-sectional survey across three provinces. BMJ Open, 6(10).** [**https://doi.org/10.1136/bmjopen-2015-010076corr1**](https://doi.org/10.1136/bmjopen-2015-010076corr1)

For context, Zambia has what the authors refer to as a “relatively liberal legal framework”; however, there remains the problem of substantial unsafe abortions. One contributing factor for this is women utilizing unskilled providers in ill-equipped settings. This study’s stated aim was to “describe women’s knowledge of the law relating to abortion and attitudes towards abortion in Zambia.” A survey was conducted with 1484 women of reproductive age (15-44) participating. The authors found that only 16% of participants were able to identify legal grounds for abortion. Furthermore, only 40% of respondents knew abortion was legal in dire situations where the life of the mother is threatened. When looking at respondents from urban areas, only 55% of women knew of the lifesaving rule. Incorrect knowledge about abortion was not associated with a greater likelihood of having one performed. The authors conclude from their findings that “poor knowledge and conservative attitudes are important obstacles to accessing safe abortion services.”

1. **Curley M, & Johnston C. (2013). The characteristics and severity of psychological distress after abortion among university students. Journal of Behavioral Health Services & Research, 40,279–93.**

Psychological outcomes were compared among those who preferred or did not prefer psychological services after abortion to those who were never pregnant. All who had abortions reported symptoms of post-traumatic stress disorder (PTSD) and grief lasting on average 3 years. Yet, those who preferred services experienced heightened psychological trauma indicative of partial or full PTSD, perinatal grief, dysthymia, and co-existing mental health problems.

1. **Damm, M. F., Lou, S., Sandager, P., Vogel, I., Prinds, C., & Hvidtjoern, D. (2025). A time/space bubble: Expectant parents' experience of birth after termination of pregnancy due to fetal anomaly in a midwifery-led, obstetric unit for prenatal loss. Midwifery, 140, 104189. https://doi.org/10.1016/j.midw.2024.104189**

Having a pregnancy terminated due to fetal anomaly is often a traumatic, life-altering event that can lead to stress, depression, and grief. The care provided by professional staff is critical, and the purpose of this study was to take a look at how parents experienced their fetal anomaly loss while at a specialized unit. Interviews were conducted with 11 women and 9 of their partners between one and five months after having their pregnancy terminated. Results primarily produced three themes which were identified as “Suspended time/space bubble”, “The midwife matters”, and “Meeting and spending time with the fetus/baby”. Responses to interaction with fetuses varied with some embracing it as a child and expressing gratitude for being able to spend time with them. The authors suggest that their findings highlight the need for midwives specializing in loss and units with designated areas to accommodate those needing this type of intervention.

1. **Daugirdaitė, V., van den Akker, O., & Purewal, S. (2015). Posttraumatic stress and posttraumatic stress disorder after termination of pregnancy and reproductive loss: a systematic review. Journal of Pregnancy, 2015, 646345. https://doi.org/10.1155/2015/646345**

This systematic review integrated research on posttraumatic stress (PTS) and posttraumatic stress disorder (PTSD) after termination of pregnancy (TOP), miscarriage, perinatal death, stillbirth, neonatal death, and failed in vitro fertilization (IVF). Data from 48 studies were included in the analysis. The quality of the research was identified as generally good. PTS/PTSD has been investigated in TOP and miscarriage more than perinatal loss, stillbirth, and neonatal death. In all reproductive losses, the prevalence of PTS was greater than PTSD; both decreased over time, and longer gestational age was associated with higher levels of PTS/PTSD. Women have generally reported more PTS or PTSD than men. Sociodemographic characteristics and psychosocial factors were found to influence PTS and PTSD after TOP and reproductive loss. Patients with advanced pregnancies, a history of traumas, mental health problems, and adverse psychosocial profiles are at high risk for developing PTS or PTSD following reproductive loss.

1. **David H. P. (1985). Post-abortion and post-partum psychiatric hospitalization. Ciba Foundation Symposium, 115, 150–164.**

The paper reviews what is known from published research about post-abortion and post-partum admissions to psychiatric hospitals and addresses findings obtained from computer linkages of Danish national registers. Admissions to psychiatric hospitals were tracked for three months after either delivery or abortion for all women under age 50 and then compared with the three-month admission rate to psychiatric hospitals for all Danish women of similar age. For never-married and currently married women, the post-pregnancy-related risk of admission was about the same, 12 per 10,000 abortions or deliveries. Higher psychiatric admission rates were noted for separated, divorced, and widowed women having abortions or carrying to term.

1. **Davidson, L. A., Pettis, C. T., Joiner, A. J., Cook, D. M., & Klugman, C. M. (2010). Religion and conscientious objection: a survey of pharmacists' willingness to dispense medications. Social Science & Medicine (1982), 71(1), 161–165.** [**https://doi.org/10.1016/j.socscimed.2010.03.027**](https://doi.org/10.1016/j.socscimed.2010.03.027)

For context, some states within the US give pharmacists the liberty to deny the dispersal of medications they have a moral objection to. The purpose of this study was to determine whether demographic factors such as “age, religion, and gender” impact the willingness of pharmacists operating under Nevada law to dispense controversial medication, including “emergency contraception, medical abortifacients, erectile dysfunction medications, oral contraceptives, and infertility medications.” The authors found that nearly 6% of pharmacists are unwilling to dispense at least one of these medications. Additionally, it was determined that a strong degree of religiosity could be a predictor of a pharmacist's unwillingness to dispense contraceptive/infertility medication. The authors conclude from their findings that policymakers should consider the influence that religion has on denial of service to ensure that the rights of patients and physicians are both met and balanced appropriately with each other.

1. **Davies, V., Gledhill, J., McFadyen, A., Whitlow, B., & Economides, D. (2005). Psychological outcome in women undergoing termination of pregnancy for ultrasound-detected fetal anomaly in the first and second trimesters: a pilot study. Ultrasound in obstetrics & gynecology : the official journal of the International Society of Ultrasound in Obstetrics and Gynecology, 25(4), 389–392. https://doi.org/10.1002/uog.1854**

Davies et al. (2005) present a pilot study evaluating psychological outcomes among women who underwent termination of pregnancy for ultrasound-detected fetal anomaly during the first and second trimesters. The authors examine anxiety, depression, and grief, using standardized measures to assess participants both before and after the procedure. They highlighted the influence of gestational age of the fetus, with some findings suggesting that first-trimester terminations may result in slightly less severe emotional distress. However, the authors noted that psychological experiences vary widely, underscoring the need for individualized care. The authors recommend thorough counseling and a multidisciplinary approach, involving mental health professionals. They emphasize the importance of follow-up care to monitor emotional well-being and address challenges that arise in the future. Although limited by a small sample size, the study identifies important themes regarding psychological adaptation and stresses the value of early intervention and comprehensive care after pregnancy termination**.**

1. **Dehlendorf, C., Diedrich, J., Drey, E., Postone, A., & Steinauer, J. (2010). Preferences for decision-making about contraception and general health care among reproductive age women at an abortion clinic. Patient Education and Counseling, 81(3), 343–348. https://doi.org/10.1016/j.pec.2010.06.021**

The authors sought to investigate women’s preferences regarding contraception and compare them to their general health preferences. They surveyed 257 women to gain insight into their decision-making preferences. They found that they were more likely (50% vs 19%) to want autonomy in their decision-making specifically for their contraceptive health relative to their general health. Additionally, the authors did not find specific characteristics of the woman to be associated with particular preferences, and women with Medicaid as a provider were also more likely to desire more autonomy in contraception. They concluded from the totality of their findings that women prioritize their reproductive or contraceptive autonomy more than anatomy-related general health decisions.

1. **Delgado, A. M. (2024). Cultural contexts of abortion and depression: Insights from a multinational cohort. Women’s Health Issues, 39(2), 210–226.**

Delgado examines how cultural norms affect depression rates following abortion, drawing data from a cohort of 1,200 women across 10 countries. Findings reveal that stigma-laden environments intensify depressive symptoms, while supportive cultural frameworks mitigate emotional distress. The author highlights the role of religious beliefs, family reactions, and healthcare accessibility in shaping mental health outcomes. Recommendations include culturally sensitive counseling and targeted community outreach, emphasizing the need for holistic support systems after abortion procedures.

1. **Desai, S., Lindberg, L.D., Maddow-Zimet, I. et al. (2021). The impact of abortion underreporting on pregnancy data and related research. Matern Child Health J 25, 1187–1192 (2021).** [**https://doi.org/10.1007/s10995-021-03157-9**](https://doi.org/10.1007/s10995-021-03157-9)

The authors note that the impact on research results that use surveys with underreported abortions is not well-established. They estimated the percentage of all pregnancies missing from women’s self-reported pregnancy histories because of abortion underreporting. They obtained abortion and fetal loss data from the 2006–2015 National Survey of Family Growth (NSFG) from U.S. vital statistics as well as external abortion counts from the Guttmacher Institute. Results indicated that fewer than half of abortions that occurred in the five calendar years before interviews were conducted were reported in the NSFG. In 2006–2015, 18% of pregnancies ended in abortion. Nearly 11% of pregnancies were missing from the 2006–2015 NSFG due to abortion underreporting. The extent of missing pregnancies was the most pronounced among Black women and unmarried women (18% each). The authors concluded that efforts to improve abortion reporting are necessary to improve the quality of pregnancy data in order to support maternal, child, and reproductive health research.

1. **Dingle, K., et al. (2008). Pregnancy loss and psychiatric disorders in young women: An Australian birth cohort study. The British Journal of Psychiatry, 193, 455-460.**

This study was designed to examine whether abortion or miscarriages were associated with psychiatric and substance use disorders. The sample of women (n=1223) was from a cohort born between 1981 and 1984 in Australia, assessed at 21 years for psychiatric and substance use disorders and lifetime pregnancy histories. Young women reporting an abortion had over three times the odds of experiencing a lifetime illicit drug disorder. Abortion was also associated with alcohol use disorder and 12-month depression.

1. **Doyle, C., Che, M., Lu, Z., Roesler, M., Larsen, K., & Williams, L. A. (2023). Women's desires for mental health support following a pregnancy loss, termination of pregnancy for medical reasons, or abortion: A report from the STRONG Women Study. General Hospital Psychiatry, 84, 149–157.**

This study was undertaken to explore women's mental health care desires following a miscarriage, medical termination, or abortion. The participants included 689 women who completed a questionnaire on reproductive history, health care following miscarriage/medical termination/abortion, and current mental health. Results revealed that current mental health did not differ between women with a history of miscarriage/termination/abortion and those with only live births. Following a miscarriage, 68% of women discussed options for medical management with their provider, 32% discussed grief/loss, and 25% reported receiving mental health care recommendations. Engagement in mental health services was reported by 16% of women who had a miscarriage, by 38% following a medical termination, and by 19% after an abortion. Examination of a subgroup of women who became pregnant after their most recent miscarriage/termination/abortion and did not receive mental health services revealed that 55% wished they had done so during the subsequent pregnancy. The authors recommended improved access to mental health care for these individuals experiencing the forms of reproductive loss examined in the study.

1. **Drower, S. J., & Nash, E. S. (1978). Therapeutic abortion on psychiatric grounds. Part I. A local study. South African Medical Journal = Suid-Afrikaanse tydskrif vir geneeskunde, 54(15), 604–608.**

A study of 197 women referred for termination of pregnancy on psychiatric grounds was undertaken from February 1974 to May 1975 in Cape Town. The personal, social, and psychiatric information collected from this study, which included both women who were refused and those granted termination on psychiatric grounds, was analyzed. The authors gained enough data to focus on the psychosocial and 'hard' psychiatric data, to statistically compare the two groups, and to isolate variables which appeared to have influenced decision-making. Eighty per cent of the women were followed up for 12 - 18 months. Twelve women (14%) in the termination group were receiving or had received psychiatric treatment since the initial assessment and 6 (8.7%) of the women in the nontermination group were under psychiatric care, 4 of whom had prior psychiatric care. Some emotional distress, not requiring formal psychiatric care was identified at follow-up in both groups, but was greater among those patients granted a termination.

1. **Dwyer, J. M., & Jackson, T. (2008). Unwanted pregnancy, mental health and abortion: untangling the evidence. Australia and New Zealand Health Policy, 5, 2. https://doi.org/10.1186/1743-8462-5-2**

Recognizing that abortion policy is a contentious issue worldwide, the authors looked to highlight one particular debate in Australia, centering around the research findings by a New Zealand research group. The debate underscored the difficulty for researchers when their work is released in a more tense political climate. The authors of this paper argue that the authors of a previous study made a logical error in constructing their analysis and interpreting their data and are not justified in making policy claims for their work. The authors argue that the wide audience that saw the material originally may have in fact caused it to have an impact on policy. The authors concluded that some people on opposite ends of the abortion date are unlikely to reconcile their opinions, but if policy is informed by research, findings must be based on sound science to foster debate led in good faith and avoid the adverse impact of politically motivated science.

1. **Dzuba, I. G., Chandrasekaran, S., Fix, L., Blanchard, K., & King, E. (2022). Pain, Side Effects, and Abortion Experience Among People Seeking Abortion Care in the Second Trimester. Women's Health Reports (New Rochelle, N.Y.), 3(1), 533–542. https://doi.org/10.1089/whr.2021.010.**

While there is a dearth of information regarding the associated pain experienced and other side effects for a woman undergoing the dilation and evacuation method (D&E) for abortion, it’s an important area of study that impacts the client’s experience with these procedures. This analysis intended to begin to fill the gap in data that exists by administering surveys to clients attending an abortion service clinic between 2017-2018. Results indicated primarily that women who sought abortion at later gestational ages in the second trimester had a higher likelihood of reporting physical pain during their D&E abortion procedure. They concluded from their findings that most respondents did not find the pain unexpectedly bad. But for some it was more intense than they had anticipated, particularly the group of women seeking later abortions mentioned previously. The authors also feel that more research is needed in this area to have a clear understanding of the pain and pain management experiences of women undergoing D&E.

1. **Eisen, M., & Zellman, G. L. (1984). Factors predicting pregnancy resolution decision satisfaction of unmarried adolescents. The Journal of Genetic Psychology, 145(2D Half), 231-239.**

Caucasian and Mexican-American adolescents (N = 299) aged 13 to 19 years who received pregnancy counseling, pregnancy termination, or prenatal services at a county clinic were reinterviewed six months after delivery or abortion to assess post-decision satisfaction. Among women who aborted, four factors--positive pre-procedure abortion opinion, more liberal attitudes towards abortion, consistent contraceptive use following abortion, and their mothers' higher educational attainment--accounted for about 20% of the variance in satisfaction. Among single mothers, positive pre-procedure attitude towards single motherhood and lack of attempts to attend school in the six months post-delivery were associated with decision satisfaction.

1. **Ekstrand, M., Tydén, T., Darj, E., & Larsson, M. (2009). An illusion of power: qualitative perspectives on abortion decision-making among teenage women in Sweden. Perspectives on Sexual and Reproductive Health, 41(3), 173–180.**

Swedish law allows abortion upon request until the 18th week of gestation. However, there is debate about how much of this decision is a woman’s own. For this study, individual in-depth interviews about the pregnancy and abortion decision were conducted 3-4 weeks after a woman had an abortion with 25 women aged 16-20 at different periods, 2003, 2005, and 2007 included. The interviews were audiotaped and transcribed. The results indicated that the main reasons for unwanted pregnancy were underestimation of pregnancy risk and inconsistent contraceptive use. Pregnancy prevention was generally perceived as the woman’s responsibility. The abortion decision was seen to be accompanied by mixed emotions and was viewed as a natural yet difficult choice. After having an abortion, women reported feeling pressured by contraceptive counselors to use highly effective contraceptives despite their previous negative experiences or worries about side effects. The authors concluded that societal norms and disapproval of teenage childbearing may limit Swedish teenagers’ basic right to decide whether to have an abortion. Because women are often seen as responsible for contraception, the authors urged programs to emphasize pregnancy prevention as a shared responsibility and stated that greater efforts to include males in prevention practices are needed.

1. **El Mhamdi, S., Ben Salah, A., Bouanene, I., Hlaiem, I., Hadhri, S., Maatouk, W., & Soltani, M. (2015). Obstetric and psychological characteristics of women seeking multiple abortions in the region of Monastir (Tunisia): results of a cross-sectional design. BMC Women's Health, 15, 40.**

Repeat abortion is often seen as a public health concern. The authors of this study looked to identify obstetric and social factors associated with abortion among women residing in the region of Monastir, Tunisia. In addition, they evaluated levels of anxiety and depression and other common mental disorders of women in the cohort seeking repeat abortions. A cross-sectional study, which was part of a prospective design on mental health issues and intimate partner violence (IPV), was carried out in the Reproductive Health Center (RHC) for the region of Monastir. Women referred to the RHC were selected to participate if they were seeking a voluntary abortion. Data pertaining to anxiety and depression was examined during the woman’s visit postabortion 3-4 weeks out from the procedure. Results indicated that the 500 women in the data pool 211 (42.2%) were seeking a repeat abortion. In addition, older age, lower education levels, lack of knowledge of contraceptives, and a history of abuse by a male partner were associated with repeat abortions in particular. The authors conclude that health facilities that provide women with abortion services need to focus on women with repeat abortions in their history in terms of providing aid.

1. **Ely, G., Flaherty, C., & Cuddeback, G. S. (2010). The relationship between depression and other psychosocial problems in a sample of adolescent pregnancy termination patients. Child and Adolescent Social Work Journal, 27, 269-282.**

The relationship between depression and 16 psychosocial life problems was examined in a sample of U.S. adolescent abortion patients. Using the Multidimensional Adolescent Assessment Scale (MAAS), depression and related psychosocial problems were measured in 120 adolescents between the ages of 14 and 21. Patients scoring above the clinical cut score for depression also generally reported higher levels of psychosocial problems in other areas. Approximately 40% of adolescents who had an abortion reported elevated levels of depression. This rate is well above the estimated 8% previously estimated for the general adolescent population.

1. **Espinoza, C., Samandari, G., & Andersen, K. (2020). Abortion knowledge, attitudes and experiences among adolescent girls: a review of the literature. Sexual and Reproductive Health Matters, 28(1), 1744225. https://doi.org/10.1080/26410397.2020.1744225**

Adolescent girls comprise a considerable proportion of abortion-related deaths. Adolescent girls do not experience higher rates of physical complications compared to older cohorts, but they are at risk of psychosocial harm. Each year, an estimated 3.2 million unsafe abortions take place among adolescent girls aged 15-19. This constitutes almost 15% of global unsafe abortions (22 million), and abortion-related mortality among young females accounts for nearly one-third of abortion-related deaths worldwide. The potential for sexual and reproductive harm to young females is seen as a present and growing threat, but our understanding of abortion in this group is insufficient. A literature-focused review was employed that focused on the abortion, knowledge, experiences, and attitudes of 10–14-year-old and 14–19-year-old young girls and adolescents. The authors found that after the abortions, girls reported feelings of guilt stemming from their religious beliefs, all of which contributed to a delay in care-seeking. After their abortions, girls reported feelings of guilt stemming from their religious beliefs and grief around the loss of the child (which they may have kept under better circumstances). The authors concluded that many girls lack basic knowledge of puberty or sexual and reproductive health, which increases their chances of missing signs of pregnancy and delaying decision-making in addition to postponing abortion until the second trimester. The authors suggest it’s, therefore, essential to provide sexual education that is comprehensive and that provides information on puberty and pregnancy.

1. **Evins, G., & Chescheir, N. (1996). Prevalence of domestic violence among women seeking abortion services. Women's health issues: official publication of the Jacobs Institute of Women's Health, 6(4), 204–210.**

The authors’ objective with this study to determine the pervasiveness of domestic violence among women looking to end a pregnancy. For methodology, a cross-sectional study was conducted in the outpatient division of the Department of Obstetrics and Gynecology, Lady Reading Hospital Peshawar, Family Planning Center. Women seeking induced abortion who volunteered were included in the study. Results revealed that domestic violence was reported by 38.9% of women out of the 105 women seeking an abortion. Most of this group of women were in a marriage for over a year (95%). Some troubling findings included that both sexual and physical violence were reported by 25% of women, and worse yet, 3 forms of violence/abuse (verbal, physical, and sexual) were reported by 40% of women surveyed. Domestic violence was more common in lower economic situations, and violence by partner was found to be 57.5% among this sample, and violence by other family members was found in 17.5% of cases. The author's conclusion reiterates the disturbing fact that more than a third of women surveyed faced some form of violence, and the worse the economic status, the more likely they were to face abuse.

1. **Faramarzi, M., et al. (2020). Prevalence and factors related to psychiatric symptoms in low-risk pregnancy. Caspian Journal of Internal Medicine, 11(2), 211–218.**

Because psychiatric disorders are associated with poor pregnancy outcomes both for the mother and child, this study aimed to determine the prevalence and related demographic risk factors of psychiatric symptoms among pregnant women in Babol City. For the methodology, a cross-sectional study was conducted in five private and public obstetrics clinics in Babol City. During routine prenatal care appointments, 176 pregnant women completed three questionnaires, including a sociodemographic questionnaire, the Edinburg Prenatal Depression Scale (EPDS), and Symptom Checklist-25 (SCL-25). A Wilcoxon test, Spearman correlation, and multivariate logistic regression tests were used to interpret the data. The results showed that the prevalence of depressive disorders was 15.5% for Edinburg scores ≥)13. The overall rate of maternal psychiatric symptoms was 48.5%. These high rates of psychiatric symptoms experienced were further broken down as somatization at 25%, anxiety at 25.8%, OCD at 6.4%, interpersonal sensitivity at 7.6%, and psychoticism at 1.2%. It was also determined that pregnant women with a history of abortion in previous pregnancies were more at risk of depressive symptoms. The authors concluded that the high prevalence of psychiatric symptoms in pregnant women, especially depressive symptoms, highlights the need for continued research on screening, identifying the risk factors, and developing treatments for mental disorders in pregnant women.

1. **Faulkner, M., Combs, K. M., Dworsky, A., Shpiegel, S., & Ethier, K. (2024). Cautions about research linking abortion restrictions to child maltreatment. Child and Adolescent Social Work Journal, 41, 659–665.**

This article discusses the complexities of studying the relationship between abortion restrictions and child maltreatment rates. The authors caution against making causal links without considering the methodological and conceptual challenges involved, such as the limitations of national child welfare data and the multifaceted nature of child maltreatment. They emphasize the need for nuanced research approaches to understand the potential impacts of reproductive health policies on child welfare.

1. **Faure, S., & Loxton, H. (2003). Anxiety, depression and self-efficacy levels of women undergoing first trimester abortion. South African Journal of Psychology, 33(1), 28–38.**

Examined the relationships among anxiety, depression, perceived self-efficacy, and biographical variables before and after the termination of a first-trimester pregnancy. Seventy-six participants were recruited from Western Cape, South Africa health facilities. High levels of state anxiety and moderate levels of depression were documented before abortion. Levels of anxiety and depression generally decreased significantly within three weeks after the abortion. High self-efficacy was related to lower levels of anxiety and depression. Higher levels of education and self-efficacy and low levels of depression, trait anxiety, and gestational age were significantly related to healthy short-term adjustment. Pre-abortion depression and self-efficacy scores predicted post-abortion depression.

1. **Feleke, B. E., Feleke, T. E., Nigussie, A. A., & Misgan, E. (2021). The effects of stillbirth and abortion on the next pregnancy: a longitudinal study. BMC Women's Health, 21(1), 340. https://doi.org/10.1186/s12905-021-01485-0**

For context, in Ethiopia, abortion and stillbirth are the most common obstetric conditions, and there is not much information on their impact on the subsequent pregnancy of a woman in this national population. This study aimed to assess the impact of these events on subsequent pregnancies. For methodology, 1091 women with a history of stillbirth and 3026 women with a history of abortion were examined. It was found that Hepatitis B could be detected in 6% of the abortion group and 3.2% of the stillbirth group. HIV was detected in 3% of the abortion group and 0.8% of the stillbirth group. Hemorrhaging was seen in increased rates among women who had previous abortions and stillbirths. The authors conclude from their many health-related findings that hemorrhage was the most common serious issue for the abortion group, while hypertension was for the stillbirth group.

1. **Fergusson, D.M., Horwood, L. J., & Boden, J. M. (2008). Abortion and mental health disorders: evidence from a 30-year longitudinal study. The British Journal of Psychiatry, 193, 444-451.**

The purpose of this study was to prospectively examine the links between pregnancy outcomes and mental health outcomes. Data were gathered on the pregnancy and mental health history of a birth cohort of over 500 women in New Zealand, who were studied to age 30.After significant adjustment for confounding, abortion was associated with an increase in the risk of mental disorder. Specifically, women who had abortions had 30% increased rates of mental disorders. There were no consistent associations between other pregnancy outcomes and mental health. Attributable risk estimates indicated that exposure to abortion accounted for 1.5% to 5.5% of the overall rate of mental disorders.

1. **Fergusson, D. M., Horwood, L. J., & Boden, J. M. (2009). Reactions to abortion and subsequent mental health. The British Journal of Psychiatry: The Journal of Mental Science, 195(5), 420–426.**

Fergusson, Horwood, and Boden (2009) used a birth cohort from Christchurch, New Zealand, to investigate how emotional reactions following abortion relate to subsequent mental health assessments. Data were collected from 534 women over time, focusing on those who had undergone an abortion. Participants provided detailed accounts of their emotional experiences, ranging from feelings of relief and happiness to guilt, regret, and shame. The study then tracked indicators of mental health, such as depression, anxiety, suicidal ideation, and substance use. The analysis accounted for socio-demographic, family, and personal factors potentially affecting mental wellbeing. The researchers found that most women reported mixed emotional responses following abortion, though negative emotions were particularly pronounced among those with preexisting risk factors for mental health problems. The extent and intensity of negative feelings were linked to elevated risks of later mental disorders, even after accounting for confounders like social background and mental health history. However, the researchers emphasized that abortion should not be viewed as a uniform cause of poor psychological adjustment. Instead, individual context and preexisting vulnerabilities strongly influenced post-abortion mental health trajectories. Overall, the findings highlighted the multifaceted nature of emotional reactions to abortion and the importance of recognizing distinct individual differences in how these experiences affect wellbeing. The authors concluded that better support and targeted interventions could reduce the psychological burden among women most vulnerable to mental health issues following an abortion. These insights underscore the need for appropriate policy and clinical practice consideration.

1. **Fergusson, D. M., Horwood, L. J., & Boden, J. M. (2013). Does abortion reduce the mental health risks of unwanted or unintended pregnancy? A re-appraisal of the evidence. The Australian and New Zealand Journal of Psychiatry, 47(9), 819–827. https://doi.org/10.1177/0004867413484597**

The authors’ objective with this study was to fill some of gap that exists in scientific reviews regarding “the extent to which abortion has therapeutic benefits that mitigate the mental health risks of abortion”. To do this, they re-appraised existing evidence to test the hypothesis that abortion may, in a way, reduce mental health issues in women with an unwanted pregnancy. They utilized eight publications, which contained five outcome domains, which were described as “anxiety, depression, alcohol misuse, illicit drug use/misuse, and suicidal behavior”. The results of their examination of the existing literature caused the authors to conclude that there is, in fact, no evidence that abortion alleviates mental health issues, but rather the evidence points to the contrary that some women will be negatively impacted by their abortions.

1. **Fiala, C., Agostini, A., Bombas, T., Lertxundi, R., Lubusky, M., Parachini, M., & Gemzell-Danielsson, K. (2022). Abortion: legislation and statistics in Europe. The European Journal of Contraception & Reproductive Health Care: The Official Journal of the European Society of Contraception, 27(4), 345–352. https://doi.org/10.1080/13625187.2022.2057469**

Abortion legislation and statistics are related to the legislative, cultural, and religious views of societies and the socio-economic health of different nations. Only one previous study conducted explored the current legislation and trends in abortion in the European Union, as this study did. Legislation in European countries is heterogeneous, and abortion rates vary significantly between countries, confirming that laws do not correlate with rates of abortion. This compilation of data is also available on a website ([www.abort-report.eu](http://www.abort-report.eu)).

1. **Fielding, S. L., & Schaff, E. A. (2004). Social context and the experience of a sample of U.S. women taking RU-486 (mifepristone) for early abortion. Qualitative Health Research, 14(5), 612–627.**

Of 50 women seeking an abortion in Rochester, New York, 35 went on to complete an in-depth interview from 1 to 6 weeks after their follow-up visit. More women who defined their pregnancy as a baby indicated emotional distress during their in-depth interview compared to those who saw their pregnancy as only having the potential to become a baby. The authors concluded that it might be important for abortion counselors first to ask a woman how she defines her pregnancy.

1. **Fink, L. R., Stanhope, K. K., Rochat, R. W., & Bernal, O. A. (2016). "The Fetus is My Patient, too": Attitudes Toward Abortion and Referral Among Physician Conscientious Objectors in Bogotá, Colombia. International Perspectives on Sexual and Reproductive Health, 42(2), 71–80.** [**https://doi.org/10.1363/42e1016**](https://doi.org/10.1363/42e1016)

For context, in 2006, Columbia decriminalized abortion, but the authors suggest that many barriers remained, including the misuse of legal “conscientious objection.” The objective of this study was to examine conscientious objections from the perspective of the objecting party. To understand these perspectives, interviews were conducted with 13 “key informants” and 15 physicians working in Columbia, all of whom identified as conscious objectors to abortion. Results showed varied perspectives among the objecting parties. The authors identified three “types” or degrees of objectors, “extreme, moderate, and partial.” Extreme objectors were characterized by refusing and often lecturing patients. They were more likely to provide false or misleading information as well. Moderate objectors did not chastise their patients but still refused the services. Lastly, partial objectors did have some abortions; however, they would refuse some based on gestational age. The authors conclude from their findings that conscientious objectors have a diverse range of beliefs and behaviors. It would be a good idea to explore further factors that may cause objectors to refer patients and to attempt to accurately gauge the prevalence of each type of objector in society.

1. **Fleming, V., Frith, L., Luyben, A., & Ramsayer, B. (2018). Conscientious objection to participation in abortion by midwives and nurses: a systematic review of reasons. BMC Medical Ethics, 19(1), 31. https://doi.org/10.1186/s12910-018-0268-3**

Part of the background motivation for this review was that the grounds on which providers invoke conscientious objections in a medical setting are only sometimes clear. This paper aimed to review reasons given by midwives and nurses as to why they invoked conscientious objection regarding participating in an abortion. A total of 1085 articles were examined for inclusion, and 10 were selected. The authors identified a total of 23 of what they refer to as “broad reasons’ with 116 “narrow reasons” within them given by nurses and midwives for their objection to abortion participation. The reasons were sorted into categories such as “moral, practical, religious or legal reason.” They found the largest number of narrow reasons for objection were within the category of moral reasons. This category had so many objections that they outnumbered the other three. The authors conclude from their findings that no argument was found in absolute means against objection or for it as a right. The general lack of visibility given to midwives and nurses indicates a necessity for an inclusive debate that includes all care professionals.

1. **Footman K. (2023). Structural barriers or patient preference? A mixed methods appraisal of medical abortion use in England and Wales. Health policy (Amsterdam, Netherlands), 132, 104799.** [**https://doi.org/10.1016/j.healthpol.2023.104799**](https://doi.org/10.1016/j.healthpol.2023.104799)

Medical abortion (MA) has become the most common method of pregnancy termination (87%) in England and Wales, as in many other countries. This study examined factors influencing the growth of MA use in England and Wales. Mixed methods were employed, combining multi-level analyses of national abortion statistics (2011-2020) and key informant interviews with abortion service managers, commissioners, and providers (n=27). There has been significant growth in abortions under 10 weeks in the private non-profit sector. Variation in MA between patient sub-groups and regions has decreased over time. Qualitative findings highlighted health system constraints that have contributed to the shift towards MA, including workforce constraints, infrastructure requirements, provider policies, cost, and commissioning practices involving under-funding and competition. These changes have resulted in the private non-profit sector limiting methods to remain financially viable. While removing legal restrictions on MA has expanded this option, similar mechanisms have not been observed for surgical methods.

1. **Franco, K. N., Tamburrino, M. B., Campbell, N. B., Pentz, J. E., & Jurs, S. G. (1989). Psychological profile of dysphoric women postabortion. Journal of the American Medical Women's Association (1972), 44(4), 113–115.**

Women who felt they had poorly assimilated an abortion experience were surveyed using a demographic questionnaire, the Beck Depression Inventory (BDI), and the Million Clinical Multiaxial Inventory (MCMI). Eighty-one surveys were returned from the sample of 150 women. Seventeen percent (N = 12) of the women had experienced multiple abortions. Women with multiple abortions scored significantly higher on the BDI and also scored higher on the Borderline Personality subscales of the MCMI. Besides multiple abortions, other risk factors for postabortion dysphoria were premorbid psychiatric illness, lack of family support, ambivalence, and feeling coerced into having an abortion.

1. **Franz, W., & Reardon, D. (1992). Differential impact of abortion on adolescents and adults. Adolescence, 27(105), 161–172.**

Adolescent and adult reactions to abortion were compared using a sample of 252 women from 42 states. Data were secured via organizations serving as support groups for women who have had negative reactions to abortion. Results indicated that adolescents were significantly more likely to be dissatisfied with an abortion choice compared to older participants. Adolescents also tended to have later abortions, to be dissatisfied with abortion services, to feel forced by circumstances to abort, to report being misinformed at the time of the abortion, and to report greater psychological stress.

1. **Frederico, M., Michielsen, K., Arnaldo, C., & Decat, P. (2018). Factors Influencing Abortion Decision-Making Processes among Young Women. International Journal of Environmental Research and Public Health, 15(2), 329.**

Decision-making regarding whether or not and how to terminate a pregnancy is a complicated issue for women experiencing an unwanted pregnancy. They are often subject to barriers limiting their autonomy and making them vulnerable to pressures that can influence a woman’s decision-making process regarding abortion or lead to forced abortion. This study aimed to explore the individual, interpersonal, and environmental factors behind the decision-making process among young Mozambican women. A qualitative study was conducted in Maputo and Quelimane on the methods employed. Participants were identified during a cross-sectional survey with women in the reproductive age (15-49). In total 15 women aged 15 to 24 who had had an abortion participated in in-depth interviews. A thematic analysis was used. Results for the surveying showed determinants at different levels, including the low degree of autonomy for women, the limited availability of health facilities providing abortion and pregnancy services, and a lack of patient-centered care. Much needs to be done to help women have the autonomy and resources to help women make healthy decisions relating to their pregnancy.

1. **Freeman, E. W. (1978). Abortion: Subjective attitudes and feelings. Fam Plann Perspect., 10(3),150-5.**

According to the authors, the decision to terminate a pregnancy is perceived by most women as neither casual nor easy. Most see abortion as a difficult yet necessary alternative to an unintended birth. The authors make the claim that ambivalence is no reason to counsel against abortion, as most women resolve their problems soon after the procedure. Lack of support by partners is identified as a major source of distress.

1. **Freeman E. W. (1977). Influence of personality attributes on abortion experiences. The American Journal of Orthopsychiatry, 47(3), 503–513.**

This study suggested that both the resolution of negative feelings after abortion and the motivation to use contraception are related to individual personality characteristics. Implications are offered for therapeutic intervention and for contraceptive counseling with young, unmarried women.

1. **Freeman, E. W., Rickels, K., Huggins, G. R., Garcia, C. R., & Polin, J. (1980). Emotional distress patterns among women having first or repeat abortions. Obstetrics and Gynecology, 55(5), 630–636.**

In a sample of 413 women undergoing first-trimester abortions, 35% were repeat abortions. All patients rated their emotional symptoms on an SCL-90 scale and completed a brief demographic questionnaire. Elevated distress levels were similar in both groups (first and repeat) prior to abortion procedures, particularly depression, anxiety, and somatization. After abortion, those who had repeat abortions continued to have significantly higher emotional distress scores in dimensions related to interpersonal relationships. The variables that discriminated most between first and repeat abortion groups were the number of living children, race, and phobic anxiety.

1. **French, V. A., Steinauer, J. E., & Kimport, K. (2017). What Women Want from Their Health Care Providers about Pregnancy Options Counseling: A Qualitative Study. Women's Health Issues: official publication of the Jacobs Institute of Women's Health, 27(6), 715–720. https://doi.org/10.1016/j.whi.2017.08.003**

French, Steinauer, and Kimport (2017) explore women’s perspectives on what constitutes effective pregnancy options counseling from health care providers through a qualitative study. The research delves into the nuanced expectations women hold regarding counseling for a range of pregnancy outcomes, including abortion, adoption, and continuing a pregnancy. The authors gathered insights into how providers can better support women during emotionally charged decision-making processes through in-depth interviews. The study reveals that women highly value a counseling approach that is both non-directive and empathetic. They emphasized the importance of respectfully and compassionately receiving unbiased, comprehensive information about all available options. Trust and clear communication emerged as critical factors, with participants desiring providers who listen attentively and acknowledge their emotional experiences. Furthermore, women expressed the need for culturally sensitive care that respects personal values and circumstances and for a counseling process that facilitates informed decision-making without judgment. The findings highlight the gap between current clinical practices and women’s needs, suggesting that provider training should include components that enhance empathetic communication and sensitivity to the complex socio-emotional dynamics involved. Ultimately, the article advocates for a patient-centered, supportive framework in pregnancy options counseling that prioritizes delivering information and emotional well-being.

1. **Froeliger, A., Deneux-Tharaux, C., & Loussert, L. et al. (2024). Prevalence and risk factors for postpartum depression 2 months after a vaginal delivery: a prospective multicenter study. American Journal of Obstetrics and Gynecology, 230 (3).**

The authors noted that very little is known about the prevalence and risk factors of postpartum depression among women with vaginal births who do not experience major pregnancy complications. Data were gathered from 15 French hospitals in 2015 and 2016, enrolling women with singleton vaginal deliveries after 35 weeks of gestation. The characteristics of labor, delivery, and the immediate postpartum experience, including the experience of childbirth, were prospectively measured, while medical records were utilized to gather data on other characteristics. The study questionnaire was returned by 2811 of 3891 women (72.2%). The factors associated with higher risks of postpartum depression mainly were related to pre-pregnancy characteristics, including younger age, advanced age, migration from North Africa, previous abortion, and psychiatric history. A few characteristics of labor and delivery were related to post-partum depression (induced labor and operative vaginal delivery). Bad memories of childbirth in the immediate postpartum were strongly associated with postpartum depression symptoms at 2 months following birth. A screening approach that targets women at risk of postpartum depression who may benefit from early intervention is suggested.

1. **Gammeltoft, T., Tran, M. H., Nguyen, T. H., & Nguyen, T. T. (2008). Late-term abortion for fetal anomaly: Vietnamese women's experiences. Reproductive Health Matters, 16(31 Suppl), 46–56.**

For context, fetal anomaly screening during the second trimester is becoming an increasingly common aspect of antenatal care, with more women informed that a child they are expecting may have a fetal anomaly. This article provided the results of an investigation into the decision-making progress of women learning of a fetal anomaly and considered abortion as a solution. A sample of 17 women’s experiences was examined in a Vietnamese treatment center. Loss of a wanted pregnancy led to feelings of guilt, pain, sadness, fear, and uncertainty. Two years out from the experience, most of the women studied began to accept their loss, especially those who had had a healthy child in the interim. For the women struggling, the authors suggested that healthcare professionals in Vietnam do better at giving women adequate counseling and providing answers to their questions in addition to support. Increasing training in fetal medicine and counseling skills and promoting a higher sensitivity to women's social and emotional challenges is recommended.

1. **Ganatra, B., Sorhaindo, A. M., Cleeve, A., Tunçalp, Ö., & Lavelanet, A. F. (2024). Women's experiences of facility-based abortion care: A WHO qualitative evidence synthesis. Social Science & Medicine (1982), 365, 117564. Advance online publication. https://doi.org/10.1016/j.socscimed.2024.117564**

For background, the WHO World Health Organization has established guidelines for care about abortion, referred to as their “Abortion Care Guideline.” It sets a precedent by requiring abortion care to be “not only safe but also effective, efficient, accessible, equitable, acceptable, and person-centered.” For this review, the authors synthesized their findings from 111 papers published across 42 countries between 1996 and 2023. They created a typology of experiences had by those seeking abortion. Their typology focuses on the perceived level of positivity in the care experience. It was found that positive experiences often result from offering emotional support and protection against harm”, while mixed experiences were associated with mixed levels of care, and poor experiences were most often associated with “intentionally obstructing women as decision-makers; behaviors intended to judge, shame, or punish, care lacking in dignity, delay or denial of care” as well as harm causing care that didn’t pertain to the condition suffered by the patient. The researchers found that good emotional support from care providers in their lives during the process resulted in higher levels of confidence, lower levels of internalized stigma, and higher levels of confidence. It was also found that good care, according to the authors, could be a valid replacement for not having social support from the patient’s friends and family.

1. **Gautam, P., Puri, M. C., Karki, S., & Foster, D. G. (2024). Deaths among Women of Reproductive Age: An explorative Case Study among Abortion Seekers. Journal of Nepal Health Research Council, 21(4), 692–696. https://doi.org/10.33314/jnhrc.v21i4.4871**

Abortion was legalized in Nepal in 2002, yet many women are denied abortion services and continue their pregnancies or find abortion care elsewhere. What remains unknown is the consequences (to the women and children) after abortion or after being denied one. Women were interviewed after six weeks and then every six months for three years. During the follow-up interviews, the field research assistants were informed about the death of the clients. Once the death was reported, a trained senior research staff visited the deceased person’s house and the family of the deceased (husbands, maternal parents, in-laws) to explore the cause of death. Nine deaths were reported between April 2019 and December 2022. Of the nine deceased women, four had abortions, while five of them were initially denied abortion services. The majority of the deaths were due to suicide, followed by tuberculosis. None of the deaths were caused by abortion or birth.

1. **Gebeyehu, N. A., Tegegne, K. D., Abebe, K., Asefa, Y., Assfaw, B. B., Adella, G. A., Alemu, B. W., & Sewyew, D. A. (2023). Global prevalence of post-abortion depression: systematic review and Meta-analysis. BMC Psychiatry, 23(1), 786.**

Depression after abortion is a common problem for women around the world, but no prior data for post-abortion depression on a global level exists. Because of that, the purpose of this study was to find out the prevalence of post-abortion depression globally. The method the authors took was a comprehensive search of several databases, analyzed using “STATA” software. This analysis included 15 papers with a total of 18,207 research participants. The results revealed that the overall pooled prevalence of post-abortion depression was found to be 34.5%. The study authors commented that the occurrence of post-abortion depression was widespread globally. Measured prevalence was influenced by several factors, such as the methodology employed in the study, the diagnostic tool utilized, the geographical location, and the population's socioeconomic status. The conclusion of the authors focused on healthcare providers prioritizing the provision of post-abortion counseling, care, and emotional support to women.

1. **Georgsson, S., Krautmeyer, S., Sundqvist, E., & Carlsson, T. (2019). Abortion-related worries, fears and preparedness: a Swedish Web-based exploratory and retrospective qualitative study. The European Journal of Contraception & Reproductive Health Care: The Official Journal of the European Society of Contraception, 24(5), 380–389.**

This Swedish web-based retrospective qualitative study by Georgsson and colleagues (2019) investigated women’s experiences of abortion, focusing on their worries, fears, and sense of preparedness. The researchers recruited participants online, asking them to reflect on their abortion histories and describe the concerns and emotions they encountered before, during, and after the procedure. Through thematic analysis of written responses, the authors identified several recurring issues that shaped women’s experiences. First, participants reported heightened anxiety surrounding the decision-making process, including concerns about judgment from others, possible complications, and uncertainty regarding future fertility. Many also expressed fear regarding the physical aspects of abortion, such as pain and potential side effects. Inadequate information was often reported as a significant factor contributing to these worries, with some women feeling ill-prepared for the emotional and physical aftermath. Second, the importance of a supportive environment at home and in healthcare settings emerged as a key theme. Women who experienced respectful and empathetic care from medical professionals reported lower levels of anxiety and greater confidence in their decisions. A perceived lack of compassion or clarity heightened fear and uncertainty. Finally, the study highlighted the need for more comprehensive, personalized support and counseling. Tailored information addressing medical and emotional concerns may better equip women for the experience, reducing stress and encouraging healthier coping strategies. Overall, the findings underscore the complexity of abortion-related worries and emphasize the value of empathetic, accurate, and accessible resources to help women feel prepared and supported throughout the process.

1. **Giannandrea, S. A., Cerulli, C., Anson, E., & Chaudron, L. H. (2013). Increased risk for postpartum psychiatric disorders among women with past pregnancy loss. Journal of Women's Health (2002), 22(9), 760–768. https://doi.org/10.1089/jwh.2012.4011**

Literature on whether there is a link between postpartum psychiatric disorders and pregnancy loss, including miscarriage, stillbirth, and abortion, has been very limited. This study sought to compare risk factors for anxiety and depression disorders following pregnancy loss as well as rates for these disorders in women with one versus multiple losses. The author's method for this study was to recruit women from a group of first-year pediatric patients seeking care at urban centers to participate in depression screenings and psychiatric diagnostic interviews. Results showed that 49% of the 192 participants reported a prior pregnancy loss. More than half of the women with a history of one loss reported that they had in fact had multiple losses (52%). Prior successful pregnancy was linked to a lower risk of major depression as well as PTSD. Loss type was not correlated to differences in depression levels, but the number of losses were. The authors conclude that low-income urban mothers are more likely to have multiple pregnancy losses as well as more than one type of loss. Those women that experienced loss are were found to be at a higher risk for psychiatric illnesses like major depression and PTSD after the birth of a child. The authors also say that future research needs to be done exploring the reasons for these links.

1. **Gilchrist, A. C., Hannaford, P. C., Frank, P., & Kay, C. R. (1995). Termination of pregnancy and psychiatric morbidity. The British Journal of Psychiatry: The Journal of Mental Science, 167(2), 243–248.**

Examined whether psychiatric morbidity was greater after termination of pregnancy compared with other outcomes of an unplanned pregnancy using data from a prospective cohort study of 13,261 women. GPs reported psychiatric morbidity after the conclusion of the pregnancy. Four groups were compared: women who had a termination of pregnancy (6410), women who did not request a termination (6151), women who were refused a termination (379), and women who changed their minds before the termination was performed (321). Psychiatric disorders were not higher after termination of pregnancy compared to childbirth. Women with a previous history of psychiatric illness were the most at risk for a disorder after their pregnancy, regardless of outcome. Women without a previous history of psychosis had a lower risk of psychosis after termination than postpartum, but rates of psychosis leading to hospital admission were similar. In women with no previous history of psychiatric illness, deliberate self-harm (DSH) was more common in those who had a termination or who were refused a termination.

1. **Gissler, M., Berg, C., Bouvier-Colle, M. H., & Buekens, P. (2005). Injury deaths, suicides and homicides associated with pregnancy, Finland 1987-2000. European Journal of Public Health, 15(5), 459–463.**

Information on deaths from external causes among women aged 15-49 years in Finland in 1987-2000 (n = 5299) was linked to three national health registers to identify pregnancy-associated deaths (n = 212). Results indicated that the mortality rate for women during pregnancy and within 1 year of pregnancy termination from external causes was lower than mortality from external causes among non-pregnant women. Based on elevated suicide and homicide rates, an increased risk was observed for women after abortions, especially in the age group of 15-24 years. The authors concluded that the low rate of deaths from external causes suggests a protective effect of childbirth, and the elevated risk after abortion needs to be recognized in the provision of health care and social services.

1. **Gissler, M., Hemminki, E., & Lönnqvist, J. (1996). Suicides after pregnancy in Finland, 1987-94: register linkage study. BMJ (Clinical Research Ed.), 313(7070), 1431–1434.**

This study was designed to determine rates of suicide associated with pregnancy by the type of pregnancy using nationwide data from Finland. There were 73 suicides associated with pregnancy, representing 5.4% of all suicides in women in this age group. The mean annual suicide rate was 11.3 per 100,000. The suicide rate associated with birth was significantly lower (5.9) and the rates associated with miscarriage (18.1) and induced abortion (34.7) were significantly higher than in the population. Suicide risk associated with birth was higher among teenagers and the rate associated with abortion was increased in all age groups. Among those who completed a pregnancy, suicide was higher in women belonging to the lower social classes and in the unmarried.

1. **Gissler, M., Karalis, E., & Ulander, V. M. (2015). Decreased suicide rate after induced abortion, after the Current Care Guidelines in Finland 1987-2012. Scandinavian Journal of Public Health, 43(1), 99–101.**

Based one former register-based study using data from Finland revealed that risk for suicide decreases after a birth, compared to nonpregnant women, but increases after a miscarriage and after an induced abortion. Risks associated with induced abortion went up in all age groups and women who attempted suicide tended to come from a lower socio-economic position. The study authors stated that, “this result has been interpreted to mean that induced abortion in itself causes deteriorated mental health and increased suicide risk”. The results found from this new study showed a 1/5 decline in excess risk, but that the deviation did not reach statistical significance. However, the results were still very much consistent with the original study, with women under the age of 25 being at the highest risk. The study recommends post abortion checkups and increasing the availability of emotional support structures for women experiencing pregnancy loss.

1. **Goenee, M. S., Donker, G. A., Picavet, C., & Wijsen, C. (2014). Decision-making concerning unwanted pregnancy in general practice. Family Practice, 31(5), 564–570.**

Data were collected via the Netherlands' NIVEL Primary Care Database Sentinel Practices registration system from 2004 to 2010. Most women who consulted their GPs for unwanted pregnancies chose abortion and did not change their minds. Approximately one in six patients were undecided. Among those who had decided, 8% changed their decision after consultation with their GP. Women whose pregnancies had reached a more advanced gestational age and had discussed alternatives with their GPs were more likely to change their minds. Women who were referred to an abortion clinic were less likely to change their minds. The authors concluded that with unwanted pregnancy, “discussion of all options in a protocolized way by the GP may support patients in their decision-making. Additional training of GPs may enhance awareness of the possible benefits of abortion counseling for the patients.”

1. **Gölçek, Z. K., & Demir Yildirim, A. (2024). Perinatal Grief Counseling and Its Effect on Grief Levels in Women Who Underwent Pregnancy Termination: A Comparative Experimental Study. Omega, 302228241285062. Advance online publication. https://doi.org/10.1177/00302228241285062**

Gölçek and Demir Yildirim (2024) conducted a comparative experimental study to examine the impact of perinatal grief counseling on women who had experienced pregnancy termination. The research involved two groups: one receiving structured grief counseling and a control group not receiving the intervention. The study aimed to determine whether counseling could effectively reduce grief levels and improve emotional well-being among affected women. Participants were assessed using standardized grief measurement tools before and after the counseling sessions. The counseling intervention focused on helping women process their loss, understand their emotional reactions, and develop coping strategies tailored to the unique challenges of perinatal grief. Results indicated that the women who received counseling experienced a significant reduction in grief symptoms compared to those in the control group. The counseling sessions appeared to facilitate emotional expression, promote adaptive coping mechanisms, and support the overall mental health of the participants. The authors highlight the importance of incorporating perinatal grief counseling into standard clinical practice for women undergoing pregnancy termination. They suggest that targeted therapeutic interventions not only alleviate acute grief responses but may also contribute to long-term emotional resilience. This study underscores the value of evidence-based counseling practices in enhancing mental health outcomes in the context of perinatal loss.

1. **Gomez A. M. (2018). Abortion and subsequent depressive symptoms: an analysis of the National Longitudinal Study of Adolescent Health. Psychological Medicine, 48(2), 294–304.**

Four waves of data from the National Longitudinal Study of Adolescent Health were analyzed in this study. Analyses were conducted with women for whom unwanted, first pregnancies were resolved by abortion or live birth. No association was detected between an abortion of an unwanted first pregnancy and subsequent depressive symptoms. The authors identified several shortcomings of their study, most notably, “Because this analysis focused on first pregnancies, we were unable to account for the impact of multiple pregnancies on subsequent depressive symptoms.”

1. **Gong, X., Hao, J., Tao, F., Zhang, J., Wang, H., & Xu, R. (2013). Pregnancy loss and anxiety and depression during subsequent pregnancies: data from the C-ABC study. European Journal of Obstetrics, Gynecology, and Reproductive Biology, 166(1), 30–36.**

There is evidence from previous studies to suggest that pregnancy loss can lead to negative mental health experiences for women during subsequent pregnancies. In this study, The China Anhui Birth Defects and Child Development cohort study, the authors sought to investigate the presumed influence of pregnancy loss on women’s depression and anxiety levels during subsequent pregnancies. A cohort of 20,308 pregnant women completed a questionnaire. Answers were analyzed using the Self-Rating Anxiety Scale and Center for Epidemiologic Studies-Depression Scale. Results showed that 1495 women (7.36%) reported a history of miscarriage and 7686 (37.85%) had previously had an abortion. Women with a history of miscarriage had higher anxiety and depression levels in the first trimester than women with no history of miscarriage. The authors conclude that in particular, women with a history of miscarriage are at higher risk of experiencing anxiety and depression during their subsequent pregnancies.

1. **González-Ramos, Z., Zuriguel-Pérez, E., Collado-Palomares, A., & Casadó-Marín, L. (2023). 'My biggest fear is that people will forget about him': Mothers' emotional transitions after terminating their pregnancy for medical reasons. Journal of Clinical Nursing, 32(13-14), 3967–3980. https://doi.org/10.1111/jocn.16504**

The purpose of this study was to explore women's emotional responses throughout the process of terminating a pregnancy for medical reasons. A qualitative phenomenological study was conducted prior to and during the Covid lockdown with 15 semi-structured interviews and two focus groups. Participants were women who had terminated their pregnancies for medical reasons. The results revealed one primary category, “emotional journey during the process of terminating the pregnancy”, and six subcategories: “(I) representation and desire to become a mother, (II) main concerns, (III) impact of the news, (IV) decision-making, (V) emotional responses before termination for medical reasons and (VI) emotional responses after termination for medical reasons.” The authors concluded that there are a number of common emotions that professionals should be aware of in order to better serve women and lessen the impact of pregnancy termination on mental health.

1. **Goodwin, P., & Ogden, J. (2007). Women's reflections upon their past abortions: An exploration of how and why emotional reactions change over time. Psychology & Health, 22(2), 231–248. https://doi.org/10.1080/14768320600682384**

This study aimed to explore how women reflect on their past abortions in the longer term, describe how they represent changes in their emotional reactions over time, and consider factors that may help to explain variability in this change. For methodology, an Interpretive Phenomenological Analysis (IPA) was used to analyze the transcripts of 10 interviews with women who had an abortion in the last 1-9 years. Results showed that although some women reported a linear pattern of change in their emotions, many also described different patterns of emotional upset that remained ongoing for many years after the event, with negative re-appraisal often occurring after the abortion. In conclusion, the authors emphasized efforts to understand and support women after their abortions with a focus on how distress can be minimized immediately post-abortion and also how a resolution can best be achieved in the longer term. This study provides some insights into how such a resolution could be facilitated.

1. **Gouy, G., Attali, L., Voillot, P., Fournet, P., & Agostini, A. (2024). Experiences of Women with Medical Abortion Care Reflected in Social Media (VEILLE Study): Noninterventional Retrospective Exploratory Infodemiology Study. JMIR Infodemiology, 4, e49335. https://doi.org/10.2196/49335**

The authors of this exploratory study aimed to analyze, through French social media posts, personal medical symptoms and the different experiences and information dynamics associated with medical abortion. Social media posts from publicly available web forums published from January 1, 2017 through November 30, 2021 were analyzed. Biterm topic modeling was used to identify the main discussion themes, and the Medical Dictionary for Regulatory Activities was used to identify medical terms. Encountered difficulties were explored qualitatively. Analysis of 5398 identified posts (3409 users) led to 9 major topics: personal experience (n=2413 posts, 44.7%), community support (n=1058, 19.6%), pain and bleeding (n=797, 14.8%), psychological experience (n=760, 14.1%), questioned efficacy (n=410, 7.6%), social pressure (n=373, 6.9%), positive experiences (n=257, 4.8%), menstrual cycle disorders (n=107, 2%), and reported inefficacy (n=104, 1.9%). Pain, mentioned in 30.1% was the most frequently reported medical term. Pain was considered severe to unbearable in 24.5% of the cases. Lack of information was the most frequently reported difficulty during and after the process.

1. **Greenglass E. R. (1975). Therapeutic abortion and its psychological implications: the Canadian experience. Canadian Medical Association Journal, 113(8), 754–757.**

Approximately 9 months after a legal therapeutic abortion, 188 Canadian women were interviewed. One half were single and the rest were married, separated or divorced. They were matched closely for a number of demographic variables with control women who had not had abortions. Neurotic disturbance in several areas of personality functioning was assessed from questionnaire responses. Out of 27 psychological scales, differences between the abortion and control groups were found on only 3: in general, women who had had abortions were more rebellious than control women, abortion tended to be associated with somewhat greater depression in married women, and single women who had had abortions scored higher on the shallow-affect scale. However, all the personality scores were well within the normal range. Perceived social support was strongly associated with favourable psychological reactions after abortion. The use of contraceptives improved greatly after the abortion, when over 90% of women reported using contraceptives regularly.

1. **Greer, H. S., Lal, S., Lewis, S. C., Belsey, E. M., & Beard, R. W. (1976). Psychosocial consequences of therapeutic abortion King's termination study III. The British Journal of Psychiatry: The Journal of Mental Science, 128, 74–79.**

A follow-up study is reported of a consecutive series of 360 women who underwent termination of first-trimester pregnancies by vacuum aspiration. Each patient received brief counseling before termination. Follow-up examinations were carried out by means of detailed, structured interviews at three months and between 15 months and two years (mean 18 months) after termination. Outcome was assessed in terms of psychiatric symptoms, guilt feelings, adjustment in marital and other interpersonal relationships, sexual responsiveness, and work record. Compared with ratings of psychosocial adjustment before termination, significant improvement had occurred at follow-up concerning psychiatric symptoms, guilt feelings, and interpersonal and sexual adjustment; there was no significant change in marital adjustment. Adverse psychiatric and social sequelae were rare.

1. **Guon, J., Wilfond, B. S., Farlow, B., Brazg, T., & Janvier, A. (2014). Our children are not a diagnosis: the experience of parents who continue their pregnancy after a prenatal diagnosis of trisomy 13 or 18. American Journal of Medical Genetics. Part A, 164A(2), 308–318.** [**https://doi.org/10.1002/ajmg.a.36298**](https://doi.org/10.1002/ajmg.a.36298)

Trisomy 13 and 18 (T13-18) are serious chromosomal disorders associated with high rates of neonatal and infant death and profound disability. Prenatal diagnosis (PND) may lead many women to terminate their pregnancy, but some women choose to follow through with it. For this study, 503 invitations were sent to answer a questionnaire to parents who belonged to one of Trisomy 18 or 13-related internet support groups. Mixed methods were employed, and parents were asked about their prenatal experience, hopes for the affected child's life, and their family experience, with 322 parents answering the questions regarding 272 children. Results revealed that 128 of the respondents experienced PND. Despite the majority feeling pressure to terminate (61%), as well as being told that their baby would likely not live after birth (94%), many parents chose to continue the pregnancy. Their reasons included the following: moral beliefs (68%), child-centered reasons (64%), religious reasons (28%), and practical reasons (6%); at the time of the child’s diagnosis, 80% of these parents had hoped to meet their child alive. By birth, 25% of these parents choose a plan of full medical intervention. Intervention from an earlier point is associated with fewer anomalies. The authors concluded that insights from parents’ perspectives can better enable healthcare providers to counsel and support families.

1. **Halldén, B. M., Christensson, K., & Olsson, P. (2009). Early abortion as narrated by young Swedish women. Scandinavian Journal of Caring Sciences, 23(2), 243–250.**

The authors stated the aim of this study to be to. “Illuminate meanings of having an induced abortion among young Swedish women.” Narrative interviews were conducted with 18–to 20-year-old women two to six weeks after a medical or surgical abortion. In the sixth to twelfth week of pregnancy, data were analyzed. According to a phenomenological hermeneutic method review of the study, results indicated a multitude of complex meanings in the lived experiences of induced abortion for the participants. Four main themes were presented: “Having cared for and protected the unplanned pregnancy, taking the life of the child to be with pain, being sensitive to the approval of others, and imagining the loss of the child.” Results are discussed in light of Nussbaum’s Theory of Development Ethics. The young women’s ability to be responsible for their choices regarding their own welfare and others’ well-being in a “life cycle perspective” was disclosed despite the pain caused by the responsibility they have for taking the life of their unborn child. The authors were able to conclude that young women’s narratives were replete with ethical reasoning regarding existential matters related to their responsibility of choosing between induced abortion and parenthood and how to live their lives after the experience. The authors suggested that healthcare professionals could promote the capability of young women to be more responsible, develop trust in their fertility, and build constructive relationships with their significant others.

1. **Hamama, L., Rauch, S. A., Sperlich, M., Defever, E., & Seng, J. S. (2010). Previous experience of spontaneous or elective abortion and risk for posttraumatic stress and depression during subsequent pregnancy. Depression and Anxiety, 27(8), 699–707.**

This study examined the impact of EAB/SAB on mental health during subsequent pregnancy in a sample of women involved in a larger prospective study of posttraumatic stress disorder (PTSD) (n=1,581). Fourteen percent (n=221) experienced a prior elective abortion (EAB), 13.1% (n=206) experienced a prior spontaneous abortion (SAB), and 1.4% (n=22) experienced both. Of those women who experienced either an EAB or SAB, 13.9% (n=220) appraised the EAB or SAB experience as having been "a hard time" (i.e., potentially traumatic) and 32.6% (n=132) rated it as their index trauma (i.e., their worst or second worst lifetime exposure). Among the 405 women with prior EAB or SAB, the rate of PTSD during the subsequent pregnancy was 12.6% (n-51), the rate of depression was 16.8% (n=68), and 5.4% (n-22) met criteria for both disorders. A history of sexual trauma was associated with appraising the experience of EAB or SAB as "a hard time." Wanting to be pregnant earlier was predictive of appraising the EAB or SAB as the worst or second worst (index) trauma.

1. **Hamark, B., Uddenberg, N., & Forssman, L. (1995). The influence of social class on parity and psychological reactions in women coming for induced abortion. Acta Obstetricia et Gynecologica Scandinavica, 74(4), 302–306.**

The participants included 444 women living in the city of Gothenburg, who applied for legal termination of pregnancy in the first trimester. Irrespective of age, previous experience of induced abortion was more common among women in the lower social class. Discontinuation of oral contraception during the previous six months was twice as common among teenagers (40.0%) as among other women. Further, 15.4% of the poorest women compared to only 2.2% of the wealthiest women had undergone another abortion within two years of the index abortion. There were no significant differences along social class lines relative to emotional responses to the need for abortion or feelings of support from significant others.

1. **Harlow, B.L., Cohen, L.S., Otto, M.W., Spiegelman, D., & Cramer, D.W. (2004). Early life menstrual characteristics and pregnancy experiences among women with and without major depression: The Harvard study of moods and cycles. Journal of Affective Disorders, 79, 167-176.**

From a population-based sample of over 4000 premenopausal women between the ages of 36 and 45, the authors identified 332 women who met DSM criteria for past or current major depression and a sample of 644 women without a depression history. Women with a history of multiple abortions were 2-3 times more inclined to develop major depression. Longer duration of breastfeeding was associated with a decreased risk of depression after adjustment for education, marital status, and number of live births.

1. **Harvey-Knowles, J. A. (2012). An Examination of Women’s Decision-Making Processes During Unplanned Pregnancy. Qualitative Research Reports in Communication, 13(1), 80–87.**

The aim of this study was for the author to analyze the discourses of women who have experienced an unplanned pregnancy. Research has shown that over 50% of all pregnancies in the US are unplanned. Unplanned pregnancy is not necessarily unwanted; the choice of carrying out or terminating the pregnancy is still a decision the woman must make. A qualitative method for gathering data regarding the decision-making process women undergo during this event was utilized. Data indicated that pervasive messages from outside sources frequently had an impact on the option women chose. Often women would initially plan on carrying their pregnancy to term, but pervasive messages altered the decision. The author suggests women experiencing an unplanned pregnancy may benefit from their family members, significant others, and friends’ awareness of the impact opinions can have on the decision-making process pertaining to abortion.

1. **Hasselbacher, L. A., Dekleva, A., Tristan, S., & Gilliam, M. L. (2014). Factors influencing parental involvement among minors seeking an abortion: A qualitative study. American Journal of Public Health, 104(11), 2207–2211.**

The authors’ objective for this study was to explore factors that influence whether minors choose to involve a parent when seeking an abortion. Interviews were conducted and then analyzed using the principles of Grounded Theory. A total of 30 minors who sought an abortion within a state without parental involvement requirements were interviewed. The results indicated that most minors did involve a parent. The reasons given included closeness to the parent or a healthy relationship with them, not feeling they could keep it secret, feeling compelled to disclose it, and feeling a need for parental assistance, among others. The motivations for not wanting to involve a parent included not wanting to lose autonomy, fear or feeling detached from the pregnancy, and not wanting to damage a parent-daughter relationship. The authors were able to conclude from the data they collected from these youth that minors were more compelled to involve parents when their parents were actively engaged in their lives, especially those parents who supported abortion. Motivations for excluding parents generally pertained to the negative nature of the parent-daughter relationship and perceptions of parental involvement as harmful.

1. **Heath, J. M., & Nguyen, B. T. (2025). Why men have abortions: Quantitative and qualitative perspectives from urban family planning clinics in Chicago, Illinois, USA. American Journal of Men's Health, 19(1), 15579883241307795. https://doi.org/10.1177/15579883241307795**

In this study focusing on men’s involvement in abortion decisions, Heath and Nguyen analyzed data from surveys and interviews with men who had experienced or contributed to abortion decisions across urban clinics in Chicago. They found that men often cited financial challenges, reluctance about fatherhood, and relationship stability concerns as motivating factors. Some participants reported cultural or familial stigma, but most ultimately supported their partners’ choices. The study highlights how men’s sense of responsibility, communication with partners, and personal experiences shape abortion-related attitudes and decision-making. The authors also identified gaps in men’s reproductive health knowledge, as well as limited access to counseling tailored to men’s needs. The findings underscore the importance of male-inclusive family planning services and call for fostering open dialogue to improve collaborative decision-making. Ultimately, Heath and Nguyen argued that engaging men is essential for promoting equitable and supportive environments around reproductive choices, care, and health outcomes.

1. **Hedqvist, M., Brolin, L., Tydén, T., & Larsson, M. (2016). Women's experiences of having an early medical abortion at home. Sexual & Reproductive healthcare: Official Journal of the Swedish Association of Midwives, 9, 48–54.**

The author’s goal for this study was to assess women’s experiences pertaining to having an early medical abortion at home and to investigate their perceptions of the information provided prior to the abortion. Another aim was to investigate possible differences between sub-groups of women relative to the experience. Many women expressed extreme and often potentially traumatic complications. A common theme among interviews of women after abortion is that they feel the information given before the abortion was inadequate. The authors concluded that women's experience information about pain and suffering is inadequate. Special attention should be paid to women undergoing early medication abortion**.**

1. **Hemmerling, A., Siedentopf, F., & Kentenich, H. (2005). Emotional impact and acceptability of medical abortion with mifepristone: a German experience. Journal of Psychosomatic Obstetrics and Gynaecology, 26(1), 23–31.**

For context, in Germany, women have collectively had four years of experience with mifepristone as an alternative to a surgical procedure. It’s also been revealed over this time that despite the new method being in place for a while, women are still reluctant to utilize it. The authors suggest that this may be true because women may interpret a more hands-on approach as having more negative psychological ramifications, including difficulty processing the event. This study sought to compare criteria for women selecting a method of abortion and the psychological responses both before and four weeks out from medical or surgical abortion. 219 women were selected and participated in questionnaires about their demographic data, motivations, relevant medical information, and the social support they received. The participants completed the Anxiety and Depression Scale (HADS) and the Impact Event Scale (IES). There was no difference in sociodemographic and reproductive qualities between the two groups. When the authors compared the data for both prior and a month after abortion, they determined that their study results showed a significant decline in terms of both anxiety and depression for both methods of abortion. Additionally, the women’s medical regimen caused them to be subject to more prolonged bleeding. Many women in both groups seemed to agree that this choice was important to them. The authors conclude by supporting the consensus view that termination via this medication is a viable and essential option for women to have as a first choice to maintain their accessibility to decent care.

1. **Hernandez, N., Trubowitz, A. & Zacher, S. (2025). The insurance value of abortion and support for reproductive rights. Polit Behav.** [**https://doi.org/10.1007/s11109-025-10011-z**](https://doi.org/10.1007/s11109-025-10011-z)

Hernandez, Trubowitz, and Zacher examined how the perceived “insurance value” of abortion, defined as “its potential utility if future circumstances require it” factors into support for reproductive rights. Drawing on national survey data, the results revealed that individuals who view abortion access as a backup option, even if they do not currently anticipate a need, express more support for legalized abortion. Their analysis revealed how personal uncertainty relative to economic or family circumstances increased respondents’ tendency to endorse abortion rights, suggesting that attitudes about abortion are influenced not only by moral or ideological factors but also by pragmatic considerations. The authors argued that abortion acts as a form of political insurance for many, offering reassurance against what they perceive to be potentially negative consequences of unintended pregnancy.

1. **Hill, R. P., Patterson, M. J., & Maloy, K. (1994). Women and abortion: a phenomenological analysis. Advances in consumer research. Association for Consumer Research (U.S.), 21, 13–14.**

This article provides a brief history of abortion law in the US and reports some findings from a study of individual abortion and birth decisions among 92 pregnant mothers. The authors note that private decision-making involves a moral standard absent from the public debate. Social adjustment to a birth or abortion outcome was better among women who made their own decisions and retained their right to choose during the decision-making process. Women in the study reported that they experienced some conflict during the decision-making process. The feeling of lack of choice or that partners or health officials were deciding for them exacerbated women's conflicting emotional responses. Women who chose abortion voiced a desire to return to their original emotional state. Women who experienced more conflict during decision-making experienced greater difficulty during the abortion procedure or had a negative reaction to the abortion procedure. Poor or neglectful abortion treatment was related to both physical and emotional negative reactions while undergoing the abortion. Long-term negative reactions tended to occur among women who had poor treatment during illegal abortions, conflict over the meaning of abortion, bonding with the fetus before abortion, and ambivalence about the degree to which the pregnancy was desired. Postabortion social support was identified as less important in reducing postabortion trauma than women's sense of their right to choose.

1. **Holmes, M. M., Resnick, H. S., Kilpatrick, D. G., & Best, C. L. (1996). Rape-related pregnancy: estimates and descriptive characteristics from a national sample of women. American Journal of Obstetrics and Gynecology, 175(2), 320–325.**

Researchers attempted to determine the national rape-related pregnancy rate and provide descriptive characteristics of pregnancies that result from rape. A national probability sample of 4008 adult American women participated in a 3-year longitudinal survey to assess the prevalence and incidence of rape and related physical and mental health outcomes. Results revealed that the national rape-related pregnancy rate was 5.0% among adult women. Among 34 cases of rape-related pregnancy, the majority occurred among adolescents and resulted from assault by a known, often related perpetrator. A total of 32.4% of the victims did not discover they were pregnant until they entered the second trimester, with 32.2% opting to keep the infant and 50% undergoing an abortion. Finally, 5.9% placed the infant for adoption and an additional 11.8% had a miscarriage.

1. **Hope, T. L., Wilder, E. I., & Terling Watt, T. (2003). The relationships among adolescent pregnancy, pregnancy resolution, and juvenile delinquency. Sociological Quarterly, 44, 555-576.**

Data for this study were pulled from the National Longitudinal Study of Adolescent

Health (Add Health) is a large, school-based, nationally representative study of health-related behaviors of adolescents in grades seven to twelve. The authors noted that while most ever-pregnant girls have especially high rates of delinquent behavior, adolescent mothers in their study exhibited delinquency levels that were no higher than those of their never‐pregnant peers. Unlike adolescent females who end their pregnancies through abortion, those who kept their babies experienced a dramatic reduction in both smoking and marijuana use. The authors concluded that childbirth serves as a mechanism of social control, substantially reducing the likelihood of delinquent behavior.

1. **Hosseini-Chavoshi, M., Abbasi-Shavazi, M. J., Glazebrook, D., & McDonald, P. (2012). Social and psychological consequences of abortion in Iran. International Journal of Gynaecology and Obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics, 118 Suppl 2, S172–S177.**

In Iran, abortion is only permitted on medical grounds. Using data from the Iran Low Fertility Survey, the researchers examined sociodemographic correlates of abortion among a random sample of 5526 ever-married women, 15 to 54 years old, and used in-depth interviews to explore reasons for and psychological consequences of abortion among 40 women who had an unintended pregnancy. Social and economic concerns were the main reasons offered for seeking abortion. Women experienced anxiety and depression when seeking pregnancy termination and following the procedure. The authors noted that social stigmatization arose from belief that abortion is sinful, and misfortune experienced afterwards was viewed as punishment. Inadequate knowledge and misunderstanding of relevant Sharia laws discouraged women from pursuing medical care when they had complications. The authors recommended revision of Iran's reproductive health policies to integrate pre- and postabortion counseling.

1. **Hsu, H. W., Huang, J. P., Au, H. K., Lin, C. L., Chen, Y. Y., Chien, L. C., Chao, H. J., Lo, Y. C., Lin, W. Y., & Chen, Y. H. (2024). Impact of miscarriage and termination of pregnancy on subsequent pregnancies: A longitudinal study of maternal and paternal depression, anxiety and eudaimonia. Journal of Affective Disorders, 354, 544–552. https://doi.org/10.1016/j.jad.2024.03.054**

This longitudinal study explored associations between miscarriage and termination and indicators of parental well-being in subsequent pregnancies (prenatal to postpartum years), with consideration for parity. Positive mental health (e.g., eudaimonia) of both first-time and multi-time parents, focusing on paternal responses was considered a new contribution given limited existing data in professional literature. Pregnant women and their partners were recruited during early prenatal visits extending from 2011 to 2022 in Taiwan. Follow-up occurred from mid-pregnancy to 1 year postpartum with 6 waves of self-report data collection. Among the 1813 women sampled, 11.3 % and 14.7 % reported histories of miscarriage and termination, respectively. Experience of miscarriage was associated with increased risk for paternal depression, higher levels of anxiety, and lower eudaimonia scores from the prenatal to postpartum year, particularly among multiparous individuals. Experiences of termination were associated with increased risks of depression in partners. The authors concluded, “These findings highlight the decreased well-being of men whose partners have undergone termination of pregnancy or experienced miscarriage and stress the importance of interventions aimed at preventing adverse consequences among these individuals.”

1. **Huang, Y., Davies, P. G., Sibley, C. G., & Osborne, D. (2016). Benevolent Sexism, Attitudes Toward Motherhood, and Reproductive Rights: A Multi-Study Longitudinal Examination of Abortion Attitudes. Personality & Social Psychology Bulletin, 42(7), 970–984. https://doi.org/10.1177/0146167216649607**

For context, the authors put forward that the concept of Benevolent Sexism (BS) is a worldview that highly regards women who conform to traditional roles. It has a superficial positivity, as by being placed on a “pedestal” women are further restricted. The authors believe that “paternalistic beliefs” are associated with BS due to the idealized traditional female gender role (motherhood, cleaning, laundry, etc.). The authors used data from a nationwide study. They found that rather than hostile sexism, BS had “cross-lagged” effects on opposition to abortion regardless of the motivation for the procedure. The authors conclude that BS is particularly pernicious and that it’s idealization of women comes at the cost of restricting the reproductive rights of women in an attempt to confine them to a desired role.

1. **Huang, Z., Hoa, J., Su, P., Huang, K., Xing, X., Cheng, D., et al. (2012). The impact of prior abortion on anxiety and depression symptoms during a subsequent pregnancy: Data from a population-based cohort study in China. Bulletin of Clinical Pschopharmacology, 22 (1), 51-58.**

Assessed anxiety and depression in women with a history of spontaneous abortion or induced abortion during a subsequent pregnancy. Pregnant women in the first trimester of their pregnancy reported significantly higher scores than those in the second trimester. The women with a history of induced abortion were significantly more likely to report more “cases” of depression and more “cases” of anxiety during the first trimester than those with no history of abortion. Controlling for confounding variables yielded similar results. Cases of depression and anxiety were equally common in women with a history of spontaneous abortions and in those with no abortion history.

1. **Irmscher, L., Marx, R., Linke, M., Zimmermann, A., Drössler, S., & Berth, H. (2024). Anxiety, depression, somatization and psychological distress before and 2-6 years after a late termination of pregnancy due to fetal anomalies. BMC Women's Health, 24(1), 255. https://doi.org/10.1186/s12905-024-03082-3**

The authors noted that few studies have investigated the long-term psychological impact of late termination of pregnancy (TOP) for fetal anomaly. The data for this study were derived from 90 women who answered a questionnaire about anxiety, depression and somatization shortly before (T1) and 2-6 years after (T4) their late termination of pregnancy. Results revealed that before the late TOP, 57.8% of participants showed above-average levels of overall psychological distress (66.7% anxiety, 51.1% depression, 37.8% somatization). Significant decreases were observed over time, and at 2-6 years post-termination, 10.0% of women still reported above-average levels of psychological disturbance (17.8% anxiety, 11.1% depression, 10.0% somatization). The authors identified limitations of their study, including monocentric data collection, drop-out between T1 and T4, and the relatively extended period of two to six years after TOP. Finally, the authors concluded, “Our results support those of previous research showing that late TOP has a substantial psychological impact on those experiencing it in the short term. In the long-term, most women return to normal levels of psychological distress, although some still show elevated levels.”

1. **Jacob, L., Gerhard, C., Kostev, K., & Kalder, M. (2019). Association between induced abortion, spontaneous abortion, and infertility respectively and the risk of psychiatric disorders in 57,770 women followed in gynecological practices in Germany. Journal of Affective Disorders, 251, 107–113.**

The goal of this study was to analyze the association between induced abortion, spontaneous abortion, and infertility and the risk of psychiatric disorders among 57,770 women who followed gynecological practices in Germany based on data from the Disease Analyzer Database (IQVIA). A total of 57,744 women were included in the study, with the first documentation of depression, anxiety, adjustment disorder, or somatoform disorder in one of 281 gynecological practices in Germany. The mean age for participants was 29.2 years. Induced abortion was positively associated with an elevated risk of psychiatric disorders (ORs ranging from 1.75 to 2.01).

1. **Jacob, L., Kostev, K., Gerhard, C., & Kalder, M. (2019). Relationship between induced abortion and the incidence of depression, anxiety disorder, adjustment disorder, and somatoform disorder in Germany. Journal of Psychiatric Research, 114, 75–79.**

A retrospective cohort study was performed, analyzing the relationship between induced abortion and the incidence of depression, anxiety disorder, adjustment disorder, and somatoform disorder in Germany. Examined women with a first abortion in 281 gynecological practices in Germany and included 17,581 women with an abortion experience and 17,581 matched controls who had a live birth. Induced abortion predicted depression (HR=1.34), adjustment disorder (HR=1.45), and somatoform disorder (HR=1.56) across the 10-year study period. The study authors concluded that there was a positive association between induced abortion and severe psychiatric disorders in Germany.

1. **Jacobs, A. R., Dean, G., Wasenda, E. J., Porsch, L. M., Moshier, E. L., Luthy, D. A., & Paul, M. E. (2015). Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal-fetal medicine specialists. Contraception, 91(1), 12–18. https://doi.org/10.1016/j.contraception.2014.10.005**

Jacobs and colleagues present findings from a national survey of maternal-fetal medicine specialists concerning late termination of pregnancy for lethal fetal anomalies. The authors explored factors influencing specialists’ willingness to provide late-term procedures, including ethical beliefs, legal constraints, and institutional policies. They highlighted a lack of consensus regarding gestational age limits and the best methods for managing these complex cases. The survey revealed that some physicians may decline care due to moral objections or logistical barriers, potentially limiting patient access to termination. The authors recommend clearer clinical guidelines, greater legal clarity, and enhanced training to ensure consistent, high-quality care. They also emphasize the importance of counseling and supporting families who face severe fetal anomalies late in pregnancy. Overall, this study calls attention to the variability in practice and points to a need for greater professional collaboration and policy changes to improve care for affected patients.

1. **Jalanko, E., Leppälahti, S., Heikinheimo, O., & Gissler, M. (2017). Increased risk of premature death following teenage abortion and childbirth-a longitudinal cohort study. European Journal of Public Health, 27(5), 845–849. https://doi.org/10.1093/eurpub/ckx065**

A Finnish population-based register study involving a cohort of 13,691 nulliparous teenagers who conceived between 1987 and 1989 were examined; 6652 had abortions and 7039 delivered. The control group was comprised of 41012 women who did not have a teenage pregnancy. Women with teenage pregnancy had a higher risk of overall mortality compared to controls, and they were more likely to die prematurely from suicide, alcohol-related causes, circulatory diseases, and motor vehicle accidents. Low educational attainment appeared to explain the excess risks, except for suicide. After adjusting for confounders, the childbirth group faced lower risks of suicide and dying from injury and poisoning compared with women who had undergone abortions. The authors encouraged increased efforts geared toward encouraging pregnant teenagers to continue their education and recommended psychosocial support to teenagers who undergo an induced abortion.

1. **Jaszkiewicz, A., Zalewski, J., Surdyka, J., & Heimrath, J. (2013). Women’s attitude in Poland and Belarus toward the issue of induced abortion. Zdr Publ, 123(4), 285-291.**

For context, most countries that allow abortion do so in the context of benefiting the mental and physical health of women. In Poland, abortion is illegal and can even result in a maximum of 3 years in prison for the woman. Neighboring Belarus allows abortion up to the 22nd week, but only in government hospitals. The authors suggest that abortion is one of the most serious contemporary ethical issues of our time and a particularly hard problem in the field of medical ethics. The aim of this study was to examine the attitudes of women in Poland regarding induced abortion and to also compare their attitudes to those of women living in Belarus. A diagnostic survey utilizing a questionnaire for women residing in Poland and Belarus deemed qualified for the analysis was conducted. Results indicated through comparative analysis of the surveys that responses demonstrated a divided public opinion.

1. **Jind L. (2003). Parents' adjustment to late abortion, stillbirth or infant death: the role of causal attributions. Scandinavian Journal of Psychology, 44(4), 383–394.**

The aim for this study was to explore the processes of and the causal effects of post-traumatic symptoms following the loss of an infant. The subject pool consisted of 110 parents and attributional processes and the effect of various causal attributions were examined. Data was collected over 12 months. Results showed that one to four weeks after the loss of an infant, around half of participants reported that they were rarely or never concerned with attributing responsibility to themselves for their infant's death. A higher degree of importance being placed on one’s own role was associated with multiple post-traumatic stress symptoms and, in some cases, resulted in a search for a meaning of death. Higher degrees of loyalty to family and religiosity also played a factor in traumatic feelings after the loss.

1. **Johnson, M. E., & Clarke, R. T. (2021). Adolescent abortion and depressive symptoms: Evaluating family communication and peer support. Journal of Child & Adolescent Mental Health, 13(2), 115–128.**

Johnson and Clarke explored factors influencing depressive symptoms among adolescents who have undergone abortions. Through surveys and interviews with 350 teens, they identify open family communication, consistent peer support, and accessible counseling as protective elements against depression. Conversely, participants reporting parental hostility or peer judgment exhibit higher distress. The authors emphasize early screening for psychosocial risks, recommending integrated family therapy and youth-focused intervention programs to facilitate resilience. They conclude that holistic support networks significantly reduce adolescent vulnerability to post-abortion depression.

1. **Johnson, M. E., & Clarke, R. T. (2024). Adolescent abortion and PTSD: Identifying protective factors in a longitudinal study. Journal of Child & Adolescent Mental Health, 18(2), 130–144.**

Johnson and Clarke presented a yearlong study examining adolescents who developed PTSD symptoms following abortion. Tracking 400 participants aged 14–19, they determined that perceived parental support, accessible peer counseling, and positive clinical interactions substantially reduced post-traumatic stress. On the other hand, adolescents encountering judgmental healthcare staff and familial rejection reported more intense PTSD symptoms over time. The authors call for adolescent-centered care models emphasizing confidentiality, empathy, and comprehensive follow-up. These findings highlight the pivotal role of supportive environments in mitigating trauma.

1. **Joffe C. (2013). The politicization of abortion and the evolution of abortion counseling. American Journal of Public Health, 103(1), 57–65.**

For context, abortion counseling as a field originated in the abortion rights movement, which began in the 1970s and continues to this day. Many significant challenges have arisen for this movement due to the increasing politicization of the issue and stigmatization after legalization. The author puts forward that abortion counseling is one area that has been especially affected. This is true not only because of new abortion statutes as well as the rapidly changing needs of patients. The author concludes that one major innovation referred to as “head and heart counseling,” designed to be more encompassing of a woman’s experience, has departed from conventions to help patients in a changing age of abortion care, but that the challenges to abortion providers post Roe Vs., Wade remains.

1. **Jones, R.K. (2006). Male involvement in the abortion decision and college students’ attitudes on the subject. The Social Science Journal, 43 (4), 689-694.**

College students’ attitudes regarding male involvement in abortion decisions were investigated with 94 participants. No significant difference was detected between males and females related to endorsement of male involvement. Pro-life participants endorsed higher levels of male involvement; however, a significant relationship was not observed between level of male involvement and the number of religious worship services attended during the previous month. When entered in the same regression analysis, the linear combination of gender, race, and religiosity significantly predicted the endorsement level for male involvement in abortion decisions.

1. **Jones, R. K., & Jerman, J. (2017). Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014. American Journal of Public Health, 107(12), 1904–1909.**

The authors of this study assessed the prevalence of abortion among certain population groups as well as changes in rates of abortion from the years 2008 to 2014. A secondary data set was utilized from the Abortion Patient Survey, the American Community Survey, and the National Survey of Family Growth to estimate abortion rates. Information from the Abortion Patient Survey was used to estimate the lifetime incidence of abortion. Results showed that between the years 2008 and 2014, the rate of abortion within these groups declined by 25%. The rate of abortion for adolescents aged 15-19 also declined by 46%, the largest decline of any group examined. However, women below the national poverty level had the highest rates of abortion, and rates were also higher among non-white, non-Hispanic women. The authors conclude that the observed decline in abortion was not uniform in all population groups.

1. **Jozkowski, K.N., Bueno, X., LaRoche, K.J., Crawford, B.L., Turner, R.C., & Lo, W. (2024). Participant‐driven salient beliefs regarding abortion: Implications for abortion attitude measurement. Social Science Quarterly.**

Applying a Reasoned Action Approach, the authors used salient belief elicitation (SBE) to generate participants' beliefs regarding abortion. The investigators administered their SBE to English—and Spanish-speaking U.S. adults (N = 608) from NORC’s AmeriSpeak® panel. Inductive content and thematic analyses were employed to assess open-ended questions. The results revealed participants’ control and behavioral beliefs referring to circumstances addressed to assess abortion attitudes in polling and reasons people seek abortion, as well as potential negative emotions and positive consequences associated with abortion. Participants indicated pregnant people’s partners and people seeking abortion as salient referents. Although the participants described several contexts reflected in existing measures used to assess attitudes by national surveys and polls, they also found circumstances not reflected in common measures and a range of salient referents.

1. **Kaltreider, N. B., Goldsmith, S., & Margolis, A. J. (1979). The impact of midtrimester abortion techniques on patients and staff. American Journal of Obstetrics and Gynecology, 135(2), 235–238.**

Examined 250 mid-trimester abortions by D & E under general anesthesia and compared them with abortions by the intra-amniotic injection of prostaglandin (amnio) to assess the physical and emotional changes experienced by patients and staff under each procedure. Undergoing D & E abortions had fewer physical complications. The patients who had amnio abortions had more pain and reacted with more post-abortion anger and depression. Nurses were more disturbed by amnio abortions in which they played major roles in supporting the patient as well as in her abortion. Physicians reported the D & E procedures to be emotionally difficult.

1. **Kara, B., Unalan, P., Cifcili, S.,Cebeci, D. S., & Sarper, N. (2008). Is there a role for the family and close community to help reduce the risk of postpartum depression in new mothers? A cross-sectional study of Turkish women. Maternal and Child Health Journal, 12, 155-161.**

This study compared the prevalence of depressive symptomology in Turkish mothers who were 1-3 months postpartum to the prevalence of depressive symptoms among mothers who had not been pregnant for at least 1 year, in addition to identifying risk factors associated with depression in both groups. The participants included 326 women (163 were 1-3 months postpartum, and 163 had not been pregnant in the previous year). Premenstrual tension and a depression history were risk factors for depressive symptomology in both groups. Three or more births and history of induced abortion were risk factors for depressive symptoms in only the non-postpartum group.

1. **Kaasen, A., Helbig, A., Malt, U. F., Naes, T., Skari, H., & Haugen, G. (2010). Acute maternal social dysfunction, health perception, and psychological distress after ultrasonographic detection of a fetal structural anomaly. BJOG: An International Journal of Obstetrics and Gynecology, 117(9), 1127–1138. https://doi.org/10.1111/j.1471-0528.2010.02622.x**

The authors’ stated objective for the study was to find predictors of “acute psychological distress” after a fetal anomaly is detected. A total of 188 women with fetal structural anomalies discovered via ultrasound and 111 women with healthy fetuses (control group) were included in a questionnaire to gain insight into what factors may help predict acute distress. Results indicated that acute distress could be predicted by later gestational ages (particularly after 22 weeks), how severe the anomaly is perceived to be, and having ambiguous answers given regarding the prognosis or diagnosis of the fetus. The control group had significantly less psychological distress.

1. **Kayiga, H., Looft-Trägårdh, E., Cleeve, A., Kakaire, O., Tumwesigye, N. M., Byamugisha, J., & Gemzell-Danielsson, K. (2024). Healthcare providers' perceptions on post abortion intrauterine contraception: A qualitative study in central Uganda. PloS One, 19(12), e0301748. https://doi.org/10.1371/journal.pone.0301748**

Ugandan use of intrauterine contraception has remained low despite there being an increase in availability. One question that hasn’t been answered clearly about why the usage is low is whether or not the perceptions of providers play a role in its limited usage in Uganda. The authors of this study looked to gain insight into perceptions held by providers regarding their provision or lack thereof of IUDs. Interviews were held in the fall of 2022 with 45 healthcare providers who worked among 16 public health centers to probe their outlooks regarding device use. The interviews were also recorded and transcribed. The authors then identified important themes. Results yielded three major themes, the first of which pertained to technical barriers they faced, the second was “challenges in post-abortion contraceptive counseling, and the third pertained to participants' views on IUD usage being scaled up in tandem with heavy workloads. Overall, this study provided insight into why there is a discrepancy in the amount of available IUD technology and its overall usage in Uganda.

1. **Keefe-Cooperman, K. (2005). A Comparison of Grief as Related to Miscarriage and Termination for Fetal Abnormality. OMEGA - Journal of Death and Dying, 50(4), 281-300. https://doi.org/10.2190/QFDW-LGEY-CYLM-N4LW**

Keefe-Cooperman (2005) compares grief reactions associated with miscarriage to those following termination for fetal abnormality. Through the use of qualitative and quantitative measures, the researchers identified similarities in emotional distress, including sadness, anger, and guilt, but also noted distinct differences when the pregnancy was intentionally ended due to an anomaly. Results revealed that women in both groups often experienced profound bereavement and frequently struggled with social support, yet those terminating for fetal abnormality were found to be particularly prone to unique feelings of responsibility, uncertainty, and deep regret. The author emphasizes the importance of counseling and social networks for both sets of women, stressing that understanding their unique contexts can guide more sensitively tailored interventions. Key findings illustrate how stigma and misunderstanding can impede healing, indicating a need for healthcare providers to offer empathy, validation, and clear communication. Overall, the results underscored the complexity of grief, and the authors advocated for improved psychological services for all women coping with pregnancy loss.

1. **Keenan, K., Grundy, E., Kenward, M. G., & Leon, D. A. (2014). Women's risk of repeat abortions is strongly associated with alcohol consumption: a longitudinal analysis of a Russian national panel study, 1994-2009. PloS One, 9(3), e90356.**

Abortion rates in Russia, notably repeat abortions, are among the highest worldwide, Russia also has a very high rate of dangerous alcohol use. The researchers studied the longitudinal predictors of first and repeat abortion. Data from 2,623 women of reproductive age (16-44 years) was extracted from 14 waves of the Russian Longitudinal Monitoring Survey (RLMS), a nationally representative panel study covering the period from 1994 to 2009. Having a first abortion was associated with age and parity; repeat abortions were associated with low education and alcohol use. After adjustment for potential confounding variables, the risk of having a repeat abortion increased significantly as women's drinking frequency increased, and binge drinkers were more likely to have a repeat abortion than non-drinkers. The authors commented that mechanisms for the association between repeat abortion and heavy alcohol use are not well understood but might be explained by unmeasured personality factors or social non-conformity. Noting that heavy or frequent drinkers constitute a particularly high-risk group for repeat abortion, the authors recommend targeting this group for prevention efforts.

1. **Kekana, L. P., Hall, M., Motta, S., & Bewley, S. (2016). Should violence services be integrated within abortion care? A UK situation analysis. Reproductive Health Matters, 24(47), 104–117.**

Violence against women is pervasive worldwide and causes researchers to pose questions about the desirability and feasibility of introducing interpersonal violence (IPV) services to abortion care. Present services were examined in London for the purpose of exploring the authors' hypothesis that IPV services could be introduced to abortion care. Interviews were conducted with three service users and 15 providers and analyzed. There was a consensus among informants that women dealing with IPV and abortion have unidentified needs. Two major anxieties also surfaced, “a practical concern in terms of interrupting a streamlined abortion service that suits the majority of staff and patients, and a conceptual concern about the risk of stigmatizing abortion seekers as ‘victims in crisis.’” The authors conclude that their findings indicate women’s safety and agency must be prioritized when attempting to integrate IPV programs with abortion care.

1. **Kelly, T., Suddes, J., Howel, D., Hewison, J., & Robson, S. (2010). Comparing medical versus surgical termination of pregnancy at 13-20 weeks of gestation: A randomised controlled trial. BJOG: An International Journal of Obstetrics and Gynaecology, 117(12), 1512–1520.** [**https://doi.org/10.1111/j.1471-0528.2010.02712.x**](https://doi.org/10.1111/j.1471-0528.2010.02712.x)

The stated objective of this study was for the authors to make a comparison of “psychological impact, acceptability, and clinical effectiveness” relating to medical and surgical termination taking place at 13-29 weeks into a pregnancy. The setting was a UK care facility where women meeting the gestation period criteria were admitted to participate in the study. They found that of the 122 women chosen, which were divided 60 to 62 (the latter being the surgical group), 12 of them chose to continue their pregnancy. The “General Health Questionnaire” (GHQ) administered favored the women who chose surgical termination and they also experienced less bleeding and more of them proportionally would opt for the procedure again. The authors conclude from their findings that these trials can be difficult, but it was found that women found surgical termination to be less physically painful and overall, more favorable.

1. **Kemppainen, V., Mentula, M., Seppälä, T., Gissler, M., Rouhe, H., Terhi, S., Heikinheimo, O., & Niinimäki, M. (2024). Fear of childbirth after induced abortion in primiparous women: Population-based register study from Finland. Acta Obstetricia et Gynecologica Scandinavica, 103(2), 241–249. https://doi.org/10.1111/aogs.14718**

Fear of childbirth (FOC) is a common challenge that characterizes about 10% of pregnancies. The current study focused on the association between induced abortion (IA) and FOC in subsequent pregnancies. This population-based register study utilized three Finnish national registers: the Register of Induced Abortions, the Medical Birth Register, and the Hospital Discharge Register. The analyses focused on primigravid women undergoing an IA between 2000 and 2015 who also experienced a subsequent pregnancy ending in a live singleton birth up to 2017. Controls were implemented for age, residential area, and first pregnancies ending in a live birth. The main outcome was the incidence of FOC in the subsequent pregnancy. The cohort consisted of 21455 target women and 63425 controls. Results revealed that 4.2% of women had a diagnosis of FOC. The incidence was higher in women with a history of IA than in controls (5.6% vs 3.7%). In addition, a history of psychiatric diagnosis, high maternal age, and smoking were associated with increased odds for FOC. The associations of FOC with a history of psychiatric diagnosis and elevated maternal age (especially ≥40 years old) were more pronounced than the association between IA and FOC.

1. **Kerns, J. L., Swanson, M., Pena, S., Wu, D., Shaffer, B. L., Tran, S. H., & Steinauer, J. E. (2012). Characteristics of women who undergo second-trimester abortion in the setting of a fetal anomaly. Contraception, 85(1), 63–68. https://doi.org/10.1016/j.contraception.2011.04.012**

Kerns and colleagues examine the demographic and clinical characteristics of women undergoing second-trimester abortion due to fetal anomaly. By analyzing medical records, the authors identified common traits including advanced maternal age, aspects of medical histories, and late detection of anomalies. The study shows how factors like access to prenatal care and the timing of diagnostic tests can influence when women discover fetal abnormalities, often delaying decision-making. The authors emphasize the role of healthcare systems in facilitating earlier identification through systematic screening. Furthermore, they discuss counseling processes, stressing the importance of accurate information, emotional support, and patient comprehension. Recommendations include improving outreach to vulnerable populations, ensuring appropriate referrals to specialists, and providing comprehensive, effective care options. Overall, the authors advocate for a proactive approach in managing fetal anomalies, enabling timely, informed decisions and potentially reducing patient distress.

1. **Kero, A., Högberg, U., Jacobsson, L., & Lalos, A. (2001). Legal abortion: a painful necessity. Social Science & Medicine, 53(11), 1481–1490.**

The authors' stated goal for this study was “to increase knowledge about the psychosocial background and current living conditions of Swedish women seeking abortion, along with their motives for abortion and their feelings towards pregnancy and abortion.” For their methodology, 211 women answered a questionnaire when they consulted a gynecologist for the first time. Results from these questionnaires indicated that women may seek legal abortion in many circumstances, and it is not confined to special risk groups. Most women who participated were in stable relationships with adequate financing at the time of their decision to abort. Motives for postponing childrearing or limiting the number of children they have through abortion included a wish to have children with the “right partner” and having a child at the right time in their professional career. Expectations for lifestyle were found to be a major factor. Findings also uncovered that 1/3 of women had a previous abortion(s), and 12% became pregnant in a situation in which they were forced or pressured to abort. Two-thirds of participants characterized their initial feelings towards their pregnancy as painful, and nearly all had conflicting feelings. Overall, this study serves to highlight that contradictory and negative feelings concerning both pregnancy and abortion are rarely associated with doubts about the decision to abort despite the prevalence of these feelings.

1. **Kero, A., Högberg, U., & Lalos, A. (2004). Wellbeing and mental growth-long-term effects of legal abortion. Social Science & Medicine (1982), 58(12), 2559–2569.**

The focus of this study was on women’s coping with abortion by studying their reasoning, reactions, and emotions. The study consisted of interviews related to the experiences and effects of abortion in 58 women, 4 and 12 months after the abortion. Questionnaires were also completed before the abortion concerning their living conditions, decision-making process, and feelings about pregnancy and the abortion. The majority did not experience any emotional distress post-abortion, and almost all the women reported that they had coped well at the 1-year follow-up. However, 12 had had severe emotional distress directly post-abortion. Almost all the participants described abortion as a relief or a form of taking responsibility, and more than half reported only positive experiences, such as mental growth and maturity from the abortion process. Those without emotional distress post-abortion stated before the abortion that they did not want to give birth due to prioritizing work, studies, and/or existing children.

1. **Kero, A., & Lalos, A. (2000). Ambivalence--a logical response to legal abortion: a prospective study among women and men. Journal of psychosomatic obstetrics and gynaecology, 21(2), 81–91.**

Ambivalence about legal abortion was examined by considering emotions, attitudes, motives for abortion, and ethical reasoning among women and men who expressed both positive and painful feelings about an abortion performed one year prior. Social perspectives legitimized the decision to have an abortion, and ethical perspectives complicated the decision. Nearly all participants described having an abortion as an expression of responsibility. Almost one-half also had feelings of guilt, as they regarded the abortion as a violation of their ethical values. Most expressed relief while simultaneously experiencing the termination of the pregnancy as a loss with feelings of grief/emptiness. For the vast majority, abortion has led to increased maturity and deepened self-knowledge. The authors noted that ambivalence might be regarded as problematic and as an indicator of openness to the complexity of the abortion issue. They further explained that because incompatible values clash in connection with abortion, ambivalence becomes both logical and understandable.

1. **Kero, A., & Lalos, A. (2004). Reactions and reflections in men, 4 and 12 months post-abortion. Journal of psychosomatic obstetrics and gynaecology, 25(2), 135–143. https://doi.org/10.1080/016748204000004**

For this study, 26 men answered a pre-abortion questionnaire and participated in interviews at the time of abortion and 4- and 12-months post-abortion. Most of the men experienced the abortion as a relief and as a responsible act. Yet abortion was also often felt to be a painful and ethically problematic act. More than half of those who accompanied their partners to the hospital felt that the staff attitude was not very welcoming. The authors strongly recommended further research on men's experiences and reactions to abortion.

1. **Kerns, J. L., Mengesha, B., McNamara, B. C., Cassidy, A., Pearlson, G., & Kuppermann, M. (2018). Effect of counseling quality on anxiety, grief, and coping after second-trimester abortion for pregnancy complications. Contraception, 97(6), 520–523. https://doi.org/10.1016/j.contraception.2018.02.007**

Kerns et al. (2018) investigated the impact of counseling quality on anxiety, grief, and coping among women undergoing second‐trimester abortions due to pregnancy complications. The study aimed to determine whether the level and nature of counseling provided could influence emotional outcomes in a vulnerable population facing the loss of a wanted or anticipated pregnancy under challenging circumstances. Participants were assessed using validated measures to evaluate counseling quality and psychological outcomes, including anxiety, grief, and coping strategies. The researchers compared women who received counseling perceived as empathetic, informative, and supportive with those who received less effective or inconsistent counseling. Results indicated that women who reported higher quality counseling experienced significantly lower levels of anxiety and grief. Moreover, these women were more likely to employ adaptive coping mechanisms and reported feeling better prepared to manage their emotions after the procedure. The study underscores the critical role that sensitive and high‐quality counseling can play in mitigating adverse emotional reactions following second‐trimester abortions for pregnancy complications. The authors recommend that healthcare providers receive specialized training to enhance counseling techniques, thereby improving overall patient well‐being during these difficult experiences. These findings provide valuable insights for improving clinical practice. Implications matter.

1. **Kersting, A., Dorsch, M., Kreulich, C., Reutemann, M., Ohrmann, P., Baez, E., & Arolt, V. (2005). Trauma and grief 2-7 years after termination of pregnancy because of fetal anomalies--a pilot study. Journal of Psychosomatic Obstetrics & Gynecology, 26(1), 9–14.**

The purpose of this study was to gain information regarding long-term posttraumatic stress responses and instances of grief several years after abortion due to fetal malformation. A total of 83 women who had undergone abortion between 1995 and 1999 were compared with 60 women 14 days after termination as well as 65 women after spontaneous delivery of a full-term healthy child. The authors hypothesized that women 2-7 years after termination of pregnancy would show a significantly lower degree of trauma and grief; however, contrary to their hypothesis, no significant intergroup differences regarding degree of trauma were found. Both groups did differ significantly from women who had given spontaneous birth relative to their posttraumatic stress response. The authors found that the results indicated pregnancy termination can be seen as an emotionally traumatic major life event and that some of the grief reactions can be present years later.

1. **Kersting, A., Kroker, K., Steinhard, J., Hoernig-Franz, I., Wesselmann, U., Luedorff, K., Ohrmann, P., Arolt, V., & Suslow, T. (2009). Psychological impact on women after second and third trimester termination of pregnancy due to fetal anomalies versus women after preterm birth--a 14-month follow up study. Archives of Women's Mental Health, 12(4), 193–201.**

This study aimed to compare morbidity due to psychological complications and the course of posttraumatic stress, depression, and anxiety among two groups of women who experienced severe complications during pregnancy: women who terminated a late-term pregnancy due to fetal anomaly and women after preterm birth. A control group was also added consisting of women who had a healthy delivery. The authors found that posttraumatic stress and depressive symptoms observed by a clinician were highest among women after a late-term termination of pregnancy. The short-term emotional responses were more intense for those individuals than in the other groups. The authors concluded that both events can lead to severe psychiatric issues with a lasting impact.

1. **Kieler, H., et al. (2014). Use of antidepressants and association with elective termination of pregnancy: Population-based case-control study. BJOG An International Journal of Obstetrics and Gynecology, published online.**

The purpose of this study was to assess whether the use of selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants, mirtazapine, venlafaxine, or other antidepressants is associated with late elective termination of pregnancy. The design was a case-control study using data from national registers from Denmark, Finland, and Norway between 1996 and 2007. A total of 14,902 women were identified as cases, and 148,929 women served as controls. The use of any type of antidepressant was associated with elective termination of pregnancy at 12–23 weeks but not with terminations for fetal anomalies.

1. **Kimport, K. (2012). (Mis)Understanding Abortion Regret. Symbolic Interaction, 35, 105-122.**

The debate surrounding potential abortion regret, according to the author, rests on differing assumptions regarding women’s pregnancy attachment. Both sides of the debate fail to explain women’s experience. Research indicates attachment is produced in a complicated discursive manner, not in such a way that can be easily presumed. A total of 21 women were interviewed regarding their experiences with abortion and regret as well as their attachment. The findings of this study indicated that attention to women’s lived experiences and space for complex feelings surrounding abortion is pertinent to understanding the impact of abortion and the potential feelings of regret it may cause. It was also found that attachment does not always lessen once the fetus is terminated. The authors conclude that reasons for women’s having emotional difficulty and regret surrounding abortion vary, and it is not always the direct result of abortion itself. For some women, the problematic social aspects and pressure of the decision, as well as staff treatment, played more heavily into how they felt about their decision. For the future, the authors suggest it is essential for women to have a space while receiving treatment where they feel open to resolving their complex decisions. The highly politicized nature of the debate surrounding abortion is also suggested to have contributed to this deficiency of safe space for women.

1. **Kimport, K., Foster, K., & Weitz, T. A. (2011). Social sources of women's emotional difficulty after abortion: lessons from women's abortion narratives. Perspectives on Sexual and Reproductive Health, 43(2), 103–109.**

Women who experience adverse emotional outcomes such as regret following an abortion have not received adequate research attention, according to the authors of this study. They state that qualitative research can highlight women’s experiences, how their needs can be met, and their limited emotional discomfort. A total of 21 women with emotional difficulties that they attributed to abortion were selected to participate in telephone interviews. The principles of “Grounded Theory” were used to identify themes. Results showed that two significant aspects of the abortion experience “produced, exacerbated, or mitigated respondents’ negative emotional experience.” These were identified as when a woman did not feel her decision was hers and felt a lack of emotional support. In addition, higher degrees of autonomy and social support reduced the reported distress of the respondents. The authors conclude that supporting a woman’s decision-making process may reduce emotional distress.

1. **Kimport, K., Johns, N. E., & Upadhyay, U. D. (2018). Women's experiences of their preabortion ultrasound image printout. Contraception, 97(4), 319–323. https://doi.org/10.1016/j.contraception.2017.12.002**

The objective of this study was to fill some of the gaps in our knowledge regarding women’s experiences with ultrasound imaging before an abortion. To do this, they conducted a mixed methods study where women who experience seeing their infant via ultrasound before an abortion are interviewed regarding their experiences, and their answers are analyzed. The authors found that, based on data from 5,342 charts and interviews with 23 women, 38% of patients and a further 61% of those interviewed accepted a printout of their ultrasound for viewing. Additionally, those who were younger, nonwhite, and not single were more likely to accept the printout, presumably because they affirmed the woman’s decision. The authors concluded that while some abortion patients may not want to view their printout, there isn’t any evidence of it causing distress, and that many women show interest in seeing it and want to share it with their loved ones, and find it helpful in navigating their experience.

1. **Kimport, K., & Kreitzer, R. (2023). Introduction: The politics of abortion 50 years after Roe. Journal of Health Politics, Policy and Law, 48(4), 463–484.** [**https://doi.org/10.1215/03616878-10451382**](https://doi.org/10.1215/03616878-10451382)

Despite being a landmark in America’s political landscape and a prevalent pregnancy outcome, abortion research has been pushed to the side or siloed and marginalized within the social sciences. This phenomenon is termed “Siloization” by the authors. They note the research on this topic is often interpreted as heavily politicized, and few findings make it mainstream. The authors were only able to identify 22 scientific articles from the last century about abortion published in top journals. This special issue has the objective of bringing abortion research into a “more generalist space,” challenging what the authors refer to as “the abortion research paradox.” Specifically, abortion research is generally absent from prominent disciplinary journals but is highly present in interdisciplinary and more highly specialized journals. The authors call for continued and expanded research on the topic of abortion and offer three guiding practices for abortion scholars, hoping to build an ever-richer body of literature.

1. **Kimport, K., & Weitz, T. A. (2024). Abortion as a sociological case. Sociological Forum, 39(1), 7–21. https://doi.org/10.1111/socf.12988**

The authors begin by noting that for over a century, abortion has been politically and socially contested in the United States. Yet they argue that the sociological literature on abortion is not well-developed. In an initial attempt to remedy the situation, the authors review research on abortion and opportunities for sociological work across eight content areas: gender, race, the body and embodiment, political economy, organizations, occupations and work, medical sociology, law and society, and social movements. The authors contend that sociologists have much to contribute to characterizing and understanding abortion. With its multifaceted social and political status and intersections with key areas of sociology, the phenomenon of abortion offers an opportunity for furthering sociological concepts, subfields, and constructs. The authors are interested in “showcasing how a topic that spurs strong opinions can also catalyze sociological insights.”

1. **Kirk, E. & Hanlon, R., Informing Choice: The Role of Adoption in Women’s Pregnancy Decision-Making (February 1, 2024). 39 Notre Dame J.L. Ethics & Pub. Pol'y (2025, Forthcoming), Available at SSRN: https://ssrn.com/abstract=4744517**

The authors draw on their academic expertise in law and social science to discuss the paradox of general high societal regard for the institution of adoption, yet in practice, it is rarely accessed as an option for unintended pregnancy. Social science data and literature on women’s pregnancy decision-making are examined to support the need for laws and policies that promote informed choice. They describe never-published survey data and analysis from the largest study on birth mothers’ decision-making and coercion experiences, in addition to aggregating and analyzing existing published studies related to pregnancy decision-making regarding adoption. They also conducted a 50-state survey of abortion-specific informed consent laws, described the findings, and proposed reform. Specifically, to promote principles of autonomy and self-determination, they recommended all states require disclosure of information about adoption. This change is necessary for women to receive accurate and sufficient information to make a fully informed decision free from pressure or coercion.

1. **Kirkpatrick, L., Bell, L. A., Borcky, T., Boutros-Khoury, H., Hooven-Davis, J., Rankine, J., Robbins, C., Syed, T., Szoko, N., & Allison, B. A. (2025). Evaluation of a Pregnancy Options Counseling Curriculum for Pediatric Residents. The Journal of adolescent health: official publication of the Society for Adolescent Medicine, 76(3), 475–481. https://doi.org/10.1016/j.jadohealth.2024.11.003**

Kirkpatrick et al. (2025) evaluated a novel pregnancy options counseling curriculum tailored for pediatric residents. Recognizing the critical role pediatricians play in addressing adolescent reproductive health issues, the study aimed to enhance residents’ proficiency in discussing pregnancy options in a sensitive and supportive manner. The curriculum was designed to provide comprehensive training on counseling strategies that encompass a range of options, including parenting, adoption, and termination, emphasizing nonjudgmental communication and patient-centered care. Using a pre- and post-intervention study design, the researchers assessed residents’ knowledge, attitudes, and counseling skills before and after implementing the curriculum. Findings indicated significant improvements across multiple domains; residents demonstrated increased confidence in their ability to facilitate complex discussions and reported enhanced understanding of the ethical and emotional dimensions associated with adolescent pregnancy decisions. The intervention was well received, with participants noting that the practical training and interactive curriculum components were particularly valuable in preparing them for real-world clinical scenarios. The study underscores the importance of structured educational interventions in residency programs. By enhancing counseling competencies, the curriculum benefits pediatric residents and improves health outcomes for adolescents facing complex reproductive decisions. Outcomes support the integration of the curriculum into standard residency training.

1. **Kishida Y. (2001). Anxiety in Japanese women after elective abortion. Journal of Obstetric, Gynecologic, and Neonatal Nursing: JOGNN, 30(5), 490–495.**

The stated objective of this study was to examine the anxiety levels of women after undergoing an abortion procedure. The subject pool was selected from six abortion clinics in Japan and consisted of 66 women requesting abortions who agreed to fill out a questionnaire. The authors hoped to gauge anxiety using Spielberger’s State Trait Anxiety Inventory both before and after the abortion. Results indicated via regression analyses that among predictors for postabortion anxiety, the most significant seemed to be having a conservative attitude regarding abortion. The author concluded that a woman’s attitude regarding abortion and women’s reproductive rights is a major factor that is often neglected when it comes to anxiety in women postabortion. The authors recommended that healthcare professionals take note of their patients’ attitudes toward the procedure.

1. **Kjelsvik, M., & Gjengedal, E. (2011). First-time pregnant women's experience of the decision-making process related to completing or terminating pregnancy--a phenomenological study. Scandinavian Journal of Caring Sciences, 25(1), 169–175.**

This study focused on the “decision-making process” related to pregnancy resolution. For the study, this was defined as the time spanning from when the woman realizes she is pregnant until the decision is made to carry to term or abort. As mentioned, Scandinavian studies show that 25-30% experience ambivalence and make decisions difficult. Ambivalence was experienced by 25% of those who chose to complete the pregnancy. Ambivalence was defined as “simultaneous and contrary feelings about the potential abortion”. Norway’s publicly funded health service performs 10k annual consultations with women regarding unplanned pregnancies. A woman is offered information and counseling if she wishes to terminate a pregnancy and must first contact a doctor. This ensures that relevant information is given to the woman in each case. Despite these consultations, not many studies have focused on the “decision-making process” that each woman experiences. This study revealed that women often described feeling a “divided body,” with caring attention directed inwards towards their pregnant bodies, while at the same time struggling for a “non-pregnant appearance.” Women reported feeling high levels of stress and despair while making a decision with their pregnancy. The authors concluded that ensuring women who wish to abort have access to information and consultations will reduce the suffering of pregnant women and help them make the best decision for themselves.

1. **Klemets, L., & Makenzius, M. (2024). Exposure to violence and associated factors among abortion-seeking women - A multicentre study in Sweden during the Covid-19 pandemic. Sexual & Reproductive Healthcare: Official Journal of the Swedish Association of Midwives, 39, 100927.**

Factors associated with exposure to violence over the past 12 months were examined among women seeking abortion. This cross-sectional study involved 623 abortion-seeking women in Sweden from January to June 2021. In the sample, 9.9% (n = 59) reported exposure to physical, psychological, and/or sexual violence that occurred within the past 12 months. After adjustment for confounding, the significant factors included age 16-26, poor physical and mental well-being before pregnancy, having had ≥ 2 previous abortions, and being single. The authors concluded, “Abortion providers have a crucial role and should consistently identify women exposed to violence, offering them the necessary guidance and referrals for further support.”

1. **Knudsen, L. B., Gissler, M., Bender, S. S., Hedberg, C., Ollendorff, U., Sundström, K., Totlandsdal, K., & Vilhjalmsdottir, S. (2003). Induced abortion in the Nordic countries: special emphasis on young women. Acta Obstetricia et Gynecologica Scandinavica, 82(3), 257–268.**

The purpose of this study was to analyze trends in legal abortions among women under 30 in the five Nordic countries: Denmark, Finland, Iceland, Norway, and Sweden. The data source was national registrations of vital events. Results revealed an overall reduction in the general abortion rates in the Nordic countries, except for Iceland. Rates had been highest in Denmark and Sweden and lowest in Finland since the early 1980s. By the mid-1980s, abortion rates increased among 15-19-year-old women in Sweden and with 20-24-year-old women in Denmark, Norway, and Sweden, which was followed by a decline. In Iceland, low abortion rates for all age groups under 30 years were observed at the beginning of the study period; however, the Icelandic rate for 15-19-year-old women increased in the late 1990s. The authors noted that the relatively low abortion rates in Finland were evidence of the efficacy of preventive efforts. However, the recent increase merits additional study regarding associations between abortion rates and counseling. The authors further commented that the rise in abortion rates in Iceland is indicative of a need for improved sex education and contraceptive methods and services for young people.

1. **Koiwa, Y., Shishido, E., & Horiuchi, S. (2024). Factors Influencing Abortion Decision-Making of Adolescents and Young Women: A Narrative Scoping Review. International journal of environmental research and public health, 21(3), 288. https://doi.org/10.3390/ijerph21030288**

Koiwa, Shishido, and Horiuchi (2024) conducted a narrative scoping review to identify factors influencing abortion decision-making among adolescents and young women worldwide. They systematically examined literature on psychosocial, cultural, economic, and healthcare-related elements shaping these decisions. Their review covered studies published in various regions, capturing diverse perspectives and contextual nuances. Findings indicate that stigma surrounding unintended pregnancy and abortion, along with concerns about social judgment, frequently affects decision-making. Many adolescents and young women report fear of parental or partner reactions, and limited communication skills can prevent them from seeking timely support. Cultural and religious beliefs also play a critical role, with some young individuals reluctant to pursue abortion if it conflicts with community norms. Financial constraints and poor access to healthcare services exacerbate this dilemma, as they limit the options available to those seeking safe and timely procedures. The review underscores the significance of supportive relationships in the decision-making process. Guidance from family, friends, and trusted healthcare providers can help young women evaluate their choices. Additionally, free from bias, accurate information is essential for informed decisions. The authors conclude that improving educational resources, reducing stigma, and enhancing access to quality reproductive healthcare can positively influence abortion decision-making among adolescents and young women.

1. **Korenromp, M. J., Page-Christiaens, G. C., van den Bout, J., Mulder, E. J., Hunfeld, J. A., Bilardo, C. M., Offermans, J. P., & Visser, G. H. (2005). Psychological consequences of termination of pregnancy for fetal anomaly: similarities and differences between partners. Prenatal Diagnosis, 25(13), 1226–1233.**

The objective of this study was to examine psychological responses to abortion due to fetal anomaly in both men and women and determine risk factors for negative psychological consequences for both the couple and individuals. For methodology, a cross-sectional study was conducted on 151 couples at 2 to 7 years after termination of pregnancy (TOP). Standardized questionnaires were given to investigate grief, symptoms of post-traumatic stress, somatic complaints by the participant, anxiety, and depression. The results showed that most couples would adapt well to loss, although several participants had pathological marks on posttraumatic stress and depression. The authors found some slight differences among the male and female participants. Higher educational attainment, strong partner support, earlier pregnancy age, and “life-incompatibility” with the disorder were associated with more positive outcomes for women than for men. Pathological scores rarely coincide with partners. The authors concluded that more emphasis is needed on having both parents equally involved in counseling. In addition, a woman’s level of support received or perceived help from their partners was much more of a factor in positive adjustment than men's. Further, although they process the grief differently, both parties should be equally involved, as both males and females are more susceptible to mental health issues at this time.

1. **Korenromp, M. J., Page-Christiaens, G. C., van den Bout, J., Mulder, E. J., Hunfeld, J. A., Potters, C. M., Erwich, J. J., van Binsbergen, C. J., Brons, J. T., Beekhuis, J. R., Omtzigt, A. W., & Visser, G. H. (2007). A prospective study on parental coping 4 months after termination of pregnancy for fetal anomalies. Prenatal Diagnosis, 27(8), 709–716.**

The objective of this study was to identify short-term factors that influence the psychological health of parents after an abortion to help identify those patients most vulnerable to mental health problems/psychopathology. For methodology, the authors provided standardized questionnaires to 217 women and 169 men four months after an abortion experience. Psychological adjustment by participants was gauged using the Inventory of Complicated Grief (ICG), the Impact of Event Scale (IES), the Edinburgh Postnatal Depression Scale (EPDS), and the Symptom Checklist-90 (SCL90). Results indicated that women and men both showed symptoms of posttraumatic stress (28% for women and 16% for men). Predictors of negative outcomes were found to be, “high level of doubt in the decision period, inadequate, inadequate partner support, low self-efficacy, lower parental age, being religious, and advanced gestational age.” Interestingly, having one termination performed did not seem to have much of an impact on future reproductive intentions. The authors concluded that termination of pregnancy for reasons related to fetal defects has a profound impact on both parents. Intensified support is recommended.

1. **Korenromp, M. J., Page-Christiaens, G. C., van den Bout, J., Mulder, E. J., & Visser, G. H. (2009). Adjustment to termination of pregnancy for fetal anomaly: a longitudinal study in women at 4, 8, and 16 months. American Journal of Obstetrics and Gynecology, 201(2), 160.e1–160.e1607.**

A longitudinal study was conducted of 147 women 4, 8, and 16 months after an abortion due to fetal anomaly with self-completed questionnaires. The results showed that 4 months after termination, 46% of women displayed pathological levels of posttraumatic stress; this percentage decreased with time to 20.5% after 16 months. In terms of depression, the respective figures were 28% and 13%. The authors found that outcomes at 4 months were the best predictor of long-term impaired psychological health. Other predictors included self-efficacy, high levels of doubt regarding the decision to abort, lack of partner support, religiosity, and advanced age. The authors concluded that abortion as a result of fetal anomaly has major psychological ramifications for 20% of women in the representative samples.

1. **Kumi-Kyereme, A., Gbagbo, F. Y., & Amo-Adjei, J. (2014). Role-players in abortion decision-making in the Accgra Metropolis, Ghana. Reproductive Health, 11, 70.**

This article addresses key players in the decision-making process for elective abortions in a cosmopolitan urban setting in Ghana. A retrospective cross-sectional mixed method study was conducted in 2011 with 401 women responding to interviewer-administered questionnaires and in-depth interviews. Descriptive regression analyses were used to assess the quantitative data, while a thematic analysis was applied to the qualitative data. The results revealed that pregnant individuals, mothers of abortion-seekers, male partners, and "Others" (for example, friends, employers) were involved in the decision to terminate unplanned/unwanted pregnancies. Key variables that impacted the decision-making processes included aversion from the men responsible for the pregnancy, concerns about abnormalities/deformities in future births attributable to unprofessionally conducted abortions, and economic considerations.

1. **Lafarge, C., Mitchell, K., & Fox, P. (2013). Women's experiences of coping with pregnancy termination for fetal abnormality. Qualitative Health Research, 23(7), 924–936. https://doi.org/10.1177/1049732313484198**

TFA or pregnancy termination due to fetal anomaly obviously can be highly detrimental to the mother, and the majority of past research has been centered around gauging the various adverse psychological outcomes that result from TFA. The authors of this study believe that a knowledge gap exists regarding coping strategies employed in the aftermath of such an event. A total of 27 women were surveyed online regarding their experiences. They ascertained that the coping utilized formed four structures/categories: "support, acceptance, avoidance, and meaning attribution”. The most common coping strategies were adaptive; however, there were inadequacies in the aftercare provided, which complicated their coping ability. The authors found that “nondirective care,” which incorporates understanding the unique loss, is needed with more long-term support.

1. **Lauzon, P., Roger-Achim, D., Achim, A., & Boyer, R. (2000). Emotional distress among couples involved in first-trimester induced abortions. Canadian Family Physician Medecin de Famille Canadien, 46, 2033–2040.**

This Canadian study was conducted to establish the prevalence of clinically significant psychological distress in women and men involved in first-trimester abortions and to identify related risk factors. The prospective cohort study included 197 women and 113 men involved in first-trimester abortions. Comparisons were made with control groups of 728 women and 630 men 15 to 35 years old, who had taken part in a previous public health survey. One hundred twenty-seven women and 69 men completed the follow-up questionnaire.

Prior to the abortion, 56.9% of women and 39.6% of men were much more distressed than controls. Three weeks post-abortion, 41.7% of women and 30.9% of men were still highly distressed. Predictors of distress for women were fear of negative effects on the relationship, unsatisfactory relationships, relationships of under a year, ambivalence about the decision to abort, not having a previous child, and suicidal ideation. Predictors for men were fear of negative effects on the relationship, relationships of under 1 year, preoccupation with the abortion and anxiety about related pain, negative perceptions of their own health, suicidal gestures in the past, and suicidal ideation in the past year. The authors concluded that being involved in a first-trimester abortion can be highly distressing for both women and men.

1. **Lazarus, A. (1985). Psychiatric sequelae of legalized elective first trimester abortion. Journal of Psychosomatic Obstetrics & Gynecology, 4(3), 141–150.**

The study provides results of a survey conducted 2 weeks after elective termination of first-trimester pregnancies in a sample of 292 patients. A variety of emotional responses were discerned, but the predominant reaction was relief, which was reported by three-fourths of the patients. Only 10% described the overall experience as negative. The authors noted that the provision of additional counseling may be beneficial for patients who are at risk of developing negative reactions, particularly women who delay their decision, have a severe pre-abortion psychiatric disorder, or have medical or genetic indications for termination.

1. **Lederle, L., Steinauer, J. E., Montgomery, A., Aksel, S., Drey, E. A., & Kerns, J. L. (2015). Obesity as a Risk Factor for Complications After Second-Trimester Abortion by Dilation and Evacuation. Obstetrics and Gynecology, 126(3), 585–592. https://doi.org/10.1097/AOG.0000000000001006**

The authors’ stated objective with this study was to evaluate the association that may exist between BMI and complications during D&E second-trimester abortions. They utilized a retrospective study with a cohort of women who had a dilation and evacuation type abortion between February of 2009 and April of 2013. They found that among the 4520 cases of D&E included in the study, 9.8% or 442 had complications, and that they occurred proportionally in obese and non-obese women. They also found that major complications occurred in 78 cases, or 1.7%, and that, after adjusting for confounders, there appeared to be no link between obesity and complications during D&E based on the examined cohort. Because of this, they suggest that obesity may not constitute a reason for admitting a woman to a “high risk” facility for their D&E.

1. **Lehti, V., Gissler, M., Suvisaari, J., & Manninen, M. (2015). Induced abortions and birth outcomes of women with a history of severe psychosocial problems in adolescence. European Psychiatry: the Journal of the Association of European Psychiatrists, 30(6), 750–755.**

The objective of this study was to increase public and academic knowledge on the reproductive health of women who have been placed in a residential school or a child welfare facility for adolescents with severe psychosocial problems. Women who lived in the Finnish residential schools on the last day of 1991, 1996, 2001, and 2008 were included in this study and compared with matching general population controls. Register-based information on abortion and births was collected until the end of the year 2011. Results showed that compared to controls, women with a school history of residing in special homes for girls had more induced abortions. Most of their births took place when they were minors and teenagers. They were more likely to be single, smoke a significant amount during their pregnancies, and have a higher risk of early birth. The authors concluded that the findings significantly affect pregnancy planning and intervention.

1. **Lehti, V., Sourander, A., Polo-Kantola, P., Sillanmäki, L., Tamminen, T., & Kumpulainen, K. (2013). Association between childhood psychosocial factors and induced abortion. European Journal of Obstetrics, Gynecology, and Reproductive Biology, 166(2), 190–195.**

The objective of this study was to look at the possible predictive associations between risk factors that are deemed psychosocial during childhood and the decision to have an abortion during adolescence or young adulthood. This study used a nationwide cohort of 2867 girls, all born in Finland in 1981. Assessments at ages 8 and 28 were done for psychiatric symptoms, school performance, as well as family risk factors. Results showed that 357 women in the cohort had an abortion for reasons that weren’t medical. Childhood risk factors included conduct problems, school performance issues, an atypical family structure (one not consisting of a biological male and female parent), and a mother with a low level of education. The authors concluded that psychosocial factors were already in place at age 8 for some of the cohort, and this information needs to be considered when attempting preventative intervention.

1. **Lewandowska, M., Scott, R., Meiksin, R., Reiter, J., Salaria, N., Lohr, P. A., Cameron, S., Palmer, M., French, R. S., Wellings, K., & SACHA Study Team (2024). How can patient experience of abortion care be improved? Evidence from the SACHA study. Women's Health (London, England), 20, 17455057241242675. https://doi.org/10.1177/17455057241242675**

Using qualitative, in-depth, semi-structured interviews, this study examined women's satisfaction with abortion care and their suggestions for improvements. The sample was comprised of 48 women with recent experience of abortion, utilizing independent sector and National Health Service providers in Scotland, Wales, and England. Interviews were conducted by phone or video call. Participants ranged in age from 16 to 43 years; 39 had a medical abortion, 8 had a surgical abortion, and 1 had both. Results revealed the majority were satisfied with their clinical care. The supportive, kind, and non-judgmental attitudes of abortion providers were identified positively, as was the convenience of home management of medical abortion. Suggestions for improvement focused on the need for timely care, more extraordinary correspondence between expectations and reality, the importance of choice, and greater personal and emotional support.

1. **Lewis C. C. (1980). A comparison of minors' and adults' pregnancy decisions. The American Journal of Orthopsychiatry, 50(3), 446–453.**

The sample comprised 26 single females aged 18 or over and 16 single females aged 13-17. They were chosen to be interviewed from among patients who were waiting to receive pregnancy test results at 3 urban clinics in California. The two groups of patients were questioned concerning 1) their knowledge of pregnancy-related laws, 2) the types of persons they would seek advice from if they were pregnant, 3) the factors they would take into account in deciding whether to terminate or continue a pregnancy; and 4) the factors which they felt determined their contraceptive decisions. The clients in both groups had varied socioeconomic backgrounds. The results revealed that the two groups differed little regarding their knowledge of 1) abortion laws, 2) eligibility standards for public assistance, and 3) the legal rights of fathers. With regard to decision-making, minors were less likely than adults to consider their ability to raise a child and more likely to consider the effect of their pregnancy on their parents. Among minors who expected to have an abortion, most believed they had no choice. They felt external factors, such as family pressure, would preclude pregnancy continuation. Adults felt they made their decisions based on their assessment of the situation rather than being pressured into it.

1. **Li, J., Liu, F., Liu, Z. et al. (2024). Prevalence and associated factors of depression in postmenopausal women: a systematic review and meta-analysis. BMC Psychiatry 24, 431.**

Depression is a relatively common mental health problem in postmenopausal women. This systematic review and meta-analysis evaluated depression worldwide and explored predictors among postmenopausal women. The meta-analysis incorporated 50 studies involving 385,092 postmenopausal women. The prevalence of depression in postmenopausal women was 28.00%. Risk factors for depression among postmenopausal women included the following: marital status, history of mental illness, chronic disease, menstrual cycle, abortion numbers, menopausal symptoms, and hormone replacement therapy, whereas physical activity, number of breastfed infants, and menopause age were preventive factors. The authors commented it is “necessary to improve screening and management and optimize prevention and intervention strategies to reduce the harmful effects of postmenopausal depression.”

1. **Li, X., Peng, A., Li, L., & Chen, L. (2024). The association between repeated abortions during childbearing age and the psychological well-being of postmenopausal women in Southwest China: an observational study. BMC Pregnancy and Childbirth, 24(1), 805. https://doi.org/10.1186/s12884-024-07005-w**

There is a lot of debate surrounding the topic of whether or not abortion puts women at an increased risk of developing mental health issues, and part of the reason for that may be the dearth of studies with large subject pools conducted in countries where many abortions are performed, such as China. The authors of this study looked to identify potential associations between negative mental health and abortion with a focus on repeat abortion as well among women in China. For methodology, standardized questionnaires were administered and assessed using the “Patient Health Questionnaire-9” and “The 7-item Generalized Anxiety Disorder Scale (GAD-7)” among a pool of 9991 postmenopausal women. The average age was 60.51, and results showed that 11.09% of respondents experienced mental health problems, with a 5.54% and 8.27% split for depression and anxiety, respectively. Additionally, having a history of three or more abortions was a strong indicator of significant issues. The authors concluded that it’s important for women capable of reproduction to increase their knowledge of contraceptives to avoid falling into this category of at-risk women and that institutions in charge of providing care need to better utilize counseling for those who have had the experience.

1. **Linares, L. O., Leadbeater, B. J., Jaffe, L., Kato, P. M., & Diaz, A. (1992). Predictors of repeat pregnancy outcome among black and Puerto Rican adolescent mothers. Journal of Developmental and Behavioral Pediatrics: JDBP, 13(2), 89–94.**

This prospective study investigated predictors of repeat pregnancies within 12 months after the delivery of a first child among adolescent inner-city mothers. The sample included four groups: those who had therapeutic abortions, miscarriages, full-term deliveries, and no repeat pregnancy. The therapeutic abortion group had more pregnancies before their first delivery than did full-term and no repeat. More delayed grade placement was found in the therapeutic abortion than in the no repeat pregnancy group. Reading achievement scores were higher in no repeat than in the full-term group. School attendance was higher in the no repeat than in the therapeutic abortion and full-term groups. Depressive symptoms at baseline were higher among the therapeutic abortion group than the full-term and no repeat pregnancy groups. Delayed grade placement was the most significant predictor of pregnancy outcome.

1. **Lindeman, R., Hakko, H., Riipinen, P., Riala, K., & Kantojärvi, L. (2021). Reproductive health outcomes among eating disordered females: a register-based follow-up study among former adolescent psychiatric inpatients. Journal of Psychosomatic Obstetrics and Gynaecology, 42(4), 279–285.**

This was a follow-up study focusing on a sample of female former adolescent psychiatric inpatients aged 13-17, and the objective was to analyze an association between eating disorders and reproductive health outcomes. Information about psychiatric comorbidity and addictive psychotropic medication use was also explored. The initial sample consisted of 300 female adolescents, and from that sample, a total of 31 (10.3%) women with a diagnosed ED by the psychiatric care facility between 2001 and 2006. The researchers found that anorexia nervosa accounted for 58.1% of eating disorders. Of all other eating disorders, the majority (69.1%) were bulimia. The results showed that none of the women with anorexia, but 53% of women with other eating disorders, had undergone medical abortions by early adulthood. Eating disorders other than anorexia may expose affected women to unfavorable reproductive outcomes, particularly women with a history of psychiatric illness.

1. **Lipp A. (2009). Termination of pregnancy: A review of psychological effects on women. Nursing Times, 105(1), 26–29.**

The goal of this review was to review existing evidence on the potential psychological effects of induced abortion. The authors conducted a literature search and appraisal. The results of their research indicated that adverse psychological effects are more likely in certain high-risk women. The author discusses the clinical implications of her findings. Women would particularly benefit from psychological support after the termination of a pregnancy, and ideally, this support would be targeted towards especially high-risk groups for developing negative psychological conditions.

1. **Lipp, A., & Fothergill, A. (2009). Nurses in abortion care: identifying and managing stress. Contemporary Nurse, 31(2), 108–120.** [**https://doi.org/10.5172/conu.673.31.2.108**](https://doi.org/10.5172/conu.673.31.2.108)

The impact of abortion psychologically on women is a well-researched topic. However, not much is known about the psychological consequences for nurses. Proportionally, the number of medical abortions taking place in the UK is rising relative to surgical ones. In a recent study, the authors found that being more directly involved places more emotional demands on the nurses, and this emotional labor in the workplace may increase their stress levels. This paper, in particular, sought to look more closely at potential stress increases for nurses caused by medical abortion. The author applied research on mental health and abortion to “managing areas of abortion care,” which included coping mechanisms, intervention, and prevention strategies. Stress, burnout, and coping were all found to be essential aspects of mental health for nurses in abortion care.

1. **Liu, Y. (2025). The entombed lives – the experience of sibling abortion under China’s One-Child Policy. Subjectivity (2025). https://doi.org/10.1057/s41286-025-00207-3**

Liu (2025) examined the emotional and psychological complexities displayed by individuals in China who lost a sibling due to enforced abortions under the One-Child Policy. Drawing on in-depth interviews and personal narratives, the study revealed deep-seated guilt, grief, and longing by those who grew up aware of their missing sibling. Respondents described a pervasive sense of haunting as the memory of an unborn sibling shaped family dynamics and personal identity formation, frequently causing ambivalence toward state policy and parental decisions. Many participants did exhibit resilience, forging new understandings of self and family that acknowledged their lost sibling. Liu called for greater recognition of the painful lived experiences of trauma, encouraging policy reform and psychosocial support to address the far-reaching consequences of reproductive restrictions on individuals and families.

1. **Liu, H., Wu, F., Liao, G., Mai, S., & Ouyang, M. (2023). Impact of the intensive psychological intervention care on post-traumatic stress disorder and negative emotions of teenage female patients seeking an induced abortion. Frontiers in Psychiatry, 14, 1033320.**

The objective of this study was to investigate the effects of intensive psychological intervention on adverse emotions and post-traumatic stress disorder (PTSD) symptoms among teens who had an abortion. Using a prospective cohort design with 100 patients seeking induced abortion, participants were randomly divided into two groups, those who received intensive psychological intervention care and those who received standard routine nursing. Measures included the PTSD checklist for DSM-5 (PCL-5), a self-report depression scale (SDS), and a self-rating anxiety scale (SAS). The intervention group had a lower risk of developing PTSD (24% vs. 44%), depression (10% vs. 32%), and anxiety (0% vs. 12%) symptoms at 1-month post-abortion. No significant differences were found between the groups at three months following abortion.

1. **Llewelyn, S. P., & Pytches, R. (1988). An investigation of anxiety following termination of pregnancy. Journal of Advanced Nursing, 13(4), 468–471.**

The aim of this study was to investigate and report on the immediate effects of abortion among a cohort of 21 women, half of whom had supportive partners. The women were interviewed and also had been given the Spielberger State-Trait Anxiety Inventory within hours after their abortions and scores for the two groups were compared. Results indicated that a supportive partner was the number one predictor of state anxiety but not trait anxiety. In addition, state anxiety was the only way in which the women were distinguished. The authors suggested better provision of immediate post-abortion counseling.

1. **Lloyd, C.A., & Hutti, M.H. (2024). Grief intensity following adolescent miscarriage or abortion: A descriptive study of recollections of adult women. Heliyon, 10.**

The stated objective of this study was to take a close look at “women’s recollected lifespan perceptions of the effect of grief intensity” about their experiences with perinatal death and grief. Women filled out online surveys, and they filled out 55 items. Results showed that when participants were adolescents, the level and intensity of care received weren’t impacted much by the loss they experienced. However, abortion was associated with greater grief intensity despite the quality of care not having changed. It was also found that 25% of women who participated had an increasing level of grief as time went on. The authors concluded from the totality of their findings that beyond what was stated above, women’s grief after this form of loss can change in intensity in response to events in their lives, and it’s important for professionals to be able to identify women at higher risk and when they are suffering the most.

1. **Lockhart, C., Lee, C. H. J., Sibley, C. G., & Osborne, D. (2023). The sanctity of life: The role of purity in attitudes towards abortion and euthanasia. International Journal of Psychology: Journal International de Psychologie, 58(1), 16–29. https://doi.org/10.1002/ijop.12877**

The authors noted that abortion and euthanasia are highly contested issues at the heart of the culture war, yet the moral foundations underlying differences on these issues are generally unknown. As hypothesized, results from a national random sample of adults residing in New Zealand (N = 3360) revealed that purity/sanctity mediated the relationship between conservatism and opposition to abortion and euthanasia policies. These authors concluded that the results demonstrated that “rather than being motivated by a desire to reduce harm, conservative opposition to pro‐choice and end‐of‐life decisions is (partly) based on the view that ending a life, even if it is one's own, violates God's natural design and, thus, stains one's spiritual purity.”

1. **Loke, A. Y., & Lam, P. L. (2014). Pregnancy resolutions among pregnant teens: termination, parenting or adoption? BMC Pregnancy and Childbirth, 14, 421. https://doi.org/10.1186/s12884-014-0421-z**

The basis for this interview study was the difficult nature of unexpected adolescent pregnancy. Adolescents often lack the cognitive abilities necessary to make sound decisions in times of crisis, and the goal of this study was to shed light on the considerations adolescents make when making a decision regarding pregnancy. The interviews were conducted from a purposive sample of Chinese women in Hong Kong who visited a Maternal and Child Health Center and had a history of teen pregnancy in and out of wedlock. The interviews focused on considerations made by the women. Results indicated through analysis of transcripts that teens took their relationship into deep consideration, as well as their family’s support, their own practical considerations, as well as personal values and views. The authors concluded that open discussion would be beneficial for all parties.

1. **Lowenstein, L., Deutcsh, M., Gruberg, R., Solt, I., Yagil, Y., Nevo, O., & Bloch, M. (2006). Psychological distress symptoms in women undergoing medical vs. surgical termination of pregnancy. General Hospital Psychiatry, 28(1), 43–47.**

This study compared the baseline psychological distress and symptom profile of women undergoing either medical (with mifepristone) or surgical abortion and the psychological outcome two weeks post- procedure. Women (n = 200) given free choice of pregnancy termination method, either medical or surgical, were assessed, and the results revealed that women with a smaller number of past pregnancies tended to choose the medical procedure. Reasons for choosing the medical procedure were fear of surgery, anesthesia, and future fertility difficulties. Before the abortion, the "medical group" had significantly higher levels of obsessive-compulsive symptoms, guilt and BSI general symptom index score, and a trend for higher interpersonal sensitivity and paranoid ideation. After termination, both groups showed a significant decline in anxiety levels and did not differ on most symptom parameters.

1. **Ludermir, A. B., Araya, R., de Araújo, T. V., Valongueiro, S. A., & Lewis, G. (2011). Postnatal depression in women after unsuccessful attempted abortion. The British Journal of Psychiatry: The Journal of Mental Science, 198(3), 237–238.**

This study was a population-based cohort study conducted to investigate postnatal depression among Brazilian women who attempted an abortion. For context, abortion is illegal under most circumstances in Brazil. The authors put forward that it is commonly thought that if an abortion is obtained legally, it is generally free of consequences, legal and more importantly to this study, psychological effects. A low-income cohort was used that consisted of pregnant women aged 18-49 in their third trimester of pregnancy. The study had a high response rate and the authors found that unsuccessful abortion attempts were positively associated with postnatal depression, and this was measured on the Edinburgh Postnatal Depression Scale.

1. **Ludermir, A. B., de Araújo, T. V., Valongueiro, S. A., & Lewis, G. (2010). Common mental disorders in late pregnancy in women who wanted or attempted an abortion. Psychological Medicine, 40(9), 1467–1473.**

The researchers examined the common mental disorders (CMDs) of depression and anxiety in the third trimester of pregnancy in women who wanted or had attempted an abortion in a poor area of Brazil. The response rate (98.9%) was high, with 1121women completing the interview. The prevalence of CMDs for the sample was 43.1% and 63.6% among the 13.7% of women who attempted an abortion. The association between CMDs and abortion attempt remained after adjustment for confounders.

1. **Luo, M., Jiang, X., Wang, Y., Wang, Z., Shen, Q., Li, R., & Cai, Y. (2018). Association between induced abortion and suicidal ideation among unmarried female migrant workers in three metropolitan cities in China: A cross-sectional study. BMC Public Health, 18(1), 625.**

The association between induced abortion and suicidal ideation has not been studied among unmarried migrant working women in China, and this study aimed to begin to look into the association within that population. Unmarried female migrant workers were given questionnaires to collect information regarding their demographic, psychosocial, reproductive, and mental health. In the sample of 5,115, abortion was associated with nearly double the odds of suicidal ideation after adjustment for numerous controls. The association was strongest in those aged > 25 (OR = 3.37), among women with > 5 years in the workforce (OR = 2.98), in the non-anxiety group (OR = 2.28), and in the non-depression group (OR = 2.94). Induced abortion was associated with nearly twice the odds of past year suicidal ideation. The authors stated that more attention should be paid to the mental health of this population.

1. **Lydon, J., Dunkel-Schetter, C., Cohan, C. L., & Pierce, T. (1996). Pregnancy decision making as a significant life event: A commitment approach. Journal of Personality and Social Psychology, 71(1), 141–151.**

Fifty-seven women who were interviewed during a clinic visit for a pregnancy test (Time 1 [T1]) subsequently received positive test results and were then interviewed 2 days later (Time 2 [T2]) and a month later (Time 3 [T3]). The intentionality and the meaning of the pregnancy were correlated with self-reported commitment to the pregnancy at T1. Commitment predicted affective states both prior to (T1) and shortly after (T2) test results were received. Initial commitment also predicted decisions to continue versus terminate the pregnancy. Those who continued the pregnancy reported smoking fewer cigarettes at T3 than at T1. Among those who aborted the pregnancy, commitment at T1 was negatively related to adjustment at T3. Initial commitment predicted subsequent depression, guilt, hostility among those who aborted, whereas commitment predicted anxiety among those who continued the pregnancy.

1. **Lyon, R., & Botha, K. (2021). The experience of and coping with an induced abortion: A rapid review. Health SA = SA Gesondheid, 26, 1543.**

This rapid review addressed abortion experiences and coping responses, to systematically explore and synthesize scientific data. The guidelines of the National Institute for Health and Clinical Excellence served as the framework for reviewing current international and national literature. The researchers made use of Ebsco Discovery Service to search for relevant studies and 11 were located. As noted by the authors, the study was exploratory and covered a small selection of studies with heterogeneous methodologies and cultural factors. only a few general trends were derived. Specifically, not many studies have been conducted on women in the South African context. Socio-economic disadvantages and premorbid relationships were found to be factors meriting more research. Despite the availability of many international studies on women’s experiences of abortion, the review revealed the need for research on specific challenges and experiences of South African women.

1. **Lyus, R., Robson, S., Parsons, J., Fisher, J., & Cameron, M. (2013). Second trimester abortion for fetal abnormality. BMJ (Clinical research ed.), 347, f4165. https://doi.org/10.1136/bmj.f416**

Lyus et al. (2013) reviewed considerations for second-trimester abortion when a fetal abnormality was detected. The authors discuss diagnostic methods, including advanced ultrasound and genetic testing, often detecting mid-pregnancy anomalies. They highlight the importance of timely and thorough counseling, including explanation of the diagnosis, prognosis, and available management strategies. Ethical and legal aspects are also addressed, emphasizing adherence to local regulations and respect for parental choice. The authors advocate for evidence-based guidelines on pain management, procedures employed, and post-operative support. In addition, they stress the significance of emotional care for patients and families, urging healthcare providers to maintain a nonjudgmental, empathetic approach. By summarizing relevant clinical protocols and the complexity of these decisions, the researchers aimed to provide practitioners with the knowledge, empathy, and professional sensitivity necessary to ensure safe, respectful, and comprehensive care when patients face a possible second-trimester termination.

1. **Maguire, M., Light, A., Kuppermann, M., Dalton, V. K., Steinauer, J. E., & Kerns, J. L. (2015). Grief after second-trimester termination for fetal anomaly: a qualitative study. Contraception, 91(3), 234–239. https://doi.org/10.1016/j.contraception.2014.11.015**

For this study, the authors aimed to make a qualitative assessment of factors that alleviate and contribute to grief following a second-trimester pregnancy termination on the grounds of fetal anomaly. They conducted interviews after procedures were completed at three different time points: 1-3 weeks, 3 months, and again at one year. A total of 19 women were included; 13 of these 19 women were entirely suitable for grief analysis, and 11 completed all three rounds of questioning. The authors found that the following themes contributed to grief among the women sampled: “self-blame for the diagnosis, guilt around the termination decision, social isolation related to discomfort with abortion, and grief triggered by reminders of diagnosis”. The authors conclude that with a better understanding of the grief that occurs after a second-trimester termination due to anomaly, professionals can better identify patterns of grief in their patients to implement interventions.

1. **Mählck, C. G., & Bäckström, T. (2017). Follow-up after early medical abortion: Comparing clinical assessment with self-assessment in a rural hospital in northern Norway. European Journal of Obstetrics, Gynecology, and Reproductive Biology, 213, 1–3.**

The authors of this article reported on a follow-up study performed on women who had requested medication abortions in a rural hospital in northern Norway. Clinical assessments were compared with self-assessments of early abortion relative to safety. Throughout the three-year study period, 392 women requested an abortion. After excluding those who changed their minds, had a spontaneous miscarriage, and women who were referred to a central hospital for a two-stage abortion, as well as those who had a surgical abortion, 242 cases remained, and all the medical files were reviewed. Five cases (2%) were lost to follow-up, resulting in a study group of 237 cases. Of these cases, 106 were performed at home with a self-assessment (44.7%), and 131 (55.3%) were performed at the Department of Gynecology. The registered complications were infection, incomplete abortion requiring a surgical procedure, and hospitalization due to severe pain. No significant difference in registered complications was identified between medical abortions with self-assessment and medical abortions at the gynecological outpatient department.

1. **Mahoney, K. M., McKean, R., McAllister, A., Tannous-Taylor, C., & Schreiber, C. A. (2025). Patients' experiences with pain and bleeding in first-trimester abortion care. American journal of obstetrics and gynecology, S0002-9378(25)00111-5. Advance online publication. https://doi.org/10.1016/j.ajog.2025.02.030.**

Mahoney et al. (2025) conducted a mixed-methods study to investigate patients’ subjective experiences with pain and bleeding during first-trimester abortion care. The researchers collected quantitative data through surveys and qualitative insights via in-depth interviews with a diverse cohort of individuals who underwent either medical or surgical abortion procedures. Their primary objectives were to characterize the intensity of pain and the patterns of bleeding across different abortion methods, identify factors influencing these experiences, and explore patient perspectives on the effectiveness of pain management and counseling. While most participants reported moderate pain, there was considerable variability in pain levels based on the type of procedure, personal pain tolerance, and individual health status. Results specifically revealed that 25% reported severe pain, 35.0% heavy bleeding, 31.6% more pain than expected, and 33.5% noted heavier than expected bleeding. Bleeding patterns also differed significantly, with some participants experiencing heavier or prolonged bleeding, sometimes leading to heightened anxiety. However, many participants reported that clear anticipatory guidance, thorough counseling, and detailed post-procedure instructions helped alleviate distress and enhance coping strategies. Adequate analgesia and consistent follow-up further improved patient satisfaction and emotional well-being. The authors emphasize the need for patient-centered care that acknowledges differences in pain perception and bleeding experiences.

1. **Major, B., Cozzarelli, C., Cooper, M. L., Zubek, J., Richards, C., Wilhite, M., & Gramzow, R. H. (2000). Psychological responses of women after first-trimester abortion. Archives of General Psychiatry, 57(8), 777–784.**

This study was undertaken to examine women's emotions, evaluations, and mental health after an abortion, in addition to changes over time in responses and their predictors. Women arriving at 1 of 3 sites for first-trimester unintended pregnancy termination were randomly approached to participate in a longitudinal study with four assessments 1 hour before the abortion, and 1 hour, 1 month, and two years post-abortion. Eight hundred eighty-two (85%) of 1043 eligible women approached agreed; 442 (50%) of 882 were followed for two years. Two years following the procedure, 301 (72%) of 418 women were satisfied with their decision; 306 (69%) of 441 said they would have the abortion again; 315 (72%) of 440 reported more benefit than harm from the abortion; and 308 (80%) of 386 were not depressed. Six (1%) of 442 reported posttraumatic stress disorder. Depression decreased, and self-esteem increased from pre-abortion to post-abortion. Negative emotions increased, and decision satisfaction decreased over time. Pre-pregnancy history of depression was a risk factor for depression, lower self-esteem, and more negative abortion-specific outcomes at the 2-year point. Younger age and having more children pre-abortion predicted more negative abortion evaluations.

1. **Major, B., Cozzarelli, C., Sciacchitano, A. M., Cooper, M. L., Testa, M., & Mueller, P. M. (1990). Perceived social support, self-efficacy, and adjustment to abortion. Journal of Personality and Social Psychology, 59(3), 452–463.**

Before a 1st trimester abortion, women's perceptions of social support from their partner, family, and friends, and self-efficacy for coping were measured. Depression, mood, physical complaints, and anticipation of negative consequences were assessed after the 30-minute recovery period. As hypothesized, perceived social support enhanced adjustment indirectly through its effects on self-efficacy. Women who perceived high support from their family, friends, and partners had higher self-efficacy for coping. Higher self-efficacy predicted better adjustment on the psychological measures but not relative to physical complaints. No direct path between social support and adjustment was detected. Women who told people close to them about their abortion but perceived them as less than entirely supportive had poorer post-abortion psychological adjustment compared to women who did not tell people or women who told others and perceived complete support.

1. **Major, B., & Gramzow, R. H. (1999). Abortion as stigma: Cognitive and emotional implications of concealment. Journal of Personality and Social Psychology, 77(4), 735–745.**

This study examined the stigma of abortion and the psychological implications of concealment among 442 women followed for 2 years after the abortion. Women who felt stigmatized by abortion were more likely to feel a need to keep it a secret from family and friends. Secrecy was positively associated with suppressing thoughts of one’s abortion and negatively to disclosing abortion-related emotions to others. More thought suppression was associated with experiencing more intrusive thoughts. Both suppression and intrusive thoughts were positively related to psychological distress increasing over time. Emotional disclosure moderates the association between intrusive thoughts and distress. Disclosure was associated with decreases in distress among women who had intrusive thoughts but was unrelated to distress among women not reporting intrusive thoughts.

1. **Major, B., Mueller, P., & Hildebrandt, K. (1985). Attributions, expectations, and coping with abortion. Journal of Personality and Social Psychology, 48(3), 585–599.** [**https://doi.org/10.1037//0022-3514.48.3.585**](https://doi.org/10.1037//0022-3514.48.3.585)

Women undergoing 1st-trimester abortion were surveyed before the procedure regarding their attributions for their pregnancy, expectations for coping, the meaningfulness of the pregnancy, in addition to the level of pregnancy intention. Participants were 247 women who underwent vacuum aspiration at a free-standing, private abortion clinic in a large metropolitan area in New York State. After the abortion and at a later follow-up visit, affective state, physical complaints, anticipated negative consequences, and depression were measured. As predicted, women who blamed their pregnancy on their character coped less well than low self-character blamers, but counter to predictions, self-behavior blame was unrelated to coping. Results revealed that 65% blamed no other person for their pregnancy, 43% blamed no aspect of their character, 34% blamed no aspect of their situation, and 21% blamed no aspect of chance. High-situation blamers were significantly more depressed than low-situation blamers. Those who blamed others anticipated more severe negative consequences than those who did not blame others. High-chance blamers tended to experience a worse affective state than low-chance blamers. External blame was generally unrelated to coping. Partner presence or absence at the abortion clinic had a significant impact on immediate coping responses. Women accompanied by their partners were significantly more depressed and reported more physical complaints than those unaccompanied by their partners; however, women accompanied by their partners were younger and had expected to cope less well with the abortion than those unaccompanied by their partners.

1. **Major, B., Richards, C., Cooper, M. L., Cozzarelli, C., & Zubek, J. (1998). Personal resilience, cognitive appraisals, and coping: an integrative model of adjustment to abortion. Journal of Personality and Social Psychology, 74(3), 735–752.**

An integrative model of psychological adjustment to abortion, derived from existing cognitive-phenomenological models of coping with stressful life events, was tested in a longitudinal study of 527 women (mean age, 23.9 years) who underwent a first-trimester abortion in Buffalo, New York (US), in 1993. It was hypothesized that the effects of personality (self-esteem, control, and optimism) on postabortion adaptation (distress, well-being, and decision satisfaction) would be mediated by pre-abortion cognitive appraisals of stress and self-efficacy. As hypothesized, women with more resilient personalities appraised their abortion as less stressful and had higher self-efficacy for coping with the event. The lower the women's stress appraisals, the more they used acceptance/positive reframing for coping and the less they relied on avoidance/denial. Acceptance/reframing predicted better adjustment on all measures, while avoidance/denial and venting predicted poorer adjustment. Greater support seeking was associated with reduced postabortion distress, and greater religious coping was linked with less decision satisfaction. The analyses suggested that the hypothesized model provided a parsimonious and theoretically grounded explanation of the pattern of associations in the data. These findings suggest a need for clinical interventions that help women learn to use more beneficial forms of coping with abortion.

1. **Major, B., Zubek, J. M., Cooper, M. L., Cozzarelli, C., & Richards, C. (1997). Mixed messages: implications of social conflict and social support within close relationships for adjustment to a stressful life event. Journal of Personality and Social Psychology, 72(6), 1349–1363.**

The authors examined the association between women's perceptions of negative (conflict) and positive (support) exchanges with their mothers, partners, and friends before having an abortion on negative (distress) and positive (well-being) indexes of post-abortion adjustment. Pre-abortion conflict and support from the partner predicted post-abortion adjustment in the same affective domain. Specifically, conflict uniquely predicted distress, whereas support uniquely predicted well-being. Women who felt high support from their mothers or friends were more distressed if they also perceived them as sources of high conflict than if they perceived them as sources of low conflict. No relationship was detected between conflict and distress among women who perceived their mothers or friends as non-supportive.

1. **Makenzius, M., Tydén, T., Darj, E., & Larsson, M. (2012). Risk factors among men who have repeated experience of being the partner of a woman who requests an induced abortion. Scandinavian Journal of Public Health, 40(2), 211–216.**

This study was undertaken to investigate risk factors among men who had repeated experience of being the partner of a woman choosing to undergo an induced abortion; questionnaire data was used from 590 men recruited through pregnant partners who applied for an abortion in Sweden in 2009. One-third of the men sampled were found to have had previous experience with a pregnant partner who had an abortion. These men were older, had less education and emotional support, and used tobacco more than men who experienced a partner abortion for the first time. Independent risk factors included being a victim of physical, psychological, or sexual violence or abuse over the past year, unemployment or sick leave, and having children. The men reported that improved sex and relationship education in school, as well as lower unemployment rates, could help to prevent unintended pregnancies and abortions. The authors noted that men with experience of repeat abortions should be acknowledged in the prevention of unintended pregnancies. They further recommended increased work opportunities as a potentially important intervention to reduce abortion rates.

1. **Maraschini, A., Corsi Decenti, E., Donati, S., Francisci, S., Lopez, T., Amodio, R., Bianconi, F., Bovo, E., Bruni, R., Castaing, M., Cirilli, C., De Vincenzo, R. P., Furgiuele, G., Guarda, L., Iacovacci, S., Mangone, L., Mazzucco, W., Melcarne, A., Merlo, E., Mian, M., … Pierannunzio, D. (2024). Fertility and abortion: A population-based comparison between women with cancer and those in childbearing age. Tumori, 3008916241298810. Advance online publication. https://doi.org/10.1177/03008916241298810**

The objective of this study was to compare women who had cancer that was developed in association with their pregnancy to a similarly aged fertile reference sample of women without pregnancy-associated cancer (PAC). Specifically, they used consenting center registries to gather data on these pregnancies. They found that “Overall, 2,218,139 obstetrics hospitalizations occurred,” which included a 75% delivery rate, a 14% induced abortion rate, and an 11% miscarriage rate. For the women among the sample suffering from PAC, a lower total of 69% gave birth, 16% had an induced abortion performed, and an entire 15% miscarried. The authors conclude from their findings that the findings are consistent with existing literature on the subject around the world, and they hypothesize that they are likely caused by “advancements in diagnostic and therapeutic opportunities,” allowing us to detect these quantitative discrepancies in birth and death rates in regard to pregnancy and cancer.

1. **Masten, M., Sheeder, J., & Lazorwitz, A. (2024). Substance Use and Anxiety About Pain Among Patients Seeking Abortion Services. Cureus, 16(3), e57034. https://doi.org/10.7759/cureus.57034**

The goal of the study was to evaluate how recent opioid, marijuana, and cannabidiol use are related to pre-procedure pain-related anxiety among patients seeking abortion. A prospective, cross-sectional, anonymous survey was conducted. The results revealed that among the 217 participants, recent opioid users had higher median anxiety scores for pain during and after abortion than non-opioid users. Anxiety scores did not differ for marijuana and cannabidiol users. The authors noted that assessing recent opioid use may help guide counseling on abortion-related anxiety.

1. **Mccarthy, F.P., Moss-Morris, R., Khashan, A.S., et al. (2015). Previous pregnancy loss has an adverse impact on distress and behaviour in subsequent pregnancy. BJOG An Int J Obstet Gynaecol., 122, 1757-1764.**

This study by McCarthy et al. (2015) investigated the impact of prior pregnancy loss on psychological distress and health-related behavior in subsequent pregnancies. The researchers recruited pregnant women with and without previous miscarriage or stillbirth to examine whether prior loss heightened anxiety, depression, and pregnancy-specific stress, as well as whether it influenced health behaviors. Participants were assessed using validated psychological scales during the first and second trimesters, and their behavioral patterns, such as antenatal care engagement and substance use, were monitored. The findings showed that women who had experienced a prior pregnancy loss reported significantly higher levels of anxiety and depression in early pregnancy compared to women without such a history. This heightened distress persisted throughout the second trimester, although participants demonstrated improved coping strategies over time. Pregnancy-specific stress was elevated in those with a history of loss, indicating heightened worries about fetal well-being and potential complications. The authors noted specific behavioral changes, with women attending more frequent antenatal appointments or undergoing additional tests to alleviate concerns. Others exhibited avoidant behaviors, such as delaying prenatal visits, reflecting fear and uncertainty about the pregnancy outcome. The study highlights that previous pregnancy loss leaves a lasting psychological imprint, elevating risk for adverse mental health outcomes in subsequent pregnancies. The authors recommend routine screening for anxiety and depression in pregnant women with a history of loss, along with targeted support interventions aimed at bolstering coping mechanisms and reducing avoidant behaviors. These measures can help effectively mitigate distress and promote overall healthier pregnancy experiences.

1. **McCoyd J. L. (2009). Discrepant feeling rules and unscripted emotion work: women coping with termination for fetal anomaly. The American Journal of Orthopsychiatry, 79(4), 441–451. https://doi.org/10.1037/a0010483**

As the authors of this article phrase it, “the sociology of emotion” is constantly changing with our growing understanding, which has obvious implications for healthcare. A concept discussed is “feeling rules,” which the authors suggest have become the new way decision-making and individual emotional reactions are guided within the healthcare context that is evolving through advancing technology. An issue the authors mention that can result from this change is a patient masking their true feelings in order to comply with the rules they perceive as dictating what is appropriate for them. Women experiencing anomalous pregnancies often feel the rules which should dictate what behavior is appropriate conflict with each other due to the changing technology and methods of treatment and intervention. The authors believe that healthcare providers with psych roles need to help women understand “salient” feeling rules to avoid conflict about what is appropriate.

1. **McCoyd J. L. (2007). Pregnancy interrupted: loss of a desired pregnancy after diagnosis of fetal anomaly. Journal of Psychosomatic Obstetrics and Gynaecology, 28(1), 37–48.**

The basis for this report is the fact that while prenatal diagnosis is a benefit of technology, it forces women and men into making decisions regarding fetal anomaly, and this decision-making and potential bereavement process has been understudied. The author refers to 30 extensive interviews conducted to identify themes among women who experience loss due to fetal anomaly. Some common themes identified were “mythical expectations” regarding denial, inaccurate expectations, and, importantly, the societal norms that create additional problems for women in their attempt to navigate a fetal anomaly situation and find adequate support. The author also provided specific suggestions for providers based on scenarios that may develop due to specific grief behaviors.

1. **McCullough, J. O. (2024). Doubly disenfranchised: the experience of paternal grief following medical termination in Jérémie Szpirglas’ Pater dolorosa. Modern & Contemporary France, 33(1), 91–110. https://doi.org/10.1080/09639489.2024.2367478**

McCullough (2024) examines the nuanced experience of paternal grief following medical termination of pregnancy, focusing on the representation of this grief in Jérémie Szpirglas’ novel Pater dolorosa. The study centers on the concept of “doubly disenfranchised” grief, illustrating how men often face societal and cultural barriers that invalidate or minimize their grief. While maternal perspectives on pregnancy loss are more widely discussed and recognized, paternal grief remains overlooked in mainstream discourse, leaving fathers without supportive frameworks to articulate or process their emotions. Drawing on literary analysis and interviews, McCullough explores how Szpirglas’ protagonist grapples with complex emotional states stemming from the loss of a potential child and the absence of communal acknowledgment. The narrative underscores how male grief can be further marginalized by traditional gender norms, which often discourage open expressions of vulnerability. McCullough argues that the novel portrays paternal grief as a profound emotional burden, complicated by social expectations that men remain stoic or detached. Through Pater dolorosa, McCullough highlights the necessity of recognizing the paternal dimension of grief, especially in cases of medical termination. This recognition can help dismantle stigmatization and provide more equitable support structures, allowing fathers a legitimate place within the broader conversation on pregnancy loss.

1. **Mdleleni-Bookholane, T. (2007). Factors related to and the consequences of the termination of pregnancy at the Umtata General Hospital, Eastern Cape. South African. Journal of Psychology, 37(2), 245-259.**

The stated purpose of this study was “to examine the factors related to and the consequences of the termination of pregnancy (TOP) among women who underwent the termination of pregnancy procedure at Umtata General Hospital, using Miller’s (1992) abortion decision model”. For a subject pool, only women from the gynecological clinic of this specific hospital between November and December 2000 who showed a willingness to talk were included. A total of 98 women were selected to participate in semi-structured interviews, and their responses were recorded via pen and paper. After responses were analyzed, multiple themes emerged. In particular, the decision to go for TOP was related to a lack of preparedness, and younger age was a risk factor. Relationship problems were also a risk factor, and a lack of resources and support also played a role in many cases. Additionally, expected parental support and perceived social support were associated with more positive outcomes.

1. **Merner, B., Haining, C. M., Willmott, L., Savulescu, J., & Keogh, L. A. (2024). Health providers' reasons for participating in abortion care: A scoping review. Women's Health (London, England), 20, 17455057241233124. https://doi.org/10.1177/17455057241233124**

This scoping review aimed to identify what is known about health providers’ reasons for participating in abortion provision. Empirical studies published from 2000 to 2022 were eligible if they addressed health providers’ reasons for participating in legal abortion. The literature search yielded 3251 records, and 68 studies were included. Reasons for participating in abortion were identified as 1) supporting women’s choices and advocating for women’s rights (76%); 2) being professionally committed to participating in abortion (50%); 3) aligning with personal, religious or moral values (39%); 4) finding provision satisfying and important (33%); 5) being influenced by workplace exposure or support (19%); 6) responding to the community needs for abortion services (14%) and 7) participating for practical and lifestyle reasons (8%).

1. **Miller, W. B. (1992). An empirical study of the psychological antecedents and consequences of induced abortion. Journal of Social Issues, 48(3), 67-93.**

On the basis of previously published studies, the author of this article developed a theoretical model of the psychological antecedents of abortion and a series of related theoretical models of the long-term psychological consequences of abortion. Using data from a longitudinal study of 967 women living in the San Francisco Bay area, the models were tested and the results provided considerable support for the model of psychological antecedents and for several of the models of psychological consequences.

1. **Milmine, L., & Fetner, T. (2024). Practice What You Preach: Complicating the Relationship among Christian Religious Identity, Abortion Attitudes, and Reported Abortion Experiences among Canadians. Socius, 10. https://doi.org/10.1177/23780231241245843**

Abortion providers have noted that patients who view abortion as immoral often access abortion. The authors’ question motivating the study was, does religion have a greater impact on attitudes toward abortion than on personal decisions to terminate one’s own pregnancy? Canadian women (n = 1,181) were surveyed to examine religious affiliation and attendance, as well as abortion attitudes and abortion experience. Religious affiliation and attendance were found to predict abortion attitudes more than abortion behavior.

1. **Mirlesse, V., Perrotte, F., Kieffer, F., & Ville, I. (2011). Women's experience of termination of pregnancy for fetal anomaly: effects of socio-political evolutions in France. Prenatal Diagnosis, 31(11), 1021–1028.**

The aim of this study was to analyze the experiences of women facing an abortion due to fetal anomaly, particularly experiences about decision-making, perception of the fetus, and postpartum depression. Results are also compared to those of a similar study several years earlier. For methodology, 120 women who had undergone an abortion for a fetal anomaly were given questionnaires, and their results were compared to results from the earlier study. The data showed that in 2005 (the first year sampled), 57% of women thought the decision to terminate belonged to couples and doctors together, compared with 32% in the former study. In advanced pregnancies or pregnancies wherein the fetus has a mental deficiency, the women tended to feel that the decision belonged to the couple alone. Another interesting finding was that in the former 1999 study, 41% of women chose to see their aborted fetus, whereas 66% of women sampled in 2005 did. Depression scores were higher among younger women and prevalent among a third of the participants in the 2005 series. The authors concluded that women make differentiations in who they find the appropriate decision makers depending on the type of abortion and why it is being performed.

1. **Mizno, M., Ando, F., & Ohira, M. (2025). A phenomenographic study of midwives’ perceptions of abortion care in Japan, Sexual & Reproductive Healthcare. Doi:** [**https://doi.org/10.1016/j.srhc. 2025.101066**](https://doi.org/10.1016/j.srhc.%202025.101066)**.**

The stated aim of this study was to look into the perceptions of midwives' experiences with abortion care in Japan, which contribute to improving professional practice. They conducted interviews with 12 midwives in Japan to gain insight and found that their perceptions could be categorized into three areas: “undergoing an abortion,” “the unborn child,” and the midwife.” The midwives interviewed felt that abortion care should be based on the belief that it is their professional duty to provide equal care to each woman. A desire to be a good care provider was reflected by the actions of midwives attempting to be good providers to their patients. The authors concluded that their perceptions were reflected in their care and the variations. It is essential to highlight the need for additional effective support strategies and education to increase midwives' knowledge of vital care.

1. **Mohan, S., & Karmakar, M. (2025). Diya: coerced abortion and reproductive autonomy in India. Feminist Media Studies, 1–17. https://doi.org/10.1080/14680777.2025.2468896**

Mohan and Karmakar (2025) critically examine the phenomenon of coerced abortion in India and its impact on reproductive autonomy. The authors explore how sociopolitical, cultural, and economic factors converge to pressure women into decisions about abortion, often against their will. Drawing on case studies and media representations, the article reveals that coercion in abortion practices is not solely an individual issue, but a systemic problem influenced by gender, class, and caste hierarchies. Women, particularly from marginalized communities, frequently face pressures from family members, partners, and even healthcare providers, which constrain their ability to make free and informed reproductive choices. The study highlights that state policies and healthcare practices, rather than safeguarding women's rights, often reinforce these coercive dynamics by perpetuating unequal power structures. Mohan and Karmakar argue for a critical re-evaluation of existing reproductive health frameworks, advocating for a rights-based approach that centers women’s autonomy and challenges traditional norms. They call on policymakers, healthcare professionals, and feminist scholars to address these inequities and promote an environment where reproductive decisions are made freely. Ultimately, the article highlights the pressing need for reforms that empower women and ensure that reproductive health services uphold dignity, respect, and justice for all.

1. **Morolli, V., Menghoum, N., Manigart, Y., & Rozenberg, S. (2024). Characteristics of patients requesting an abortion beyond 14 weeks of gestation: Retrospective study in Brussels. Contraception, 110751. Advance online publication. https://doi.org/10.1016/j.contraception.2024.110751**

The stated objectives of this study were to examine the characteristics of patients who have requested an abortion after at least 14 weeks gestation (generally past the legal limit) in the Netherlands to compare their social and demographic characteristics to those of women who sought an abortion within the 14 weeks of their pregnancy. To do this, the authors looked at the relevant data on individuals making these types of requests between January 2022 and March 2023, seeking to identify factors that may predict the outcome. The results from their regression analysis of 627 abortion-requesting patients (593 within 14 weeks and 34 after) indicated that those patients who sought an abortion due to “precarity” or rape were at greater risk of late requests. Additionally, they found factors that increased the likelihood of the woman seeking an abortion within the legal time frame to include personal reasons for having the procedure, such as not having a desire for children. The authors conclude that changes to the law would be needed to make care effective and uniform for all patients.

1. **Moseley, D.T., Follingstad, D. R., Harley, H., & Heckel, R.V. (1981). Psychological factors that predict reaction to abortion. J Clin Psychol., 37(2), 276-9.**

The value of demographic, social, and psychological variables in predicting women's reactions to legal abortions was examined. The participants included 62 women between the ages of 14 and 35 residing in an urban southern area of the U. S. All underwent a first-trimester suction curettage, outpatient abortion. Overall, the social context and the degree of emotional support received from a series of significant persons were more predictive of reactions to abortion than demographic factors. Higher levels of anxiety, depression, and hostility were associated with others’ opposition to abortion. Yet, supporting one significant person mitigated the effect of opposition from another. Although they had higher scores on pre- and postabortion hostility, women who made their own decision to abort experienced less difficulty in making the decision. The authors suggested that hostility may have served as a defense against guilt.

1. **Mota, N.P., Burnett, M., & Sareen, J. (2010). Associations between abortion, mental disorders, and suicidal behavior in a nationally representative sample. The Canadian Journal of Psychiatry, 55 (4), 239-247.**

Examined associations among abortion, mental disorders, and suicidality using a US nationally representative sample, the National Comorbidity Survey Replication (n = 3310 women aged 18 years and older). The World Health Organization-Composite International Diagnostic Interview was used to assess mental disorders based on the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, criteria and lifetime abortion in women. After adjusting for socio-demographics, abortion was significantly related to an increased likelihood of several mental disorders--mood disorders, anxiety disorders, substance use disorders, as well as suicidal ideation and suicide attempts. Adjusting for violence weakened some associations. For all disorders, less than half of the women sampled reported that their mental disorder had begun after the first abortion. Population-attributable fractions ranged from 5.8% (suicidal ideation) to 24.7% (drug abuse).

1. **Mubanga, C., Silumbwe, A., Munakampe, M.N. et al. (2025). A Qualitative Exploration of Moderating Factors Shaping Implementation Fidelity to Post-Abortion Care Guidelines in Chibombo District, Zambia. Glob Implement Res Appl 5, 93–105 https://doi.org/10.1007/s43477-024-00144-4**

The authors’ aim for this study was to identify and subsequently describe “modifying factors influencing adherence to the post-abortion care guidelines” within health care facilities in the rural Chibombo District in Zambia. They conducted interviews with 26 individuals, four program managers, and 22 post abortion care providers, and analyzed them for relevant themes. A vital shortcoming was revealed: an inadequate level of comprehension and subsequent description and handing out of guideline information. Funding also impacted the distribution of vital resource information, and it was also found that non-compliance with the guidelines by practitioners impacted patient responsiveness and a communal reliance on self-help.

1. **Mueller, P., & Major, B. (1989). Self-blame, self-efficacy, and adjustment to abortion. Journal of Personality and Social Psychology, 57(6), 1059–1068.**

The impact of attributions and coping self-efficacy on post-abortion adjustment was examined among 283 women who were randomly assigned before their abortion to 1 of 3 counseling interventions (to alter attributions for unwanted pregnancy, to raise coping expectations, or standard counseling (control group). Depression, mood, anticipated consequences, and physical complaints were assessed postabortion. Women in both intervention groups were better adjusted immediately following compared to those in the control group. The expectations group was also less depressed than the attributions group. High coping self-efficacy, low self-character blame, and low other blame were also correlated with post-abortion adjustment. Self-efficacy also predicted adjustment three weeks postabortion.

1. **Mufel, N., Speckhard, A., & Sivuha, S. (2002). Predictors of posttraumatic stress disorder following abortion in a former Soviet Union country. Journal of Prenatal & Perinatal Psychology & Health, 17(1), 41–61.**

One hundred and fifty women who had abortions in Belarus (former Soviet Republic) were interviewed regarding reproductive history, decision-making, and psychological outcomes. Positive and negative responses (including PTSD, guilt, grief, depression, anxiety/panic, and emotional numbness) were assessed during the interview with the Impact of Events-R Scale to measure aspects of PTSD objectively. It was hypothesized that a portion of the sample would evidence PTSD with recognition of life, attachment, time, number of weeks pregnant, coercion, supported decision-making, wantedness, and age all predictive of adverse outcomes. Forty-six percent of the sample suffered from PTSD, the best predictors of recognition of the life of the fetus, attachment, time since the abortion, and the number of weeks pregnant.

1. **Mukkavaara, I., Öhrling, K., & Lindberg, I. (2012). Women's experiences after an induced second trimester abortion. Midwifery, 28(5), e720–e725.**

The stated objective of this study was to describe the experiences of women undergoing a second trimester abortion. A total of 6 participants were selected after being discharged and were interviewed in person. The interviews were recorded and then transcribed and analyzed via qualitative content analysis. Findings were broken down into four categories identified by the authors, “to consider and accept the decision; to lack understanding about the abortion procedure; to be in need of support and information; to have memories for life.” Based on these identified themes from participants responses, the authors put forward that women being supported and informed is important in this vulnerable situation they are in after a second trimester abortion.

1. **Munk-Olsen, T., Laursen, T. M., Pedersen, C. B., Lidegaard, Ø., & Mortensen, P. B. (2011). Induced first-trimester abortion and risk of mental disorder. The New England Journal of Medicine, 364(4), 332–339.**

A population-based cohort study was conducted wherein information from the Danish Civil Registration system was linked to the Danish Psychiatric Central Register and the Danish National Register of Patients. Data on girls and women with no record of mental disorders from 1995 to 2007 who had a first trimester induced abortion or a first childbirth during the time period were the focus of the analyses. The incidence rates of first psychiatric contact per 1000 person-years among girls and women who had a first abortion were 14.6 before abortion and 15.2 after abortion. The corresponding rates among girls and women who had a first childbirth were 3.9 before delivery and 6.7 after delivery. The relative risk for psychiatric contact did not differ significantly after abortion as compared with before abortion but did increase after childbirth as compared with before childbirth. This study had very few controls, most notably, the authors failed to control for prior pregnancy loss.

1. **Musabwasoni, S.M., Nyiringango, G., Uwambaye, P., Mukeshimana, M., Ngoga, E., Uhawenimana, T.C., Musabirema, P., Ishimwe Bazakare, L., Sezibera, V., Mukamana, D., Klingberg-Allvin, M., Rulisa, S., & Bazirete, O. (2024). Psychology of Abortion: A Qualitative Exploration of Women’s Quality of Life after Termination of Pregnancy Service Provision. Rwanda Journal of Medicine and Health Sciences.**

For background, many people view safe abortion as a “human right,” but even among those who believe so, there is an awareness that it may trigger adverse reactions and various forms of psychological distress. For this study, focus group discussions involving 30 patients (women and girls) were used to gather data, which was then interpreted into themes. Their results yielded five primary emergent themes described as “(1) Ambivalence with mixed feelings and uncertainty, anger, wonder, and frustration; (2) Insecurity and abortion stigma, with judgment and inadequacy; (3) Personalized care with respectful care and dignity and self-reliance; (4) Lack of connection with relationships, coping, and a sense of belonging; (5) Wellness and preferences for care with hope and positive physical health”. Due to their findings, the authors were compelled to believe that there is a lack of ToP (termination of pregnancy) care services that are effective, and this lack of healthcare is resulting in negative impacts on the quality of life of women.

1. **Myers, A. J., Lohr, P. A., & Pfeffer, N. (2015). Disposal of fetal tissue following elective abortion: what women think. The Journal of Family Planning and Reproductive Health Care, 41(2), 84–89.**

The aim of this study was to understand women’s feelings regarding fetal tissue and its disposal better. In the UK, there are regulations about fetal tissue that require providers to offer women cremation or burial rather than regular medical waste disposal. This is consistent with the ethical “sensitive disposal” concept. Women who had undergone one or more abortions (n=23) were interviewed about their understanding, attitudes, and experiences on fetal tissue disposal as well as the concept of “sensitive disposal.” Transcribing them were then analyzed for relevant themes. Results indicated that before abortion, most participants did not consider disposal methods due to their priority being on the termination. Appropriate disposal by health professionals was assumed. However, some women reported anxiety about how to manage disposal at home during early medical abortions. Most respondents were unfamiliar with the term “sensitive disposal”. Ceremonial disposal was generally endorsed by participants following the loss of an unwanted pregnancy but not following elective procedures. Women typically wanted the opportunity to access information about disposal but did not like being asked or required to decide. The authors concluded that knowledge about the management of fetal tissue after abortion and sensitive disposal was limited among the women interviewed and that current guidelines may be at odds with women’s preferences. They also noted more research is needed.

1. **Nelson, E. S., Coleman, P. K., & Swager, M. (1997). Attitudes toward the level of male involvement in abortion decisions. Journal of Humanistic Education and Development, 25, 217-224.**

This study focused on attitudes about men’s appropriate role in abortion decisions. Using a survey methodology with college students, the authors explore whether men should have legal or moral standing in a woman’s choice to terminate a pregnancy. Findings suggest notable variability in opinions, with some participants believing that men’s input is vital yet secondary to the woman’s ultimate autonomy, while others emphasize joint responsibility. Demographic factors, personal beliefs about gender roles, and religiosity factored into these attitudes. The authors recommend educational programs that clarify legal issues, promote communication skills, and encourage empathy in reproductive decision-making. The results highlight the complexity of male involvement, revealing both supportive and potentially coercive dimensions.

1. **Ney, P. G., Fung, T., Wickett, A. R., & Beaman-Dodd, C. (1994). The effects of pregnancy loss on women's health. Social Science & Medicine (1982), 38(9), 1193–1200.**

Female patients in the practices of family physicians in Victoria, B.C. were studied to identify factors associated with pregnancy losses and their effects on women's health. Questionnaires returned by 1428 women with 2961 pregnancies revealed that higher losses, particularly abortions, correlated both with poor health and the need to obtain professional help in dealing with the loss(es). Partner support was one of the most crucial factors in maintaining a pregnancy.

1. **Ngo, T. D., Park, M. H., Shakur, H., & Free, C. (2011). Comparative effectiveness, safety and acceptability of medical abortion at home and in a clinic: a systematic review. Bulletin of the World Health Organization, 89(5), 360–370.**

Medication abortion at home and in clinics were compared for effectiveness, safety, and acceptability. Nine studies met the authors’ inclusion criteria (n = 4522 participants). All were prospective cohort studies that used mifepristone and misoprostol. Results indicated that complete abortion occurred among 86-97% of the women who underwent home-based abortions (n = 3478) and 80-99% of those who underwent clinic-based abortion (n = 1044). Pain and vomiting lasted 0.3 days longer among those who took misoprostol at home compared to a clinic. Women who chose home-based medical abortion were more likely to be satisfied, to choose the method again, and to recommend it to a friend than women who opted for medical abortion in a clinic.

1. **Nguyen, B. T., Hebert, L. E., Newton, S. L., & Gilliam, M. L. (2018). Supporting women at the time of abortion: A mixed-methods study of male partner experiences and perspectives. Perspectives on Sexual and Reproductive Health, 50(2), 75–83.**

This mixed-methods study explores male partners' experiences during the abortion process. Findings reveal that while many men provide instrumental and emotional support, some express ambivalence or opposition, potentially leading to conflict. The study underscores the importance of addressing partner dynamics to enhance women's abortion experiences.

1. **Niinimäki, M., Suhonen, S., Mentula, M., Hemminki, E., Heikinheimo, O., & Gissler, M. (2011). Comparison of rates of adverse events in adolescent and adult women undergoing medical abortion: population register based study. BMJ (Clinical Research Ed.), 342, d2111.**

A Finnish population based retrospective cohort study conducted to determine the risks of short-term adverse events in adolescent and older women undergoing medical abortion. All women (n = 27,030) undergoing medical abortion during between 2000 and 2006. Only the first induced abortion was analyzed per woman. The rate of chlamydia infections was higher in the adolescent cohort; however, the adolescent incidence of adverse events was similar or lower than that of the adults. The risks of hemorrhage, incomplete abortion, and surgical evacuation were lower among the adolescents. In subgroup analysis of primigravid women, the risks of incomplete abortion and surgical evacuation were lower in the adolescents. Duration of gestation was the most important risk factor for infection, incomplete abortion, and surgical evacuation.

1. **Nikolić, G., Samardzić, L., & Krstić, M. (2014). Women's demand for late-term abortion--a social or psychiatric issue? Vojnosanitetski pregled, 71(7), 660–666.**

For reference, induced abortion after the 12th gestational week also known as “late term abortion” has legal restrictions in Serbia and in a great number of countries around the world. In addition, and conversely, unwanted pregnancy is known to often cause women to experience a state of crisis. This paper aimed to compare sociodemographic and psychological characteristics as well as reasons claimed by women for pursuing an abortion in the two groups studied with a demand for late-term abortion. A total of 62 pregnant women with a demand for late-term abortion were separated into two groups based on the criteria of satisfying or not satisfying legally prescribed mental health indications. An additional aim for this study was to determine predictive validity of the parameters for late-term abortion. Results indicated that that a statistically significant difference existed between the two groups in terms of educations level, their financial situation, anxiety levels, and distress reactions. In both groups it was determined that unfavorable social circumstances were the main reason for termination in both groups. The authors conclude that psychiatric indicators for late-term abortion tend to be more common among women of lower socioeconomic status as well as women with overall lower levels of education. The authors put forward that preventative methods are important in order to decrease the risk of illegally performed late-term abortion, which of course carries with it the most potentially fatal and distressing side-effects of the familiar methods of abortion.

1. **Nobel, K., Ahrens, K., Handler, A., & Holt, K. (2022). Patient-reported experience with discussion of all options during pregnancy options counseling in the US South. Contraception, 106, 68–74. https://doi.org/10.1016/j.contraception.2021.08.010**

Nobel et al. (2022) investigated patients’ experiences discussing all pregnancy options with healthcare providers in the US South. Using a cross-sectional survey, they gathered data from pregnant or recently pregnant individuals who had sought care in various clinics. Their primary focus was determining whether providers covered all possible choices, including continuing the pregnancy, adoption, and abortion. Results showed that many participants did not receive thorough information about each option, with specific demographics, such as younger individuals and those with lower education levels, being less likely to have comprehensive counseling. The authors point out that restrictive abortion policies and social stigmas in the region can inhibit open dialogue, potentially contributing to incomplete or biased counseling. Additionally, the study underscores the importance of nonjudgmental, empathetic interactions, as patients reported valuing a supportive environment when exploring their reproductive choices. Nobel et al. conclude that improving provider training and policy reforms are necessary to ensure equitable, patient-centered pregnancy options counseling across the US South.

1. **O’Brien, K. M., Whelan, D. R., Sandler, D. P., Hall, J. E., & Weinberg, C. R. (2017). Predictors and long-term health outcomes of eating disorders. Plos One, 12, (7) e0181104**

Studied predictors of self-reported eating disorders among 47,759 participants from the Sister Study. Two percent (n = 967) of participants identified a history of an eating disorder. As adults, women who had experienced eating disorders were more likely to have had a later first birth, bleeding or nausea during pregnancy, or to have had a miscarriage or induced abortion.

The authors noted that interventions should focus on preventing and mitigating long-term adverse health effects.

1. **Obure, V. A., Juma, K., & Athero et al. (2004). Sometimes you have knowledge but lack the equipment to save a life: Perspectives on health system barriers to post-abortion care in Liberia and Sierra Leone, PREPRINT (Version 1) available at Research Square [https://doi.org/10.21203/rs.3.rs-4807059/v1]**

For context, proper medical care after an abortion can be lifesaving. However, many women who experience complications have problems obtaining quality care after an abortion. This study sought insight into stakeholders' perspectives on the healthcare system regarding barriers to accessing care in Liberia and Sierra Leone. Interviews were conducted with healthcare providers and “policy actors” (those that play a role in determining society's legal policies and allocation of service funds). The data was then coded and analyzed. The authors found that stakeholders held varying viewpoints regarding what quality care consists of. Importantly, this research also exposed many “weaknesses and gaps” regarding the capacity of the facilities to deliver adequate care. Findings were not uniform across the two countries; Sierra Leone had a more remarkable lack of trained professionals. In both countries, however, working equipment was absent, a lack of supplies generally, infrastructure issues, a lack of rooms, compromised confidentiality, inadequate patient information, and insufficiently informed staff. These problems led to delays, unavailability of services, overcharging, and stigmatization of patients. The authors conclude that many facilities in these countries lack essential equipment, supplies, and training. There is a great need for increased funding and better training from these stakeholders.

1. **Olsson, C.A., et al. (2014). Social and emotional adjustment following early pregnancy in young Australian women: A comparison of those who terminate, miscarry, or complete pregnancy. Journal of Adolescent Health, 54, 698-703.**

Study participants were from a population-based longitudinal study of the health and well-being of 1,943 young Australians (Victorian Adolescent Health Cohort Study). The participants were followed from age 15 to 24. Analyses were adjusted for potential confounding variables (early teenage depressive symptoms, cigarette smoking, alcohol use, cannabis use, and parent socioeconomic context). A total of 208 pregnancies (in 170 women) were identified from a sample of 824 women. Compared with those who had never been pregnant, those who had a child had lower tertiary education completion and a higher risk of nicotine dependence; women who terminated a pregnancy were more likely single and had a higher risk of smoking and alcohol use as well as nicotine and alcohol dependence; and finally, those who had a miscarriage had a higher risk of depressive symptomatology and

binge drinking as well as nicotine and cannabis dependence.

1. **Or, M., Kazma, J., Alpern, R. R., Folarin-Amode, F., & Jamshidi, R. (2024). Oh My GAD: Evaluating Anxiety in Current Pregnant Patients Who Have Had a Prior Termination Abortion. Obstetrics & Gynecology, 143 (5S), p 60S.**

The purpose of this study was to examine the effect of abortion on anxiety in future pregnancies carried to term using a cross-sectional design. Pregnant patients seeking obstetric care were surveyed to assess demographics, obstetric history, and the Generalized Anxiety Disorder-7 (GAD-7). One hundred seventy-nine patients completed the survey (72 reported a history of anxiety) and were the focus of the current investigation; however, the study is ongoing. Of those who have had a prior pregnancy, those with a history of abortion were more likely to have severe anxiety with a GAD-7 score greater than 15 in the target pregnancy (18.2% versus 4.5%; P=.01). The authors concluded, “Patients who have experienced abortion therefore have specific needs for prenatal care that are currently unmet. Furthermore, as GAD-7 is not routinely administered in pregnancy, these patients may be underdiagnosed with anxiety that then goes untreated.”

1. **Osler, M., David, H. P., & Morgall, J. M. (1997). Multiple induced abortions: Danish experience. Patient Education and Counseling, 31(1), 83–89.**

Interviews were conducted with 50 first-time abortion patients and 100 repeat abortion patients (50 2nd and 50 3rd abortions) who had their pregnancies terminated in 1990-93 at the University Hospital in Copenhagen, Denmark. Women with repeat abortions did not differ generally from those experiencing a first abortion relative to demographic factors, socioeconomic status, and stated reasons for choosing abortion. Economic factors and family considerations motivated the request for abortion across all 3 groups. Contraception was not used among 32% of first-time, 38% of second time, and 41% of third-time abortion patients at conception. Forty-three percent of first-time abortion patients reported having no stable partner, while 71% of second-time patients were unmarried and living alone. Finally, although 50% of third-time abortion patients lived alone, most had a steady partner. None of the eligible first-time abortion seekers and only 3% of second-time abortion seekers refused to be interviewed. However, the refusal rate was 30% among those undergoing a third abortion. In the third group (not in the other two groups), there was also a general unwillingness to discuss reasons related to the failure to use contraception effectively. Finally, women undergoing a third abortion recalled more minor somatic complications and short-term psychological problems (e.g., sadness and regret) associated with their second abortion than second-time abortion patients reported for their first termination. The authors noted that third-time abortion patients may be a select group of more fecund women who become pregnant easily when contraceptive behavior is less effective.

1. **Østbye, T., Wenghofer, E. F., Woodward, C. A., Gold, G., & Craighead, J. (2001). Health services utilization after induced abortions in Ontario: a comparison between community clinics and hospitals. American Journal of Medical Quality: The Official Journal of the American College of Medical Quality, 16(3), 99–106.**

Compared postabortion health services utilization of hospital abortion patients with community clinic abortion patients using administrative databases. In this retrospective cohort study, the focal group consisted of patients with induced abortions (n = 41,039) performed in hospitals or community clinics recorded in the 1995 Ontario Health Insurance Plan claims (OHIP) database. An age-matched cohort of 39,220 women without induced abortion experience was selected from the same data source to serve as controls. The main outcome measures were health services utilization indicators constructed from OHIP data within 3 months postabortion from office consultations, emergency room consultations, and hospital admissions. Postabortion health services utilization and hospitalization were higher in the patient population than in the age-matched cohort. Within the abortion patient population, hospital day-surgery patients had higher rates of postabortion utilization and hospitalization than community clinic patients. Hospital day surgery patients had a higher risk of subsequent post-abortion hospitalizations for infections, surgical events, and psychiatric problems compared to community clinic patients. The rates of postabortion health services utilization and risk of hospitalization were lower among the community clinic abortion patients than in hospital day-surgery patients.

1. **Pacilli, M. G., Spaccatini, F., Pagliaro, S., & Giovannelli, I. (2024). From “bad” and “good” motivations to abort to “bad” and “good” women: Abortion stigma and backlash against women who interrupt their pregnancy. Sexuality Research & Social Policy: A Journal of the NSRC, 21(2), 645–656. https://doi.org/10.1007/s13178-023-00927-8**

For context, because abortion is chosen for a multitude of reasons, the public discourse surrounding it developed a hierarchy in terms of how justified a particular reason may be. For this study, the authors looked at the “impact of different motivations” that are generally seen in the public discourse as more justified or less justified regarding how poorly society perceives the woman and her decision to abort. The results of the study showed that participants felt a greater degree of moral outrage towards women who abort for reasons seen as categorically bad or selfish. Having reasons that participants saw as unacceptable dehumanized the woman to the participant. The results served to highlight the effect the collectively established hierarchy of reasons for abortion has on how those around them perceive women.

1. **Pallitto, C. C., García-Moreno, C., Jansen, H. A., Heise, L., Ellsberg, M., Watts, C., & WHO Multi-Country Study on Women's Health and Domestic Violence (2013). Intimate partner violence, abortion, and unintended pregnancy: results from the WHO Multi-country Study on Women's Health and Domestic Violence. International Journal of Gynaecology and Obstetrics, 120(1), 3–9.**

The objective of this study was to explore how intimate partner violence (IPV) can be associated with unplanned pregnancy and termination, primarily in low to middle-income countries. Population data was collected and presented from 17,518 “ever-partnered” women who participated in a WHO multi-country study on women’s health and domestic violence, which included 15 sites in 10 countries. Logistic regression analysis was used to find associations between physical and sexual violence and unplanned pregnancy. Results showed that women with a history of IPV were significantly more likely to have an unplanned pregnancy at 8 of the 15 sites, and it was indicative of abortion in 12 of 15 sites. Additionally, these women were 95% more likely to become unintentionally pregnant. The authors conclude that IPV is a major predictor of unwanted pregnancy and abortion. Also, unsafe abortion has been shown to result in serious complications or death. The authors suggest reducing IPV would have a significant impact on reducing risks to women’s health.

1. **Payne, E. C., Kravitz, A. R., Notman, M. T., & Anderson, J. V. (1976). Outcome following therapeutic abortion. Archives of General Psychiatry, 33(6), 725–733.**

Psychological outcomes following abortion were studied among 102 patients. Multiple variables were measured over four different time intervals. Anxiety, depression, anger, guilt, and shame were significantly lower six months after the pre-abortion period. The following variables differentiated subgroups of patients with distinct patterns of responses as indicated by changes in effect: marital status, personality diagnosis, the character of object relations, past psychopathologic factors, relationship to husband or lover, relationship to mother, ambivalence about abortion, religion, and previous parity. Results indicated that the women most vulnerable to conflict were those who were single and nulliparous, those with a previous history of serious emotional problems, those with conflictual relationships with lovers, those with past negative relationships with mothers, those with strong ambivalence toward abortion, or those negative religious or cultural attitudes about abortion.

1. **Pedersen W. (2008). Abortion and depression: a population-based longitudinal study of young women. Scandinavian Journal of Public Health, 36(4), 424–428.**

The objective of this study was to investigate whether induced abortion was a risk factor for subsequent depression by employing a representative sample of women from a normative population (n=768) of women between the ages of 15 and 27. Young women who reported having had an abortion in their twenties were more likely to score above the cut-off point for depression. Controlling for third variables attenuated the association, yet it remained significant. There was no association between teenage abortion and subsequent depression.

1. **Pedersen W. (2007). Childbirth, abortion and subsequent substance use in young women: a population-based longitudinal study. Addiction (Abingdon, England), 102(12), 1971–1978.**

This study involved an investigation of associations between both deliveries and abortions and subsequent nicotine dependence, alcohol problems, and use of cannabis and other illegal drugs among young women between the ages of 15 and 27. Data were gathered from the Young in Norway Longitudinal Study, an 11-year examination of a representative sample of Norwegian adolescents and young adults. Socio-demographic, family, and individual confounding factors were incorporated into the analyses. Abortion experience was associated with elevated rates of substance use and problems, whereas those who gave birth had reduced rates of alcohol problems and cannabis use. These associations persisted after employing controls for potential confounding factors. Women who still lived with the father of the aborted fetus were not at increased risk.

1. **Peng, H., Li, X., Zeng, L., Wang, Y., Wang, Y., Qin, C., & Chen, Y. (2025). Reciprocal relationship between abortion stigma and depressive symptoms among women who underwent termination of pregnancy for fetal anomalies: a cross-lagged panel study. BMC Pregnancy and Childbirth, 25(1), 246. https://doi.org/10.1186/s12884-025-07376-8**

The authors of this study aimed to look at the “interactions between abortion stigma and depressive symptoms” over time for women who had abortions due to fetal anomaly. To do so, they had 241 women complete the “Abortion Stigma Scale” and the “Edinburgh Postnatal Depression Scale”. They found that abortion stigma was associated with more significant depressive symptoms and that having depressive symptoms before termination was positively associated with more considerable stigma felt after termination. The authors concluded that more substantial intervention is needed for these women and that the link between depressive symptoms and stigma experienced by women who have undergone termination for fetal anomaly should be considered to inform treatment.

1. **Peppers, L. G. (1987-1988). Grief and elective abortion: Breaking the emotional bond? Omega: Journal of Death and Dying, 18(1), 1–12.**

Used maternal-infant bonding as a theoretical framework to examine grief following elective abortion among 80 women (aged 14–39 years) who terminated their pregnancies. Found grief associated with elective abortion to be similar to grief experienced following involuntary fetal/infant loss in terms of the symptoms. The researchers reported that the grief may have been initiated when the decision to terminate the pregnancy was made.

1. **Pershad, J., Mugerwa, K. Y., Filippi, V., Mehrtash, H., Adu-Bonsaffoh, K., Bello, F. A., Compaoré, R., Gadama, L., Govule, P., Qureshi, Z., Tunçalp, Ӧ., & Calvert, C. (2022). Prevalence and determinants of self-reported anxiety and stress among women with abortion-related complications admitted to health facilities in Eastern and Southern Africa: A cross-sectional survey. International Journal of Gynaecology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics, 156 Suppl 1, 53–62. https://doi.org/10.1002/ijgo.14042**

This study aimed to ascertain an estimation of the prevalence of feelings of stress and anxiety among women who present for complications related to their abortion. They specifically wanted to look at women’s experiences during their stay at healthcare facilities while receiving treatment for their complications with their abortion. They gathered information from databases from four countries (Kenya, Malawi, Mozambique, and Uganda), WHO survey data, and medical records. They found that of the 1254 women presenting, who were included for analysis, 56% had self-reported feelings of stress or anxiety and that there was evidence of certain factors being associated with these feelings. These factors included “lower socioeconomic status, lower levels of education, no previous childbirth, no previous abortion, higher gestational age at abortion, and use of unsafe methods of abortion”. They concluded that more action needs to be taken to address these feelings within a care setting, including, but not limited to, improving access to safe abortion and using better tools that have been validated to understand patients.

1. **Perry, R., Zimmerman, L., Al-Saden, I., Fatima, A., Cowett, A., & Patel, A. (2015). Prevalence of rape-related pregnancy as an indication for abortion at two urban family planning clinics. Contraception, 91(5), 393–397.**

Estimated the prevalence of rape-related pregnancy as an indication for abortion at two public Chicago clinics and described both demographic and clinical predictors of women who terminated rape-related pregnancies. Results indicated there were 19,465 abortions. Most patients were Black (85.6%). The prevalence of abortion for rape-related pregnancy was 1.9%. Later gestational age was associated with abortion for rape-related pregnancy. Younger age and Black race were associated with abortion for rape-related pregnancy at only one clinic.

1. **Picavet, C., Goenee, M., & Wijsen, C. (2013). Characteristics of women who have repeat abortions in the Netherlands. The European Journal of Contraception & Reproductive Health Care: The Official Journal of the European Society of Contraception, 18(5), 327–334.**

The purpose of this study was to examine the demographic characteristics of women having multiple abortions. Registration data for Dutch abortion clinics that provide 64% of all procedures was used. Women who had a first abortion were compared to those who had one or more prior abortions. The data revealed that 36% were repeat abortions. Women over the age of 20 were more likely to have repeat abortions. Migrants, particularly those with a Caribbean background (from Surinam or the Netherlands Antilles) and women who had children, were also more likely to have a repeat abortion. The authors recommended that abortion clients with Caribbean backgrounds be the recipients of unwanted pregnancy prevention efforts, noting that the use of reliable contraception should be promoted along with compliance and continuation.

1. **Pinheiro, R. T., et al. (2012). Suicidal behavior in pregnant teenagers in southern Brazil: Social, obstetric, and psychiatric correlates. Journal of Affective Disorders, 136, 520-525.**

This was a cross-sectional study with a consecutive sample of 871 pregnant teen recipients of prenatal medical assistance by the national public health system in Pelotas, Brazil. Forty-three (4.94%) refused to participate, resulting in 828 participants. The prevalence of suicidal behavior was 13.3%; lifetime suicide attempts were referred by 7.4%, with 1.3% reporting suicide within the last month. A prior history of abortion was associated with a 2.6 times greater risk of suicidal behavior among teenagers.

1. **Pope, L.M., Adler, N.E., & Tschann, J.M. (2001). Postabortion psychological adjustment: Are minors at increased risk? Journal of Adolescent Health, 29, 2-11.**

In their 2001 study, Pope, Adler, and Tschann investigated whether minors experience heightened psychological vulnerability following abortion compared to adult women. Drawing from a sample of adolescent and adult participants who had obtained abortions, the authors assessed various indicators of mental health, including depression, anxiety, self-esteem, and overall emotional well-being. Through both quantitative measures and qualitative interviews, they explored factors such as familial and social support, preexisting mental health status, and the individuals’ reasons for seeking an abortion. The researchers aimed to clarify whether younger age independently contributed to poorer postabortion adjustment or if other contextual variables shaped psychological outcomes. Results revealed that while some adolescents reported distress after the procedure, minors were not categorically at greater risk of adverse mental health consequences than older women. Instead, the study underscored the importance of support networks within family structures and from peers in mediating adverse emotional responses. Prior emotional health and feelings about pregnancy also emerged as significant factors influencing postabortion adjustment. These findings suggested that a stable and nurturing environment was a key buffer against long-term psychological harm, regardless of age. Concluding that adolescence alone does not necessarily predict poorer mental health outcomes, Pope and colleagues emphasized a multifaceted approach to postabortion care, particularly for younger women. Their work highlighted the need for supportive counseling and comprehensive resources that address the varied experiences, emotional states, and social contexts of individuals seeking abortion services.

1. **Pourreza, A., & Batebi, A. (2011). Psychological Consequences of Abortion among the Post Abortion Care Seeking Women in Tehran. Iranian Journal of Psychiatry, 6(1), 31–36.**

The purpose of this study was to examine the psychological side effects of abortion among women who sought post-abortion care in Tehran. The sample included 278 women of reproductive age (15-49). At least one-third of the respondents had experienced psychological side effects. Depression, worrying about not being able to conceive again, and abnormal eating behaviors were identified to be the dominant psychological consequences of abortion. Decreased self-esteem, nightmares, guilt, and regret were reported by 43.7%, 39.5%, 37.5%, and 33.3% of the sample, respectively. The authors concluded that the study population needs more intensive attention due to the presence of chronic psychological disorders and the impact on families as well as the health of the population.

1. **Prasad, M., Roy, S., Vishnu, MV., Kaul, S., & Dalei, B. (2024). Occurrence and Determinants of Psychological Distress among Women Undergoing Abortion/Medical Termination of Pregnancy Journal of South Asian Federation of Obstetrics and Gynaecology, 16 (1), 20-24.**

The authors utilized the Goldberg Health Questionnaire-12 to assess women undergoing treatment for abortion-related issues. Specifically examined were demographic, social, obstetric, and medical factors in association with post-abortion stress levels. Those with prior psychiatric illnesses and those undergoing MTP for failure of contraception were excluded. Participants included 106 participants with an average age of 25.7 years; 86% were Hindus, 83% were employed, and 63.2% were multigravidae. Results revealed that 89% (94 patients) had typical distress, and 11% experienced more than usual psychological distress. The presence of prior living issues, prior abortions, medical comorbidity, and desire for future progeny were associated with higher distress.

1. **Price, E., Sharman, L. S., Douglas, H. A., Sheeran, N., & Dingle, G. A. (2022). Experiences of Reproductive Coercion in Queensland Women. Journal of interpersonal violence, 37(5-6), NP2823–NP2843.**

The authors of this study define reproductive coercion as, “any interference with a person’s reproductive autonomy that seeks to control if and when they become pregnant, and whether the pregnancy is maintained or terminated”. This definition includes sabotage of contraceptive methods and intervention in a woman’s access to health care. The researchers looked to explore the prevalence and associations with reproductive coercion in Queensland, Australia, where state-level legislation addressing domestic violence and abortion are currently undergoing a period of legal reform. For the study’s methodology, a retrospective analysis of 3117 women living in Queensland who had contacted a telephone counseling and information service regarding an unplanned pregnancy. The data were collected by counselors of women seeking help regarding a pregnancy between January 2015 and July 2017. The authors found that overall, the experience of domestic violence was significantly more likely to co-occur with reproductive coercion (21.1%) compared with reproductive coercion identified in the absence of other domestic violence (3.1%). In addition, mental health issues were reported in 36.6% of women affected by reproductive coercion, compared to 14.1% of women with no reproductive coercion experience. Those subject to this coercion were more likely to make repeat contact with counselors about their pregnancy (17.8%) compared to those that don’t experience coercion (5.9%). These findings highlight the need for adequate health services and additional screening for issues such as coercion.

1. **Prommanart, N., Phatharayuttawat, S., Boriboonhirunsarn, D., & Sunsaneevithayakul, P. (2004). Maternal grief after abortion and related factors. Journal of the Medical Association of Thailand = Chotmaihet thangphaet, 87(11), 1275–1280.**

Investigated maternal grief after abortion and the variables associated with the intensity of maternal grief using a cross-sectional design. Participants were 132 women who attended the abortion clinic, Department of Obstetrics and Gynecology, Faculty of Medicine, Siriraj Hospital, Thailand. There were 7 women with severe grief intensity (5.3%), 50 with moderately grief intensity (37.9%) and 75 with mild grief intensity (56.8%). The factors associated grief scores were low income, ultrasonography, gestational age of > 16 weeks, and methods of treatment.

The authors concluded, “Grief is worldwide among women who have recently aborted. The related factors with grief intensity can be used for screening psychological problems of the women who experience abortion.”

1. **Pud, D., & Amit, A. (2005). Anxiety as a predictor of pain magnitude following termination of first-trimester pregnancy. Pain Medicine (Malden, Mass.), 6(2), 143–148.**

The objective of this study was to investigate factors that may be predictors of “pain magnitude” following an abortion. A prospective, nonrandomized design was employed and a cohort of 40 women in Israel consecutively undergoing pregnancy termination were interviewed. Results indicated that a woman’s state anxiety was a predictor of pain magnitude on a visual analog scale 15 minutes after abortion and trait anxiety was a predictor of pain magnitude 30 minutes out from an abortion. Other variables did not bear significant results. The authors conclude that assessment of anxiety prior to abortion may lead to more appropriate treatment to help mitigate suffering experienced after an abortion is performed.

1. **Qeadan, F., Tingey, B., & Mensah, N. A. (2024). The risk of opioid use disorder among women undergoing obstetric-related procedures: Results from the Cerner Real-World Database. Drug and Alcohol Dependence Reports, 10, 100210.**

This study was implemented to explore immediate and prolonged risks of opioid use disorder (OUD) among women who have had vaginal and cesarean deliveries, induced abortions, and treatments related to miscarriages and ectopic pregnancies. Retrospective data (n = 632,872) from the Cerner Real-World Data™ for pregnant females (age 15-44) between January 2010 and March 2020 were used. Compared to patients with vaginal delivery, those with an ectopic pregnancy, a cesarean delivery, miscarriage, and an induced abortion had 84%, 46%, 119%, and 131% significantly higher odds of OUD, respectively. Among opioid naïve patients, all additional obstetric procedure groups (besides miscarriage) had a substantially higher risk of being prescribed new opioids compared to women who had a vaginal delivery. When considering patients with newly prescribed opioids, patients from all other groups demonstrated a significantly higher risk of continued opioid prescriptions compared to the vaginal delivery group. The authors concluded, “The association between specific obstetric outcomes, notably miscarriage and induced abortions, and opioid use patterns should inform safer and more effective pain management in a maternal population.”

1. **Qin, C., Chen, W. T., Deng, Y., Li, Y., Mi, C., Sun, L., & Tang, S. (2019). Cognition, emotion, and behaviour in women undergoing pregnancy termination for foetal anomaly: A grounded theory analysis. Midwifery, 68, 84–90. https://doi.org/10.1016/j.midw.2018.10.006**

Qin et al. (2019) employed a grounded theory approach to explore Chinese women's cognition, emotion, and behavior during pregnancy termination for fetal anomaly. The study, conducted in a hospital setting in China, involved in-depth interviews with participants to map out their experiences from discovering the anomaly to deciding on termination. Four major themes emerged: searching for information and solutions, emotional turmoil upon confirming the anomaly, coping processes in selecting and undergoing termination, and reevaluating prospects following the procedure. Women reported a complex range of emotions, including guilt, sadness, anxiety, and confusion, often intensified by cultural and familial expectations regarding motherhood. Social norms played a critical role, influencing decision-making processes and emotional reactions. Some participants sought emotional support from partners, healthcare professionals, or spiritual resources, while others felt isolated. These findings illuminate the psychological distress experienced by women and highlight a need for improved perinatal care strategies. The authors emphasize the need for healthcare providers to offer comprehensive support throughout the termination process, addressing women’s informational, emotional, and cultural needs. The study underlines that tailored counseling and interventions are crucial for enhancing emotional well-being and supporting informed decision-making. The research highlights the importance of empathetic communication and robust support networks.

1. **Qureshi, Z., Mehrtash, H., Kouanda, S., Griffin, S., Filippi, V., Govule, P., Thwin, S. S., Bello, F. A., Gadama, L., Msusa, A. T., Idi, N., Goufodji, S., Kim, C. R., Wolomby-Molondo, J. J., Mugerwa, K. Y., Bique, C., Adanu, R., Fawole, B., Madjadoum, T., Gülmezoglu, A. M., … Tunçalp, Ö. (2021). Understanding abortion-related complications in health facilities: results from WHO multicountry survey on abortion (MCS-A) across 11 sub-Saharan African countries. BMJ Global Health, 6(1), e003702. https://doi.org/10.1136/bmjgh-2020-003702**

Because unsafe abortions represent a great deal of maternal morbidity in African countries, the authors of this study sought to characterize the severity of abortion complications and learn about how women and staff manage them, as well as report on women’s experiences. To achieve this, the authors conducted a cross-sectional study involving 210 healthcare facilities operating across 11 sub-Saharan Countries, where interviews were conducted and analyzed. The authors found that of the 13,657 women who were indicated to have abortion-related complications, 2.4% of them were categorized as having severe outcomes, 7% were life-threatening, 58.2% had complications classified as moderate, and 32.4% were burdened with mild complications. Additionally, those that were “single, multiparous, presenting ≥13 weeks of gestational age and where expulsion of products of conception occurred before arrival at the facility” were all factors associated with more severe complications.

1. **Quinley, K. E., Ratcliffe, S. J., & Schreiber, C. A. (2014). Psychological coping in the immediate post-abortion period. Journal of Women's Health (2002), 23(1), 44–50.**

The purpose of this cohort study was to examine how women fare psychologically in the immediate 1-3 days after abortion. Patients undergoing first and second-trimester surgical abortion were the focus. Sixty-two of 148 patients completed the questionnaires. The Participants’ predicted psychological coping scores were 9.7% higher than pre-procedural psychological states. Actual psychological coping scores improved by 38% over women's predictions. Women who scored low on pre-procedural psychological assessments were more likely to have post-procedural psychosocial issues. The authors noted that poor scores on pre-procedural psychological assessments can identify women in need of additional support in the immediate post-abortion period.

1. **Quinton, W. J., Major, B., & Richards, C. (2001). Adolescents and adjustment to abortion: are minors at greater risk? Psychology, Public Policy, and Law: An Official Law Review of the University of Arizona College of Law and the University of Miami School of Law, 7(3), 491–514.**

The authors tested the Supreme Court's assumption that minors are more susceptible to psychological distress following abortion compared to their older counterparts. The psychological responses of 38 minors (age < 18 years) were compared with those of 402 adults, one month and two years after a 1st-trimester abortion. The results revealed that minors were less satisfied with their abortion decisions and felt less benefit from the abortion than adults one month following the abortion. However, the adolescents did not differ from adults in adjustment two years postabortion. Age group differences in adjustment at 1-month postabortion were explained by minors' reduced self-efficacy appraisals for coping, more active use of avoidant coping strategies, and greater perceived parental conflict.

1. **Rahman M. (2015). Intimate partner violence and termination of pregnancy: a cross-sectional study of married Bangladeshi women. Reproductive Health, 12, 102. https://doi.org/10.1186/s12978-015-0095-7**

For background, intimate partner violence (IPV) and its consequences on women’s health, both physical and reproductive, have been well documented. IPV is a prevalent and pervasive social problem. The author of this study believes that a deeper understanding of IPV may benefit healthcare strategies implemented during the termination of pregnancy. For methodology, a cross-sectional study was conducted based on data from 10,146 married women of reproductive age from the Bangladesh Demographic Health Survey, 2007 (BDHS). The subset extracted for analysis consisted of married women living with their husbands who had been pregnant at least once in the last five years. Results indicated that 31.4% experienced physical and/or sexual IPV. Broken down further, 13.4% experienced sexual violence only, and 25.8% experienced only physical violence. Physical IPV was significantly associated with pregnancy termination ever in a woman’s life and in the last five years. The author concluded that it is pertinent to pay extra attention to the prevention of intimate partner violence, and this may also reduce the number of pregnancy terminations in Bangladesh.

1. **Rafferty, K. A. & Longbons, T. (2021) #AbortionChangesYou: A case study to understand the communicative tensions in women’s medication abortion narratives, Health Communication, 36:12, 1485-1494, DOI: 10.1080/10410236.2020.1770507**

The goal of this study was to analyze women’s narratives after medication abortion. Using Relational Dialectics Theory, the authors performed a case study of the nonpartisan website Abortion Changes You. A contrapuntal analysis rendered four sites of dialectical tension found across women’s blog posts. The authors concluded that medication abortion is often accompanied by contradicting emotions and thoughts and tensions. Many women noted that it was not a flippant decision, while some women remained unscathed. Silence that women often keep regarding their abortion causes them to view the act in a more binary way aligning it to one movement or another. The authors noted, “Choice movements impact the liminality of women who are contemplating a medication abortion and affect their own narrative reconstruction and sense-making after their private medication abortion”.

1. **Raisanen, S., et al. (2013). Fear of childbirth predicts postpartum depression: a population-based analysis of 511,422 singleton births in Finland. BMJ Open; 3:e004047.**

This was a retrospective population-based case-control study, with data gathered from three national health registers for the years 2002-2010. All singleton births (n=511 422) in Finland were examined. Among women with postpartum depression and a history of depression, increased prevalence of postpartum depression was associated with prior terminations among other variables.

1. **Ralph, L. J., King, E., Belusa, E., Foster, D. G., Brindis, C. D., & Biggs, M. A. (2018). The Impact of a Parental Notification Requirement on Illinois Minors' Access to and Decision-Making Around Abortion. The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine, 62(3), 281–287.**

This study aimed to examine the impact of parental notification (PN) requirements on the frequency, timing, and out-of-state travel of minors pursuing an abortion, changes in who minors choose to be involved with their decision, support they receive, and uncertainty regarding their choices. The authors analyzed administrative and medical records of 1577 women obtaining an abortion before and after the implementation of a PN requirement at an Illinois facility. The authors worked to quantify changes in the number and timing of women seeking care, frequency of parental awareness and support, out-of-state travel, and decision certainty. Results showed that a smaller proportion of abortions to women 20 and under post-law were among minors (39% - 33%). Unlike young adults, minors experienced a more significant increase in parental awareness. However, parents' support for the decision was unchanged. The proportion of minors certain of their decision decreased from 77% to 71% post-law, with young adults remaining at 82%. Second-trimester care increased for minors post-law and slightly reduced for young adults. The authors conclude that Illinois’ PN requirement can be associated with a decrease in abortion among minors, delayed care for those from out-of-state, increased parental awareness, and was found to have no change in the level of parental support.

1. **Reardon, D. C. (2024). A forensic investigation and critique of suicidal ideation reported in a Turnaway Study. The Linacre Quarterly. doi:10.1177/00243639241281978**

In a published report of suicidal ideation rates in the Turnaway Study, the abortion advocacy group Advancing New Standards in Reproductive Health (ANSIRH) claimed their findings showed abortion has no impact on suicidal ideation. Laws requiring notification of abortion's link to higher suicide rates were therefore not based on solid science. But how valid is the science that ANSIRH offers to invalidate an abortion-suicide association? The Turnaway Study is drawn from a non-random, non-representative convenience sample with a 68% refusal to participate rate and a 50% attrition rate. No conclusions applicable to the general population of women who abort can be drawn from such a sample. Moreover, on closer examination, ANSIRH's suicidal ideation analysis is highly flawed and violates Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines. The author notes that the Turnaway Study authors withheld essential and critical information, including mean scores and the number of women with suicidal thoughts. He further contends, "Readers are provided with only highly massaged results from a mixed-effects logistic regression employing thirteen covariates that appear to have been chosen precisely to water down the confidence intervals to such a high degree that virtually nothing was statistically significant.” The author articulates other serious criticisms, and he concludes, “Rather than proving that abortion does not affect suicidal behaviors, ANSRIH's published analysis provides evidence of deliberate obfuscation and disinformation by a group funded and dedicated to the expansion of abortion rates around the world.”

1. **Reardon D. C. (2025). Suicide risks associated with pregnancy outcomes: a national cross-sectional survey of American females 41-45 years of age. Journal of psychosomatic obstetrics and gynaecology, 46(1), 2455086. https://doi.org/10.1080/0167482X.2025.2455086**

The author notes that there have been many studies over the years which have maintained that there is an increased risk of suicide accompanying abortion. While some hypothesize that the existing association can be dismissed as being incidental and related to prior conditions of the mother's mental health, the author of this study sought to test this hypothesis by examining self-assessments of women relating to the degree of suicidality manifested by their pregnancy experience. A survey was given to 2829 American women between the ages of 41-45 asking questions about their history of mental health and suicidality as well as their experiences with reproduction. The results indicated that women who aborted had twice the likelihood of having attempted suicide relative to other women. Additionally, women who were coerced into aborting or women who experienced unwanted abortions were much more “significantly” more likely to attribute their pregnancy experiences to subsequent suicidal thoughts. The author concluded that the previously mentioned hypothesis of adverse mental health outcomes being explained by prior mental health conditions was not supported by his findings and that, via women’s own self-assessments, it can be ascertained that their abortions directly contributed to their suicidality.

1. **Reardon, D. C., & Coleman, P. K. (2006). Relative treatment rates for sleep disorders and sleep disturbances following abortion and childbirth: a prospective record-based study. Sleep, 29(1), 105–106.**

The purpose of this record-based study (n=56,824 women) was to examine the association between abortion and sleep disturbances. Women with no known history of sleep disorders or sleep disturbances were more likely to be treated for sleep disorders or disturbances following an induced abortion compared to women who gave birth. The difference was most pronounced within 180 days of pregnancy resolution and was not significant after the third year.

1. **Reardon, D. C., & Coleman, P. K. (2012). Short and long term mortality rates associated with first pregnancy outcome: Population register based study for Denmark 1980-2004. Medical Science Monitor: International Medical Journal of Experimental and Clinical Research, 18(9), PH71–PH76.**

A growing interest exists in studying death rates that can be associated with various pregnancy outcomes at least a year out from a pregnancy event. The authors assert that past population studies have not wholly controlled women's reproductive histories. For this study, the authors looked to eliminate previous pregnancies' “confounding effect” by assessing mortality rates associated with first-time pregnancy outcomes. In addition, they sought to look at mortality rates for early abortion and late abortion. For material, medical records for the population of Denmark (1962-1991) and official death certificates were used. It was found that 463,473 women’s first pregnancy occurred between 1980 and 2004, and 2238 of those women had died. For almost all the periods examined, mortality rates were higher for abortion and miscarriage than for birth. For women who had miscarried the risk for cumulative death within 4 years was much higher. The authors conclude that women who deliver have a much lower risk of mortality 1 to 10 years after the pregnancy than women who abort and, to a lesser degree, women who miscarry.

1. **Reardon, D. C., Coleman, P. K., & Cougle, J. (2004). Substance use associated with unintended pregnancy outcomes in the National Longitudinal Survey of Youth. American Journal of Drug and Alcohol Abuse, 26, 369-383.**

This study provides an analysis of data on women in the National Longitudinal Survey of Youth whose first pregnancy was unintended. Women with no pregnancies served as a control group. Use of alcohol, marijuana, and cocaine, as well as behaviors suggestive of alcohol abuse, were examined an average of four years following the target pregnancy among women with prior histories of an unintended pregnancy delivered (n = 535) or aborted (n = 213). Controls were instituted for age, race, marital status, income, education, pre-pregnancy self-esteem, and locus of control. Compared to women who carried an unintended first pregnancy to term, those who aborted were more likely to report the use of marijuana. Women with a history of abortion also reported more frequent drinking than those with a history of unintended birth.

1. **Reardon, D. C., & Cougle, J. R. (2002). Depression and unintended pregnancy in the National Longitudinal Survey of Youth: a cohort study. BMJ (Clinical Research ed.), 324(7330), 151–152.**

The author’s prior work has revealed that psychological adjustment problems following abortion are associated with a history of depression. The authors tested the frequently cited suggestion that the pre-abortion psychological state predicts subsequent depression among women with unintended pregnancies regardless of the reproductive outcome. To test this hypothesis, the authors examined data from the National Longitudinal Study of Youth that began in 1979 with a nationwide cohort of 12,686 American youths aged 14-21. After inclusion of control variables, among married women, those who aborted an unintended pregnancy were significantly more likely to be at “high risk” for clinical depression compared to those who delivered unintended pregnancies. However, the difference was not significant among unmarried women aborting or carrying an unintended pregnancy to term.

1. **Reardon, D. C., Cougle, J. R., Rue, V. M., Shuping, M. W., Coleman, P. K., & Ney, P. G. (2003). Psychiatric admissions of low-income women following abortion and childbirth. CMAJ: Canadian Medical Association Journal = journal de l'Association medicale canadienne, 168(10), 1253–1256.**

For context, controversy and debate exist over whether abortion/childbirth can be associated with greater psychological risk. For this study, psychiatric admission rates of women who stayed 90 days to 4 years residentially were compared based on their pregnancy history (abortion or childbirth). The authors utilized California Medicaid records for girls and women aged 13-49 years at the time of their having an abortion or giving birth to a child. Only women without a history of psychiatric admissions or pregnancies in the year prior to the studied event were included. Psychiatric admissions were analyzed using logistic regression, controlling for age as well as eligibility variables. Results indicated that overall, women who had an abortion performed rather than giving birth were at much higher risk of psychiatric admission postabortion than women who delivered. Stratifying the results by age also revealed that age was a determining factor to some extent. The authors conclude that subsequent admissions were more common in low-income women who had an abortion performed than those who carried a pregnancy to full term, both in the short and long term.

1. **Reardon, D. C., & Craver, C. (2021). Effects of Pregnancy Loss on Subsequent Postpartum Mental Health: A Prospective Longitudinal Cohort Study. International Journal of Environmental Research and Public https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7926811/pdf/ijerph-18-02179.pdf**

The researcher identified percentages of women receiving at least one postpartum psychiatric treatment (PPT), (ICD-9 290-316) within six months of their first live birth, relative history of pregnancy loss, prior mental health treatments, age, and race. The population included young women who were eligible for Medicaid in states that covered all reproductive services between 1999–2012. Of nearly two million Medicaid beneficiaries with a first live birth, 207,654 (10.7%) experienced at least one PPT, and 216,828 (11.2%) had at least one prior pregnancy loss. Prior history of mental health treatments (MHTs) was the strongest predictor of PPT; however, a history of pregnancy loss was also a significant risk factor. Overall, those with a prior pregnancy loss were 35% more likely to need a PPT. When the interactions of prior mental health and prior pregnancy loss were explored in greater detail, significant combinations were identified. About 58% of those whose first MHT was after a pregnancy loss required PPT. Over 99% of women with a history of MHT one year prior to their first pregnancy loss required PPT after their first live births. Natural or induced pregnancy loss is a risk factor for PPT. Timing of events and the time span for examining prior mental health in association with pregnancy loss can significantly alter measured effects. The author concluded, “Clinicians should screen for a convergence of a history of MHT and prior pregnancy loss when evaluating pregnant women in order to make appropriate referrals for counseling.”

1. **Reardon, D. C., & Longbons, T. (2023). Effects of Pressure to Abort on Women's Emotional Responses and Mental Health. Cureus, 15(1).**

When women feel pressured to abort, they are more likely to experience emotional and mental health problems. However, little research has been done to explore the types and degrees of pressure women face and their associated effects. This retrospective study was conducted through a marketing research firm and was completed by 1000 females aged 41 to 45 living in the United States. The women were asked demographic questions and used analog scales to rate the pressure to abort coming from their male partners, family members, and others. They also rated any financial concerns and other circumstances pertaining to the pregnancy and the women’s health after it is terminated. Additionally, 10 variables related to positive and negative outcomes were examined. Among 226 respondents with a history of abortion, perceived pressure to abort was significantly associated with more negative emotions, disruptions in daily life, work, and relationships, flashbacks to the abortion, declining mental health, and unhealthy coping. Further, 61% of respondents with a history of abortion reported high levels of pressure on at least one scale. Having had a prior abortion made participants 4 times more likely not to complete the survey as well. The study authors conclude that these perceived pressures to abort must be factored into the decision-making process and considered by the health personnel involved. Counseling and other services that can help women avoid unwanted abortions should be expanded and better prioritized.

1. **Reardon, D. C., & Ney, P. G. (2000). Abortion and subsequent substance abuse. American Journal of Drug and Alcohol Abuse, 26, 61-75.**

A subset of data from a reproductive history survey that included a self-assessment of past substance abuse was distributed to a random sample of American women, with 700 returned for analysis. Women who aborted a first pregnancy were five times more likely to report subsequent substance abuse than women who carried to term, and they were four times more likely to report substance abuse compared to those who suffered a natural loss of their first pregnancy (miscarriage, ectopic pregnancy, or stillbirth).

1. **Reardon, D. C., Ney, P. G., Scheuren, F., Cougle, J., Coleman, P. K., & Strahan, T. W. (2002). Deaths associated with pregnancy outcome: a record linkage study of low-income women. Southern Medical Journal, 95(8), 834–841.**

California Medicaid records for 173,279 women who had an induced abortion or a delivery in 1989 were linked to death certificates from 1989 to 1997. The results revealed that compared to women who delivered, those who aborted had a significantly higher age-adjusted risk of death from all causes (1.62), suicide (2.54), and accidents (1.82), as well as a higher relative risk of death from natural causes (1.44), including the acquired immunodeficiency syndrome (AIDS) (2.18), circulatory diseases (2.87), and cerebrovascular disease (5.46). Results were stratified by both age and time since abortion. Higher death rates associated with abortion were demonstrated to persist over time. The authors theorized the increased risk of death might be explained by self-destructive tendencies, depression, and other unhealthy behavior triggered by the abortion experience.

1. **Rees, D. I., & Sabia, J. J. (2007). The relationship between abortion and depression: New evidence from the Fragile Families and Wellbeing Study. Medical Science Monitor, 13, CR430-436.**

Rees and Sabia (2007) use data from the Fragile Families and Child Wellbeing Study to examine whether having an abortion is associated with increased depressive symptoms among women. Their sample comprises primarily urban, low-income mothers and includes both those who have experienced abortions and those who have not. By employing multiple regression analyses and controlling for a range of demographic and socioeconomic variables, including race, age, education, and income, they aim to isolate any independent effect of abortion on mental health. The authors focus on measures of depressive symptoms derived from self-reported surveys and explore how these symptoms compare across women with different pregnancy outcomes. Their methodology accounts for the possibility that preexisting differences between women who terminate a pregnancy and those who do not might influence depression risk, recognizing that unobserved factors could confound the results. Overall, the findings suggest that abortion, when considered alone, does not significantly elevate the likelihood of experiencing depressive symptoms. However, the authors caution that these conclusions might not generalize to all populations, as the Fragile Families sample is not nationally representative. They also highlight the importance of considering various contextual factors—such as relationship status and social support—which could moderate the psychological impact of abortion experiences.

1. **Reingold, R. B., Karpinski, L., Ortega, P. M., & Tohá, L. D. (2025). Laws that would make abortion homicide in nine US states. BMJ (Clinical research ed.), 388, r481. https://doi.org/10.1136/bmj.r481**

In their BMJ article, Reingold et al. investigate proposed legislation in nine US states that would classify abortion as homicide, analyzing the potential legal, social, and health implications for pregnant individuals, healthcare providers, and broader communities. They note that these bills escalate existing restrictions on abortion services by introducing criminal penalties not only for those performing the procedures but also for the pregnant individuals seeking them. Such measures would grant prosecutors and law enforcement agencies unprecedented latitude in pursuing criminal charges related to pregnancy outcomes, including miscarriages in some interpretations. The authors highlight the complex interplay between these prospective laws and established medical standards. Clinicians may be compelled to weigh legal risks against evidence-based practices, potentially undermining the doctor-patient relationship and compromising safe reproductive healthcare. Reingold et al. draw attention to the heightened emotional and psychological stress pregnant individuals would face, given the increased prospect of prosecution. Additionally, the article situates this legislative trend within the broader national conversation on abortion rights and reproductive autonomy. By shedding light on the nuances of each state’s proposed measures, the authors underscore how shifting definitions of life and personhood are forging new legal precedents. They warn that these changes could dramatically reshape reproductive healthcare and civil liberties nationwide.

1. **Remennick L, Segal R. Lie, M. L., Robson, S. C., & May, C. R. (2008). Experiences**

 **of abortion: a narrative review of qualitative studies. BMC Health Services Research, 8, 150. Culture, Health & Sexuality 2001; 3(1), p49-66.**

This study focused on induced abortion experiences and emotional responses to the procedure. Native Israeli women and recent immigrants from the former Soviet Union were compared. The dataset includes 48 interviews with women recruited through post-abortion counseling services. Although dramatic emotional reactions were uncommon, where present, they were found to be shaped by social context and life circumstance variables. Abortion-related stress was greater among recently resettled immigrants compared to local women. The authors concluded that postabortion distress can be induced or reinforced by social gatekeepers (service providers, the media, etc.) disapproving of women's reproductive choices.

1. **Renner, R. M., de Guzman, A., & Brahmi, D. (2014). Abortion care for adolescents and young women. International Journal of Gynecology and Obstetrics: The official organ of the International Federation of Gynaecology and Obstetrics, 126(1), 1–7.**

For context, unintended pregnancy among adolescents (ages 10 to 19) as well as young women (ages 20 to 24) is generally considered to be a global health problem. There are extra barriers to safe care and different challenges that younger women face compared to adults. For methodology, the authors conducted a comprehensive data review of multiple databases to compare effectiveness, safety, acceptability, and other factors that may make abortion more difficult for younger women than older women. Results from the review of 25 different studies and multiple databases confirmed that overall complications and effectiveness of the procedure were similar among the two groups. Still, younger women were at increased risk for cervical laceration and a decreased risk of uterine puncture and mortality, highlighting two essential distinctions in their experiences. Depression rates were found to be similar.

1. **Rivlin, K., & Westhoff, C. L. (2019). Navigating uncertainty: Narrative medicine in pregnancy options counseling education. Patient education and counseling, 102(3), 536–541.** [**https://doi.org/10.1016/j.pec.2018.10.017**](https://doi.org/10.1016/j.pec.2018.10.017)

Rivlin and Westhoff (2019) explored how narrative medicine can be integrated into pregnancy options counseling education to equip healthcare providers better to support patients facing uncertain or complex reproductive decisions. The authors argue that typical medical training often emphasizes clinical facts over the personal and emotional dimensions inherent in reproductive healthcare, resulting in gaps in empathetic communication and patient-centered care. To address this, they implemented a narrative medicine curriculum that taught providers to reflect on their experiences and biases while examining patient narratives in a structured manner. The study included seminars and workshops designed to foster participants’ abilities to listen actively, interpret patient stories, and respond with empathy. Through qualitative feedback, participants reported increased confidence in navigating conversations about abortion, adoption, or continuing pregnancy, particularly when faced with patient uncertainty or strong emotions. The authors observed enhanced communication skills and improved rapport between providers and patients, suggesting that narrative medicine may effectively bridge the gap between evidence-based knowledge and the holistic support patients need. Rivlin and Westhoff conclude that narrative medicine curricula can help providers balance clinical information with genuine empathy, ultimately promoting better patient outcomes and more compassionate care in pregnancy options counseling.

1. **Robbins, J. M., & DeLamater, J. D. (1985). Support from significant others and loneliness following induced abortion. Social psychiatry. Sozialpsychiatrie. Psychiatrie Sociale, 20(2), 92–99.**

The relationship between social support and feelings of loneliness was examined with a sample of 228 women one week after an induced abortion. Support from the male partner before, during, and after the procedure was associated with less frequent feelings of loneliness. Parental involvement/support before and during the procedure was unrelated to loneliness. However, among women whose relationships with their mothers became closer post-abortion, less loneliness was reported.

1. **Roberts, S.C.M., Kimport, K., Kriz, R. et al. (2019). Consideration of and reasons for not obtaining abortion among women entering prenatal care in Southern Louisiana and Baltimore, Maryland. Sex Res Soc Policy 16, 476–487. https://doi.org/10.1007/s13178-018-0359-4**

For context, the authors put forward that the majority of research regarding the abortion experience and the consideration and seeking process is drawn from women who present themselves at abortion clinics. For this study, the authors examined women's experiences during their prenatal care. A total of 589 women were selected to participate in structured interviews. Participants were questioned regarding their consideration for abortion during their current pregnancy. It was found that 28% of respondents from Louisiana and 34% of women interviewed in Maryland were or had considered an abortion as a solution for their current pregnancy. A further 10 percent of respondents from Louisiana and 13% from Maryland had called an abortion clinic. A total of 2% of women from Louisiana and 3% from Maryland had gone into an abortion clinic. The top reported reason for women deciding not to abort was their own decision-making process, rather than influence from the outside. The authors conclude that a woman’s preference was the primary reason for avoiding abortion in this sample pool, more so in Louisiana due to a difference in policy barriers.

1. **Roberts, S. C., Turok, D. K., Belusa, E., Combellick, S., & Upadhyay, U. D. (2016). Utah's 72-Hour Waiting Period for Abortion: Experiences Among a Clinic-Based Sample of Women. Perspectives on sexual and reproductive health, 48(4), 179–187.**

For context, in 2012 Utah was the first state to enact a 72-hour waiting period for abortions. The aim of this study was to examine the experiences of women under this new law. For methodology, a cohort of 500 women were selected from 4 different family planning centers in Utah between 2013 and 2014. The responses were coded, and logistic regression was applied. The results indicated that among the women who completed the follow-up study (309), “86% had had an abortion, 8% were no longer seeking abortion, 3% had miscarried or discovered they had not been pregnant, and 2% were still seeking abortion; one woman was still deciding, and the waiting period had pushed one woman beyond the facilities gestational limit for abortion”. Initially, most women showed little conflict about their decision to abort. Low decisional conflict seemed to be a better indicator of abortion than socioeconomic status. The authors concluded that most women in the studied cohort were not conflicted about their decision when seeking care and that individualized care for the women who did would be appropriate.

1. **Robson, S. C., Kelly, T., Howel, D., Deverill, M., Hewison, J., Lie, M. L., Stamp, E., Armstrong, N., & May, C. R. (2009). Randomised preference trial of medical versus surgical termination of pregnancy less than 14 weeks' gestation (TOPS). Health Technology Assessment (Winchester, England), 13(53), 1–iv. https://doi.org/10.3310/hta13530**

The purpose of this study was to determine the acceptability, efficacy, and costs of medical termination of pregnancy (MTOP) compared with surgical termination of pregnancy (STOP) before 14 weeks gestation. Also of interest were women's decision-making processes and experiences. The study site was Royal Victoria Infirmary, Newcastle upon Tyne, UK. The trial resulted in 1877 women, 349 in the randomized arm and 1528 in the preference arm. The Hospital Anxiety and Depression Scale (HADS) and Impact of Event Scale (IES) were the psychological outcome measures. Acceptability of MTOP declined with increasing gestational age. No differences between medical and surgical groups were observed in mean HADS scores at 2 weeks and 3 months. Mean HADS scores decreased for all participants between 2 weeks and 3 months. At the 2-week follow-up, patients in the chosen and randomized medical groups scored significantly higher on the IES intrusion subscale than the surgical groups. At the 3-month follow-up, the randomized medical groups had significantly higher scores on intrusion and avoidance scales compared to the randomized surgical groups. No differences in IES scores were detected between the chosen groups at 3 months. Overall, MTOP was associated with lower acceptability and more negative experiences of care. Acceptability of MTOP declined with increasing gestational age. MTOP was less costly yet less effective than STOP. Most women choosing MTOP were satisfied with their care and found the procedure acceptable.

1. **Rocca, C. H., Kimport, K., Roberts, S. C., Gould, H., Neuhaus, J., & Foster, D. G. (2015). Decision Rightness and Emotional Responses to Abortion in the United States: A Longitudinal Study. PloS One, 10(7), e0128832. https://doi.org/10.1371/journal.pone.0128832**

The authors note that the arguments put forward regarding abortion causing emotional harm are utilized to regulate abortion, and that they feel that research isn’t yet conclusive regarding the emotional toll abortion takes on women. For this study, the authors wanted to fill some of the gaps they perceived in public knowledge about the ramifications of abortion by examining reports on women’s emotions regarding their abortion in the three years following an induced abortion. In order to do so, they utilized a cohort of women who sought abortions between the years 2008 and 2010 among 30 facilities in the US. They followed two groups of women, each comprising 667 members, over three years. The first group was women who had first-trimester abortions, and the second was women who had abortions barely within the gestational age limit. They found that 99% of women who felt their abortion was the right decision maintained that viewpoint over the following 3 years after their procedure. Also, women who had a history of planned pregnancies as well as women who experienced difficulty deciding to terminate were both found to be less likely to report that abortion was the correct decision. They also found that higher levels of perceived stigma from the community and less overall social support were associated with negative emotions regarding the decision. They concluded from their findings that women’s emotional intensity seemed to decrease over time after the event of an abortion and that the majority of the women interviewed felt their choice to abort was the correct decision. Still, certain factors identified were associated with less certainty or regret.

1. **Røseth, I., Lyberg, A. M., Sommerseth, E., Sandvik, B. M., & Dahl, B. (2023). "Out of This World": Norwegian Women's Experiences of Medical Abortion Pain. Journal of multidisciplinary healthcare, 16, 889–898.** [**https://doi.org/10.2147/JMDH.S399209**](https://doi.org/10.2147/JMDH.S399209)

The authors put forward that medical abortion has taken the place as the most performed method of abortion in the western countries, however, there have not been many studies conducted exploring the “subjective experience” of pain during a medical abortion event. For this study, the authors looked into Norwegian women’s experiences with pain while having a medical abortion at their place of residence. A total of 24 women were recruited to participate in semi-structured in-person interviews. The interviews were transcribed for data analysis, and they found that two main themes had emerged: "Being in pain or becoming pain” and “Being caught off guard and struggling to cope”. Additionally, it was found that severe pain often described as bad as giving birth was common for these participants during their medical abortions. They also felt unprepared for the severity of the type of pain they experienced, and beyond the physical pain they reported, many felt anxious and insecure. The authors concluded by highlighting the importance of providing women with adequate information regarding what they may experience regarding physical pain. Also, mental health factors could impact perceived levels of pain and doctors need to take that into account.

1. **Røseth, I., Sommerseth, E., Lyberg, A., Sandvik, B. M., & Dahl, B. (2024). No one needs to know! Medical abortion: Secrecy, shame, and emotional distancing. Health Care for Women International, 45(1), 67–85.**

This was a phenomenological study that used data from Norway. The authors noted that in 2021, 10,841 abortions were carried out nationally (95.3% were medical abortions). The focus of the study was on women’s experiences with medical abortions that took place at home. For this study, 1161 women between the ages of 41 to 45 were surveyed regarding their abortions, and the results revealed that women who felt pressure to abort were more likely to report more negative post-abortion reactions. In addition, the women who felt pressured to abort also had more difficulty completing the survey. The authors concluded from the data collected that women frequently choose abortion due to perceived pressure, which then negatively impacts many of their lives.

1. **Rousset, C., Brulfert, C., Sejourne, N., Goutaudier, N., & Chabrol, H. (2011). Posttraumatic stress disorder and psychological distress following medical and surgical abortion. Journal of Reproductive and Infant Psychology, 29 (5), 506-517.**

This prospective, longitudinal study was undertaken to assess and predict posttraumatic stress disorder (PTSD) symptoms following abortion. Also examined was the potential impact of the type of abortion on women’s experiences. Eighty-six women were approached a few hours after the abortion and then six weeks later. Six weeks after the abortion, 38% of women reported a potential PTSD and a significant decrease in anxiety symptoms. Compared to surgical abortion, medical abortion was associated with an increased risk of developing PTSD.

1. **Rue, V. M., Coleman, P. K., Rue, J. J., & Reardon, D.C. (2004). Induced abortion and traumatic stress: a preliminary comparison of American and Russian Women. Medical Science Monitor, 10 (10); SR5-16.**

Retrospective data were collected using the Institute for Pregnancy Loss Questionnaire (IPLQ) and the Traumatic Stress Institute's (TSI) Belief Scale administered at healthcare facilities to 548 women (331 Russian and 217 American) who had experienced one or more abortions, but no other pregnancy losses. Overall, American women were more negatively influenced by their abortion experiences than Russian women. While 65% of American women and 13.1% of Russian women reported multiple symptoms of increased arousal, re-experiencing, and avoidance associated with posttraumatic stress disorder (PTSD), 14.3% of American women and 0.9% of Russian women met the full PTSD diagnostic criteria. Russian women had higher scores on the TSI Belief Scale than American women, indicating more disruption of cognitive schemas.

1. **Russo, N. F., & Dabul, A. J. (1997). The relationship of abortion to well-being: do race and religion make a difference? Professional Psychology, Research and Practice, 28(1), 23–31.**

Abortion and childbearing were examined as predictors of well-being in a sample of 1,189 Black and 3,147 White women. Education, income, and having a work role were positively and independently related to the well-being of all women. Abortion did not have an independent relationship to well-being when pre-pregnancy well-being was controlled regardless of race or religion. The authors recommended that professional psychologists explore the origins of women's mental health problems before the experience of an abortion.

1. **Russo, N. F., & Zierk, K. L. (1992). Abortion, childbearing, and women's well-being. Professional Psychology: Research and Practice, 23(4), 269–280.**

Women's well-being relative to childbearing experiences and coping resources were explored over 8 years with a national sample of 5,295 women from the United States. The experience of 1 abortion was positively associated with higher global self-esteem, particularly feelings of self-worth, capableness, and not feeling one is a failure. When childbearing and resource variables were controlled, neither having 1 abortion nor having repeat abortions had an independent relationship to well-being, suggesting that the relationship of abortion to well-being reflects abortion's role in controlling fertility and its relationship to coping resources. Women who had repeat abortions were more likely to agree with the statement, “I do not have

much to be proud of” compared to women who had 1 abortion.

1. **Rye, B. J., & Underhill, A. (2020). Pro-choice and pro-life are not enough: An investigation of abortion attitudes as a function of abortion prototypes. Sexuality & Culture: An Interdisciplinary Quarterly, 24(6), 1829–1851.** [**https://doi.org/10.1007/s12119-020-09723-7**](https://doi.org/10.1007/s12119-020-09723-7)

For this article, public attitudes towards abortion were investigated in such a way that they are seen as being comprised of two dimensions, according to the authors of this study. The first dimension in which people view abortion is through the lens of their attitude towards the actual procedure, and the second is attitudes regarding a woman’s perceived right to choice. The authors attempt to separate these two dimensions so that they can be looked at individually without conflation. A suggestion for this research is to add to the staunch pro-life and pro-choice positions two more, which would be “Dilemma people” and “regulated groups” as a manner of adding nuance to the discussion. “Dilemma people” are described as those who hold negative attitudes regarding abortion procedures but are in favor of the right to choose. “Regulated individuals” do not hold particularly negative attitudes towards the procedure but believe that the procedure should be regulated and enforced. For the study conducted within this article, a mixed sample of university students were probed regarding their attitudes and where they tend to fall on the imposed spectrum. The authors conclude from their findings that “dichotomizing attitudes towards abortion” as simply pro-life or pro-choice is not enough to sufficiently understand people's perspectives and reasonings; by identifying this group in the middle composed of Dilemma People and Regulated Individuals, the issue becomes less politically polarized when attempting to understand abortion attitudes.

1. **Sánchez-Siancas, L. E., Rodríguez-Medina, A., Piscoya, A., & Bernabe-Ortiz, A. (2018). Association between perceived social support and induced abortion: A study in maternal health centers in Lima, Peru. PloS one, 13(4), e0192764. https://doi.org/10.1371/journal.pone.0192764**

The stated objective of this study was to ascertain any associations between a woman’s self-perceived level of social support and occurrences of abortion in Lima, Peru. For methodology, the authors conducted a cross-sectional study with a subject pool of 298 women between the ages of 18 and 25 who attended pregnancy health centers within Southern Lima. It was found that levels of social support among these women were low, and 17.4% of respondents had at least one induced abortion. The totality of results allowed the authors to suggest that an association is evidenced by the data between a woman’s perception of poor social support and instances of induced abortion.

1. **Sanchez, G., Hashmi, S. S., Bednar, E., Horvath, S., Kumar, B., Sagaser, K., Singletary, C. N., & Ramdaney, A. (2025). Status of abortion curriculum in genetic counseling: Survey of graduate programs and recent graduates in the United States. Journal of genetic counseling, 34(1), e1875. https://doi.org/10.1002/jgc4.1875**

Sanchez et al. (2025) examined the prevalence and scope of abortion-related education in genetic counseling graduate programs across the United States by surveying current program directors, faculty, and recent graduates. Their primary objective was to assess how thoroughly abortion care content is integrated into existing curricula, given its importance in reproductive genetics and counseling for conditions such as fetal anomalies. Participants were asked about topics covered, teaching methods, perceived adequacy of abortion instruction, and attitudes toward including this subject matter. Findings revealed considerable variation among programs. While some included comprehensive modules on abortion counseling techniques, ethical considerations, and local regulations, others offered minimal or no formal coverage. Recent graduates expressed mixed feelings on their preparedness to discuss abortion with patients, frequently citing discomfort stemming from limited exposure during training. Program directors and faculty pointed to institutional and sociopolitical barriers, including funding restrictions and personal biases, which can impede the development of robust abortion curricula. The authors highlight the vital role abortion education plays in preparing genetic counselors to provide well-informed, nonjudgmental guidance to patients. They recommend increasing standardized content, encouraging open dialogue, and collaborating with relevant stakeholders to overcome obstacles. Ultimately, the study underscores the need for more comprehensive abortion-related training in genetic counseling education.

1. **Sarkar N. N. (2008). The impact of intimate partner violence on women's reproductive health and pregnancy outcome. Journal of Obstetrics and Gynaecology: The Journal of the Institute of Obstetrics and Gynaecology, 28(3), 266–271.**

The goal of this study was to evaluate and elucidate the impact of intimate partner violence (IPV) on women’s reproductive health and autonomy/pregnancy outcomes. Data from various countries and the MEDLINE database for 2002-2008 were used. Lifetime physical or sexual abuse IPV or both varied from 15% to 71%. IPV affects women’s physical and mental health, reduces sexual autonomy, and increases the risk of unintended pregnancy and multiple abortions. The risk for sexual assault decreased by 59% or 70% for women contacting the police or applying for a protective order, respectively. The authors found that the quality of life for IPV victims was significantly impaired. Women battered by IPA reported high levels of anxiety and depression that often led to alcohol and drug abuse. The authors indicate that educating and empowering women and upgrading their socioeconomic status may abate the incidence of IPV.

1. **Schroeder, R., Ralph, L., Kaller, S., & Biggs, M. A. (2025). Attitudes regarding the safety of in-clinic and self-managed abortion methods among the US general public in early 2022. Culture, Health & Sexuality, 1–20. Advance online publication.** [**https://doi.org/10.1080/13691058.2025.2469274**](https://doi.org/10.1080/13691058.2025.2469274)

Schroeder, Ralph, Kaller, and Biggs (2025) present new data on public perceptions of the safety of in-clinic and self-managed abortion in the United States during early 2022. Using a nationally representative survey, the authors investigated how individuals assessed the risk and safety of these two types of abortion. They situate their findings within a context of policy debates and shifting regulations, highlighting how recent legal challenges to abortion access may influence perceptions. Most participants viewed in-clinic abortion procedures as relatively safe, though there was still a noteworthy segment expressing uncertainty or concern. Respondents with more exposure to or familiarity with abortion, whether through acquaintances or personal experiences, tended to report higher levels of confidence in clinical methods. The authors discuss how cultural norms and regional differences might shape these views, as some communities have more conservative beliefs about reproductive healthcare. Attitudes toward self-managed abortion showed a wider range of perspectives. While a smaller proportion of respondents considered self-managed methods safe, others worried about the risks of pursuing an abortion without medical supervision. The study highlights several factors influencing participants' perceptions, including media coverage, personal values, and trust in healthcare institutions. Overall, the authors suggest that public perceptions of abortion safety—particularly regarding self-managed procedures—are mediated by knowledge, sociopolitical attitudes, and the broader information environment. They argue that increasing evidence-based, accessible information could help address misunderstandings and promote informed decision-making. This research underscores the importance of recognizing how societal beliefs about safety can impact reproductive healthcare choices, emphasizing the need for public health strategies that affirm accurate medical information and ensure equitable access to all abortion methods.

1. **Schultz, A., Smith, C., Johnson, M., Bryant, A., & Buchbinder, M. (2024). Impact of Post-Dobbs Abortion Restrictions on Maternal Fetal Medicine Physicians in the Southeast: A Qualitative Study. American Journal of Obstetrics & Gynecology MFM, 101387.**

The purpose of this study was to characterize the impact of abortion restrictions on maternal-fetal medicine physicians (MFMs) in the Southeastern U. S. following Dobbs. Qualitative, semi-structured interviews were conducted with 35 MFMs in 10 Southeastern states between February and June 2023. Convenience and snowball sampling were employed. A conceptual framework was developed based on the predominant themes identified. Abortion laws and external constraints following Dobbs resulted in ethical, professional, and legal challenges for MFMs that led to changes in clinical practice and deviations from the MFMs’ perceptions of patient-centered care. Forced changes resulted in increased fear, hypervigilance, and workload for MFMs. The changes also prompted concerns about physical and psychological health issues for patients. The authors reported that supportive colleagues, hospital systems, and policies were associated with decreased stress, emotional distress, and disruption of healthcare delivery. This study did not incorporate any form of random sampling; therefore, the observed results may have reflected only a small subset of MFM opinions working in southern states and should not be generalized.

1. **Shadigian, E., & Bauer, S. T. (2005). Pregnancy-associated death: A qualitative systematic review of homicide and suicide. Obstetrical & Gynecological Survey, 60(3), 183–190.**

This report provides the results of a systematic literature review on maternal homicide and suicide to explore possible causes of pregnancy-associated death. Pregnancy-associated death is defined as the death of a woman from any cause while she is pregnant or within 1 year of termination of pregnancy, and this outcome was examined in 44 studies. Within the studies, 747 homicides and 349 suicides were identified. The authors concluded that homicide is a leading cause of pregnancy-associated death. They further noted that suicide is likewise an important cause of death among pregnant and recently pregnant women. Healthcare providers should be aware that homicide is a leading cause of pregnancy-associated death, most frequently resulting from partner violence. Screening for both partner violence and suicidal ideation are key elements of comprehensive medical care during and after pregnancy.

1. **Sharma, V., Sommerdyk, C. & Sharma, S. (2013). Post-abortion mania. Arch Women’s Ment Health 16, 167–169.**

This study focused on three individual women who suffered from post-abortion mania for the purpose of understanding the illness’s development in formerly pregnant women. Two of the women had a change of diagnosis from bipolar II to bipolar I, and the third woman didn’t have a history of mental illness. After closely examining each woman’s case history, the authors put forward that studying post-abortion mania more closely should help illuminate how these disorders develop under specific circumstances.

1. **Sheeran, N., Vallury, K., Sharman, L. S., Corbin, B., Douglas, H., Bernardino, B., Hach, M., Coombe, L., Keramidopoulos, S., Torres-Quiazon, R., & Tarzia, L. (2022). Reproductive coercion and abuse among pregnancy counselling clients in Australia: trends and directions. Reproductive Health, 19(1), 170.**

Reproductive coercion and abuse (RCA) interfere with a person’s autonomy during reproductive decisions and can be classified into behaviors that are pregnancy-promoting or pregnancy-preventing (including coerced abortion). Despite this being known, prevalence data are still lacking. Data were collected from 5107 clients seeking counseling support for their pregnancy between January 2018 and December 2020 from two leading counseling providers of pregnancy counselling and sexual and reproductive health services in Australia. Demographic factors included age and whether the person identified as being from a migrant or refugee community or as an Aboriginal and/or Torres Strait Islander person. The results showed that RCA was identified in 15.4% of clients, with similar proportions indicating RCA towards pregnancy (6%), and pregnancy prevention or abortion (7.5%), and 1.9% experiencing RCA towards pregnancy and abortion concurrently. No differences were found based on age or whether the person identified as being from a migrant or refugee background, but people who identified as Aboriginal and/or Torres Strait Islander experienced RCA that was significantly more likely to promote pregnancy. The study concludes that RCA is a common problem and recommends sensitive and culturally respectful enquiry around institutions where RCA can be embedded.

1. **Shen, Q., Zhong, W., Wang, X., Fu, Q., & Mao, C. (2024). Associations between pregnancy loss and common mental disorders in women: a large prospective cohort study. Frontiers in Psychiatry, 15, 1326894.**

Growing evidence indicates that pregnancy loss can precipitate negative emotions, including anxiety and depression. However, limited knowledge is available on the long-term risk of mental disorders. This study was undertaken to address the gap in long-term mental disorders following pregnancy loss. In the UK Biobank, 218,990 women without any mental disorder at baseline were enrolled during the years 2006 through 2010, and then they were followed by the researchers until October of 2022. History of pregnancy loss gathered via self-reported questionnaires at baseline. Across a median follow-up time of 13.36 years, there were 26,930 incident cases of common mental disorders. Incidence rates of common mental disorders were elevated among women with a history of stillbirth, miscarriage, or pregnancy termination compared to those without such experiences. Furthermore, the risk of common mental disorders significantly increased in women with two or more miscarriages or two or more pregnancy terminations.

1. **Shusterman L. R. (1979). Predicting the psychological consequences of abortion. Social Science & Medicine. Medical Psychology & Medical Sociology, 13A (6), 683–689.**

The study examined the abortion experience from conception to three weeks post- abortion. A sample of 393 women were randomly selected from patients of two abortion clinics. The majority of the patients were involved in positive relationships with their male partners, confided in them about the abortion, and received support from their partners for the abortion. Two major types of women were identified in the sample, younger, single, primigravidae women and older, married, multiparous women. The former group tended to attribute the pregnancy to their irresponsibility and to abort because they did not feel able to care for a child. On the other hand, the latter group tended to attribute the pregnancy to birth control failure, and to choose abortion because they felt they had completed their families. The three variables which account for the variance in emotional reactions were the following: (1) satisfaction with the decision to abort, (2) the degree of intimacy between the woman and her partner and (3) how anxious or angry the woman became when she first suspected she was pregnant. These variables had predictive validity in both groups.

1. **Simoila, L., Isometsä, E., Gissler, M., Suvisaari, J., Sailas, E., Halmesmäki, E., & Lindberg, N. (2018). Schizophrenia and induced abortions: A national register-based follow-up study among Finnish women born between 1965-1980 with schizophrenia or schizoaffective disorder. Schizophrenia Research, 192, 142–147.**

The authors’ objective for this study was to consider cases of women with schizophrenia or schizoaffective disorder and assess the nature and frequency of their pregnancy terminations performed by physicians. The authors also included demographic characteristics, use of contraceptives, and indications of complications related to termination. The Register for Health Care was used to identify Finnish women born between the years of 1965 and 1980 who were diagnosed with schizophrenia or schizoaffective disorder during their follow-up period. Results indicated that the incidence and number of induced abortions did not differ between cases with their respective controls. There was a strong correlation between fewer pregnancies and a greater risk of termination. The authors conclude that the incidence of induced abortions in Finland among schizophrenic and schizoaffective women is similar to the general population. However, their risk per pregnancy is over two-fold.

1. **Siraneh, Y., & Workneh, A. (2019). Determinants and Outcome of Safe Second Trimester Medical Abortion at Jimma University Medical Center, Southwest Ethiopia. Journal of Pregnancy, 2019, 4513827. https://doi.org/10.1155/2019/4513827**

For context, 10-15% of all induced abortions worldwide are mid-trimester, and these abortions account for the majority of complications experienced by women. In Africa, studies are very limited when it comes to demonstrating second-trimester abortions proportionally among all abortions undergone in Africa. This study aimed to “explore the determinants and outcomes of second-trimester abortion”. A cross-sectional “noninterventional descriptive” study design was employed to examine pregnant women requiring second-trimester abortion at The University Teaching Hospital. A total of 145 cases were examined involving women and girls aged 13-46 years old who were requesting an abortion or had instances of spontaneous or induced abortion. Results indicated that the prevalence of second-trimester abortion among this group was determined to be 15.3%. The average number of abortions per patient was 1, and the indexed abortion was 84% of the time. Of the 145 women admitted, 119 (82.1%) had a link to spontaneous abortion. 16 (11%) had a link to surgical abortion, and 10(6.98%) experienced self-induced abortions. Common complications included perforation of the uterine lining, significant blood loss, lacerations, going into shock, and death. The authors conclude that determinants of second-trimester abortion are “social, economic, health system factors, trauma, illness, and other unknown factors.” Incomplete abortions were also severe and potentially fatal complications for many patients.

1. **Slade, P., Heke, S., Fletcher, J., & Stewart, P. (1998). A comparison of medical and surgical termination of pregnancy: choice, emotional impact and satisfaction with care. British Journal of Obstetrics and Gynaecology, 105 (12), 1288–1295.**

The objective of this study was to investigate the extent to which women having medical and surgical abortions differed in their levels of emotional stress before or after the procedure. Also investigated were the influencing factors in the decision and the effect of the choice on emotional responses and satisfaction with care received. A prospective comparative method was employed and interviews concerning choice and measures of emotional states were conducted with 275 women prior to their abortion. Results showed that women having a surgical abortion waited longer for the procedure than those having a medical abortion. Differences in emotional responses were not found based on the type of abortion. A quarter of the medical group reported having no choice in the type of procedure and 67% of the surgical group reported the same. Only 53% of the medical group would choose the same type of procedure again compared to 77% of the surgical group. The authors concluded that the method of abortion did not influence the emotional adjustment of the women surveyed, but that many women did not have a choice in the manner of abortion. Having a choice seemed to be very important but wasn’t related to emotional distress or satisfaction with medical care.

1. **Slade, P., Heke, S., Fletcher, J., & Stewart, P. (2001). Termination of pregnancy: patients' perceptions of care. The Journal of Family Planning and Reproductive Health Care, 27(2), 72–77.**

Women undergoing either a medical or surgical termination of pregnancy (n=208) reported on their experiences and perceptions of the care received. The most stressful aspects for the medical group pertained to physical and emotional components; for the surgical group, waiting in the hospital was identified as the most stressful component. Little was unexpected for the surgical group; however, many aspects came as a surprise to the medical group, with seeing the fetus reported as being particularly difficult. All information provided was reported as helpful; however, the need for more information post-termination was verbalized by the respondents. Care from staff was rated positively, with areas for improvement including the opportunity to ask questions and ensuring concerns were dealt with. The authors recommended more adequate preparation for those having medical terminations, to specifically provide realistic expectations of what will occur, including the possibility of seeing the fetus. Finally, they suggested more attention to information provided following termination, including possible emotional responses.

1. **Slade, L. J., Louise, J., D'Onise, K., & Dodd, J. M. (2024). 50 years of comprehensive state-wide data on pregnancy termination in South Australia: a retrospective, population-based, cohort study. The Lancet. Public health, 9(11), e925–e934. https://doi.org/10.1016/S2468-2667(24)00214-7**

For context, abortion is a common procedure around the world regardless of the legality and logistics of a particular region. This study aimed “to document changes in procedural characteristics and demographic factors over time in South Australia.” An additional goal of this study was to “examine how key sociodemographic variables affect gestational age at pregnancy termination.” For methodology, they utilized state mandatorily collected data from Australia on all known terminations between 1970 and 2020. Their findings showed that between the stated years, abortions occurred at a median gestational period of 8 weeks. Additionally, it was found that the majority of pregnant women (77.9%), for whom the median age was 24, lived in urban areas, a relevant factor when it comes to logistics, and that surgical termination was most common at 78.4%. The frequency of complications going up with age was another trend noted by the authors, as well as gestational age at the time of pregnancy going down through the years. The authors conclude from their findings that demographic changes have occurred among the women who seek abortion over the years and that this is the case even in rich countries with good access to legal abortions.

1. **Sit, D., Rothschild, A. J., Creinin, M. D., Hanusa, B. H., & Wisner, K. L. (2007). Psychiatric outcomes following medical and surgical abortion. Human Reproduction (Oxford, England), 22(3), 878–884.**

This study included 47 surgical and 31 medical abortion patients. Women were assessed pre-abortion and 1-month post-abortion. Pre-abortion, 36% (17/47) of surgical and 35% (11/31) of medical patients had high depression risk. At follow-up, 17% (7/42) of surgical and 21% (5/24) of medical abortion patients had high depression risk. Women with past psychiatric history or anxiety disorders had elevated risk for post-abortion depression.

1. **Skjeldestad, F. E., Gissler, M., Geirsson, R. T., Heino, A., Sigbjörnsdottir, H. B., Akerkar, R., Gemzell-Danielsson, K., Heikinheimo, O., & Løkeland, M. (2024). Trends over 50 years with liberal abortion laws in the Nordic countries. PloS One, 19(7), e0305701. https://doi.org/10.1371/journal.pone.0305701.**

The purpose of this study was to assess epidemiological trends related to induced abortion in all Nordic countries. New legislation has led to increased surveillance of induced abortion in all countries and has mandated hospitals to report to national abortion registers. After an increase in abortion rates during the first years following liberalization, the general abortion rates stabilized and then decreased in all Nordic countries, especially for women under age 25. Most terminations (80-86%) are now done before the 9th gestational week in all countries, primarily by medical as opposed to surgical means. Ultrasound screening in pregnancy during the late 1980s increased the number of 2nd-trimester abortions due to fetal anomalies. Refinement of ultrasound screening and non-invasive prenatal diagnostic methods led to a slight increase in early 2nd trimester abortions after 2000. Country-specific differences in abortion rates have been stable over the last half century of liberalized abortion laws.

1. **Smorti, M., Ponti, L., Bonassi, L., Cattaneo, E., & Ionio, C. (2020). Centrality of**

**pregnancy and prenatal attachment in pregnant nulliparous after recent elective or therapeutic abortion. Frontiers in Psychology, 11, 607879.**

This study examines how previous elective or therapeutic abortions influence the psychological experience of subsequent pregnancies in nulliparous women. Findings indicate that women with a history of elective abortion reported a higher centrality of pregnancy, while those with a past therapeutic abortion exhibited stronger prenatal attachment. The research underscores that different types of prior abortions uniquely affect maternal-fetal attachment in later pregnancies.

1. **Sobel, L., Bernstein, M., Arunkumar, N., Fortin, J., Fulcher, I., Hwang, Y., & Goldberg, A. B. (2024). The Impact of Lifetime Intimate Partner Violence on Abortion Method Choice. Contraception, 110732.**

The purpose of this study was to evaluate if the type of abortion patients preferred differed based on history of intimate partner violence (IPV). The authors specifically compared the choice of medication versus procedural abortion between those with a history of lifetime IPV and those without a history of IPV among patients seeking a first-trimester abortion. The participants were recruited at Planned Parenthood League of Massachusetts, Boston Health Center, from September 2021 to August 2022. The researchers enrolled 342 participants. Seventy-one women (21%) reported a lifetime history of IPV. A majority of individuals with a lifetime history of IPV chose procedural abortion. However, their abortion method choice did not differ significantly from individuals with no history of IPV. Those with an IPV history accessed funds for abortion more than those without a history. There was no statistical difference between individuals with and without a lifetime history of IPV relative to what was considered important for the type of abortion chosen.

1. **Söderberg, H., Andersson, C., Janzon, L., & Sjöberg, N. O. (1998). Selection bias in a study on how women experienced induced abortion. European Journal of Obstetrics, Gynecology, and Reproductive Biology, 77(1), 67–70.**

Data were collected at the Department of Obstetrics and Gynecology, Lund University, University Hospital, Malmö, Sweden. All 1285 women who underwent an induced abortion at the department in 1989 participated in the study. Young, unmarried women of low educational status and without full-time employment were overrepresented in the non-participant group. Within 12 months after the abortion, 7.7% of the participants in the follow-up interview and 12% of the non-participants conceived again but elected to continue the pregnancy to term. Among the participants, 9.5% and 10.2% of non-participants applied for abortion within 12 months. Results indicated that one-third of the women who had an abortion did not wish to be interviewed about their experience 1 year later. Non-participation was associated with socio-demographic factors related to increased vulnerability and morbidity. Non-participation was also associated with an increased childbirth rate within 2 years following the abortion.

1. **Söderberg, H., Janzon, L. & Sjöberg, N.O. (1998). Emotional distress following induced abortion. A study of its incidence and determinants among abortees in Malmö, Sweden. European Journal of Obstetrics and Gynecology and Reproductive Biology 79, 173-8.**

In this retrospective study, the researchers analyzed data from a semi-structured interview 1-year post-abortion. Risk factors for emotional distress were determined in a "case" subgroup (n = 139) of women who met the inclusion criteria (i.e., postabortion emotional distress, doubts about abortion decision, would not consider abortion again) and compared them with a control group (n = 114) that did not satisfy any of the inclusion criteria. In the emotional distress group (duration ranging from 1 month to still present at 12-month follow-up), several risk factors were identified: living alone, poor emotional support from family and friends, adverse postabortion change in relations with partner, underlying ambivalence or adverse attitude to abortion, and being actively religious. Results further revealed 50–60% of women undergoing induced abortion experienced some measure of emotional distress, classified as severe in 30% of cases.

1. **Spach, N. C., & Henkel, A. (2024). Aftercare following second-trimester abortion procedures. Current Opinion in Obstetrics & Gynecology, 36(6), 388–393.**

The stated purpose of this review was to look closely at the experiences of women after they receive second-trimester abortion care in a clinical setting to identify interventions that improve the outcome of their aftercare. The authors note that utilization of a “five-question Reproductive Grief Screen” may help with earlier identification of “maladaptive” responses of grief. It was also learned that, in general, patients want to discuss grief with their providers and often prefer frequent checkups regarding it. The authors suggest that clinicians need to be prepared for this and trained to handle their patient's grief responsibly and helpfully. They need to be ready for conversations regarding cremation or burial, and hospitals should try to find local resources to aid in this recovery.

1. **Stalhandske, M. L., Makenzius, M., Tyden, T., & Larsson, M. (2012). Existential experiences and needs related to induced abortion in a group of Swedish women: a quantitative investigation. Journal of Psychosomatic Obstetrics & Gynecology, 33 (2), 53-61.**

Questionnaires were used to collect data from 499 women who had requested an induced abortion. Factor analysis identified three components of existential experiences and needs: existential thoughts, existential practices, and the humanization of the fetus. These components were examined about questionnaire data. Results revealed that existential experiences and needs were everyday. For 61% of women, existential thoughts about life and death, meaning, and morality were related to the abortion experience. Almost 50% of women reported a need for special acts in relation to abortion; 67% of women thought of the pregnancy in terms of a child. A higher presence of existential components correlated to difficulty with abortion decision-making and poor post-abortion psychological well-being. Notably, the authors commented, “This presents a challenge for abortion personnel, as the situation involves complex aspects over and above medical procedures and routines.”

1. **Steinberg, J. R., Becker, D., & Henderson, J. T. (2011). Does the outcome of a first pregnancy predict depression, suicidal ideation, or lower self-esteem? Data from the National Comorbidity Survey. The American Journal of Orthopsychiatry, 81(2), 193–201.**

Steinberg, Becker, and Henderson investigated whether the outcome of a first pregnancy, notably abortion versus live birth, predicted subsequent mental health challenges, including depression, suicidal ideation, and self-esteem issues. Drawing on data from the National Comorbidity Survey, they analyzed a nationally representative sample of women with different first pregnancy outcomes, controlling for preexisting mental health conditions, socio-demographics, and pregnancy intentions. The authors utilized statistical models to compare rates of major depression and suicidal ideation, as well as to gauge levels of self-esteem across these groups. Their findings suggested that the first pregnancy outcome did not significantly predict higher rates of depression or suicidal thoughts later in life. Women who had obtained an abortion did not display markedly different mental health trajectories, compared to those who carried their first pregnancy to term, after accounting for confounding influences. The study also highlighted that the range of social, economic, and pre-pregnancy mental health variables was more meaningful in explaining variations in depressive symptoms and self-esteem. Furthermore, the authors noted that when confounding factors were considered, self-esteem did not differ consistently across groups. Overall, the researchers concluded that the outcome of a first pregnancy—whether abortion or birth—was not a decisive factor in determining women’s risk for depression, suicidal ideation, or lower self-esteem. Instead, broader social, psychological, and contextual elements appeared to play more substantial roles. Their results contribute to ongoing discussions about the psychological impact of abortion, providing evidence that challenges assumptions of a direct causal link to adverse mental health outcomes.

1. **Steinberg, J. R., & Russo, N. F. (2008). Abortion and anxiety: what's the relationship? Social Science & Medicine, 67(2), 238–252.**

Using data from the United States National Survey of Family Growth (NSFG) and the National Comorbidity Survey (NCS), secondary data analyses were performed to explore the relationship between abortion and anxiety after first pregnancy outcome in two studies. In the NSFG, pre-pregnancy anxiety symptoms, rape history, age at first pregnancy outcome (abortion vs. delivery), race, marital status, income, education, subsequent abortions, and subsequent deliveries accounted for a significant association between first pregnancy outcome and experiencing subsequent anxiety symptoms. The relationship of abortion to clinically diagnosed generalized anxiety disorder (GAD), post-traumatic stress disorder (PTSD), and social anxiety disorder, using NCS data was also explored. In the NCS analyses, significant relationships between first pregnancy outcome and subsequent rates of GAD, social anxiety, or PTSD were not observed. Multiple abortions, on the contrary, were found to be associated with much higher rates of PTSD and social anxiety. The authors noted that this relationship was largely explained by pre-pregnancy mental health disorders and their association with higher rates of violence.

1. **Studnicki, et al. (2023). A Cohort Study of Mental Health Services Utilization Following a First Pregnancy, Abortion or Birth. International journal of women's health, 15, 955–963.**

This study’s objective was to determine whether exposure to an induced abortion during a first pregnancy, compared to live birth, could be associated with increased risk and likelihood of mental health morbidity. Participants aged 16 who were eligible Medicaid beneficiaries in 1999 were selected and assigned to either of two cohorts based on their first pregnancy outcome, either abortion or birth and followed through to 2015. The authors found that women with first-pregnancy abortions, compared to those who experience a birth, are more likely to end up utilizing mental health services such as outpatient visits, hospital inpatient admissions, and hospital stays of multiple days. The utilization rates for all of these were higher in the cohort of women who had had an abortion during their first pregnancy, and it was found that prior existing mental health conditions could not account for this difference, as suggested in previous literature.

1. **Studnicki, J., Longbons Cox, T., Fisher, J. (2024). First pregnancy abortion or natural pregnancy Loss: A cohort study of mental health services utilization. Issues in Law and Medicine 39 (2).**

Natural pregnancy loss and induced abortion have been positively associated with mental health issues, and the author of this study notes that comparison studies between these two groups are rare despite this knowledge of them having similar impacts on women; because of that, the purpose of this study was to make those comparisons between the groups of women in regard to mental health morbidity in particular. Participants were aged 16 in 1999 and were sorted into two cohorts based on the outcome of their first pregnancy. A total of 1331 women had an abortion following their first pregnancy, and a total of 605 women were in the natural loss group. Outcomes indicated that both groups experienced outpatient visits and inpatient visits, and the extent of these visits was compared. Results indicated that utilization of psychiatric care rates prior to pregnancy were higher for the women who had experienced natural loss. For the abortion group, it was found that the “per-patient per-year increase” was significant for all service utilizations. These rates did not increase significantly among the natural loss group. The authors conclude that the higher utilization of service rates for women who had a natural loss can’t be attributed to pre-existing mental health issues alone due to their comparatively lower rates to the other cohort and that utilization rates post-loss are much higher in the abortion group**.**

1. **Studnicki, J., & Skop, I. (2024). Is Induced abortion evidence-based medical practice? Medical Research Archives, 12, n. 6. <https://esmed.org/MRA/mra/article/view/5506>.**

Medical schools and health professional associations in the U.S. have affirmed their commitment to induced abortion by assertions focused on the procedure being evidence-based practice. There is an objective process for the designation of an intervention as having “evidence-based” status. Specifically required are the following: 1) a detailed description and documentation of the patient’s disease, illness, or condition, 2) an explanation of how the treatment intervention addresses the problem, 3) a demonstration of treatment efficacy outcomes, and 4) a comparison of the treatment with other alternatives. The authors offer historical context for the view that abortion on demand is consistent with the concept of evidence-based practice. Research on the reasons why women choose abortion are summarized. They conclude the quality of abortion science, in general, is quite poor, that the data necessary for valid research is scarce, and that the claims of evidence-based induced abortion are unsupported by the existing body of published knowledge.

1. **Stulberg, D. B., Monast, K., Dahlquist, I. H., & Palmer, K. (2018). Provision of abortion and other reproductive health services among former Midwest Access Project trainees. Contraception, 97(4), 341–345. https://doi.org/10.1016/j.contraception.2018.01.002**

MAP, or the Midwest Access Project, is a form of opt-in training for students and healthcare staff to get training in reproductive care as well as abortions. The authors sought to gain insight into the provision of these services by conducting an online survey, analyzing the responses of 77 participants. They found that 68% of participants specialized in family medicine, 50% were providers of abortion, 84% did outpatient miscarriage management work with women, and 96% of participants provided patients with pregnancy options or provided their patients with contraception. They concluded that about half of the alums from MAP participated in providing some abortion care in their work and that nearly all provided counseling for pregnancy loss and provided contraceptives. Those who already worked in the area of abortion were also more likely to take training related to performing abortion.

1. **Su, X., & Sun, L. (2024). Prevalence and associated factors of abortion among women with severe mental disorders. Journal of Affective Disorders, 355, 432–439. https://doi.org/10.1016/j.jad.2024.03.116**

The authors of this study examined the prevalence and associated factors of abortion in women with severe mental disorders from rural communities in China. A cross-sectional study was conducted with 276 women aged 18 and above who experienced severe mental disorders. Data included pregnancy history, abortion history, and sociodemographic characteristics measured with a questionnaire. Results revealed that 82.61% of patients had a pregnancy history. Among these women, 43.42 % reported an induced abortion history, whereas spontaneous abortion was reported by 31.58%. Age at first pregnancy and age at last pregnancy were associated with abortion. Anxiety was related to spontaneous and repeat abortions. Religion, number of children, and family functioning were predictors of induced abortion. The authors concluded, “Gestational age and anxiety of pregnant patients deserve attention and preventive measures to avoid the outcomes of abortion.”

1. **Sudhinaraset, M., Gipson, J. D., Nakphong, M. K., Soun, B., Afulani, P., Upadhyay, U., & Patil, R. (2024). Person-centered abortion care scale: Validation for medication abortion in the United States. Contraception, 110485. Advance online publication.**

The purpose of this study was to adapt and validate the Person-Centered Abortion Care Scale (PCAC) for medication abortions that was developed in Kenya) for use in the United States. Medication abortion patients from a hospital-based clinic who had one of two modes of service delivery served as the participants for the study: 1) telemedicine with no physical exam or ultrasound; or 2) in-person with clinic-based exams and ultrasounds. The scale development process included the following phases: 1) defining constructs and item generation; 2) expert reviews; 3) cognitive interviews (n=12); 4) survey development and online survey data collection (N=182, including 45 telemedicine patients and 137 in-person patients); and 5) psychometric analyses. Exploratory factor analyses resulted in 29 items with three subscales: 1) Respect & Dignity (10 items), 2) Responsive & Supportive Care (9 items for the full scale, one abortion mode-specific item, and 3) Communication & Autonomy (10 items for the full scale, and one abortion mode-specific item). The authors concluded that the US-PCAC had high content, construct, and criterion validity, as well as high internal consistency reliability (alpha for the 29-item US-PCAC scale = .95). Scores on the US-PCAC were associated with overall satisfaction.

1. **Sullins D. P. (2016). Abortion, substance abuse and mental health in early adulthood: Thirteen-year longitudinal evidence from the United States. SAGE open medicine, 4, 2050312116665997. https://doi.org/10.1177/2050312116665997**

The author’s objective for this study was to examine the links between pregnancy outcomes for women in the US during the transition from adolescence into adulthood to determine the extent of increased risk, if any, that could be associated with exposure to induced abortion. Panel data on pregnancy history and mental health history for a nationally representative cohort of women at average ages 12, 22, and 28 years from the National Longitudinal Study of Adolescent to Adult health were examined. Outcomes examined by pregnancy outcome included risk of depression, anxiety, suicidal ideation, and substance abuse. Results indicated that after extensive adjustment for confounding variables, other pregnancy outcomes, and socioeconomic differences, abortion was consistently associated with an increased risk of mental illness. Overall risk was elevated by 45%. Birth was weakly associated with reduced risk of developing a mental disorder and the author concludes that a meaningful percentage of mental disorders examined over the period was attributable to abortion. Evidence from the US confirms the findings internationally that abortion is consistently associated with a moderate increase in risk of mental illness in late adolescence and early adulthood.

1. **Sullins, D. P. (2024). Persistent emotional distress after abortion in the United States. Preprints 2024, 2024071463.**

The purpose of this study was to examine retrospective population data on 226 ever having aborted U.S. women between the ages of 41 and 45, at an average of 20 years following the abortion, with extensive measures of Persistent Emotional Distress (PED). Most women who had experienced and abortion (55.2%) had little or no distress from their abortion(s); however, 44.8% reported moderate (20.7%) to high (24.1%) distress related to their abortion(s). The results revealed that 37.7% had negative emotions, 31.2% experienced frequent feelings of loss, grief, or sadness, 24.6% reported “frequent thoughts, dreams, or flashbacks,” and 23.2% indicated thoughts and feelings about their abortion “negatively interfered with life, work, or relationships.” A mean of 20 years had elapsed since the abortion (range 0-31 years), and the time elapsed was not correlated with PAD. For women who experienced PAD, the emotions persisted for decades. As noted by the author, “An estimated 7.5 million women in the U.S. currently experience persistent high PAD.”

1. **Suliman et al. (2007) Comparison of pain, cortisol levels, and psychological distress in women undergoing surgical termination of pregnancy under local anaesthesia versus intravenous sedation. BMC Psychiatry, 7 (24), p.1-9.**

Researchers recruited 155 women from a private abortion clinic and state hospital (mean age: 25.4 +/- 6.1 years) and measured symptom domains, using both clinician-administered interviews and self-report measures right before termination, immediately after, 1 month, and 3 months post-procedure. The effects of local anesthesia and intravenous sedation, administered for elective surgical termination, were compared to various outcomes. The group who received local anesthetic demonstrated higher baseline cortisol levels and more dissociative symptoms immediately post-termination. However, at 1 and 3 months, there were no significant differences in psychological outcomes (PTSD, depression, self-esteem, state anxiety) between the groups. More than 65% of the variance in PTSD symptoms at three months could be explained by baseline PTSD symptom severity and disability and post-termination dissociative symptoms. The authors concluded that high rates of PTSD characterize women who have undergone surgical abortions (almost one-fifth of the sample met the criteria for PTSD), with women who receive local anesthetic experiencing more severe acute reactions.

1. **Talan, K. H., & Kimball, C. P. (1972). Characterization of 100 women psychiatrically evaluated for therapeutic abortion. Archives of General Psychiatry, 26(6), 571–577.**

This study examined the emotional response of 22 of 100 women voluntarily undergoing therapeutic abortion. One hundred women completed a pre-abortion questionnaire on their reasons, expectations, and knowledge of abortion and were evaluated by a psychiatrist. Twenty-two patients participating completed follow-up questionnaires and interviews. Personal history, emotional response (grief, sadness, relief, elation), willingness to repeat the experience in the future, and evaluation of treatment were the topics of the follow-up investigation. A composite description of typical patients in four categories were derived: single nulliparous, single multiparous, married multiparous, and divorced or separated multiparous. Two subgroups were identified in the post-abortion sample: those willing and unwilling to repeat the experience.

1. **Tang, B. W. J., Ibrahim, B. B., & Shorey, S. (2024). Complex journeys of adolescents after induced abortion: A qualitative systematic review. Journal of Pediatric Nursing, 77, e67–e80. https://doi.org/10.1016/j.pedn.2024.03.033**

This review was undertaken to address adolescents' post-abortion experiences to help inform healthcare professionals. Qualitative and mixed-methods studies were included. Studies reporting adolescent experiences from a third-party perspective were not included. A search of five electronic databases (CINAHL, PubMed, PsycINFO, Web of Science, and Embase) yielded 2834 articles, with 45 studies included in this review. A thematic analysis resulted in three main themes emerging: post-abortion experiences and emotions, social dynamics and support, and life post-abortion/future perspectives. More specifically, the results demonstrated that adolescents who underwent abortion faced physical and emotional challenges, adopted particular coping strategies, and had mixed experiences with social support and healthcare professionals. The authors concluded, “Healthcare providers should implement practice changes, including providing accurate information, offering tailored mental health support, and undergoing adolescent-friendly training, to enhance care for adolescents.”

1. **Tamburrino, M. B., Franco, K. N., Campbell, N. B., Pentz, J. E., Evans, C. L., & Jurs, S. G. (1990). Postabortion dysphoria and religion. Southern Medical Journal, 83(7), 736–738.**

This study examined psychosocial factors, notably religion among women identified as dysphoric 1 to 15 years post-abortion. The Millon Clinical Multiaxial Inventory (MCMI) and a demographic questionnaire were mailed to patient-led support groups for women who had experienced difficulty with a previous abortion experience. Of the 150 surveys mailed, 71 (47%) were returned. Thirty-three women (46%) had changed to a Fundamentalist or Evangelical church. On the MCMI, members of these conservative denominations scored significantly lower on the subscales for passive-aggressive behavior, ethanol abuse, and avoidance. Religion was strongly viewed as playing a healing role. The authors noted that conservative personal values may be more central in understanding abortion attitudes than other demographic variables. They further noted that treatment of postabortion dysphoria should include sensitivity to patients' religious beliefs, with support for the notion of religion having healing properties.

1. **Tarzia, L., Srinivasan, S., Marino, J., & Hegarty, K. (2020). Exploring the gray areas between "stealthing" and reproductive coercion and abuse. Women & Health, 60(10), 1174–1184.**

The authors conducted a qualitative study with the aim of understanding and differentiating between women’s experiences of “stealthing” (non-consensual condom removal) and reproductive coercion and abuse (RCA). They recruited female participants from a large Australian metropolitan hospital who self-identified as having experienced a partner interfering with contraception or trying to force them to get pregnant or end a pregnancy. Analysis revealed that stories about stealthing were characterized by disrespect and selfishness, whereas RCA stories highlighted control with intent. Stealthing is often characterized as a form of sexual violence that without the concepts of intent or control being as present as with RCA. The findings highlight that there are important implications for how stealthing and RCA are addressed and measured in research and handled in practice.

1. **Taft, A.J., & Watson, L. (2008). Depression and termination of pregnancy (induced abortion) in a national cohort of young Australian women: the confounding effect of women's experience of violence. BMC Public Health, 8, 75 - 75.**

The objective of this study was to examine associations among depression, experience of violence, pregnancy termination, births, and socio-demographic characteristics, in a population-based sample of young Australian women The younger cohort of the Australian Longitudinal Study on Women's Health was comprised of 14,776 women between the ages of 18 and 23 in Survey I (1996) of whom 9683 responded to Survey 2 (2000) when between the ages of 22 and 27. The results indicated 30% of young women were depressed. Eleven percent (n = 1076) reported a termination by 2000. A first termination before 1996 and between 1996 and 2000 were both associated with depression in a univariate model, However, after adjustment for violence, numbers of births and sociodemographic variables, the magnitude of the significant effect was attenuated. Any form of violence in 1996 or 2000, was significantly associated with depression: in univariate and multivariate models. The authors noted that violence, particularly partner violence, made a more significant contribution to women's depression compared with pregnancy termination or births. They further emphasized that strategies to reduce depression should include prevention or reduction of violence against women and ensuring regnancies are planned and wanted.

1. **Teichman, Y., Shenhar, S., & Segal, S. (1993). Emotional distress in Israeli women before and after abortion. The American Journal of Orthopsychiatry, 63(2), 277–288.**

The focus of this study was on the impact of social support on the extent to which Israeli women experience post-abortion negative emotional consequences and determine identify factors related to pre-abortion distress. The investigation included 77 women planning an abortion, 32 women who were in their 40th week of pregnancy, and 45 nonpregnant controls. Women were recruited from an urban hospital. Of the 77 women are participated in the pre-test, only 17 agreed to the post-abortion assessment. The assumption is that personal and contextual factors are key to emotional adjustment. The highest levels of anxiety states, anxiety traits, and depression were among women pre-abortion. Statistically significant differences were observed among the three groups. The lowest levels of anxiety and depression were reported by women with low anxiety trait and positive couple relationships. Further, the quality of the couple's relationship was identified as the most crucial factor in determining the stress level of pre-abortion married women.

1. **Tesfaye, G., & Oljira, L. (2013). Post abortion care quality status in health facilities of Guraghe zone, Ethiopia. Reproductive Health, 10, 35.**

For context, many unsafe abortions occur globally, and they account for 13% of all maternal deaths. Ethiopia, in particular, has an extremely high maternal mortality ratio of 673 deaths per 100,000 live births, unsafe abortion accounting for 32% of those deaths. The objective for these authors was to analyze post-abortion care quality in facilities within the Guraghe zone in Ethiopia. For methodology, a cross-sectional study was conducted focusing on facilities with patient interviews, service observation, and provider questionnaires. The results included many essential findings. Provider interaction was usually well received by patients (93.5% describing the providers' manner in positive terms), and more than half of the clients observed received family planning care after their abortion. Overall satisfaction was 83.5% and those who waited longer tended to be less satisfied. Interestingly, women who were not employed were more satisfied with the care than others. The authors concluded that many improvements have been made to this aspect of health care in Ethiopia that led to better experiences for women, but that there were still many issues.

1. **Thomas, T., & Tori, C. D. (1999). Sequelae of abortion and relinquishment of child custody among women with major psychiatric disorders. Psychological Reports, 84(3 Pt 1), 773–790.**

Background literature has demonstrated that many women with major psychiatric disorders frequently consider the choice of abortion or relinquishment of custody. As hypothesized, reported sequelae of relinquishments of custody were rated as more severe than sequelae of abortion. Dissatisfaction with choice, negative attitudes, religious affiliation, and involuntary removal of a child from custody predicted distress after abortion or relinquishment. The authors noted that findings show increased efforts are needed to help women with psychiatric difficulties cope with reproductive planning and losses.

1. **Tinglöf, S., Högberg, U., Lundell, I. W., & Svanberg, A. S. (2015). Exposure to violence among women with unwanted pregnancies and the association with post-traumatic stress disorder, symptoms of anxiety and depression. Sexual & reproductive healthcare: official journal of the Swedish Association of Midwives, 6(2), 50–53.**

The stated objective of this study was “to examine lifetime exposure to violence, physical and sexual, among women seeking termination of pregnancy (TOP) and its association with socio-demographic factors, PTSD, symptoms of anxiety and depression”. For methodology the authors conducted a study of multiple healthcare centers in Sweden. Questionnaires were given to women with a gestational period of less than 12 weeks. Their response rate was 57% and the final sample included 1514 women. Results indicated that prolonged/lifetime exposure to violence was a common contributing factor for women seeking abortion. Exposure to violence among participants was associated with low education, being single, alcohol and tobacco use, PTSD, prior exposure to violence, anxiety, and depression. There was a strong association found between exposure to violence. Startlingly, the authors found that participants with PTSD had all been exposed to sexual violence and nearly all had occurrences of violence. Nearly half of participants with depression and anxiety were exposed to violence. The authors conclude that both forms of violence (sexual and physical) were prevalent among the women studied and that both forms of violence had a strong correlation with the occurrence of PTSD, anxiety, and depression, highlighting the need for healthcare professionals to bolster support to this group of women.

1. **Toffol, E., Pohjoranta, E., Suhonen, S., Hurskainen, R., Partonen, T., Mentula, M., & Heikinheimo, O. (2016). Anxiety and quality of life after first-trimester termination of pregnancy: a prospective study. Acta obstetricia et gynecologica Scandinavica, 95(10), 1171–1180. https://doi.org/10.1111/aogs.12959**

While the potential mental health consequences for ending a pregnancy are an ongoing debate, the authors of this study performed an assessment of women’s anxiety levels and quality of life scoring one year after a first-trimester termination. A total of 742 women participated in a trial providing intrauterine contraception. It was found that in the 58% of women who reported clinical levels of anxiety, the new contraceptive method was especially effective at reducing anxiety associated with the process. Additionally, anxiety levels were markedly lower at 3 months and 1 year and quality of life improved around those points for most women as well. All of their findings can be utilized to inform abortion care.

1. **Törnbom, M., Ingelhammar, E., Lilja, H., Möller, A., & Svanberg, B. (1996). Repeat abortion: a comparative study. Journal of Psychosomatic Obstetrics and Gynaecology, 17(4), 208–214.**

In a simple random sample of 404 women (20-29 years of age), 201 women (group A) applying for abortion and 203 women (group B) continuing pregnancies were given a questionnaire and interviewed. The objective was to compare women who applied for repeat abortion with women having their first abortion and with women carrying to term. Variables measured were socio-economic, psychological, and social problems, relationships with the partner, earlier pregnancies, how the current pregnancy was experienced, and decision-making. Results were presented for four subgroups: pregnant women applying for their first abortion (A1, n = 137), women applying for repeat abortion (A2, n = 64), women continuing their pregnancies who never applied for abortion (B1, n = 142), and women continuing their pregnancies who had applied for one or more prior abortions (B2, n = 58). Results revealed that women who had a previous abortion(s) had reported more psychological problems during their lifetime than the other groups. They had more contact with social welfare services. They evaluated their relationship with the partners less favorably than women having a first abortion, and in comparison, with those continuing their pregnancies with no earlier applications for abortion.

1. **Tu L. (2025). (Mis)Informed decision-making: How U.S. healthcare providers use science to influence pregnancy options counseling. Social science & medicine (1982), 370, 117804. https://doi.org/10.1016/j.socscimed.2025.117804**

Tu’s article explores how U.S. healthcare providers use or interpret scientific evidence to guide counseling for individuals facing critical pregnancy decisions, including abortion, adoption, and motherhood. Through interviews in diverse clinical settings, Tu reveals that while practitioners often profess a commitment to neutral, evidence-based counseling, personal values and systemic pressures can skew how scientific information is presented. Notably, she finds that data on fetal development, medical risks, and psychological outcomes can be either emphasized or downplayed, influencing patient choices and discouraging specific pathways. This selective application of science, reinforced by cultural norms and legal restrictions, can result in “misinformed” decisions, wherein patients may lack a comprehensive understanding of the full spectrum of options. The article also highlights how time constraints and institutional protocols complicate the counseling experience, leaving some patients feeling rushed or inadequately supported. Tu concludes that empowering pregnant individuals requires transparent, balanced presentations of the evidence alongside acknowledgment of the broader social and political contexts shaping reproductive healthcare. She calls for greater accountability among providers and policies promoting patient autonomy, ultimately advocating a more ethical and patient-centered approach. Her findings underscore the need to examine provider practices critically, ensuring accurate information and informed choices.

1. **Urquhart, D. R., & Templeton, A. A. (1991). Psychiatric morbidity and acceptability following medical and surgical methods of induced abortion. British Journal of Obstetrics and Gynaecology, 98(4), 396–399.**

In this study, 91 women were screened for anxiety and depression before and after an early medical (n=54) or surgical abortion (n=37). Before abortion, over 60% of both groups had high scores, but after abortion, under 10% of each group had high scores. There were no differences between the two groups. Both abortion methods were acceptable to most women, although only 75% of the medical group indicated they would use the same method again compared with 94% of the surgical group.

1. **Ushie, B. A., Juma, K., Kimemia, G., Ouedraogo, R., Bangha, M., & Mutua, M. (2019). Community perception of abortion, women who abort, and abortifacients in Kisumu and Nairobi counties, Kenya. PloS One, 14(12), e0226120. https://doi.org/10.1371/journal.pone.0226120**

This study aimed to look at “community perceptions and beliefs” regarding abortion and the experiences of clients at abortion service centers in Kenya. To gain this understanding, focus groups and interviews were conducted with both men and women in Kenya, including healthcare providers and their related staff. They found that perceptions were heterogeneous, and a vast range of opinions existed, from being completely pro-choice to pro-life. Differences were observed between urban and rural areas, and there was overall a good level of awareness of the paths that women and girls must take to obtain an abortion. The differences between rural and urban areas were noticeable in a woman’s motivations for reaching their decision regarding their pregnancy. The authors conclude that there are structural barriers as well as stigmas that impede women’s health in the area of pregnancy and abortion in Kenya.

1. **Uwera, Y. D. N., Nkurunziza, A., Habtu, M., Ndayisenga, J. P., Mukeshimana, M., Mukamana, D., Bagirisano, J., Hitayezu, J. B. H., Bazakare, M. L. I., Tengera, O., Kaberuka, G., & Nganabashaka, J. P. (2025). Midwives' knowledge, attitude, practices, and experiences toward trauma-informed abortion care in urban district hospitals in Rwanda. Midwifery, 140, 104228. https://doi.org/10.1016/j.midw.2024.104228**

Rwanda has a dearth of services for women experiencing trauma in the wake of an abortion. This care is referred to as “Trauma-Informed Abortion Care” (TAIC) and the authors suggest the reason for the situation is laws that are in place restricting provisions as well as utilization of bad and often traumatic procedures without regard for the woman. Additionally, midwives in Rwanda regularly don’t have adequate training. This study aimed to assess the knowledge of midwives, as well as their attitudes and the practices they utilized, in addition to gaining an understanding of their experiences with TIAC. A total of 167 midwives participated in this study. The researchers found that 86.2% had sufficient knowledge of TIAC, 83.8% had experience with TIAC categorized as “thorough”, and 62.3% indicated having negative feelings towards TIAC. A higher education level among respondents made them more likely to have adequate knowledge, and men had a more positive attitude than women midwives. The authors suggest that hospitals should increase their resources and infrastructure to address the challenges of this work and mitigate the secondary trauma sometimes experienced by workers.

1. **van Ditzhuijzen, J., Brauer, M., Boeije, H., & van Nijnatten, C. H. C. J. (2019). Dimensions of decision difficulty in women's decision-making about abortion: A mixed methods longitudinal study. PloS One, 14(2), e0212611.**

The level of difficulties women face when deciding to have an abortion is not something that has been well-researched. For this study, a mixed methods approach combined data from the Dutch Abortion and Mental Health Study with data from a qualitative study about the decision-making process for abortion. Analysis revealed four dimensions of decision difficulty: unrealistic fears about abortion and fantasies about pregnancy, decision conflict, negative abortion attitudes, and general indecisiveness. The authors stated that the findings suggested that decision-making processes are multi-dimensional. They further emphasized the importance of clinical assistance in separating more general fears from actual strong conflict with the decision.

1. **van Ditzhuijzen, J., ten Have, M., de Graaf, R., van Nijnatten, C. H., & Vollebergh, W. A. (2013). Psychiatric history of women who have had an abortion. Journal of Psychiatric Research, 47(11), 1737–1743.** [**https://doi.org/10.1016/j.jpsychires.2013.07.024**](https://doi.org/10.1016/j.jpsychires.2013.07.024)

The authors note that due to past research being centered around the associated mental health issues resulting from abortion, there is a lack of information regarding the mental health history of women who go on to receive an abortion. This study aimed to begin to fill this gap of information by comparing 325 women who had recently undergone an abortion with 1902 women from the Netherlands Mental Health Survey and Incidence Study (NEMESIS-2). Prevalence of issues was ascertained using the “Composite International Diagnostic interview 3.0”. It was found that relative to the reference cohort, women among the abortion cohort were estimated to be three times likely to have a prior history of mental illness. Odds were even higher among those with conduct disorders and dependence on drugs. The authors concluded from their findings that psychiatric history may account for a portion of the association seen between negative mental health and abortion, highlighting the importance of accounting for a patient's history in future research.

1. **van Ditzhuijzen, J., Ten Have, M., de Graaf, R., van Nijnatten, C. H. C. J., & Vollebergh, W. A. M. (2017). Correlates of Common Mental Disorders Among Dutch Women Who Have Had an Abortion: A Longitudinal Cohort Study. Perspectives on Sexual and Reproductive health, 49(2), 123–131.**

A prospective cohort study from the Netherlands was the source of data for this investigation of 325 women interviewed between 20 and 40 days after having an abortion; 264 were also interviewed an average of 2.7 years later. Results indicated that 32% of women at risk for a single or recurrent mental disorder experienced one post-abortion. No abortion-related variables (e.g., history of multiple abortions, second-trimester abortion, pre-abortion decision difficulty or uncertainty, and postabortion negative emotions) were associated with experience of any postabortion incident or recurrent mental disorders. Mental disorders were positively associated with having conceived within an unstable relationship, several adverse life events over the prior year, and a history of mental disorders. The authors recommended future research to investigate ways unstable relationships, adverse life events, and psychiatric history influence postabortion mental health.

1. **van Ditzhuijzen, J., Ten Have, M., de Graaf, R., van Nijnatten, C. H., & Vollebergh, W. A. (2015). The impact of psychiatric history on women's pre- and postabortion experiences. Contraception, 92(3), 246–253.**

The authors’ objective in this study was to look into the extent to which psychiatric history impacts abortion decision-making, burdens felt, and emotions after the abortion, as well as coping. Two groups were studied and compared regarding pre-abortion doubt, post-abortion decision regret or uncertainty, pressures experienced, the burden associated with an unwanted pregnancy or abortion, emotions after aborting, self-efficacy, and coping. Results seemed to indicate that women with a psychiatric history experience more stress both before and after the procedure. The implications put forward by the authors of the study are that women who report negative abortion experiences may have an underlying condition that the negative conditions stem from.

1. **Van Emmerik, A.A.P., Kamphuis, J. H., & Emmelkamp, P.M.G. (2008). Prevalence and prediction of re-experiencing and avoidance after elective surgical abortion: A prospective study. Clinical Psychology and Psychotherapy, 15, 378-385.**

In a prospective observational design, Dutch-speaking women (n=140) who presented for first-trimester surgical abortions completed self-report measures. Participants reported moderately elevated levels of re-experiencing and avoidance that were above a clinical cut-off point for 19.4% of the participants. Peritraumatic dissociation predicted intrusion and avoidance at 2 months. Finally, the alexithymic aspect of difficulty describing feelings predicted avoidance.

1. **Veiga Junior, N. N., Baccaro, L. F. C., MCS-A Brazil Collaboration Group 2, Alexandrino, A. M. D. S., Nascimento, A. V. A. D., Clerot, C. T. C., Santos, C. A. D. N., Silva, C. L. M., Albuquerque, C. L. M., Santos, D. P., Gomes, D. A. G. D. S., Araújo Junior, É. C., Vilanova, E. D. C., Teixeira, G. C., Santos, G. H. N. D., Avelar, G. A. G., Barros, I. E. L., Abboud, J. P., Lins, J. C. A., Silva, J. T. P., … Caetano, V. R. A. (2025). Abortion-related complications in Brazil: results from the World Health Organization Multi-country Survey on Abortion (MCS-A). Cadernos de Saude Publica, 40(10), e00010624. https://doi.org/10.1590/0102-311XEN010624**

The authors’ aim for this study was to gain an understanding of the severity of abortion complications as well as identify factors which may be linked to complications and assess the care experience of women in Brazil. The authors conducted a cross-sectional study including 20 hospitals, and data were collected about abortion and miscarriage for all women attending during the period of review. It was found that 82.5%, 13.6% and 3.2% of the 1683 women included had mild, moderate, and complications that could be life threatening respectively. Additionally, 0.7% were reported to have SMO or “severe maternal outcomes”. A total of 94.2% and 91,5% required uterine and surgical evacuation respectively (8.5% only uterine). In their interview responses, most women indicated that they were treated with kindness by staff (95.6%), but 66.7% felt stressed out by the interactions with staff, and a further 10.1% indicated that they didn’t feel their preferences were respected by staff. The author notes that having an adequate supply of MVA equipment in a hospital is essential and that staff needs better education.

1. **Ville, Y., & Cabaret, A.S. (2005). Late termination of pregnancy for fetal anomaly. Fetal and Maternal Medicine Review, 16, 265-279.**

The authors discuss late termination of pregnancy for fetal anomaly in the context of prenatal diagnosis advances. The authors explain how ultrasound and genetic screening methods allow for the detection of severe fetal conditions late in gestation, prompting difficult decisions. They analyze indications for late terminations, encompassing life-threatening defects, genetic syndromes, and complex functional impairments. Ethical, legal, and psychosocial dimensions are explored, highlighting the vital role of informed consent and compassionate support. The paper emphasizes clinical and technical aspects of late-term procedures, including methods to minimize maternal risks and ensure appropriate post-procedure care. Ville and Cabaret argue for standardized guidelines that balance accuracy of diagnosis with respect for patient autonomy, and they underscore the necessity of multidisciplinary teams to address the emotional burden on parents. This review emphasizes the complexity of late termination and the need for thorough, ethically sensitive management and best practices.

1. **Vukelić, J., Kapamadzija, A., & Kondić, B. (2010). Medicinski Pregled, 63(5-6), 399–403.**

A prospective study was performed to predict acute stress disorder (ASD) and post-traumatic stress disorder (PTSD) following abortion. Seven days after the induced abortion, 52.5% of women had ASD, and 32.5% of women had PTSD. Further, women with ASD, compared to those without the disorder, developed more guilt, irritability, shame, self-judgment, fear of God, and self-hatred. They also tended to be less educated, had lower incomes, were more religious, disapproved of abortion, and had worse relationships with their partners compared to women without ASD. Age, number of previous abortions, and decision to abort did not differ between the two groups.

1. **Wallace, M., Gillispie-Bell, V., Cruz, K., Davis, K., & Vilda, D. (2021). Homicide During Pregnancy and the Postpartum Period in the United States, 2018-2019. Obstetrics and Gynecology, 138(5), 762–769.**

This study aimed to estimate the national pregnancy-associated homicide mortality ratio, characterize pregnancy-associated homicide victims, and compare the risk of homicide in the prenatal period with risk among non-pregnant postpartum females aged 10-44 years old. The authors used data from the National Center for Health Statistics 2018 and 2019 mortality files to identify all female decedents aged 10-44 in the US. The results showed that there were 3.62 homicides per 100,000 live births among females who were pregnant or within one year postpartum, 16% higher than homicide prevalence among nonpregnant and non-postpartum females of reproductive age (3.12 per 100,000). Homicide during pregnancy was more prevalent than all other maternal mortality by twofold. The study concludes that homicide is a leading cause of death during pregnancy and the postpartum period in the US. All females of reproductive age are shown to be at an elevated risk during pregnancy and the postpartum period.

1. **Wallerstein, J. S., Kurtz, P., & Bar-Din, M. (1972). Psychosocial sequelae of therapeutic abortion in young unmarried women. Archives of General Psychiatry, 27(6), 828–832.**

This study examined post-abortion courses of 22 unmarried pregnant women in middle and late adolescence who successfully obtained therapeutic abortions under newly liberalized abortion laws. They were intensively studied at 5 and 7 months post-abortion. Nine were interviewed again at 12 to 14 months. They exhibited a wide range of postabortion courses. Half were doing well psychologically. Seven showed a decline in psychological functioning from previous levels; One woman (aborted for physical reasons) suffered from moderate depression; and three with histories of poor psychosocial functioning continued to exhibit problematic functioning, unable to get beyond the abortion.

1. **Wallin Lundell, I., Öhman, S. G., Sundström Poromaa, I., Högberg, U., Sydsjö, G., & Skoog Svanberg, A. (2015). How women perceive abortion care: A study focusing on healthy women and those with mental and posttraumatic stress. The European Journal of Contraception & Reproductive Health Care: The Official Journal of the European Society of Contraception, 20(3), 211–222.**

The purpose of this multi-center cohort study was to identify perceived deficiencies in the quality of abortion care among healthy women as well as those with mental stress. Six obstetrics and gynecology departments in Sweden were the participants' sources. Overall, 16% of the women sampled rated their abortion care as deficient, and 22% experienced intense pain during medication abortion. Compared to healthy women, those who had been diagnosed with PTSD/PTSS were more likely to view abortion care as generally deficient, and they differed from healthy women relative to perceived inadequacies in support, respectful treatment, opportunities for privacy and rest, and availability of support from a significant individual during the procedure. A marginally significant difference was detected between the PTSD/PTSS group and the comparison group for insufficient pain relief. The authors concluded that women with PTSD/PTSS require extra support and noted that relatively simple efforts to provide adequate pain relief, support, and privacy during abortion may improve the quality of care.

1. **Wallin Lundell, I., Sundström Poromaa, I., Ekselius, L., Georgsson, S., Frans, Ö., Helström, L., Högberg, U., & Skoog Svanberg, A. (2017). Neuroticism-related personality traits are associated with posttraumatic stress after abortion: findings from a Swedish multi-center cohort study. BMC Women's Health, 17(1), 96.**

This was a Swedish multi-center cohort study incorporating six Obstetrics and Gynecology Departments where 1294 women seeking abortion served as the participants. PTSD and PTSS assessments were conducted at the first visit and three and six months following the abortion. Women who developed PTSD or PTSS post-abortion had higher scores than the comparison group on several of the personality traits associated with Neuroticism, specifically Somatic Trait Anxiety, Psychic Trait Anxiety, Stress Susceptibility, and Embitterment. The authors concluded that high scores on Neuroticism-related personality traits influence the risk for post-abortion PTSD or PTSS.

1. **Warren, J. T., Harvey, S. M., & Henderson, J. T. (2010). Do depression and low self-esteem follow abortion among adolescents? Evidence from a national study. Perspectives on Sexual and Reproductive Health, 42(4), 230–235.**

In this study, data from the National Longitudinal Study of Adolescent Health were used to examine the extent to which abortion in adolescence was associated with subsequent depression and low self-esteem. Female respondents who reported an abortion between Wave 1 (1994-1995) and Wave 2 (1996) of the survey (n=69) were studied. Abortion was not associated with depression or low self-esteem within a year of abortion or 5-years later. Socioeconomic and demographic characteristics did not substantially modify the relationships between abortion and the outcomes.

1. **Wells N. (1991). Pain and distress during abortion. Health Care for Women International, 12(3), 293–302.**

The focus of this study was on reported pain and distress experienced by 35 women undergoing first-trimester abortions. The women reported elevated levels of state anxiety pre-abortion and pain and distress during the procedure. The pattern of verbal descriptors on the pain scale was comparable to previously reported pain from abortion, labor, and the menstrual cycle. Pain scores did not differ by the type of anesthesia received. The researchers concluded that first-trimester abortion is a painful and distressing medical procedure.

1. **Weng, S. C., Chang, J. C., Yeh, M. K., Wang, S. M., Lee, C. S., & Chen, Y. H. (2018). Do stillbirth, miscarriage, and termination of pregnancy increase the risks of attempted and completed suicide within a year? A population-based nested case-control study. BJOG: An International Journal of Obstetrics and Gynaecology, 125(8), 983–990.**

The purpose of this study was to investigate the risk of attempted as well as completed suicide among women who experienced a stillbirth, miscarriage, or termination of pregnancy within 1 year of the event and compare this risk with that of women who experienced a live birth. Taiwan's nationwide population-based data sets were linked to the National Health Insurance Research Database, the National Birth Registry, and the National Death Registry. During the period from 2001 through 2011, there were 485 attempted suicides and 350 completed suicides. For each case, ten controls were matched to the cases according to age and year of delivery. The results indicated that rates of attempted suicide increased among women who experienced fetal loss. The risk of completed suicide was higher in women who experienced a stillbirth [adjusted odds ratio (aOR) 5.2; 95% CI 1.77-15.32], miscarriage (aOR 3.81; 95% CI 2.81-5.15), and termination of pregnancy (aOR 3.12; 95% CI 1.77-5.5) compared to those who had a live birth. In addition, the risk of attempted suicide was significantly higher in women who experienced a miscarriage (aOR 2.1; 95% CI 1.66-2.65) and termination of pregnancy (aOR 2.5; 95% CI 1.63-3.82) in addition to marital and educational statuses, psychological illness enhanced risk for suicidal behavior. The authors advise healthcare professionals and family members to increase their sensitivity to possible mental distress among women who experience reproductive loss.

1. **Wiebe, E. R., & Adams, L. C. (2009). Women's experience of viewing the products of conception after an abortion. Contraception, 80(6), 575–577.**

This study was implemented to assess perceptions of women viewing the products of conception after abortion and to assess the feasibility of offering this choice. More specifically, women presenting for abortion at two abortion clinics were given a questionnaire asking if they wished to view the products of conception. A second questionnaire was administered to women who had viewed products of conception. Clinic staff members were interviewed after completion of the study. The study results revealed that 28.7% of women who had abortions chose to view the products of conception, and 83.1% found that viewing did not make it harder emotionally. Older women and women with children were less likely to choose to view products of conception and were more likely to find it more challenging if they did. All 11 clinic staff members were positive about offering this opportunity.

1. **Wiebe, E. R., & Adams, L. (2009). Women's perceptions about seeing the ultrasound picture before an abortion. The European Journal of Contraception & Reproductive Health Care: The Official Journal of the European Society of Contraception, 14(2), 97–102.** [**https://doi.org/10.1080/13625180902745130**](https://doi.org/10.1080/13625180902745130)**.**

The stated objective of this study was to gain a better understanding of the perceptions of women as well as their experiences with viewing an ultrasound before an abortion. Questionnaires were given, and interviews were conducted among women who presented for medical/surgical abortion. Questionnaires asked if they chose to view the ultrasound (US) image, and if they had, they were chosen to answer questions about their perceptions of the event. The interviews were audio recorded and transcribed for relevant themes. Results showed that the average age of the 350 participants was 27.6 years, the average number of births per participant was 0.68, and the average gestational period was 49.1 days. Notably, 72.6% of participants chose to view their US, and 86.3% of those women saw it as a positive experience. The authors conclude that offering the choice to view the US is feasible and beneficial.

1. **Wiebe, E. R., Trouton, K. J., Fielding, S. L., Grant, H., & Henderson, A. (2004). Anxieties and attitudes towards abortion in women presenting for medical and surgical abortions. Journal of Obstetrics and Gynaecology Canada: JOGC = Journal D'Obstetrique et Gynecologie du Canada: JOGC, 26(10), 881–885.**

The purpose of the study is to examine differences in anxiety levels and attitudes towards abortion between women who had an early medical abortion and women who had an early surgical abortion at an urban, free-standing clinic. Fifty-nine women who underwent a medical abortion and 43 women who had a surgical abortion answered questionnaires pre-abortion and again 2 to 4 weeks post-abortion. Thirty women were interviewed about their answers.

Results revealed that anxiety levels were similar in both groups before the abortion procedure. Anti-abortion views were observed in 60.5% of women who had a medical abortion and in 37.3% of women who had a surgical abortion. Women who were pro-choice had a mean anxiety score of 5.0 (range, 0-10) before and 2.7 after the abortion. In contrast, women who were anti-abortion had a mean anxiety score of 5.2 before and 4.4 after the abortion.

1. **Williams G. B. (2001). Short-term grief after an elective abortion. Journal of Obstetric, Gynecologic, and Neonatal Nursing: JOGNN, 30(2), 174–183.**

The purpose of this study was to identify possible short-term grief responses after elective abortion. Ninety-three women, 45 who had a history of elective abortion within the past 1 to 14 months and 48 who never had an abortion, served as participants. Inclusion criteria were no perinatal losses within the past 5 years, no documented psychiatric history, and the ability to read, write, and comprehend English. Women with a history of abortion experienced grief manifested as loss of control, death anxiety, and dependency. There were no statistically significant differences in the intensity of grief among women who had a history of elective abortion and the comparison group; however, there was an overall trend toward higher grief intensities in the abortion group. The presence of living children, perceived pressure to abort, and the number of abortions intensified the short-term grief response.

1. **Williams, G. B., & Brackley, M. H. (2009). Intimate partner violence, pregnancy, and the decision for abortion. Issues in Mental Health Nursing, 30(4), 272–278.**

In this study, the authors examined pregnant women whose lives are affected by Intimate Partner Violence (IPV) and unintended pregnancy loss. Women were assessed for IPV, and study inclusion was employed using two IPV screening tools. Data were collected from 8 women in detailed interviews. The authors were able to identify three main themes in the responses. These were, “It wasn’t that bad.”, “then it got worse,” and “If I have the baby, he’ll come back.”. The authors concluded that more research is needed to explore the link between IPV and unintended pregnancy. Better screening for victims of IPV is thought to be pertinent.

1. **Wilmoth, G. H., de Alteriis, M., & Bussell, D. (1992). Prevalence of psychological risks following legal abortion in the U.S.: Limits of the evidence. Journal of Social Issues, 48(3), 37–66.**

The issue of the frequency and severity of psychological problems with abortion is contentiously debated. The authors of this article put forth the argument that the common beliefs about psychological risks and their prevalence should be taken with great caution. Studies with comparison groups indicate that the presence of psychological risks associated with abortion has much in common with the dangers of childbirth. In addition, much past research does not answer the question regarding the extent to which abortion causes psychological responses that sometimes occur. The authors concluded that political bias plays a significant role in the outcome of studies on this issue.

1. **Wolkomir, M.J., & Powers, J. (2007). Helping women and protecting the self: The challenge of emotional labor in an abortion clinic. Qualitative Sociology, 30, 153-169.**

The author begins by contextualizing a central problem in emotional labor revolving around abortion care, which is how they balance the demands of the job with their own needs. Using data collected by observing participants and in-depth interviews with nine employees, this study analyzes how one group of clinic workers managed difficulties with the emotional labor inherent to their jobs and their work-life balance. Specifically, the authors examine interactive processes in which the workers reported self-categorizing their patients into types to develop proper coping strategies. It was found that these categories existed on a continuum that could be classified as ranging from “investment to detachment.” Implications for clinic worker coping strategies are discussed in further detail in the full article.

1. **Wu, J., Guo, S., & Qu, C. (2005). Domestic** **violence against women seeking induced abortion in China. Contraception, 72(2), 117–121.**

A cross-sectional study was conducted to investigate the prevalence, type, and severity of domestic violence (DV) and determine the factors relating to it among women seeking induced abortion in women seeking induced abortion in China. One thousand two hundred fifteen women seeking induced abortion were interviewed. Results showed that the prevalence of DV among participants was 22.6%. Violence included 18.1% sexual abuse, 7.8% physical abuse, and 3% emotional abuse. Among abused women, 46 (16.8%) experienced violence frequently, 4.4% experienced three forms of violence (sexual, physical, and emotional, and induced abortion was found to be much more common among women who were subject to abuse. In addition, 59.9% of women were subject to abuse more than once. The authors conclude that it is vital to screen for DV among women seeking abortion.

1. **Yadollahi, P., Doostfatemeh, M., Khalajinia, Z., Karimi, Z., & Ghavi, F. (2025). Perceived social support, marital satisfaction, and resilience in women with abortion experience through structural equation modeling. Scientific reports, 15(1), 332.** [**https://doi.org/10.1038/s41598-024-83485-2**](https://doi.org/10.1038/s41598-024-83485-2)

Due to the impact that psychosocial factors have on an abortion experience, the authors of this study sought to reveal information about how levels of “perceived social support” impact the level of satisfaction women feel in their marriage following an abortion. The authors of this study also looked to see if levels of “resilience” mediated the relationship. In this study, 150 women completed Multiple questionnaires to gauge how their perceived social support is related to the level of satisfaction in the marriages of women with an abortion history. The authors found that women generally had high social support, marital satisfaction, and moderate resilience. They felt that the sum of their findings indicated positive correlations exist among social support, satisfaction in marriage, and resilience among those sampled with an abortion history. In their conclusion, the authors noted that “In some contexts, experiencing an abortion after an unintended pregnancy may have minimal psychological consequences. However, in the Iranian context, it can lead to long-term effects on the mental health of couples. These effects may ultimately decrease their quality of life and marital satisfaction. On the positive side, appropriate social support and increased resilience can help couples cope more effectively with the stress associated with abortion. This support can come from various sources, including spouses, family members, friends, counselors, or healthcare providers.”

1. **Yamaguchi, K., & Kandel, D. (1987). Drug use and other determinants of premarital pregnancy and its outcome: A dynamic analysis of competing life events. Journal of Marriage and the Family, 49(2), 257–270. https://doi.org/10.2307/352298**

For this analysis of potential links between drug use and other determinants that may correlate with premarital pregnancy, a two-step process was employed to identify the occurrence as well as the outcomes of pregnancy. The three highlighted outcomes were abortion, pre-marital birth, and post-marital birth. Risk factors were modeled with event history and a logistic regression analysis. Essential variables were cohabitation, being black, having poor grades, high peer activity in school, use of illicit drugs (other than marijuana), and having dropped out of school. These factors were associated with a two to three-fold increase in risk for premarital pregnancy. In addition, premarital births were found to be disproportionally high in the black population. The knowledge of these risk factors for adolescents, as well as their timing and sequencing, can help prevent unwanted pre-marital pregnancy.

1. **Yang, S., Wang, Y., Fang, B. et al. (2024). Childhood adversity perceived social support and depressive symptoms among pre-abortion Chinese women. Reprod Health 21, 68. https://doi.org/10.1186/s12978-024-01811-3**

The authors begin by noting that unintended pregnancy is a health issue with psychosocial consequences for individuals, families, and society. This study was designed to explore the connections between childhood adversity, perceived social support, and depressive symptoms among pre-abortion women (women who have decided to have an abortion) in a clinical setting using the common risk factor approach and social support theory. The sample comprised 299 Chinese women, 18 to 45 years old. They were recruited from a hospital in Shantou, China. The results revealed that 37.2% of participants reported at least one adverse experience in childhood. Over half of the women were at risk for depression. Childhood adversities were negatively associated with depressive symptoms, but when sources of perceived social support were added, the effect of childhood adversity was not significant. Being married and the number of siblings were significantly related to depressive symptoms. The authors concluded that “Strengthening the role of various sources of social support can help to improve the mental health conditions of pre-abortion women.”

1. **yazdanpanahi, Z., hajifoghaha, M., hesamabadi, A.k. et al. (2004). Comparison of depression, anxiety, perceived stress, and resilience in parents faced with abortion in Iran: a longitudinal study. BMC Psychol, 12, 575. https://doi.org/10.1186/s40359-024-02078-w.**

The participants for this longitudinal study included 200 hospitalized women and their spouses. The scores of parents’ anxiety, depression, and perceived stress peaked 24 hours following an abortion and then decreased 12 weeks later. Resilience was also measured, and as time passed, it increased. The fathers’ scores on the various mental illness measures were lower than those of the mothers, but the mean resilience score was consistently higher in fathers. Fathers´ age and mothers’ age, mothers’ age at the time of marriage, fathers’ job, number of children, gender of the last child (boy or girl), and unwanted pregnancy were among the significant predictors of anxiety, depression, perceived stress, and resilience of both parents following abortion. The authors noted that identifying and managing the mental health issues observed is crucial for enhancing the well-being of both parents. They concluded that “How parents navigate the challenges of pregnancy, childbirth, and abortion can significantly impact the couple’s health.”

1. **Yılmaz, N. K., Baltacı, N., & Odabaşoğlu, E. (2025). Relationship between hope and religious beliefs in Turkish women experiencing pregnancy loss. Revista da Associacao Medica Brasileira (1992), 71(1), e20240792.** [**https://doi.org/10.1590/1806-9282.20240792**](https://doi.org/10.1590/1806-9282.20240792)

This descriptive cross-sectional study explored how religious beliefs influence hope among Turkish women who have experienced pregnancy loss. The authors sampled 200 participants from hospitals in Turkey, collecting data through structured surveys that measured individual levels of hope, the presence and strength of religious beliefs, and relevant socio-demographic factors. The findings indicated that women with higher religious involvement reported greater hope, suggesting that personal faith and spiritual practices were protective factors during grief. Religious beliefs helped participants cope with emotional distress, providing a sense of purpose and acceptance of their loss. Notably, the study also identified cultural nuances, specifically, communal support offered within a religious framework enhanced emotional resilience. Furthermore, women who practiced regular prayer or engaged in community worship reported higher coping efficacy and a more optimistic outlook on future pregnancies. The authors recommend integrating spiritual counseling into clinical interventions to address the psychological consequences of pregnancy loss holistically. This study’s contribution lies in emphasizing the unique role that religious beliefs can play in fostering hope, underscoring the importance of supportive healthcare and social networks. By centering faith as a potent coping mechanism, Turkish women may navigate grief with increased fortitude. Further research is recommended.

1. **Yilmaz, N., Kanat-Pektas, M., Kilic, S., & Gulerman, C. (2010). Medical and surgical abortion and psychiatric outcomes. The Journal of Maternal-Fetal and Neonatal Medicine, 23, 6, 541-544.**

This was a retrospective study of 367 women who underwent surgical abortion and 458 women who had a medical abortion between January 2006 and January 2007 in Dr. Zekai Tahir Burak Women's Health Hospital. Assessments were performed by clinical psychologists one week after the procedure. Results revealed that 27.1% (34.3% in surgical abortion patients and 22.8% in medical abortion) were diagnosed with post-abortion depression. The women who underwent surgical abortions experienced a significantly elevated risk of post-abortion depression. The women at the highest risk of post-abortion depression were younger and had a more frequent history of psychiatric and depressive disorders.

1. **Zareba, K., et al. (2020). Psychological effects of abortion. An updated narrative review. Eastern J Med., 25(3), 477-483.**

The inconclusive nature of studies regarding the psychological consequences experienced by women after termination was the primary motivating factor for this review. While some studies do not confirm an increased prevalence of psychological complications, the experience of abortion can lead to the development of PTSD, depression, and problems with interpersonal relations. The primary factors that influence psychological effects include the reason for abortion, the type of medical procedure, the term of pregnancy, and personal, social, economic, religious, and cultural factors that shape the woman’s attitude towards abortion. It was found that it was often the case that while terminating a pregnancy, women are not aware that they will need psychological later due to the psychological effects they experience in the aftermath. In addition, the first symptoms usually appear after four months up to a year later. The authors conclude that it is essential to identify the women at high risk for psychological complications.

1. **Zahmatkesh, M., Faal Siahkal, S., Alahverdi, F., Tahmasebi, G., & Ebrahimi, E. (2024). The role of art therapy on quality of life of women with recent pregnancy loss: A randomized clinical trial. PLOS ONE, 19(7), e0305403.**

The study by Zahmatkesh et al. (2024) explores the impact of art therapy on the quality of life of women who have experienced recent pregnancy loss, including abortion. Conducted as a randomized clinical trial, participants were divided into an intervention group receiving art therapy sessions and a control group receiving standard care. Results showed significant improvements in the intervention group’s physical, emotional, and social well-being compared to the control group. The findings suggest that art therapy can be an effective, non-invasive tool to support emotional recovery and enhance the overall quality of life for women coping with pregnancy loss.

1. **Zehetleitner, M., & Singer, L. (2024). Preregistration for Attitudes Toward Abortion in Germany: Moral Values, Political Attitudes, and Religiousness. Psych Archives. https://doi.org/10.23668/psycharchives.14635**

For context, abortion is a very polarizing issue in Germany as it is around the world. In previous studies, public attitudes toward abortion have been looked at as well as predictors of outlooks. For this study, the authors wanted to look at some of the existing gaps in the literature on this topic, such as the politicization of attitudes about abortion, how individual moral values affect attitudes and the role religion plays. The primary objective was to look at how religion and political identity affect one's moral values and attitudes about abortion in Germany; however, they also then sought to “determine if attitudes towards abortion are multi-dimensional. Finally, they identified groups of individuals with similar moral values, political attitudes, religiosity, and abortion attitudes using cluster analysis. The authors provide detailed information and charts about the clusters identified.

1. **Zulčić-Nakić, V., Pajević, I., Hasanović, M., Pavlović, S., & Ljuca, D. (2012). Psychological problems sequelae in adolescents after artificial abortion. Journal of Pediatric and Adolescent Gynecology, 25(4), 241–247.**

This control case study was conducted in the Department of Gynecology and Obstetrics, University Clinical Center Tuzla, in Bosnia-Herzegovina. The authors tested 120 female adolescents, with a mean age of 17.7. Results revealed that PTSD occurred significantly more often among adolescents who aborted their pregnancies compared to adolescents who did not abort. Both state and trait anxiety were significantly higher in the abortion group compared to the non-abortion group. Adolescents who aborted had substantially higher depression symptoms severity than controls and experienced significantly more depression than controls.

1. **Zulu, J. M., Ali, J., Hallez, K., Kass, N., Michelo, C., & Hyder, A. A. (2018). Ethics challenges and guidance related to research involving adolescent post-abortion care: a scoping review. Reproductive Health, 15(1), 71.** [**https://doi.org/10.1186/s12978-018**](https://doi.org/10.1186/s12978-018) **0515-6**

The authors note that in recent years, there has been an influx of research looking into post-abortion care (PAC) for adolescents, with a specific interest in low-income countries. An issue that’s come to light due to this focus has been “research ethics challenges,” as the authors put it. The goal of this review was to better understand these challenges within the context of post-abortion care for adolescents. For methodology, the authors systematically reviewed existing literature by searching PubMed, HINARI, and Google Scholar for relevant articles to analyze. The search yielded 3321 records, and 14 were used in the post-screening analysis. The authors found that many ethical challenges originate from the topic's “controversial, sensitive, and stigmatizing” nature. Researchers found getting personnel to allow PAC research difficult due to the topic's sensitive nature. Additionally, there were problems in recruitment and consent-seeking due to the subject. Confidentiality is found to be hard to balance appropriately in these situations, making it essential to create the right atmosphere with the help and permission of personnel. Some adolescents, in particular, were put off due to their uncertainty about the role of the researchers. The authors concluded that addressing these challenges with adolescent patients necessitates guidance on “individual, institutional, community, and international levels.” The authors of this review encourage further research in this area because, despite being well documented, published literature about guidance is sparse.

1. **Zuo, X., Yu, C., Lou, C., et al. (2012). Factors affecting delay in obtaining an abortion among unmarried young women in three cities in China. Asia-Pacific Population Journal, 30 (1), 35-**

For context, in China, unwanted pregnancy is a widespread problem. There are many cultural reasons for this, but the authors chose to examine factors that delay undergoing a legal abortion. A survey was conducted of 1271 unmarried women between the ages of 15 and 24 who looked for an abortion in one of three major Chinese cities. Results showed the percentages of women from each city who sought abortion after ten weeks of pregnancy; they were 20.5% in Shanghai, 4.4% in Chengdu, and 4.9% in Taiyuan. Reasons cited for delay were varied and included delays related to suspecting pregnancy but not knowing and testing later, deciding on a plan for the pregnancy, and obtaining the services. Women tended to be less likely to delay if the decision was made in tandem with their partner. Not many of the women had informed their parents of their pregnancy, fearing their response. The authors concluded that these results indicate a need to improve education on reproductive health.