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## PSYCHOLOGICAL ASPECTS OF WOMEN'S HEALTH CARE ABORTION ON MEDICAL GROUNDS

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**Abstract:** A medical abortion is a procedure in which a pregnancy is terminated for medical reasons that affect the health of the woman or the health of the baby. This type of abortion can cause significant psychological aspects and emotional reactions both in the woman herself and in her relatives. In the following lines, we will look at some of the key psychological aspects related to abortion on medical grounds.

**Emotional reactions and stress:** women who undergo an abortion on medical grounds often experience strong emotional reactions and stress. This can include more or less mood, anxiety, depression, and feelings of loss. It is important to provide support and psychological help to the woman during and after the procedure.

**Material and methods:** conducted own survey for the period January 2021- July 2023 of 37 patients who passed the medical termination of pregnancy committee.

**Results and discussion:** 89.2% of those who applied for termination of pregnancy received a positive opinion from the Commission. Patients with higher education had better outpatient follow-up ( $\chi^2=12.662$ ,  $p=0.002$ ). 83.84% of the women who went through the commission were in need of psychological support. After good preparation and clarification of each step and assistance from the patients with the greatest effectiveness is the three-fold administration of the drug regimen between 6-12th hour ( $\chi^2=74,000$ ,  $p=0,000$ ) and the gestation period of 12-20 g.w ( $\chi^2=38,858$ ,  $p=0,025$ ), and single Drug Administration during pregnancy 8-13 g.w. ( $\chi^2=30.537$ ,  $p=0.006$ ) and effect up to the 6th hour ( $\chi^2=8.133$ ,  $p=0.004$ ).

**Conclusion:** in conclusion, abortion on medical grounds is a complex and emotional process for women. Psychological support and care are essential to help women cope with the emotional aspects and consequences of their decision. It is also important to ensure awareness and the right of women to make their own decisions about their health and life. Timely medical care is important for the proper course of medical and diagnostic activities, as the role of medical personnel in the healing structures includes communication techniques and building trust between them and the patient, when conducting an abortion procedure on medical indications.

**Keywords:** abortion on medical grounds, mental care, stress, obstetric care, communication.

### 1. INTRODUCTION

Abortion on medical grounds shall be performed in hospital facilities [6] in the presence of diseases proven and documented for reasons on the part of the fetus or on the part of the mother [1,7]. Causes originating from the mother often refer to conditions in which the further course of pregnancy or childbirth can endanger the life or health of the woman. When the causes are on the part of the fetus, it is a condition incompatible with life – congenital genetic abnormalities, physiological abnormalities, diseases or dysfunctions [4].

According to the regulations [5,13], in order to carry out the procedure of termination of pregnancy – abortion on medical grounds, the pregnancy must not be longer than 20 g.w.. Abortion after this period is allowed only for urgent reasons to save the life of the woman or for proof of gross anatomical damage to the fetus. Termination of pregnancy over 26 years.C, according to the regulations, is registered as a birth [6,13]. Every decision to abort leads to an impact on the psyche and emotional state of the woman [8]. Some of the key psychological aspects related to abortion on medical grounds relate to:

*Social and family context:* social context can have a major impact on a woman's decision and ability to cope with abortion [2]. She may face pressure from her family, society, or even her partner, which can exacerbate her emotional stress.

*Mixed feelings and moral dilemmas:* women who undergo an abortion on medical grounds may experience mixed feelings and moral dilemmas. They may feel guilty or conflicted about their decision, especially if they have been encouraged by society to continue their pregnancy.

Abortion on medical grounds is a serious medical procedure used when the continuation of pregnancy poses a risk to the health or life of the woman [9]. This type of abortion can involve significant psychological aspects and emotional reactions both in the woman herself and in her relatives. Women seeking abortion on medical grounds often face moral and ethical dilemmas. They may feel guilty, have doubts, or even come to questions about their morality [10]. This can be particularly complicated when this decision goes against their personal or religious beliefs.

*Stress and emotional reactions:* abortion on medical grounds can be a source of intense stress for a woman [11]. She may experience a variety of emotional reactions, including anxiety, fear, grief, relief, or even depression. The emotional response can be individual and different from woman to woman.

*Psychological support and counseling:* it is important for a woman to have access to professional psychological support and counseling before and after an abortion. This can help manage stress, clarify feelings and decision, and deal with emotional consequences. Before and after an abortion, a woman needs psychological support and counseling [3,11]. Psychology professionals or social workers [12] can provide assistance in dealing with the emotional consequences and dilemmas associated with the procedure.

*The decision for the future:* abortion on medical grounds can leave long-term emotional traces and affect future decisions about a woman's family and reproductive health. It is important to pay special attention to this aspect and how this process can affect her physical and psychological health in order to provide appropriate support and advice. It is important that women are informed and have the opportunity to give consent regarding the procedure. Insufficient information and loss of control over the decision can contribute to greater emotional difficulties. The decision to perform an abortion is accompanied by denial and non-acceptance of the facts, with anguish and a sense of guilt, followed by reproaches to the person and others. This often leads to an emotional breakdown among patients and leaves a mark on the mind – inferiority and inability to reproduce. All these psychological aspects should be taken into account when providing health care for abortion on medical grounds. Support, information and professional advice play an important role in helping women cope with the emotional aspects of this complex process. About 10% of birth defects are related to environmental and standard of living factors, including drug exposure, viral infections, radiation, smoking and many others. Unfortunately, the causes of the remaining 65/100 congenital anomalies are unpredictable.

## 2. MATERIALS AND METHODS

**Methodology:** a retrospective study of the activity of the commission for termination of pregnancy on medical indications of specialized obstetric and gynecological hospital in Sofia was conducted. Varna with the third level of competence of the Department of gynecology for the period January 2021 - July2023 There were 37 cases.

**The survey** data and the results are processed and presented graphically through the MS Word and Exel 2016. Data processing was carried out with statistical product IBM SPSS 19.0. For statistical data processing, the following methods are used: descriptive analysis; graphical analysis; correlation analysis (Pearson correlation) to search for the statistical significance of the signs in the studied groups; Test  $\chi^2$  – to check hypotheses for the presence of a link between category variables.

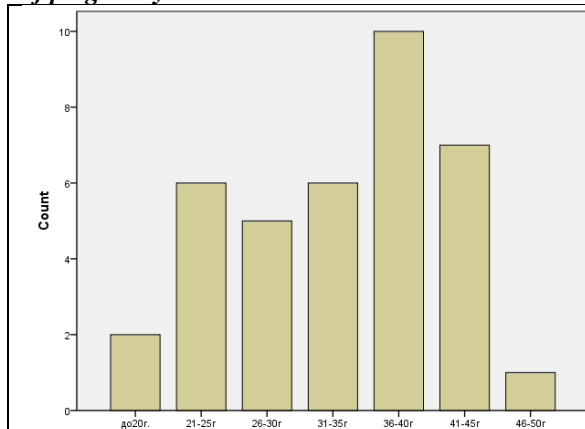
## 3. RESULTS AND DISCUSSION

For the period January 2021 - July2023 through the commission for termination of pregnancy to a medical institution with the third level of competence of the gynecology department have passed 37 with different pathology related to pregnancy.

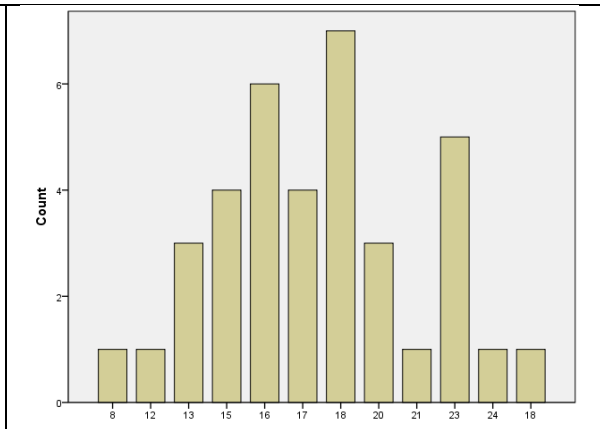
### *Demographic characteristics*

The distribution of the sample by age and term of pregnancy is presented in Fig. 1 and 2.

**Fig.1. Distribution of patients by age of pregnancy.**

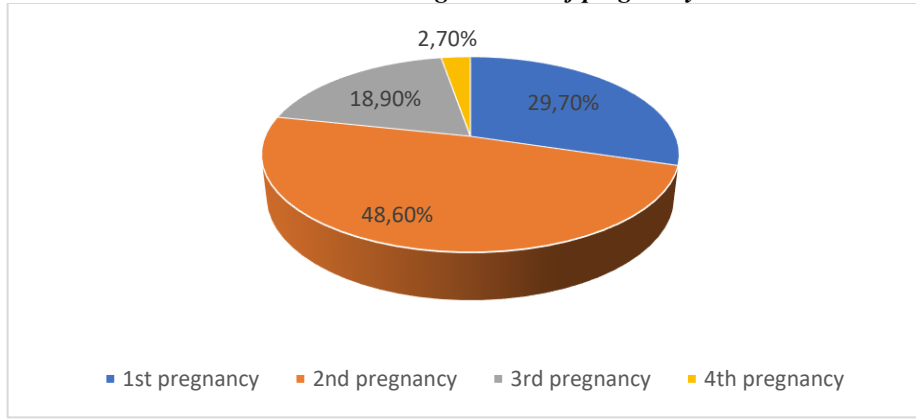


**Fig.2. Distribution of patients according to the term of pregnancy.**



In terms of pregnancy sequence, 48.6% had a second pregnancy (fig.3), and by education 43.2% are with higher education and 16.2% with primary. The more highly educated patients carried out detailed prenatal diagnostics during their outpatient follow-up ( $\chi^2=12.622$ ,  $p=0.002$ ) and sought more than one opinion before making the final decision to proceed with abortion on medical grounds ( $\chi^2=12.632$ ,  $p=0.001$ ).

**Fig.3. Order of pregnancy**

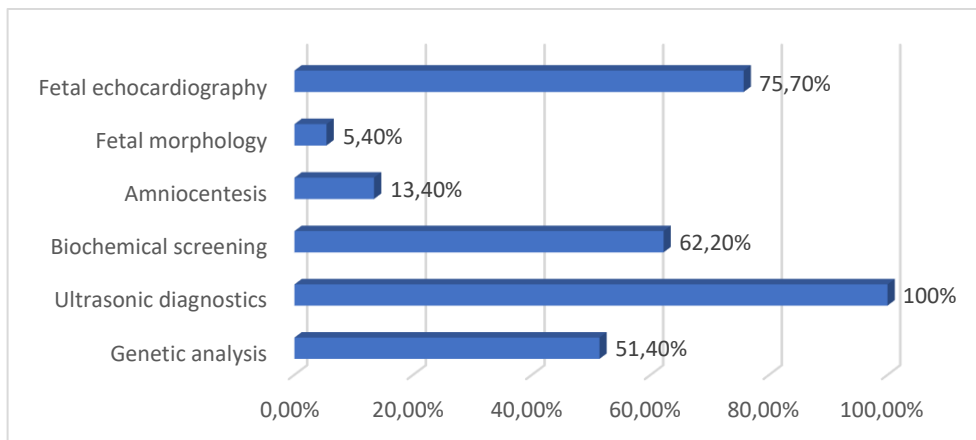


With age, pregnancies also increase, which is a natural dependence and desire for the performance of reproductive functions ( $\chi^2=35,740$ ,  $p=0,002$ ). Pregnancy was highly desirable and there was a need for psychological support in hospital due to the unstable emotional state of the patients. As women age, the percentage of accompanying diseases that have different origins increases - extragenic (genetic, endocrine, neurological) and genital (gynecological diseases, sterility) ( $\chi^2=71,993$ ,  $p=0,014$ ). Of the 37 patients who passed, 89.2% received a positive opinion from the commission to the medical institution, and all were provided psychological and emotional support during the procedure.

Observed fetal pathology refers to serious genetic abnormalities, followed by abnormalities in late fetal development and persistent symptoms, especially in advanced pregnancy (Fig.4). Patients were emotionally unstable after reporting the results of the genetic screening ( $\chi^2=31.241$ ,  $p=0.001$ ).

**Fig.4. Diagnostic methods\***

\* % is greater than 100% due to more than two diagnostic methods to establish/ prove an abnormality in fetal development



Early diagnosis is leading in terms of medical behavior, according to the wishes of the pregnant woman and the serious economic and social consequences in the possible birth of a damaged child (fig.4). Nearly 80/100 of the patients performed more than three diagnostic methods to determine the abnormality in fetal development ( $\chi^2=13.243$ ,  $p=0.001$ ). All patients were given ultrasound diagnostics according to the Medical guidelines of Obstetrics and gynecology. The relationship between the age of the patients and the finding of an abnormality in fetal development is conditional ( $\chi^2=98.534$ ,  $p=0.058$ ).

*Clinical behavior*

In case of a positive opinion received by the Commission for termination of pregnancy on medical grounds, a medication scheme is applied, according to the duration of pregnancy and the condition of the patient, according to the instructions of the Medical standard in Obstetrics and gynecology from 2021. A 75.6% of patients were given a three-fold schedule with Topogyne (Misoprostol). For 10.8% of cases, no scheme was applied, due to the refusal of the commission and the lack of subsequent medical information on the outcome of pregnancy.

A one-time application of Topogyne (Misoprostol) has the best effect in the early term of pregnancy between 8-13 g.w. ( $\chi^2=30.537$ ,  $p=0.006$ ) and effect up to the 6th hour ( $\chi^2=8.133$ ,  $p=0.004$ ).

The three-fold administration of the drug regimen shows an effect between 6-12th hour ( $\chi^2=74.000$ ,  $p=0.000$ ) and a gestation period of 12-20 g.w. ( $\chi^2=38.858$ ,  $p=0.025$ ). No statistical association was observed between the sequence of pregnancy and the effect of the administered drug regimen ( $\chi^2=2.873$ ,  $p=0.825$ ). The test of the Kolmogorov-Smirnov confirms the importance of the relationship between the term of pregnancy and the time effect of the administered drug regimen ( $p=0.000$ )

In 2.7% it is done Apostille, due to inefficiency from the applied scheme and the large duration of pregnancy.

There is no correlation between the diagnosed pathology of the fetus and its sex ( $\chi^2=17.157$ ,  $p=0.192$ ).

All patients hospitalized after a positive opinion of the commission for termination of pregnancy were carried out a full volume of diagnostic and therapeutic procedures, according to the instructions of the regulations (National Health Insurance Fund and Medical Standard Obstetrics and gynecology). The hospital stay is carried out by clinical Route 4-4.1 (up to 13 g.w.) and 4.2 (over 13 g.w.). All patients are provided with emotional and psychological support during their hospital stay. All were directed to a genetic consultation and family planning office, as well as to conduct a consultation with a psychologist.

#### 4. CONCLUSIONS

An important aspect in providing medical care to women seeking abortion on medical grounds is the correct psychological approach in communicating the results of medical diagnostic and therapeutic procedures. A holistic approach, empathy and personal attitude are needed, and communication between the healthcare professional and the patient is the key. Proper communication is an art, it can be learned and mastered to be part of medical and mental care for patients who are referred to an abortion Commission on medical evidence. The open attitude towards the patient who is about to terminate the pregnancy, especially if it is highly desired, the acceptance of the situation, without judgmental comments and accusations, improves communication and allows the perception of the doctor and midwife as caring and tolerant specialists. Good communication skills of medical professionals not only optimize the Diagnostic and healing process, but also serve as a key to patients in deciding to perform an abortion on medical grounds.

Mental care, personal attitude a key factor in overcoming personal trauma, feeling guilty about a failed pregnancy and overcoming anxiety and fears (from public opinion, personal environment, loved ones) of possible future failure. Primary obstetric care plays an important role in pre - hospital care, where abnormalities in the development of the fetus or the condition of the pregnant woman can be diagnosed at the earliest. The psychological aspects associated with this process can not be underestimated and require special attention and care. Some of the key aspects include:

*Emotional reactions and stress:* support from health professionals and psychologists is essential to help women cope with this stress.

*Moral and ethical dilemmas:* the support and advice of professionals can help smooth these dilemmas.

*Social context and support:* family and social contexts play an important role in a woman's psychological response. Support from relatives and the community is needed to help a woman cope with an abortion.

*Awareness and Consent:* Awareness and a woman's right to give consent are essential. The patient should be informed of the procedure and its consequences and be able to participate actively in the decision.

*Future reproductive decisions:* abortion on medical grounds can affect a woman's future reproductive decisions. She may need specialist support and advice on her future.

Building multidisciplinary teams with the participation and support of psychologists, social workers and health professionals, women undergoing abortion on medical grounds will be able to cope with the psychological aspects of the procedure and find ways to recover and a healthy future.

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