

Original research article

# Women's experience of viewing the products of conception after an abortion<sup>☆,☆☆</sup>

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## Abstract

**Background:** The objectives of this study were to assess perceptions of women viewing the products of conception after abortion and to assess the feasibility of offering this choice.

**Study Design:** 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 given to women who had viewed products of conception about their perceptions. Clinic staff members were interviewed after completion of the study.

**Results:** The study revealed that 152/508 (28.7%) of women having abortions chose to view the products of conception and 98/122 (83.1%) found that viewing did not make it harder emotionally. Older women and those who had children were less likely to want to view products of conception ( $p=.037$ ) and more likely to find it harder if they did ( $p=.05$ ). All 11 clinic staff members interviewed were positive about offering this service.

**Conclusions:** It is feasible to offer women having abortions the choice to view the products of conception and for most, viewing does not make it emotionally harder for them.

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*Keywords:* Abortion; Products of conception; Perceptions

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## 1. Introduction

Anti-abortion organizations have used ultrasound pictures and pictures of aborted fetuses in their campaigns to reduce access to abortion and some have stated that 90% of women planning to abort will change their minds if they see an ultrasound image of their fetus [1,2]. Various states have legislated viewing ultrasounds or pictures of fetuses as part of mandatory counseling [3].

Historically, it has been anecdotally based practice for staff at abortion clinics to prevent women from seeing the

ultrasound pictures or the products of conception because they thought it would upset them unnecessarily; at the National Abortion Federation and the International Federation of Professional Abortion and Contraception Associates meetings in recent years, the possible benefits of offering this choice have been discussed publicly and privately. The anti-abortion campaigns have used second-trimester images, whereas most women having abortions are in the first trimester; 88.4% in the United States and 73.1% in Canada before 12 weeks since the last menstrual period [4,5]. There is only one report about viewing ultrasound, showing that many women want to see it and concluding that women should be offered a choice [6]. A MEDLINE search revealed no reports published on women's perceptions of seeing products of conception at the time of their abortions.

The purpose of this study was to assess interest in and perceptions of women viewing the products of conception after abortion and to assess the feasibility of offering this choice routinely.

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## 2. Materials and methods

This study was conducted at two urban free-standing abortion clinics in Vancouver, Canada during 2007–2008. Women presenting for abortion were offered the choice to view both the ultrasound and the products of conception. There were only two women who said they wanted to see the products but not the ultrasound. At the pre-abortion information session, the counselor would explore expectations and explain what they were likely to see. Women who consented filled in a first questionnaire about what they would expect to see. Specifically, they were asked, “The doctor will check the pregnancy tissue after the abortion to make sure it is complete; would you like to see it too?” There were no exclusion criteria, but there were women who were not offered the choice because of the counselor’s difficulty communicating during the counseling session. For women choosing to view the products of conception, the doctor or nurse showed them the products, described what they were seeing and asked if they had any questions. The entire products were shown to the patient in a glass dish floating in water, usually after they had been washed. This was done immediately after the procedure in the procedure room. In the recovery room, the nurse provided a second questionnaire regarding their perceptions. Specifically, they were asked, “Did viewing the products made it harder emotionally for you?” and were also asked for their general comments about the experience.

The two study clinics were free-standing urban clinics offering first-trimester abortions (5–14 weeks). No one had any sedation before the counseling and first questionnaire. All abortions were done with local anesthesia. In Clinic A, about 80% of the women received a light IV conscious sedation (50–75 mcg fentanyl+1–2 mg midazolam); in Clinic B, only oral premedication with oxycodone 5 mg and lorazepam 1–3 mg was offered. Patients were asked for their comments in both questionnaires. There were no exclusion criteria.

After the study ended, the staff involved (physicians, nurses, counselors) were interviewed by the investigators. Prior to starting this study, viewing products had been offered in both clinics on an inconsistent basis either during counseling or during the procedure.

The sample size was determined by working backward from the number required to complete the second questionnaire. The target for the number who would view the POCs was 100, which would provide a margin of error of  $\pm 10\%$  in estimates of the binary primary outcome measure of whether it would or would not be emotionally harder. It was further assumed that 20% of those who completed the first questionnaire would agree to complete the second, so the target for the first questionnaire was 500. The sample size was not based on minimum detectable differences between the two groups on the second questionnaire.

The questionnaire data were entered into an SPSS (version 15) database by a research assistant along with information extracted from the chart including demographic

data (age, ethnicity from name, obstetrical history) and information about the current pregnancy (gestational age). Approval was obtained for this study from the University of British Columbia Behavioral Research Ethics Board.

## 3. Results

A total of 508 women filled in the first questionnaire about products of conception, of which 152 (28.7%) said they wanted to see it. An additional eight women were given the questionnaire but were not eligible due to surgery being cancelled and another 11 refused to answer the questions. Most of the women (75.9%) said they did not know what to expect and 21.0% said they did not expect to see much.  $\chi^2$  tests of independence and two-sample *t* tests were used to compare women who wanted to see products of conception with those who did not with respect to any previous births, Caucasian ethnicity, age and gestational age. Women were more likely to want to see products of conception if they were younger and had not had children (Table 1). Logistic regression was used to assess the combined effect of age and parity, and age was the only significant predictor. ( $p=.037$ ). The second questionnaire was completed by 122 women. Most of the 30 women who did not fill in the second questionnaires were not given them because clinic staff was too busy in the recovery room. The women who wanted to see products of conception ranged in age from 14 to 43 years with a mean of 25.6 years, had between 0 and 6 children with a mean of 0.4 births and were between 35 and 94 days gestation with a mean of 50.3 days. Most of the women who viewed the products of conception (83.1%) said it did not make it harder (Table 2).  $\chi^2$  tests of independence and two-sample *t* tests were used to compare women who found viewing harder emotionally with those who did not. There were no significant differences in age, ethnicity or gestational age between the women who found viewing products of conception made it harder or not, but women who had children found it harder ( $p=.05$ ) (Table 2). There were 114 women who answered the questions about what how they expected to feel and how they felt afterwards; of the 20 women who found it harder, 3 had expected it to be

Table 1  
Characteristics of women presenting for abortion who were asked if they wanted to see the products of conception ( $N=508$ )

	Yes, wanted to view $n=152$	No, did not want to view $n=356$	<i>p</i> value
Mean age in years (SD)	25.6 (6.7)	27.8 (7.1)	.002
Any previous births, no. (%)	34 (22.4)	116 (32.3)	.021
Gestational age in days, <i>n</i> (SD)	50.3 (11.4)	50.1 (9.9)	.29
Caucasian, no. (%)	73 (48.0)	203 (57.0)	.062

$\chi^2$  tests of independence and two-sample *t* tests were used to compare women who wanted to see products of conception with those who did not with respect to any previous births, Caucasian ethnicity, age and gestational age.

Table 2  
Characteristics and perceptions of women who viewed products of conception after abortion

	Made it emotionally harder (n=20)	Did not make it emotionally harder (n=98)	p value
Mean age in years (SD), n=113	26.0 (7.1)	25.5 (6.6)	.74
Any previous births, no. (%), n=112	8 (30.8)	12 (14.0)	.05
Gestational age in days (SD), n=113	53.7 (9.6)	53.7 (10.0)	.98
Total No. (%), n=118	20 (16.9)	98 (83.1)	

Missing data from women who answered the question about whether viewing products of conception made it harder with explanations like “yes and no.”  $\chi^2$  tests of independence and two-sample *t* tests were used to compare women who found viewing harder emotionally with those who did not.

harder, 5 had not expected it and 12 had said they did not know. Of the 95 women who answered the questions about what they expected to see and how they felt afterwards, 1 of 15 women who answered “not much” found it harder, 16 of 74 who answered “don’t know” found it harder and the other 5 who gave “other” answers did not find it harder.

Comments by women viewing products of conception included “I’m glad I chose to look,” “it was gross,” “I thought it would be much worse,” “it was smaller than I thought,” “thanks for the option,” “seeing the tissue helped — it was almost a relief, because it didn’t look like anything,” “feeling hurt more than expected”, “it was very interesting,” “it was not as bad as I expected, but it was still difficult,” “it actually made me feel better emotionally, because it was so small,” “(I am) going to take a good sleep and forget about it.”

All staff members available at the end of the study were interviewed by the investigators and these included five doctors, two nurses and four counselors. All the staff members were positive about the experience of offering and showing women products of conception. All the staff who actually showed the products of conception (8) said that they initially felt uncomfortable with the higher gestations. There were no staff members who refused to show products.

Comments included:

Counselor: “Most women are very sure, no, they do not want to see it, or yes they are interested. Questions women ask who want to see it are usually: What will it look like? how will I feel? Is it weird that I want to see it? Do other women want to as well? Women who don’t usually ask: WHY WOULD ANY ONE WANT TO SEE THAT?!”

Nurse: “It is great when they are under 8 weeks — I can dispel myths, show how little there is. When the pregnancy is further along and there are fetal parts, I have a little bit of anxiety. I double check with the woman that she knows she will see recognizable parts and that it will be in pieces. Sometimes I see

she is totally OK and I show her everything. Sometimes I hide bits.”

Doctor: “Usually they feel relieved and I am glad when they ask to see it. I get concerned when I have to show a later gestation like 13 weeks. I really enjoy showing the small ones.”

#### 4. Discussion

This study is the first report of women viewing products of conception after abortion. It confirmed our impressions that the majority of women who chose to view the products of conception did not find that it made it harder emotionally and that the clinic staff found it feasible to offer this choice routinely.

In our clinics, women have a supportive environment to make choices and talk about their feelings. Viewing products of conception in a less supportive environment might be much more difficult. Those clinics using general anesthetic or deep sedation might not be able to make this option available to women having abortions.

Our clinics both changed their policies after the completion of this study and now offer viewing the products of conception routinely to patients in the first trimester. Further research is necessary to see if this might be helpful in other clinics with different patient population, different sedation/anesthetics or later gestational ages. The timing of asking these questions may be important with immediate reactions different than after a few weeks. It is also important to understand what the effects of anti-abortion media campaigns with pictures of aborted fetuses have on women’s choices and perceptions of seeing their own products of conception.

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