

Pregnancy termination: What psychiatrists need to know

Nina Ross, MD, Jacqueline Landess, MD, JD, Aimee Kaempf, MD, and Susan Hatters Friedman, MD

Dr. Ross is Assistant Professor, Department of Psychiatry, University Hospitals/Case Western Reserve University, Cleveland, Ohio. Dr. Landess is Clinical Assistant Professor of Psychiatry, Medical College of Wisconsin, Milwaukee, Wisconsin. Dr. Kaempf is Clinical Associate Professor, Department of Psychiatry, University of Arizona Medical Center, Tucson, Arizona. Dr. Hatters Friedman is the Phillip Resnick Professor of Forensic Psychiatry, and Professor, Pediatrics, Reproductive Biology, and Law, University Hospitals/Case Western Reserve University, Cleveland, Ohio.

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Approximately half of pregnancies in the United States are unplanned, and approximately one-fifth of pregnancies end in elective termination.¹ Psychiatrists who treat women of child-bearing potential should understand critical aspects of abortion that could affect their patients' mental health.

Discuss the potential for pregnancy with your patients. Individuals with psychiatric illness are less likely to adhere to contraceptive methods and are more likely to have unplanned pregnancies and detect pregnancies late.² Women receiving psychiatric care could be at risk of not detecting pregnancy early enough to meet state laws that restrict the time frames in which abortions are allowed.

Understand that patients face barriers to abortion. Almost immediately after the Supreme Court overturned *Roe v Wade* in June 2022, abortion became illegal in several states. Even if abortion remains legal and available in your jurisdiction, patients could face barriers, including strict limits on abortion timing, monetary and travel challenges, preabortion counseling mandates, and timely access to an abortion provider.

Know that most patients can provide informed consent. Most patients with psychiatric illness have capacity to make medical decisions, including whether to consent to an abortion. Pro forma assessment is not necessary. Assessing capacity to consent to abortion should be the same as any other capacity assessment. If a woman lacks med-

ical decision-making capacity, a substitute decision-maker must be used.

Recognize that ambivalence is normal. Even when a woman is certain about her decision to terminate a pregnancy, she might experience ambivalence. Ambivalence about important life decisions is common and should be validated and explored.³

Be aware of bias. As psychiatrists, we must ensure that our personal opinions about abortion do not impact patient care. An impartial and nondirective approach is key, and any effort to persuade or manipulate a woman's decision is unethical. Because women with mental illness might be vulnerable to coercion, it is important to ensure that the woman's choice is voluntary.

Accurately communicate information about mental health and abortion to your patients. Abortion does not worsen mental health. Research on abortion and mental health is rife with poorly designed studies that contain methodological flaws, including failure to control for confounding effects, such as pre-existing mental illness, and inadequate control group comparisons.⁴ For example,



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the correct comparison group in which to consider mental health outcomes for women who are seeking an abortion is those who sought an abortion but were not able to have one—not women with planned and desired pregnancies. The best predictor of postabortion mental wellness is preabortion mental health.⁵ Well-designed studies, such as the Turnaway Study, have demonstrated that abortion does not cause a significant increase in mental illness.⁶ The Turnaway Study was a well-designed, prospective study of thousands of women who obtained a wanted abortion. It compared many outcomes, including mental health, among women who wanted an abortion vs women who could not obtain a wanted abortion.

Know that patients might not receive accurate information about the risks and impact of abortion. A number of states have requirements—known as “informed consent laws”—that mandate physicians to provide state-authored informational packets about the risks and alternatives to abortion to patients seeking abortions. Some of this information is scientifically inaccurate, which poses a significant ethical dilemma for doctors who must choose between legal requirements and an obligation to scientific integrity.⁷

Recognize that abortion being illegal could negatively impact mental health. The consequences of being forced to carry out an unwanted pregnancy are profound. Women unable to obtain an abortion are

more likely to have adverse health and pregnancy outcomes, live in poverty, stay with an abusive partner, and have difficulty bonding with the child.⁶ Abortion is highly stigmatized in the United States, and belonging to a stigmatized group is a risk factor for adverse mental health sequelae, including anxiety, depression, substance use, and cognitive deficits.^{4,6}

Stay up-to-date on your state’s abortion laws.

The legal landscape regarding abortion is changing rapidly, and it is important to stay abreast of these changes.

Restrictions on abortion likely will significantly affect women with psychiatric illness. As psychiatrists, we must be aware of the impact of the country’s changing laws will have on our patients and their mental health.

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