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sessions indicates that only 5–60% of the variation in any reproductive health vote can be attributed to party. Legislator reproductive health scores show that Republicans and Democrats often voted on reproductive health issues in ways that are systematically different from their voting on other issues, over and above the influence of party. Factors associated with this type of voting for Democrats include Catholic religion and constituency socioeconomic status.

Conclusions: Even in the highly polarized 2011 session, partisanship does not fully account for voting behavior on reproductive health issues. These findings provide some insight into how voting on such issues may play out in other states and at the national level.

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A STUDY OF MATERNAL-FETAL CONFLICTS BEFORE AND AFTER ROE V. WADE

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Objectives: Maternal-fetal conflict is broadly defined as any situation in which maternal well-being or behavior opposes fetal well-being. Such conflict implies the need for a third party to protect fetal interests. Our objective was to evaluate American maternal-fetal conflicts and third-party action from a historical perspective in relation to Roe v. Wade.

Methods: We abstracted data on the history of maternal disease during pregnancy, medicalization of childbirth, fetal identity and court-ordered obstetrical interventions, based on work from historians and medical anthropologists. Timelines and definitions were created to identify when maternal-fetal conflicts arose in relation to Roe and how physicians, the courts and American society handled such conflicts.

Results: Prior to the legalization of abortion, maternal-fetal conflicts focused on maternal disease, such as rubella. Following the 1973 Roe decision, the focus shifted to maternal behavior, such as illicit drug use during pregnancy. In legal cases prior to Roe, women whose medical or behavioral choices were at odds with fetal well-being were depicted as pitiful or unlucky rather than implicated as abusive or irresponsible. After abortion became legal, these same women were punished by hospitals and American society for their actions. These women were depicted as "anti-mothers" whose fetuses needed third-party protection in a way not seen before Roe.

Conclusions: Conflicts of interest between a pregnant woman and the fetus existed in the decades before Roe, but the availability of legal abortion contributed to the need for "protection" of the fetus from its mother.

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DOCUMENTING WOMEN'S ABORTION EXPERIENCES IN ONTARIO

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Objectives: Although Canada decriminalized abortion more than 20 years ago, there continue to be significant disparities in access to services, and the geographic distribution of providers is uneven. Through in-depth, open-ended interviews with 60 Anglophone women in five areas of Ontario, this study aimed to (1) document women's experiences obtaining abortion care; (2) identify the financial and personal costs associated with obtaining abortion services; and (3) explore women's perceptions as to how access to services could be improved.

Methods: We conducted telephone interviews with women who had obtained an abortion on or after January 1, 2007, and who were residents of province at the time of the abortion. We conducted a content and thematic

analysis of interview content using both a priori (e.g., predetermined) categories and codes and inductive techniques.

Results: Overall, women reflected positively on their experiences obtaining abortion care. However, many participants described scheduling delays, traveling long distances for care, and incurring significant out-of-pocket expenses. These women reported that they would have been especially open to considering the use of mifepristone, had it been available. Further, women expressed an array of emotions about having made the decision to terminate their pregnancies, and some felt that resources for timely, nonjudgmental postabortion support were lacking.

Conclusions: Efforts are currently underway to introduce mifepristone into Canada. Our study documents a number of ways in which service delivery could be improved in Canada and suggests that mifepristone could serve an important role in expanding timely access to abortion care.

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ATTITUDES AND KNOWLEDGE ABOUT ABORTION AND CONTRACEPTION AMONG WOMEN IN FIVE COUNTRIES: AN INTERNET SURVEY USING SURVEY MONKEY AUDIENCE

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Objectives: To describe differences in attitudes toward and knowledge about abortion and contraception among women aged 18–44 from Canada, the United States (USA), the United Kingdom (UK), France and Australia.

Methods: We used Survey Monkey Audience to obtain a randomly selected sample of women from their pool of participants (panels) in Canada, USA, UK, France and Australia. The panels have approximately 500 000, 3 million, 300 000, 300 000 and 250 000 members each, respectively. Survey Monkey Audience administered the surveys, and the questions were adapted from previous research.

Results: Participants completed 1117 surveys: 233 in Canada, 223 in the USA, 230 in the UK, 221 in France and 210 in Australia. About half (47.1%) of participants were classified as pro-choice because they indicated that women should be allowed to have an abortion for any reason in the first 3 months (38.7% in Canada, 37.1% in USA, 42.0% in UK, 68.7% in France and 53.6% in Australia; $p < .001$). Women classified as having anti-choice beliefs were more likely to provide incorrect answers to all 10 knowledge questions about abortion and contraception ($p < .001$). The only significant difference in answers to the knowledge questions was that French women were more likely to correctly answer questions about the risk of depression from abortion (46.6% vs. 37.1% overall, $p = .012$).

Conclusions: Women from these five countries were similar in terms of their knowledge about the risks of abortion and contraception. Women classified as anti-choice, in all five countries, were more likely than pro-choice participants to overestimate the risks of both abortion and contraception.

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HOSPITAL-BASED ABORTION IN COLOMBIA: THE RELATIONSHIP OF AGE AND POSTABORTION CARE VERSUS INDUCED ABORTION SERVICE PROVISION

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Objectives: Despite partial decriminalization of abortion in Colombia, challenges to accessing safe abortion persist. Adolescents are particularly vulnerable to the risks and negative outcomes of unsafe abortion; however, little is known about their experience obtaining abortion care in restrictive settings. We evaluated the relationship between age and type of abortion service provided in Colombia.