National Institute for Health and Care Excellence

Final

Abortion care

[B] Information needs of women undergoing an abortion

NICE guideline NG140

Evidence reviews

September 2019

Final

These evidence reviews were developed by the National Guideline Alliance hosted by the Royal College of Obstetricians and Gynaecologists

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Information needs of women undergoing an abortion

Review question

What information would women who have requested an abortion like?

Introduction

The aim of this review is to determine what information women who have requested an abortion would like to be given prior to the abortion.

At the time of development, the title of this guideline was 'Termination of pregnancy' and this term was used throughout the guideline. In response to comments from stakeholders, the title was changed to 'Abortion care' and abortion has been used throughout. Therefore, both terms appear in this evidence report.

Summary of the protocol

See Table 1 for a summary of the population, perspective and outcome characteristics of this review.

Table 1: Summary of the protocol

Population	Women who have requested a termination of pregnancy
Perspective	Women who have requested a termination of pregnancy
Outcomes	Any information regarded by women who have requested a termination of pregnancy as useful/not useful or needed/not needed, informative/not wanted

For further details see full review protocol in appendix A.

Clinical evidence

Included studies

Only studies conducted from 2004 were considered for this review question, as this is when the first Royal College of Obstetricians and Gynaecologists (RCOG) guidance on abortion was published and this was followed by substantial changes in practice.

Sixteen qualitative studies were included in this review (Andersson 2014; Asplin 2014; Becker 2008; Cano 2016; Carlsson 2016; Ekstrand 2009; Fisher 2015; France 2013; Kerns 2012; Kero 2009; Lotto 2016; Mukkavaara 2012; Olavarrieta 2012; Purcell 2016; Purcell 2017; Sherman 2017).

One study included women undergoing abortion for fetal anomaly and not for fetal anomaly pregnancy (Andersson 2014). Six studies included women undergoing abortion for fetal anomaly (Asplin 2014; Carlsson 2016; Fisher 2015; France 2013; Kerns 2012; Lotto 2016)

Nine studies included women undergoing abortion not for fetal anomaly (Becker 2008; Cano 2016; Ekstrand 2009; Kero 2009; Mukkavaara 2012; Olavarrieta 2012; Purcell 2016; Purcell 2017; Sherman 2017).

The included studies are summarised in Table 2.

See the literature search strategy in appendix B and study selection flow chart in appendix C.

Excluded studies

Studies not included in this review with reasons for their exclusion are provided in appendix K.

Summary of clinical studies included in the evidence review

A summary of the studies that were included in this review and the themes applied after thematic synthesis are presented in Table 2.

Table 2: Summary of included studies

Study and setting	Participants	Methods	Themes applied after thematic synthesis
Women undergoing abortion for fetal anomaly and not for fetal anomaly			
Andersson 2014 Sweden	n=22 Women ≥18 years of age; gestational age ≥13 weeks; medical abortion	**Sampling:** Consecutive sampling of women attending a gynaecological care unit in a general hospital in Stockholm for a medical abortion **Data collection:** Semi-structured interviews	**Abortion for fetal anomaly:** • Diagnosis of fetal anomaly • Abortion: ○ What to expect from the procedure • Information format: ○ Internet ○ Healthcare professionals ○ Specific and consistent **Abortion not for fetal anomaly:** • Abortion: ○ What to expect from the procedure • Information format: ○ Internet ○ Healthcare professionals ○ Friends and family
Women undergoing abortion for fetal anomaly			
Asplin 2014 Sweden	n=11 Pregnant women with a fetal anomaly	**Sampling**: Unclear methods from 4 major clinics in the Stockholm area **Data collection:** Semi-structured interviews	• Abortion: ○ What to expect from viewing the pregnancy • Information format: ○ Specific and consistent ○ Timing
Carlsson 2016	n=122	**Sampling**: Purposive sampling	• Abortion:

Study and setting	Participants	Methods	Themes applied after thematic synthesis
Sweden	n=112 females; n=1 male; n=9 unknown) Women with both current and previous experience of an abortion following a antenatal diagnosis of fetal anomaly	**Data collection**: Threads and messages of a virtual community	○ What to expect from the procedure ○ What to expect from viewing the pregnancy
Fisher 2015 UK	n=361 (n=287 medical; n=64 surgical) Women who have had an abortion for a fetal anomaly	**Sampling:** Purposive sampling from Antenatal results and choices (ARC) membership of women **Data collection:** Cross-sectional, retrospective, online survey with open-ended questions	• Abortion: ○ What to expect from the procedure • Fetal remains • Information format: ○ Healthcare professionals ○ Support organisations ○ Timing
France 2013 UK	n=28 Pregnancy diagnosed with fetal anomaly and underwent abortion	**Sampling:** Purposive sampling from contact with general practitioners, midwives, hospital consultants, staff in antenatal clinics, support leaders **Data collection:** Semi-structured interviews	• Disclosing the end of pregnancy: ○ Adults ○ Children • Information format: ○ Support organisations
Kerns 2012 USA	n=31 (n=20 surgical; n=11 medical) Women ≥18 years of age; gestational age 14-24 weeks	**Sampling:** Purposive sampling from 4 academic clinical sites in northern California that offer second trimester abortion **Data collection:** Semi-structured interviews	• Abortion: ○ Choice of abortion method
Lotto 2016 UK	n=18 (only views of n=10 women are of interest) Women undergoing abortion of pregnancy for severe congenital abnormality	**Sampling:** Purposeful sampling through fetal medicine clinic lists **Data collection:** Semi-structured interviews	• Abortion: ○ What to expect from the procedure
Women undergoing abortion not for fetal anomaly			
Becker 2008	n=22	**Sampling:** Purposive sampling from women in an abortion clinic waiting room	• Contraception: ○ Effectiveness

Study and setting	Participants	Methods	Themes applied after thematic synthesis
USA	Women undergoing abortion	**Data collection:** Open-ended question on a questionnaire	○ Choice
Cano 2016 Canada	n=16 Women ≥18 years of age; abortion performed after 2005; resident of the Yukon Territory at the time of abortion	**Sampling:** Multi-model recruitment strategy, posting study advertisements on list servers and online platforms, circulating study information through local organisations and engaging with both traditional and social media **Data collection:** Semi-structured interviews	• Navigating the system
Ekstrand 2009 Sweden	n=25 Women undergoing abortion aged 16-20 years old	**Sampling:** Purposive and strategic sampling inviting women who were applying for abortion at 2 hospital family planning clinics in one large sized and one medium sized city **Data collection:** Semi-structured interviews	• Abortion: ○ Pain and bleeding
Kero 2009 Sweden	n=100 Women undergoing home abortion: - <9 weeks' gestational age - Women not too young or immature - Not living far away from the clinic - Not going to be alone at the time of expulsion and preferably with experience of labour, miscarriage, or earlier abortion of pregnancy	**Sampling:** Consecutive sampling through an abortion clinic in the department of obstetrics and gynaecology at a university hospital **Data collection:** Semi-structured interviews	• Abortion: ○ What to expect from viewing the pregnancy
Mukkavaara 2012 Mexico City	n=6 Women undergoing abortion in the second trimester	**Sampling:** Purposive sampling visiting the gynaecological department for an abortion in 2 hospitals **Data collection:** Semi-structured interviews	• Abortion: ○ What to expect from the procedure ○ Pain and bleeding ○ What to expect from viewing the pregnancy • Information format: ○ Language
Olavarrieta 2012	n=20	**Sampling:** Purposive sampling with the interviewer visiting the	• Contraception: ○ Choice

Study and setting	Participants	Methods	Themes applied after thematic synthesis
Mexico City	(n=10 medical; n=10 surgical) Women attending public abortion services at Mexico City MOH facilities	site 1 day per week to recruit women **Data collection:** Semi-structured interviews	
Purcell 2016 Scotland	n=46 (n=23 hospital; n=23 SRHC) Women ≥18 years of age presenting for medical abortion at ≤9 weeks' gestational age	**Sampling:** Purposive sampling by specialist healthcare professionals at 2 hospitals and one community SRHC in urban Scotland **Data collection:** Semi-structured interviews	• Contraception: ○ Timing ○ Pressurised delivery • Information format: ○ Internet
Purcell 2017 Scotland	n=44 Women undergoing home medical abortion at ≤63 days gestational age	**Sampling:** Purposive sampling to attain an equal number of women from 2 hospitals and one community SRHC **Data collection:** Semi-structured interviews	• Abortion: ○ What to expect from the procedure ○ What to expect from viewing the pregnancy • Information format: ○ Healthcare professionals
Sherman 2017 Scotland	n=13 Women ≥16 years of age who had undergone early medical abortion within the last 6 weeks	**Sampling:** Convenience sampling of women attending NHS Lothian abortion clinics **Data collection:** Semi-structured interviews	• Abortion: ○ Pain and bleeding • Information format: ○ Experiential film

ARC: Antenatal Results and Choices; MOH: Ministry of Health; SRHC: Sexual and Reproductive Health Centre

See the full evidence tables in appendix D for original themes applied by study authors, relevant quotes, and the themes applied after thematic synthesis. No meta-analysis was undertaken for this review so there are no forest plots in appendix E.

Quality assessment of clinical studies included in the evidence review

See the clinical evidence profiles in appendix F.

Economic evidence

Included studies

A systematic review of the economic literature was conducted but no economic studies were identified which were applicable to this review question.

A single economic search was undertaken for all topics included in the scope of this guideline. Please see supplementary material 2 for details.

Excluded studies

No full-text copies of articles were requested for this review and so there is no excluded studies list.

Economic model

No economic modelling was undertaken for this review because the committee agreed that other topics were higher priorities for economic evaluation.

Evidence statements

Information needs for women undergoing abortion for fetal anomaly

Theme 1.1: Diagnosis of fetal anomaly

Low quality evidence from 1 study (n=22) conducted in Sweden among women undergoing second trimester abortion for fetal anomaly and not for fetal anomaly reported that the women undergoing abortion for fetal anomaly were looking for information about the diagnosis of the anomaly.

Theme 1.2: Abortion

Sub-theme 1.2.1: Choice of abortion method

Moderate quality evidence from 1 study (n=31) conducted in the USA among women undergoing second trimester abortion for fetal anomaly reported that women valued nondirective information on the advantages and disadvantages of both surgical and medical abortion to make an informed decision of which abortion method was best for the woman.

Sub-theme 1.2.2: What to expect from the procedure

Moderate quality evidence from 4 studies (n=523) conducted in Sweden and the UK among women undergoing abortion for fetal anomaly reported that women valued detailed information on what to expect during and after the procedure. Women particularly valued the opportunity to ask questions when receiving information.

Sub-theme 1.2.3: What to expect from viewing the pregnancy

Low quality evidence from 2 studies (n=133) conducted in Sweden among women undergoing abortion for fetal anomaly reported that women valued information on what to expect when seeing the pregnancy. Women highlighted that they wanted information on what the pregnancy would look like and if there would be signs of fetal life.

Theme 1.3: Fetal remains

Low quality evidence from 1 study (n=287) conducted in the UK among women undergoing a second trimester abortion for fetal anomaly reported that they wanted information on the options available for fetal remains e.g. funeral or cremation and how these arrangements could be arranged.

Theme 1.4: Disclosing the end of the pregnancy

Sub-theme 1.4.1: Adults

Low quality evidence from 1 study (n=28) conducted in the UK among women undergoing an abortion for fetal anomaly reported that women valued information on how to disclose the end of their pregnancy to other adults.

Sub-theme 1.4.2: Children

Low quality evidence from 1 study (n=28) conducted in the UK among women undergoing an abortion for fetal anomaly reported that women valued information on how to disclose the end of their pregnancy to their children and the appropriate language to use when doing so.

Theme 1.5: Information format

Sub-theme 1.5.1: Internet

Low quality evidence from 1 study (n=22) conducted in Sweden among women undergoing second trimester abortion for fetal anomaly and not for fetal anomaly reported that the women often looked on the internet for information.

Sub-theme 1.5.2: Healthcare professionals

Moderate quality evidence from 2 studies (n=383) conducted in Sweden and the UK among women undergoing abortion for fetal anomaly reported that women valued the information received from healthcare professionals on abortion. However, women did not mention which healthcare professionals specifically they valued information from.

Sub-theme 1.5.3: Support organisations

Moderate quality evidence from 2 studies (n=388) conducted in the UK among women undergoing abortion for fetal anomaly reported that women found support organisations such as Antenatal Results and Choice (ARC) and Stillbirth Neonatal Death Charity (SANDS) pivotal in providing information on the abortion for fetal anomaly. Women highlighted that healthcare professionals should signpost these organisations as early as possible in the process.

Sub-theme 1.5.4: Specific and consistent

Moderate quality evidence from 2 studies (n=33) conducted in Sweden among women undergoing abortion for fetal anomaly reported that women wanted information that was specific and consistent.

Sub-theme 1.5.5: Timing

Low quality evidence from 2 studies (n=383) conducted in Sweden and the UK with women undergoing abortion for fetal anomaly reported that women valued information delivered at the most appropriate time. Women highlighted that for information on future pregnancies they valued the information to be delivered sooner rather than later. Whereas, providing information for decision making during an abortion was not valued.

Information needs for women undergoing abortion not for fetal anomaly

Theme 2.1: Navigating the system

Very low quality evidence from 1 study (n=16) conducted in rural and remote northern Canada with women undergoing a surgical abortion reported that women valued information on accessing abortion services at first point of contact.

Theme 2.2: Abortion

Sub-theme 2.2.1: What to expect from the procedure

Moderate quality evidence from 3 studies (n=72) conducted in Sweden, Mexico City, and Scotland with women undergoing abortion not for fetal anomaly reported that women valued information on what to expect during and after the procedure. Women particularly valued the opportunity to ask questions when receiving information.

Sub-theme 2.2.2: Pain and bleeding

Moderate quality evidence from 3 studies (n=44) conducted in Sweden, Mexico City, and Scotland with women undergoing medical abortion not for fetal anomaly reported that women valued information on pain and bleeding associated with the procedure.

Sub-theme 2.2.3: What to expect from viewing the pregnancy

Moderate quality evidence from 3 studies (n=150) conducted in Sweden, Mexico with women undergoing medical abortion not for fetal anomaly reported that women valued information on what to expect when seeing the pregnancy.

Theme 2.3: Contraception

Sub-theme 2.3.1: Timing

Moderate quality evidence from 1 study (n=46) conducted in Scotland with women undergoing a medical abortion at ≤9 weeks' gestational age not for fetal anomaly reported that women valued information on future contraception at the time of abortion. Most women highlighted that it was an appropriate time to discuss contraception.

Sub-theme 2.3.2: Effectiveness

Low quality evidence from 1 study (n=22) conducted in the USA with women undergoing abortion not for fetal anomaly reported that women valued information on the effectiveness of future contraception use.

Sub-theme 2.3.3: Choice

Low quality evidence from 2 studies (n=42) conducted in Mexico City and the USA undergoing abortion not for fetal anomaly reported that women valued information on the different choices of future contraceptive use. Women highlighted that they didn't like the information to be restricted to specific methods of contraception.

Sub-theme 2.3.4: Pressurised delivery

Low quality evidence from 1 study (n=46) conducted in Scotland with women undergoing a medical abortion at ≤9 weeks' gestational age not for fetal anomaly reported that most women valued that the delivery on future contraception was gently "forced". Whereas, some women did not value the "pushy" delivery of information on future contraception.

Theme 2.4: Information format

Sub-theme 2.4.1: Internet

Moderate quality evidence from 2 studies (n=68) conducted in Sweden and Scotland with women undergoing abortion not for fetal anomaly reported that women often looked on the internet for information.

Sub-theme 2.4.2: Healthcare professionals

High quality evidence from 2 studies (n=66) conducted in Sweden and Scotland with women undergoing abortion not for fetal anomaly reported that women valued the information received from healthcare professionals on abortion. However, women did not mention which healthcare professionals specifically they valued information from.

Sub-theme 2.4.3: Family and friends

Low quality evidence from 1 study (n=22) conducted in Sweden with women undergoing abortion not for fetal anomaly reported that women often sought information from friends and family about abortion.

Sub-theme 2.4.4: Experiential film

Moderate quality evidence from 1 study (n=13) conducted in Scotland with women undergoing early medical abortion not for fetal anomaly reported that women valued experiential information on abortion in the format of a film. Women highlighted that the experiential film was a good depiction of early medical abortion. However, not all women valued the representation of pain, bleeding, and nausea, some highlighted that pain was represented too severely, whereas others thought that pain, bleeding, and nausea wasn't emphasised enough. Women reported that having different women with different experiences of abortion would be useful as the abortion experience is individual and not adequately represented by one woman's experience.

Sub-theme 2.4.5: Language

Very low quality evidence from 1 study (n=6) conducted in Mexico City with women undergoing abortion not for fetal anomaly reported that women valued information to be delivered in a simplified manner with repetition. Women highlighted that the language used by healthcare professionals were too complex.

See Appendix M for all relevant quotes related to each theme applied after thematic synthesis.

Figure 1: Thematic map – Information needs for women undergoing abortion for fetal anomaly

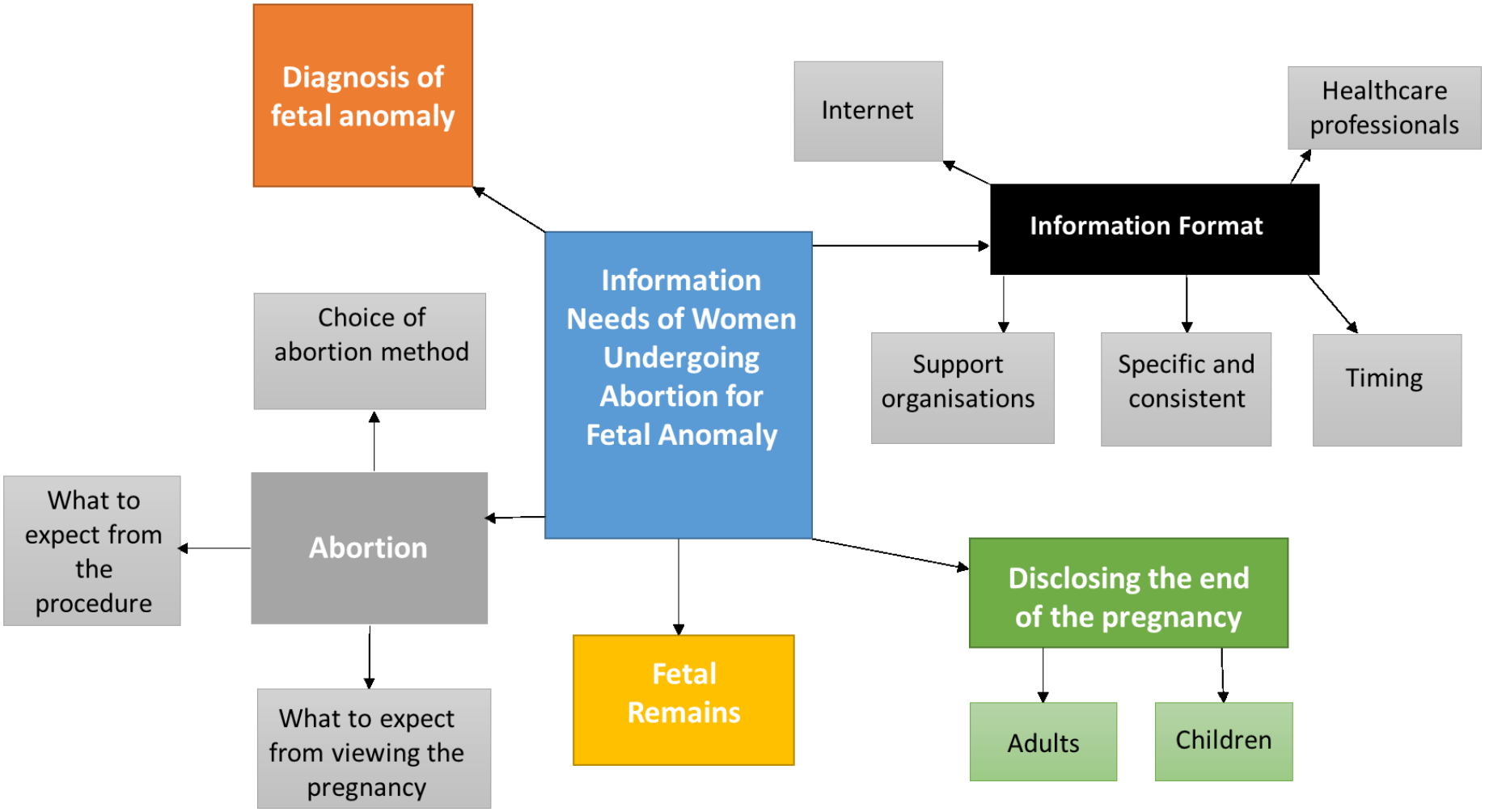
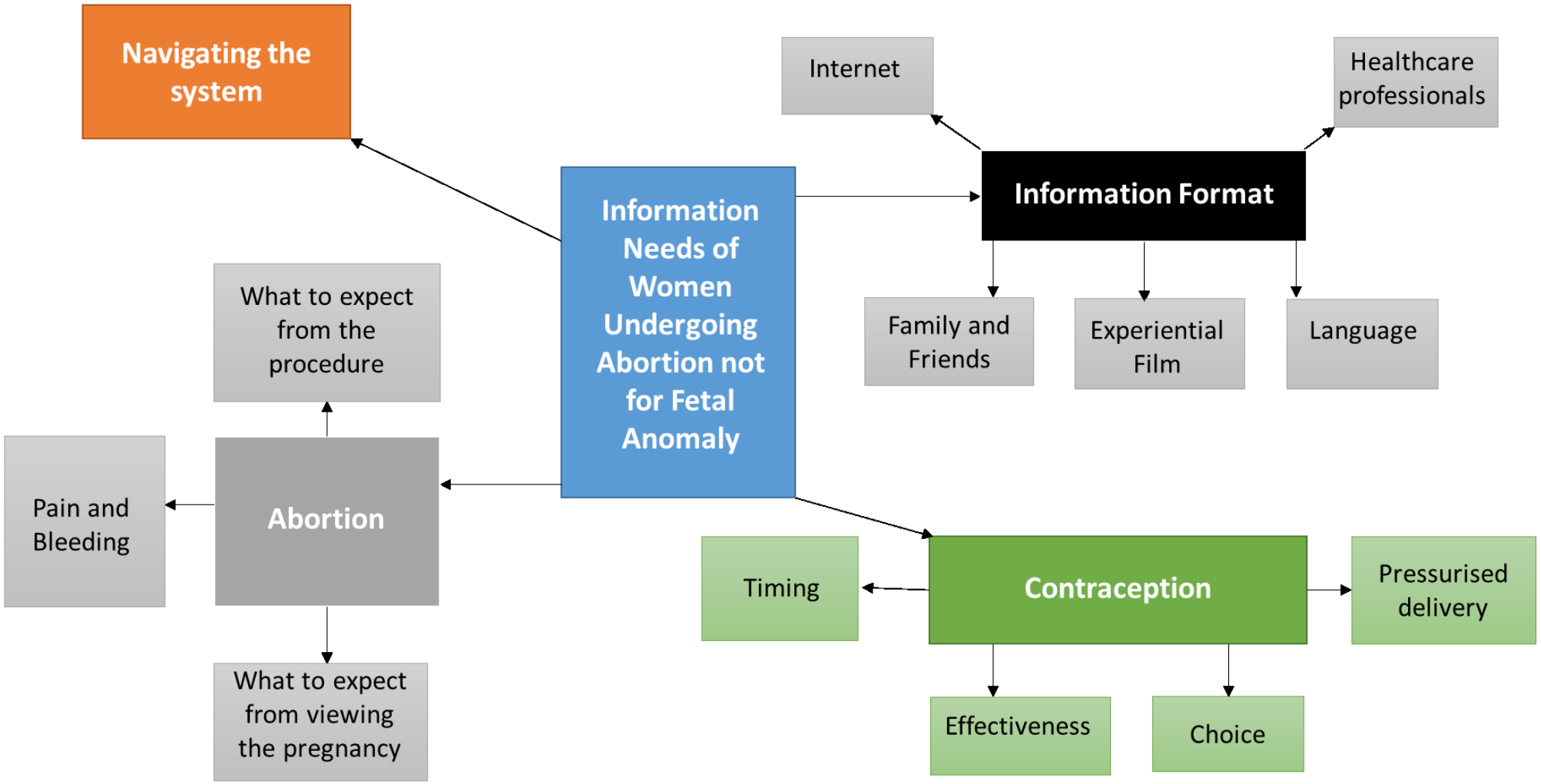


Figure 2:Thematic map – Information needs for women undergoing abortion not for fetal anomaly



The committee's discussion of the evidence

Interpreting the evidence

The outcomes that matter most

The aim of this review question was to determine what information women who have requested an abortion would and would not like to be given prior to the abortion; therefore, a woman-centred approach was taken and the views of women who have requested an abortion were considered the most important for this question. The committee did not pre-specify any information domains as they did not want to constrain the question; therefore, any information regarded by women as useful or not useful, needed or not needed, or informative or not wanted was included.

The views of staff working in abortion services were not considered for this question. The committee agreed that information that staff working in abortion services thought women should receive would in part constitute information that would be given as part of good clinical practice, such as information about the procedure and associated risks that would be required in order to gain informed consent, and may at times differ from the information women themselves would like to receive.

The quality of the evidence

The quality of evidence was assessed using the GRADE CERQual methodology and was separated into information needs for women undergoing abortion for fetal anomaly and information needs for women undergoing abortion not for fetal anomaly.

Evidence for information needs for women undergoing abortion for fetal anomaly ranged from low to moderate quality. Evidence for themes 1.1 (diagnosis of fetal anomaly), 1.3 (fetal remains) and 1.4 (disclosing the end of the pregnancy) was low quality and was downgraded due to concerns with the methodological quality and adequacy of the data. Evidence for themes 1.2 (abortion) and 1.5 (information format) ranged from low to moderate quality and evidence was downgraded due to concerns with the methodological quality and adequacy of the data.

Evidence for information needs for women undergoing abortion not for fetal anomaly ranged from very low to high quality. Evidence for theme 2.1 (navigating the system) was very low quality and was downgraded due to concerns with the relevance and the adequacy of the data as evidence came from one small study conducted in rural Canada where options available to women were not comparable to UK practice. Evidence for theme 2.2 (abortion) was moderate quality; the main reason this evidence was downgraded was due to concerns with the methodological quality of the data but there was also some concern with the relevance of the data for one of the subthemes (what to expect from viewing the pregnancy). Evidence for theme 2.3 (contraception) ranged from low to moderate quality. The main reasons this evidence was downgraded was due to concerns with the methodological quality and adequacy of the data; however, there were concerns with the relevance of the data for one of the sub-themes (choice) as none of the studies that contributed to this theme were conducted in the UK and there were concerns with the coherence of the data for another sub-theme (pressurised delivery) as some women reported that this was helpful and some women reported it was unhelpful. Evidence for theme 2.4 (information format) ranged from very low to high quality; the main reasons this evidence was downgraded was due to concerns with the methodological quality and adequacy of the data but there were concerns about the relevance of the data to UK practice for some of the sub-themes.

Benefits and harms

There was evidence that women looked on the internet for information about abortion and sought advice from friends and family. The committee were concerned that these sources of information can be biased, and that some may offer misinformation which can cause unnecessary distress to women. Anti-abortion groups have cited increased risks of infertility, breast cancer and mental illness arising from abortions. The evidence for long-term health risks following abortion was not reviewed as part of this guideline. However, the committee were aware of systematic reviews, based on the best available evidence, that offered reassurance that there is no evidence of increased risk following an abortion compared to those who continue with the pregnancy (Academy of Medical Royal Colleges 2011; American College of Obstetricians and Gynecologists 2009; Royal College of Obstetricians and Gynaecologists 2011; Royal College of Obstetricians and Gynaecologists 2015). Therefore, the committee agreed that women should be reassured that they are not at any higher risk of infertility, breast cancer and mental health problems, as a result of having an abortion.

There was evidence that women undergoing abortion for fetal anomaly valued a choice of abortion methods and information that was provided in a non-directive way. The committee agreed that this would be beneficial, and improve the experience of care, for all women undergoing abortion. However, the committee acknowledged that a choice between medical and surgical abortion might not always be possible and recommended an explanation is given when choice cannot be offered, for example, due to comorbid medical conditions. Women also wanted information about what to expect from the procedure, including associated pain and bleeding, in a range of formats, using simple language, and valued the opportunity to ask questions. The committee agreed that recommendations on communication and information in section 1.5 of the NICE (2012) guideline CG138 on patient experience in adult NHS services should be followed, but highlighted the importance of experiential information in abortion as this may help combat stigma.

There was evidence that women undergoing abortion not for fetal anomaly valued information about the effectiveness of different contraceptive options provided at the time of the abortion. The committee agreed that this information may also be beneficial for women undergoing abortion due to maternal conditions or fetal anomaly if they do not want to conceive again immediately following the abortion and, therefore, recommended that women are asked if they want to discuss contraception. It was not possible to provide information about the effectiveness of different methods of contraception as this was not reviewed as part of this guideline. However, the committee were aware of guidelines from the Faculty of Sexual and Reproductive Healthcare (2017) on contraception after pregnancy.

There was evidence that women wanted information about what to expect when viewing the pregnancy. The committee agreed this was important, that women should be aware that the pregnancy may be more identifiable after 9 weeks' gestation and that there may be movement at later gestations.

There was evidence that women wanted information about what to expect after the abortion procedure. The committee agreed that it was important to provide women with information on signs and symptoms that indicate they need medical help after an abortion, and who to contact if they do.

There was evidence that women having an abortion for fetal anomaly wanted information about the options available for fetal remains, which the committee agreed should be provided for all women having an abortion. The committee were aware of guidance from the Human Tissue Authority (2015) that outlines the options for management and disposal of pregnancy remains (including burial and the right to take remains home), the information that should be provided to the woman and how this should be communicated, the importance of meeting religious and cultural needs where possible, and the development of policies. Therefore they

did not make recommendations on the options available or how this should be discussed with the woman.

The evidence showed that women undergoing an abortion for fetal anomaly were looking for information about the diagnosis of the anomaly, including looking on the internet. However, the committee agreed that this information should be provided by fetal medicine specialists and that providers in abortion services may not have sufficient knowledge to provide details about the diagnosis. Therefore, the committee agreed that, for women who are unable to have an abortion within the maternity service that diagnosed the fetal anomaly, ongoing communication with the service the woman transferred from should be facilitated to allow the opportunity for women to ask questions about the diagnosis. Additionally, the committee agreed that it was important to inform women undergoing an abortion for fetal anomaly, if and why there might not be physical signs of an abnormality as this may cause women to worry that they have received an incorrect diagnosis. These women also wanted information about how to disclose the end of the pregnancy to other adults and children. The committee agreed they could not make a specific recommendation about how to disclose the end of the pregnancy as there was insufficient evidence on how this information should be provided. Therefore, they agreed that clinicians should provide women with information about peer support or support organisations that could help with this.

There was evidence that women undergoing abortion not for fetal anomaly wanted information about accessing abortion services at first point of contact; the committee agreed that this would be beneficial for all women and improve access to abortion services but did not make specific recommendations as this has been covered by recommendations under access to services.

As there was sufficient evidence to inform the recommendations, the committee decided to prioritise other areas addressed by the guideline for future research and therefore made no research recommendations regarding information needs of women undergoing an abortion.

Cost effectiveness and resource use

A systematic review of the economic literature was conducted but no relevant studies were identified which were applicable to this review question.

The committee discussed the potential costs and savings of recommendations and agreed that there would not be a substantial increase in costs or resources as women already receive some of this information before an abortion and there are resources available to support the provision of patient stories.

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Appendices

Appendix A – Review protocols

Review protocol for review question: What information would women who have requested an abortion like?

Field (based on PRISMA-P	Content
Review question in SCOPE	What information should women who have requested a termination of pregnancy be given before they have the procedure?
Review question in guideline	What information would women who have requested a termination of pregnancy like?
Type of review question	Qualitative
Objective of the review	To determine what information women who have requested a termination of pregnancy would like to be given prior to the termination
Eligibility criteria – population	Women who have requested a termination of pregnancy Exclusions: - Studies with indirect populations will not be considered
Eligibility criteria – perspective	Women who have requested a termination of pregnancy Exclusions: - The views of staff working in termination of pregnancy services will not be considered
Eligibility criteria – comparator(s)	N/A
Outcomes – areas of interest	Any information regarded by women who have requested a termination of pregnancy as useful/not useful or needed/not needed, informative/not wanted Exclusions: - Information that would be considered good clinical practice (e.g., that required for informed consent)
Eligibility criteria – study design	- Systematic reviews of qualitative studies - Qualitative studies - Other study designs that report qualitative evidence (e.g., surveys with open-ended questions)
Other inclusion exclusion criteria	Inclusion: - English-language - Studies from OECD countries
Proposed sensitivity/sub-group analysis, or meta-regression	Formal subgroup analyses are not appropriate for this question due to qualitative data but views of women from the following groups will be considered separately, where possible: - Women having a termination of pregnancy for fetal anomaly - Complex pre-existing medical conditions - No complex pre-existing medical conditions

Field (based on PRISMA-P	Content
Selection process – duplicate screening/selection/analysis	Dual sifting will be undertaken for this question using NGA STAR software, with resolution of discrepancies in discussion with the senior reviewer if necessary. Sifting, data extraction, appraisal of methodological quality and GRADE-CERQual assessment will be performed by the systematic reviewer. Quality control will be performed by the senior systematic reviewer. Dual data extraction will not be performed for this question.
Data management (software)	NGA STAR software will be used for study sifting, data extraction, recording quality assessment using checklists and generating bibliographies/citations
Information sources – databases and dates	Sources to be searched: Medline, Medline In-Process, CCTR, CDSR, DARE, HTA, Embase, plus AMED, Psycinfo, Cinahl and Web of Science. Additional databases may also be considered. Limits (e.g. date, study design): Apply standard animal/non-English language exclusion Dates: from 2004 Studies conducted from 2004 will be considered for this review question, this is when the first RCOG guidance on termination of pregnancy was published which was followed by substantial changes in practice.
Identify if an update	Not an update
Author contacts	For details please see the guideline in development web site.
Highlight if amendment to previous protocol	For details please see section 4.5 of Developing NICE guidelines: the manual
Search strategy – for one database	For details please see appendix B
Data collection process – forms/duplicate	A standardised evidence table format will be used, and published as appendix D (clinical evidence tables) or appendix H (economic evidence tables).
Data items – define all variables to be collected	For details please see evidence tables in appendix D (clinical evidence tables) or appendix H (economic evidence tables).
Methods for assessing bias at outcome/study level	Standard study checklists will be used to critically appraise individual studies. For details please see section 6.2 of Developing NICE guidelines: the manual The risk of bias across all available evidence will be evaluated for each outcome using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) toolbox' developed by the international GRADE working group http://www.gradeworkinggroup.org/
Criteria for quantitative synthesis (where suitable)	N/A
Methods for analysis – combining studies and exploring (in)consistency	Appraisal of methodological quality: The methodological quality of each study will be assessed using an appropriate checklist: • GRADE-CERQual for qualitative studies Synthesis of data: Synthesis consisting of extraction of common themes/thematic analysis will be conducted where appropriate using CERQual, Excel and Wordwere.

Field (based on PRISMA-P	Content
Meta-bias assessment – publication bias, selective reporting bias	For details please see section 6.2 of Developing NICE guidelines: the manual.
Assessment of confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual
Rationale/context – Current management	For details please see the introduction to the evidence review.
Describe contributions of authors and guarantor	A multidisciplinary committee developed the guideline. The committee was convened by The National Guideline Alliance and chaired by Professor Iain Cameron in line with section 3 of Developing NICE guidelines: the manual. Staff from The National Guideline Alliance will undertake systematic literature searches, appraise the evidence, conduct meta-analysis and cost-effectiveness analysis where appropriate, and draft the guideline in collaboration with the committee. For details please see the methods chapter.
Sources of funding/support	The National Guideline Alliance is funded by NICE and hosted by the Royal College of Obstetricians and Gynaecologists
Name of sponsor	The National Guideline Alliance is funded by NICE and hosted by the Royal College of Obstetricians and Gynaecologists
Roles of sponsor	NICE funds The National Guideline Alliance to develop guidelines for those working in the NHS, public health, and social care in England
PROSPERO registration number	Not registered

CERQual: Confidence in the Evidence from Reviews of Qualitative research; GRADE: Grading of Recommendations Assessment, Development and Evaluation; N/A: not applicable; NHS: National Health Service; NICE: National Institute for Health and Care Excellence; NGA: National Guideline Alliance; OECD: Organisation for Economic Co-operation and Development; RCOG: Royal College of Obstetricians and Gynaecologists

Appendix B – Literature search strategies

Literature search strategy for review question: What information would women who have requested an abortion like?

The search for this topic was last run on 5th April 2018. It was decided not to undertake a re-run for this topic in November 2018 as any additional qualitative evidence identified would be unlikely to change the recommendations.

Database: Medline & Embase (Multifile)
Last searched on **Embase Classic+Embase** 1947 to 2018 April 04, **Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R)** 1946 to Present
Date of last search: 5th April 2018

#	Searches
1	exp abortion/ use emczd
2	exp pregnancy termination/ use emczd
3	exp Abortion, Induced/ use ppez
4	Abortion Applicants/ use ppez
5	exp Abortion, Spontaneous/ use ppez
6	exp Abortion, Criminal/ use ppez
7	Aborted fetus/ use ppez
8	fetus death/ use emczd
9	abortion.mp.
10	(abort$ or postabort$ or preabort$).mp.
11	((f?etal$ or f?etus$ or gestat$ or midtrimester$ or pregnan$ or prenatal$ or pre natal$ or trimester$) and terminat$).mp.
12	((f?etal$ or f?etus$) adj loss$).mp.
13	((gestat$ or midtrimester$ or pregnan$ or prenatal$ or pre natal$ or trimester$) adj3 loss$).mp.
14	(((elective$ or threaten$ or voluntar$) adj3 interrupt$) and pregnan$).mp.
15	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14
16	Choice Behavior/ use ppez
17	Decision Making/ use ppez
18	Decision Support Techniques/ use ppez
19	decision making/ use emczd
20	decision support system/ use emczd
21	(decision$ or choic$ or preference$).tw.
22	16 or 17 or 18 or 19 or 20 or 21
23	Patient Compliance/ use ppez
24	Informed Consent/ use ppez
25	Treatment Refusal/ use ppez
26	exp Consumer Behavior/ use ppez
27	exp Consumer Participation/ use ppez
28	exp Health Education/ use ppez
29	patient compliance/ use emczd
30	informed consent/ use emczd
31	treatment refusal/ use emczd

#	Searches
32	exp consumer attitude/ use emczd
33	exp consumer/ use emczd
34	exp health education/ use emczd
35	23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34
36	15 and 22 and 35
37	Communication/ use ppez
38	interpersonal communication/ use emczd
39	communicat$.tw.
40	Patient Education as Topic/ use ppez
41	patient education/ use emczd
42	((patient$ or consumer$) adj3 (educat$ or skill$ or teach$ or train$ or coach$)).tw.
43	37 or 38 or 39
44	40 or 41 or 42
45	15 and 43 and 44
46	(Information Centers/ or Information Services/ or Information Dissemination/) use ppez
47	(Libraries/ or Library Services/) use ppez
48	(information center/ or information service/ or information dissemination/) use emczd
49	library/ use emczd
50	(Pamphlets/ or exp internet/ or exp computers, handheld/ or mobile applications/ or social networking/ or electronic mail/ or text messaging/ or hotlines/) use ppez
51	(publication/ or internet/ or personal digital assistant/ or exp mobile phone/ or mobile application/ or social media/ or social network/ or blogging/ or e-mail/ or text messaging/ or hotline/) use emczd
52	(computer$ adj3 (handheld or palm top or palmtop or pda or tablet$)).tw.
53	((mobile$ or portable) adj3 application$).tw.
54	(app or apps or blog$ or booklet$ or brochure$ or dvd$ or elearn$ or e-learn$ or email$ or e-mail$ or e mail$ or facebook or facetime or face time or forum$ or handout$ or hand-out$ or hand out$ or helpline$ or hotline$ or internet$ or ipad$ or iphone$ or leaflet$ or myspace or online or magazine$ or mobile phone$ or newsletter$ or pamphlet$ or palm pilot$ or personal digital assistant$ or pocket pc$ or podcast$ or poster? or skype$ or smartphone$ or smart phone$ or social media or social network$ or sms or text messag$ or twitter or tweet$ or video$ or web$ or wiki$ or youtube$ or diary or diaries or guidebook$ or checklist$ or check list$ or written or write or ((fact$ or instruction$) adj sheet$)).tw.
55	(helpline or help line or ((phone$ or telephone$) adj3 (help$ or instruct$ or interact$ or interven$ or mediat$ or program$ or rehab$ or strateg$ or support$ or teach$ or therap$ or train$ or treat$ or workshop$)) or ((phone or telephone$) adj2 (assist$ or based or driven or led or mediat$))).tw.
56	patient education handout/ use ppez
57	(patient information/ or medical information/) use emczd
58	((medical or health or electronic or virtual) adj3 (communicat$ or educat$ or informat$ or learn$)).tw.
59	(information adj3 (need$ or requirement$ or support$ or material$ or electronic$ or web$ or print$)).tw.
60	(Physician-Patient Relations/ or Hospital-Patient Relations/ or Nurse-Patient Relations/ or Professional-Patient Relations/ or exp Adaptation, Psychological/ or exp "Religion and Psychology"/ or Emotions/ or anxiety/ or fear/ or stress, psychological/) use ppez
61	(doctor patient relation/ or nurse patient relationship/ or human relation/ or adaptive behavior/ or adjustment/ or adjustment disorder/ or religion/ or emotion/ or anxiety/ or fear/ or mental stress/) use emczd

#	Searches
62	(exp Psychotherapy/ or exp Cognitive Therapy/ or exp Counseling/ or exp Self-Help Groups/ or exp Social Support/ or self care/) use ppez
63	(psychotherapy/ or psychology/ or cognitive therapy/ or counseling/ or self help/ or social support/ or self care/) use emczd
64	((community or lay or paid or support) adj (person or worker$)).tw.
65	((consumer$ or famil$ or friend$ or lay or mutual$ or peer$ or social$ or voluntary or volunteer$) adj3 (advice$ or advis$ or counsel$ or educat$ or forum$ or help$ or mentor$ or network$ or support$ or visit$)).tw.
66	((consumer$ or famil$ or peer$ or self help or social$ or support$ or voluntary or volunteer$) adj3 group$).tw.
67	((consumer$ or famil$ or friend$ or lay or mutual$ or peer$ or self help or social$ or voluntary or volunteer$) adj3 (intervention$ or program$ or rehab$ or therap$ or service$ or skill$ or treat$)).tw.
68	((psychosocial$ or psycho social$) adj3 (assist$ or counsel$ or intervention$ or program$ or support$ or therap$ or treat$)).tw.
69	((emotion$ or network$ or organi?ation$ or peer$) adj3 support$).tw.
70	(group$1 adj3 (advocacy or approach$ or assist$ or coach$ or counsel$ or educat$ or help$ or instruct$ or learn$ or module$ or network$ or participat$ or program$ or psychotherap$ or rehab$ or skill$ or strateg$ or support$ or teach$ or train$ or workshop$ or work shop$)).tw.
71	(helpseek$ or ((search$ or seek$) adj3 (care or assistance or counsel$ or healthcare or help$ or support$ or therap$ or treat$))).tw.
72	supportive relationship$.tw.
73	((patient$ or consumer$ or family or relative or carer or husband or wife or woman$ or women$ or personal or interpersonal or individual) adj1 decision$).tw.
74	46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63 or 64 or 65 or 66 or 67 or 68 or 69 or 70 or 71 or 72 or 73
75	15 and 74
76	36 or 45 or 75
77	Attitude/ use ppez
78	exp Attitude to Health/ use ppez
79	exp Patient Satisfaction/ use ppez
80	Patient Preference/ use ppez
81	Patient Education as Topic/ use ppez
82	"Patient Acceptance of Health Care"/ use ppez
83	attitude/ use emczd
84	exp attitude to health/ use emczd
85	exp patient attitude/ use emczd
86	exp family attitude/ use emczd
87	exp patient satisfaction/ use emczd
88	exp consumer satisfaction/ use emczd
89	patient education/ use emczd
90	"Patient Acceptance of Health Care"/ use emczd
91	((adult$ or attende$ or carer$ or caregiver$ or care giver$ or client$ or consumer$ or customer$ or famil$ or father$ or individual$ or mentor$ or men or minorities or mother$ or outpatient$ or patient$ or people$ or person$ or population$ or teacher$ or women or user$ or adolescen$ or child$ or teen$ or (young$ adj (people or person$ or patient$ or population$)) or youngster$ or youth$1) adj3 (attitude$ or choice$ or dissatisf$ or expectation$ or experienc$ or inform$ or opinion$ or (perception$ not speech perception) or perspective$ or preferen$ or priorit$ or satisf$ or view$)).tw.

#	Searches
92	((adult$ or attende$ or carer$ or caregiver$ or care giver$ or client$ or consumer$ or customer$ or famil$ or father$ or individual$ or mentor$ or men or minorities or mother$ or outpatient$ or patient$ or people$ or person$ or population$ or teacher$ or women or user$ or adolescen$ or child$ or teen$ or (young$ adj (people or person$ or patient$ or population$)) or youngster$ or youth$1) adj3 (account$ or anxieties or belief$ or buyin or buy in$1 or concern$ or cooperat$ or co operat$ or dissatisfaction or feedback or feeling$ or idea$ or involv$ or needs$ or participat$ or perceived need$ or voices or worries or worry)).ti.
93	((adult$ or attende$ or carer$ or caregiver$ or care giver$ or client$ or consumer$ or customer$ or famil$ or father$ or individual$ or mentor$ or men or minorities or mother$ or outpatient$ or patient$ or people$ or person$ or population$ or teacher$ or women or user$ or adolescen$ or child$ or teen$ or (young$ adj (people or person$ or patient$ or population$)) or youngster$ or youth$1) and ((attitude$ or choice$ or dissatisf$ or expectation$ or experienc$ or inform$ or opinion$ or (perception$ not speech perception) or perspective$ or preferen$ or priorit$ or satisf$ or view$) adj3 (care or healthcare or program$ or therap$ or psychotherap$ or service$ or treatment$))).tw.
94	((information adj (need$ or requirement$ or support)) or (patient adj (adher$ or complian$ or concord$)) or (service adj2 (acceptab$ or unacceptab$))).tw.
95	case stud$.tw.
96	Interview/ or interviews as topic/ or qualitative research/
97	(experience$ or qualitative or interview$ or themes).tw.
98	(metasynthes$ or meta-synthes$ or metasummar$ or meta-summar$ or metastud$ or meta-stud$ or metathem$ or meta-them$).tw.
99	77 or 78 or 79 or 80 or 81 or 82 or 83 or 84 or 85 or 86 or 87 or 88 or 89 or 90 or 91 or 92 or 93 or 94 or 95 or 96 or 97
100	76 and 99
101	15 and 98
102	100 or 101
103	limit 102 to yr="2004 -Current"
104	limit 103 to english language
105	letter/
106	editorial/
107	news/
108	exp historical article/
109	Anecdotes as Topic/
110	comment/
111	case report/
112	(letter or comment*).ti.
113	105 or 106 or 107 or 108 or 109 or 110 or 111 or 112
114	randomized controlled trial/ or random*.ti,ab.
115	113 not 114
116	animals/ not humans/
117	exp Animals, Laboratory/
118	exp Animal Experimentation/
119	exp Models, Animal/
120	exp Rodentia/
121	(rat or rats or mouse or mice).ti.
122	115 or 116 or 117 or 118 or 119 or 120 or 121
123	letter.pt. or letter/

#	Searches
124	note.pt.
125	editorial.pt.
126	case report/ or case study/
127	(letter or comment*).ti.
128	123 or 124 or 125 or 126 or 127
129	randomized controlled trial/ or random*.ti,ab.
130	128 not 129
131	animal/ not human/
132	nonhuman/
133	exp Animal Experiment/
134	exp Experimental Animal/
135	animal model/
136	exp Rodent/
137	(rat or rats or mouse or mice).ti.
138	130 or 131 or 132 or 133 or 134 or 135 or 136 or 137
139	122 use ppez
140	138 use emczd
141	139 or 140
142	104 and 141
143	104 not 142
144	remove duplicates from 143

Database: PsycINFO
Date of last search: 5th April 2018

#	Searches
1	exp Induced Abortion/ use psyh
2	exp Spontaneous Abortion/ use psyh
3	exp Abortion Laws/ use psyh
4	exp "Abortion (Attitudes Toward)"/ use psyh
5	abortion.mp.
6	(abort$ or postabort$ or preabort$).mp.
7	((f?etal$ or f?etus$ or gestat$ or midtrimester$ or pregnan$ or prenatal$ or pre natal$ or trimester$) and terminat$).mp.
8	((f?etal$ or f?etus$) adj loss$).mp.
9	((gestat$ or midtrimester$ or pregnan$ or prenatal$ or pre natal$ or trimester$) adj3 loss$).mp.
10	(((elective$ or threaten$ or voluntar$) adj3 interrupt$) and pregnan$).mp.
11	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10
12	Choice Behavior/ use psyh
13	Decision Making/ use psyh
14	Decision Support Systems/
15	Decision Support Systems/ use psyh
16	(decision$ or choic$ or preference$).tw.
17	12 or 13 or 14 or 15 or 16
18	Compliance/ use psyh

#	Searches
19	Informed Consent/ use psyh
20	Treatment Refusal/ use psyh
21	exp Consumer Behavior/ use psyh
22	exp Client Participation/ use psyh
23	exp Health Education/ use psyh
24	18 or 19 or 20 or 21 or 22 or 23
25	11 and 17 and 24
26	Communication/ use psyh
27	Interpersonal Communication/ use psyh
28	communicat$.tw.
29	Client Education/ use psyh
30	((patient$ or consumer$) adj3 (educat$ or skill$ or teach$ or train$ or coach$)).tw.
31	26 or 27 or 28
32	29 or 30
33	11 and 31 and 32
34	(Information Services/ or Information Dissemination/) use psyh
35	Libraries/ use psyh
36	(exp internet/ or exp computers/ or mobile phone/ or social media/ or social network/ or electronic mail/ or text messaging/) use psyh
37	(computer$ adj3 (handheld or palm top or palmtop or pda or tablet$)).tw.
38	((mobile$ or portable) adj3 application$).tw.
39	(app or apps or blog$ or booklet$ or brochure$ or dvd$ or elearn$ or e-learn$ or email$ or e-mail$ or e mail$ or facebook or facetime or face time or forum$ or handout$ or hand-out$ or hand out$ or helpline$ or hotline$ or internet$ or ipad$ or iphone$ or leaflet$ or myspace or online or magazine$ or mobile phone$ or newsletter$ or pamphlet$ or palm pilot$ or personal digital assistant$ or pocket pc$ or podcast$ or poster? or skype$ or smartphone$ or smart phone$ or social media or social network$ or sms or text messag$ or twitter or tweet$ or video$ or web$ or wiki$ or youtube$ or diary or diaries or guidebook$ or checklist$ or check list$ or written or write or ((fact$ or instruction$) adj sheet$)).tw.
40	(helpline or help line or ((phone$ or telephone$) adj3 (help$ or instruct$ or interact$ or interven$ or mediat$ or program$ or rehab$ or strateg$ or support$ or teach$ or therap$ or train$ or treat$ or workshop$)) or ((phone or telephone$) adj2 (assist$ or based or driven or led or mediat$))).tw.
41	Information/ use psyh
42	((medical or health or electronic or virtual) adj3 (communicat$ or educat$ or informat$ or learn$)).tw.
43	(information adj3 (need$ or requirement$ or support$ or material$ or electronic$ or web$ or print$)).tw.
44	(Adaptive Behavior/ or adjustment/ or religion/ or Spirituality/ or Emotions/ or anxiety/ or fear/ or psychological stress/) use psyh
45	(exp Psychotherapy/ or exp Cognitive Therapy/ or exp Counseling/ or exp Social Support/ or self care/) use psyh
46	((community or lay or paid or support) adj (person or worker$)).tw.
47	((consumer$ or famil$ or friend$ or lay or mutual$ or peer$ or social$ or voluntary or volunteer$) adj3 (advice$ or advis$ or counsel$ or educat$ or forum$ or help$ or mentor$ or network$ or support$ or visit$)).tw.
48	((consumer$ or famil$ or peer$ or self help or social$ or support$ or voluntary or volunteer$) adj3 group$).tw.

#	Searches
49	((consumer$ or famil$ or friend$ or lay or mutual$ or peer$ or self help or social$ or voluntary or volunteer$) adj3 (intervention$ or program$ or rehab$ or therap$ or service$ or skill$ or treat$)).tw.
50	((psychosocial$ or psycho social$) adj3 (assist$ or counsel$ or intervention$ or program$ or support$ or therap$ or treat$)).tw.
51	((emotion$ or network$ or organi?ation$ or peer$) adj3 support$).tw.
52	(group$1 adj3 (advocacy or approach$ or assist$ or coach$ or counsel$ or educat$ or help$ or instruct$ or learn$ or module$ or network$ or participat$ or program$ or psychotherap$ or rehab$ or skill$ or strateg$ or support$ or teach$ or train$ or workshop$ or work shop$)).tw.
53	(helpseek$ or ((search$ or seek$) adj3 (care or assistance or counsel$ or healthcare or help$ or support$ or therap$ or treat$))).tw.
54	supportive relationship$.tw.
55	((patient$ or consumer$ or family or relative or carer or husband or wife or woman$ or women$ or personal or interpersonal or individual) adj1 decision$).tw.
56	34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55
57	11 and 56
58	25 or 33 or 57
59	((adult$ or attende$ or carer$ or caregiver$ or care giver$ or client$ or consumer$ or customer$ or famil$ or father$ or individual$ or mentor$ or men or minorities or mother$ or outpatient$ or patient$ or people$ or person$ or population$ or teacher$ or women or user$ or adolescen$ or child$ or teen$ or (young$ adj (people or person$ or patient$ or population$)) or youngster$ or youth$1) adj3 (attitude$ or choice$ or dissatisf$ or expectation$ or experienc$ or inform$ or opinion$ or (perception$ not speech perception) or perspective$ or preferen$ or priorit$ or satisf$ or view$)).tw.
60	((adult$ or attende$ or carer$ or caregiver$ or care giver$ or client$ or consumer$ or customer$ or famil$ or father$ or individual$ or mentor$ or men or minorities or mother$ or outpatient$ or patient$ or people$ or person$ or population$ or teacher$ or women or user$ or adolescen$ or child$ or teen$ or (young$ adj (people or person$ or patient$ or population$)) or youngster$ or youth$1) adj3 (account$ or anxieties or belief$ or buyin or buy in$1 or concern$ or cooperat$ or co operat$ or dissatisfaction or feedback or feeling$ or idea$ or involv$ or needs$ or participat$ or perceived need$ or voices or worries or worry)).ti.
61	((adult$ or attende$ or carer$ or caregiver$ or care giver$ or client$ or consumer$ or customer$ or famil$ or father$ or individual$ or mentor$ or men or minorities or mother$ or outpatient$ or patient$ or people$ or person$ or population$ or teacher$ or women or user$ or adolescen$ or child$ or teen$ or (young$ adj (people or person$ or patient$ or population$)) or youngster$ or youth$1) and ((attitude$ or choice$ or dissatisf$ or expectation$ or experienc$ or inform$ or opinion$ or (perception$ not speech perception) or perspective$ or preferen$ or priorit$ or satisf$ or view$) adj3 (care or healthcare or program$ or therap$ or psychotherap$ or service$ or treatment$))).tw.
62	((information adj (need$ or requirement$ or support)) or (patient adj (adher$ or complian$ or concord$)) or (service adj2 (acceptab$ or unacceptab$))).tw.
63	case stud$.tw.
64	Interview/ or interviews as topic/ or qualitative research/
65	(experience$ or qualitative or interview$ or themes).tw.
66	(metasynthes$ or meta-synthes$ or metasummar$ or meta-summar$ or metastud$ or meta-stud$ or metathem$ or meta-them$).tw.
67	59 or 60 or 61 or 62 or 63 or 64 or 65
68	58 and 67
69	11 and 66
70	68 or 69

#	Searches
71	limit 70 to (english language and yr="2004 -Current")

Database: Cochrane Library via Wiley Online
Date of last search: 5th April 2018

#	Searches
#1	MeSH descriptor: [Abortion, Induced] explode all trees
#2	MeSH descriptor: [Abortion Applicants] explode all trees
#3	MeSH descriptor: [Abortion, Spontaneous] explode all trees
#4	MeSH descriptor: [Abortion, Criminal] explode all trees
#5	MeSH descriptor: [Aborted Fetus] explode all trees
#6	"abortion":ti,ab,kw (Word variations have been searched)
#7	(abort* or postabort* or preabort*):ti,ab,kw (Word variations have been searched)
#8	((fetal* or fetus* or foetal* or foetus* or gestat* or midtrimester* or pregnan* or prenatal* or pre natal* or trimester*) and terminat*):ti,ab,kw (Word variations have been searched)
#9	((fetal* or fetus* or foetal* or foetus*) next loss*):ti,ab,kw (Word variations have been searched)
#10	((gestat* or midtrimester* or pregnan* or prenatal* or pre natal* or trimester*) near/3 loss*):ti,ab,kw (Word variations have been searched)
#11	(((elective* or threaten* or voluntar*) near/3 interrupt*) and pregnan*):ti,ab,kw (Word variations have been searched)
#12	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11
#13	MeSH descriptor: [Choice Behavior] this term only
#14	MeSH descriptor: [Decision Making] this term only
#15	MeSH descriptor: [Decision Support Techniques] this term only
#16	(decision* or choic* or preference*):ti,ab,kw (Word variations have been searched)
#17	#13 or #14 or #15 or #16
#18	MeSH descriptor: [Patient Compliance] this term only
#19	MeSH descriptor: [Informed Consent] this term only
#20	MeSH descriptor: [Treatment Refusal] this term only
#21	MeSH descriptor: [Consumer Behavior] explode all trees
#22	MeSH descriptor: [Community Participation] explode all trees
#23	MeSH descriptor: [Health Education] explode all trees
#24	#18 or #19 or #20 or #21 or #22 or #23
#25	#12 and #17 and #24
#26	MeSH descriptor: [Communication] this term only
#27	communicat*:ti,ab,kw (Word variations have been searched)
#28	MeSH descriptor: [Patient Education as Topic] this term only
#29	((patient* or consumer*) near/3 (educat* or skill* or teach* or train* or coach*)):ti,ab,kw (Word variations have been searched)
#30	#26 or #27
#31	#28 or #29
#32	#12 and #30 and #31
#33	MeSH descriptor: [Information Centers] this term only
#34	MeSH descriptor: [Information Services] this term only
#35	MeSH descriptor: [Information Dissemination] this term only
#36	MeSH descriptor: [Libraries] this term only

#	Searches
#37	MeSH descriptor: [Library Services] explode all trees
#38	MeSH descriptor: [Pamphlets] this term only
#39	MeSH descriptor: [Internet] explode all trees
#40	MeSH descriptor: [Computers, Handheld] explode all trees
#41	MeSH descriptor: [Mobile Applications] this term only
#42	MeSH descriptor: [Social Networking] this term only
#43	MeSH descriptor: [Electronic Mail] this term only
#44	MeSH descriptor: [Text Messaging] this term only
#45	MeSH descriptor: [Hotlines] this term only
#46	(computer* near/5 (handheld or palm top or palmtop or pda or tablet*)):ti,ab,kw (Word variations have been searched)
#47	((mobile* or portable) near/5 application*):ti,ab,kw (Word variations have been searched)
#48	(app or apps or blog* or booklet* or brochure* or dvd* or elearn* or e-learn* or email* or e-mail* or e mail* or facebook or facetime or face time or forum* or handout* or hand-out* or hand out* or helpline* or hotline* or internet* or ipad* or iphone* or leaflet* or myspace or online or magazine* or mobile phone* or newsletter* or pamphlet* or palm pilot* or personal digital assistant* or pocket pc* or podcast* or poster? or skype* or smartphone* or smart phone* or social media or social network* or sms or text messag* or twitter or tweet* or video* or web* or wiki* or youtube* or diary or diaries or guidebook* or checklist* or check list* or written or write or ((fact* or instruction*) next sheet*)):ti,ab,kw (Word variations have been searched)
#49	(helpline or help line or ((phone* or telephone*) near/3 (help* or instruct* or interact* or interven* or mediat* or program* or rehab* or strateg* or support* or teach* or therap* or train* or treat* or workshop*)) or ((phone or telephone*) near/2 (assist* or based or driven or led or mediat*))):ti,ab,kw (Word variations have been searched)
#50	MeSH descriptor: [Patient Education Handout] this term only
#51	((medical or health or electronic or virtual) near/5 (communicat* or educat* or informat* or learn*)):ti,ab,kw (Word variations have been searched)
#52	(information near/3 (need* or requirement* or support* or material* or electronic* or web* or print*)):ti,ab,kw (Word variations have been searched)
#53	MeSH descriptor: [Physician-Patient Relations] this term only
#54	MeSH descriptor: [Hospital-Patient Relations] this term only
#55	MeSH descriptor: [Nurse-Patient Relations] this term only
#56	MeSH descriptor: [Professional-Patient Relations] this term only
#57	MeSH descriptor: [Adaptation, Psychological] explode all trees
#58	MeSH descriptor: [Religion and Psychology] explode all trees
#59	MeSH descriptor: [Emotions] this term only
#60	MeSH descriptor: [Anxiety] this term only
#61	MeSH descriptor: [Fear] this term only
#62	MeSH descriptor: [Stress, Psychological] this term only
#63	MeSH descriptor: [Psychotherapy] explode all trees
#64	MeSH descriptor: [Cognitive Therapy] explode all trees
#65	MeSH descriptor: [Counseling] explode all trees
#66	MeSH descriptor: [Self-Help Groups] explode all trees
#67	MeSH descriptor: [Social Support] explode all trees
#68	MeSH descriptor: [Self Care] this term only
#69	((community or lay or paid or support) next (person or worker*)):ti,ab,kw (Word variations have been searched)

#	Searches
#70	((consumer* or famil* or friend* or lay or mutual* or peer* or social* or voluntary or volunteer*) near/5 (advice* or advis* or counsel* or educat* or forum* or help* or mentor* or network* or support* or visit*)):ti,ab,kw (Word variations have been searched)
#71	((consumer* or famil* or peer* or self help or social* or support* or voluntary or volunteer*) near/5 group*):ti,ab,kw (Word variations have been searched)
#72	((consumer* or famil* or friend* or lay or mutual* or peer* or self help or social* or voluntary or volunteer*) near/5 (intervention* or program* or rehab* or therap* or service* or skill* or treat*)):ti,ab,kw (Word variations have been searched)
#73	((psychosocial* or psycho social*) near/5 (assist* or counsel* or intervention* or program* or support* or therap* or treat*)):ti,ab,kw (Word variations have been searched)
#74	((emotion* or network* or organi?ation* or peer*) near/5 support*):ti,ab,kw (Word variations have been searched)
#75	(group* near/3 (advocacy or approach* or assist* or coach* or counsel* or educat* or help* or instruct* or learn* or module* or network* or participat* or program* or psychotherap* or rehab* or skill* or strateg* or support* or teach* or train* or workshop* or work shop*)):ti,ab,kw (Word variations have been searched)
#76	(helpseek* or ((search* or seek*) near/5 (care or assistance or counsel* or healthcare or help* or support* or therap* or treat*))):ti,ab,kw (Word variations have been searched)
#77	supportive relationship*:ti,ab,kw (Word variations have been searched)
#78	((patient* or consumer* or family or relative or carer or husband or wife or woman* or women* or personal or interpersonal or individual) next decision*):ti,ab,kw (Word variations have been searched)
#79	#33 or #34 or #35 or #36 or #37 or #38 or #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 or #47 or #48 or #49 or #50 or #51 or #52 or #53 or #54 or #55 or #56 or #57 or #58 or #59 or #60 or #61 or #62 or #63 or #64 or #65 or #66 or #67 or #68 or #69 or #70 or #71 or #72 or #73 or #74 or #75 or #76 or #77 or #78
#80	#12 and #79
#81	#25 or #32 or #80 Publication Year from 2004 to 2018

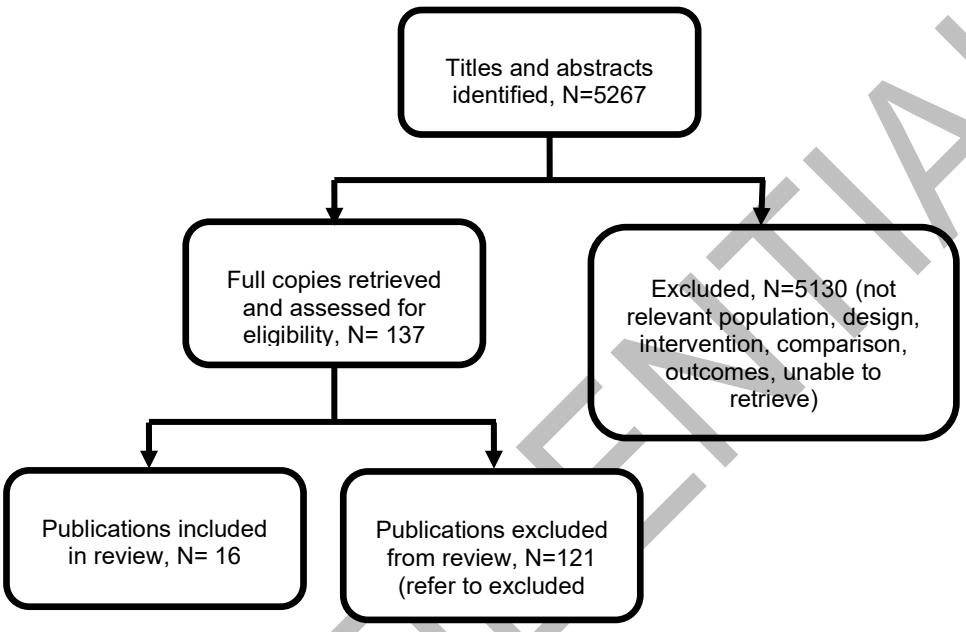
Database: Cinahl Plus
Date of last search: 5th April 2018

#	Searches
S5	Limiters - Publication Year: 2004-2018; Clinical Queries: Qualitative - Best Balance. Narrow by Language: English
S4	S1 OR S2 OR S3
S3	TI ((f?etal* or f?etus* or gestat* or midtrimester* or pregnan* or prenatal* or pre natal* or trimester*) and terminat*) OR AB ((f?etal* or f?etus* or gestat* or midtrimester* or pregnan* or prenatal* or pre natal* or trimester*) and terminat*)
S2	TI (abort* or postabort* or preabort*) OR AB (abort* or postabort* or preabort*)
S1	(MH "Abortion, Habitual") OR (MH "Abortion, Criminal") OR (MH "Abortion, Spontaneous") OR (MH "Abortion, Incomplete")

Appendix C – Clinical evidence study selection

Clinical study selection for review question: What information would women who have requested an abortion like?

Figure 3: Study selection flow chart



Appendix D – Clinical evidence tables

Clinical evidence tables for review question: What information would women who have requested an abortion like?

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
Full citation Andersson, I. M., Christensson, K., Gemzell-Danielsson, K., Experiences, feelings and thoughts of women undergoing second trimester medical termination of pregnancy, PLoS ONE, 9 (12) (no pagination), 2014 **Ref Id** 831422 **Country/ies where the study was carried out** Sweden **Study type** Cross-sectional study. Quantitative questionnaire and qualitative descriptive content analysis **Aim of the study** To explore women's expectations and experiences	**Sample size** n=30 for questionnaires n=23 followed up for semi-structured interviews (n=22 analysed) **Characteristics** Age, mean in years (SD in parentheses): fetal malformation 36 (4.1); no fetal anomaly 26 (7) Gestation, mean in weeks (SD in parentheses): fetal malformation 16 (3.3); no fetal anomaly 16 (2.4) Delivery: fetal malformation 3/8; no fetal anomaly 7/22 Previous medical abortion (<12 weeks): fetal malformation 3/8; no fetal anomaly 5/22 Surgical abortion: fetal malformation 1/8; no fetal anomaly 6/22	**Sampling** Sample size was estimated to give at least 20 women who would participate in the follow-up interviews. Thus, it was estimated that at least 30 women should be recruited to fill in the questionnaire. **Setting** Gynaecological care unit in a general hospital in Stockholm, Sweden. The annual number of second trimester abortions is about 180 in this clinic. **Data collection** Data collection was conducted by the first author who was not involved in the care of the women. After examination and contraceptive counselling, an appointment for the abortion treatment was made. Nurses or midwives working in a general gynaecological ward carried out the abortion treatment. After approving to participate, a nurse handed out a screening questionnaire to the woman when	**Theme: Not knowing what to expect** *Sub-theme: Seeking information* • "Internet, friends, parents and information from the staff were common sources of information." page 10 • "Most information satisfying, but more demand for more detailed descriptions about the process to feel calm and secure in the abortion situation" page 10 • "Lack of information about the process seems to cause a feeling of not having control and fearfulness" page 10 • "Participants had been searching for information about how other women had gone through second	**Limitations** The assessment of the quality of the study was performed using the CASP checklist for qualitative studies 1. Was there a clear statement of the aims of the research? Yes 2. Is a qualitative methodology appropriate? Yes 3. Was the research design appropriate to address the aims of the research? Yes 4. Was the recruitment strategy appropriate to the aims of the research? Not sure, limited information on sampling 5. Was the data collected in a way that addressed the

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
of undergoing second trimester abortion independent of the reason behind it. **Study dates** June 2013 - January 2014 **Source of funding** Swedish Research Council, Karolinska Institute - Stockholm County council, agreement on medical research and training and Stockholm General Hospital	Medical abortion (>13 weeks): fatal malformation 1/8; no fetal anomaly 1/22 Miscarriage: fetal malformation 2/8; no fetal anomaly 4/22 Religion: fetal malformation (Christian 3/8; Muslim 0/8; Jewish 1/8; Atheist 4/8) no fetal anomaly (Christian 10/22; Muslim 3/22; Jewish 0/22; Atheist 6/22) Highest education: fetal malformation (university 8/8) no fetal anomaly (primary school 3/22; secondary school 12/22; university 5/22) **Inclusion criteria** inclusion criteria: 18 years of age or older, gestational length from 13 weeks according to ultrasound dating, having no contra-indications to medical abortion and mastering the Swedish language **Exclusion criteria**	she arrived to the ward and prior to the administration of mifepristone. After the abortion, and before being discharged, a semi-structured interview was conducted. The interview followed an interview-guide with the following topics: preparing for the abortion, support, unexpected experiences, positive/negative feelings, viewing or not viewing the foetus. The interviews took place in the woman's room or in another secluded place with no other person present. The time point for the interview varied from 1.5 hrs to 20 hrs after the completed abortion. The questions included general feelings as well as more detailed questions about thoughts, emotions and reactions. **Data analysis** The verbatim-transcribed interviews were analysed with qualitative content analysis, which is used for description and interpretation of a phenomenon in a studied context. The data used in this present study originated from contexts well known to the researchers. The transcribed text was read several times to gain an overview of the content. All the text was analysed independently of	trimester abortion" page 10 • "Women undergoing abortion for fetal reasons looked for information about the diagnosis/malformations of the foetus "I had actually read a lot on the internet and googled a lot. I skipped everything scary and read the positive" (41 years old, 4th time pregnancy, 1 previous delivery and 2 abortions fatal malformation, week 13+5)" page 11 *(Diagnosis of fetal anomaly; Format: Internet)*	research issue? Yes 6. Has the relationship between researcher and participants been adequately considered? Yes 7. Have ethical issues been taken into consideration? Yes 8. Was the data analysis sufficiently rigorous? Yes 9. Is there a clear statement of findings? Yes, however there was a paucity of quotes to support the theme of interest: seeking information 10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature **Other information** The authors noted that the interviews were relatively short,

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
	Exclusion criteria: missed abortion, having a psychiatric illness or being addicted to recreational drugs	the reason for abortion. Meaning units were identified and extracted from the transcribed text and codes were given to summarise the content. The codes were grouped together in 24 categories to systematically and objectively describe different patterns. Codes and categories were discussed by 2 of the authors and 5 themes emerged from the categories		which may have been due to the women wanting to go home and not delaying discharge. Also, the women may have had difficulties gathering their thoughts and feelings immediately after the abortion.
Full citation Asplin, N., Wessel, H., Marions, L., Georgsson Ohman, S., Pregnancy termination due to fetal anomaly: women's reactions, satisfaction and experiences of care, Midwifery, 30, 620-7, 2014 **Ref Id** 738034 Country/ies where the study was carried out Sweden **Study type** Qualitative - exploratory descriptive	**Sample size** n=11 **Characteristics** Age at diagnosis: 25 to 44 years of age Parity: 0 to 1 Gestational week at abortion: 17^{+0} to 20^{+4} weeks and days **Inclusion criteria** Inclusion criteria: Pregnant women with a fetal anomaly, diagnosed by ultrasound, who independent of the severity of the malformation. **Exclusion criteria**	**Details** Interview-based study **Sampling** The clinics were contacted and informed about the study verbally and through written consent. Written consent was obtained from the director of the clinic. The women were informed verbally by caregivers at the ultrasound units about the aim and the method of the study and given written information as well. Later, the first author contacted them by telephone to confirm participation. Written consent from the women was obtained at the time of interview as well. Interviews were performed 6 months after abortion so as not to interfere in a possible new pregnancy.	**Theme: Structure and information** • "Discussing the implications of the new information and the diagnosis and prognosis for a future pregnancy as soon as possible was important. It was particularly important for the women of a more advanced age: "You want closure. You can't do anything but waiting for the result of the autopsy; until that moment you cannot go on with your life; thats the consequence of a late answer" page 623 *(Format: Timing)*	**Limitations** The assessment of the quality of the study was performed using the CASP checklist for qualitative studies 1. Was there a clear statement of the aims of the research? Yes 2. Is a qualitative methodology appropriate? Yes 3. Was the research design appropriate to address the aims of the research? Yes 4. Was the recruitment strategy appropriate to the

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
Aim of the study To explore what women who have had a pregnancy abortion due to a detected fatal malformation perceive as being important in their encounters with caregivers for promoting their healthy adjustment and well-being Study dates May 2008 to February 2010 **Source of funding** Goijes foundation. The Swedish society of nursing and the visually impaired association "child lyckopenning"	Exclusion criteria: Pregnancies with sex chromosome abnormalities, which might be on the borderline of what can be regarded as normal, were excluded to avoid influencing the women to perceive these babies as abnormal.	**Setting** Four major close by clinics in the Stockholm area, Sweden. The clinics were chosen because they specialised in ultrasound examination. **Data collection** The first author, a registered midwife who has worked for several years as an ultrasonographer and is educated in interview techniques, conducted the interview. She did not contribute to the care of the recruited women. The informants chose the time and setting for their interview. A semi-structured interview guide ensured the same basic questions were used in all interviews. The women were first asked to describe their experience in receiving the information about the results about care, treatment and support. The informants were then invited to supplement the information with anything else they wanted to share. All the interviews were audio taped and transcribed verbatim by the first author. **Data analysis**	• "Caregivers have to be specific about telling the women about the support they can expect, in verbal and, in some cases, in written communications: "To send a letter with [information on] a day to come but no information about to whom, an expert or what. It has to be clarified" page 623 *(Format: Specific and consistent)* • "The women also wanted caregivers to develop the capacity to provide correct information: "Oh, this wait to get some answers, and every time I phoned asking this very same question, I received different answers. Very exhausting. You have to be sure of what is applicable and not make a promise you can't keep" page 623 *(Format: Specific and consistent)* • "women were not given enough information to prepare them for the	aims of the research? Can't tell, recruitment and invitation of participants unclear, assumption was made that all 11 women approached participated in the study 5. Was the data collected in a way that addressed the research issue? Can't tell, saturation of data not discussed by authors 6. Has the relationship between researcher and participants been adequately considered? Yes 7. Have ethical issues been taken into consideration? Yes 8. Was the data analysis sufficiently rigorous? Yes 9. Is there a clear statement of findings? Yes

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
		Qualitative content analysis was chosen to gain a more deep understanding compared to only descriptive analysis. The analysis was performed in 6 steps: 1) the first author listened to and read through the interviews several times to obtain an overall impression of the material; 2) meaning units were identified; 3) meaning units were condensed to preserve relevant core expressions; 4) units were coded and categorised into subcategories; 5) categories were built from the subcategories; 6) after a process of interpretation, focusing on discovering underlying meanings of the words of the content. Categories were united in a comprehensive theme. The validation of all steps was considered carefully; the first and last authors checked the analysis step 2 to 6 independently and discussed their findings several times before reaching final agreement.	abortion, which is a responsibility of the caregivers: "I was not prepared for the "little human being" about 12 in. and neither was the male trainee. My partner had to calm him down because he had quite a high level of stress, and it is not right to abandon your trainee like that, for the sake of both of us" page 623 *(Abortion: What to expect from viewing the pregnancy)*	10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature **Other information** The design and small sample size suggest that the results should be interpreted with caution. Thus, data was collected from four fetal referral centres which may increase the generalisability of the study to smaller units.
Full citation Becker, S., Bazant, E. S., Meyers, C., Couples counseling at an abortion clinic: a pilot study, Contraception, 78, 424-31, 2008 **Ref Id**	**Sample size** n=22 women **Characteristics** Not reported **Inclusion criteria**	**Sampling** Short self-administered questionnaire. Phase I data was collected from a sample of women and partners in the clinic waiting room. Participants were sampled in 3 strata: (a) women who came to the clinic alone; (b) women who came to	**Theme: information on contraception** • "Many women mentioned method effectiveness. Some women wanted the fact to be emphasized that contraception “is not 100%” [effective] and that	**Limitations** The assessment of the quality of the study was performed using the CASP checklist for qualitative studies 1. Was there a clear

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
829829 **Country/ies where the study was carried out** USA **Study type** Qualitative - descriptive thematic analysis **Aim of the study** To assess the opinions of the women and men who had couples counselling, and the counsellor, on their experience **Study dates** June 2006 **Source of funding** The Department of Population and Family Health Sciences provided funding for the project.	Women undergoing an abortion **Exclusion criteria** Minors were excluded from the questionnaires	the clinic with a partner; and (c) male partners of other women (not of women sampled in Group b). The questionnaires were administered on different days of the week and different times of day. A sample size of 20 in each stratum was deemed sufficient to examine major themes. Respondents received $5 each for returning the questionnaire. **Setting** Planned Parenthood of Maryland clinic in Baltimore, MD. **Data collection** Women were asked whether they would prefer counselling alone, with their partner, or whether they had no preference in the questionnaire. Regarding couple counselling, the questionnaire asked women what topics should be covered, what should be emphasized to prevent future unwanted pregnancies and what problems may arise. In Phase II of the study, couple counselling was offered to women who came to the abortion clinic accompanied by a partner. The counsellor asked each woman if she was accompanied by her partner. If she was, the counsellor asked her whether she	counselling should cover simply “that you should use contraception.” Other women wanted information on the pill or condoms, “medically inserted devices,” sterilization, side effects and the “pros and cons of all the methods.” Some women also emphasized consistency of use (“once picking a form of contraception, sticking with it each time you have sex, not just occasionally”)" page 427 *(Contraception: Effectiveness; Contraception: Choice)*	statement of the aims of the research? Yes 2. Is a qualitative methodology appropriate? Yes 3. Was the research design appropriate to address the aims of the research? Yes 4. Was the recruitment strategy appropriate to the aims of the research? Yes 5. Was the data collected in a way that addressed the research issue? Can't tell, 1 open-ended question in the questionnaire provided the qualitative data, may not provide the necessary richness to address the research question. Data saturation not discussed. 6. Has the relationship between researcher and participants been

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
		would like to have the partner with her in the counselling session. Women could voluntarily accept couple counselling or decline and have individual counselling. If the woman accepted couple counselling, the partner could voluntarily accept or decline. The counselling lasted15 to 20minutes and was mainly educational. Counsellor/educator discussed with the woman (and partner, if present) specific information related to the abortion procedure options, post-abortion contraceptive preferences and any other topics that the woman and/or partner wanted to discuss. All couples receiving counselling were asked if they would agree to complete a short self-administered questionnaire; this was done until 20–25 women and their partners completed questionnaires. Informed consent was obtained and the woman and her partner each received $5 for completed questionnaires. In open-ended questions, the woman and her partner were asked what they learned in the couples' session that they did not know before, whether there were other things that they wished the counsellor had discussed with them and general suggestions		adequately considered? Can't tell, researchers did not state whether they critically examined their own role in the research 7. Have ethical issues been taken into consideration? Yes 8. Was the data analysis sufficiently rigorous? Can't tell, insufficient detail in the analysis section to deduce the framework for thematic analysis 9. Is there a clear statement of findings? Yes 10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature **Other information** None

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
		for including partners in the abortion process. Additionally, women were asked what they liked and did not like about having their partner included, and how satisfied they were with the couple counselling. **Data analysis** For both Phase I and II questionnaires, data were double entered into EpiInfo 3.3.2 and transferred to Stata for analysis. The Phase II datasets were merged (women, partners and counsellor) based on a common identification number of the counselling session, and then cross-tabular analyses were done. Qualitative responses were entered in word processing software and coded thematically.		
Full citation Cano, J. K., Foster, A. M., "They made me go through like weeks of appointments and everything": Documenting women's experiences seeking abortion care in Yukon territory, Canada, Contraception, 94, 489-495, 2016 **Ref Id** 602056	**Sample size** n=16 **Characteristics** Age at interview (mean): 32 Employed (number; percentage in parentheses): 13 (81) Married/partner (number; percentage in parentheses): 13 (81)	**Details** In-depth semi-structured interviews **Sampling** Women were recruited through advertisements placed on list servs, online platforms, traditional and social media and through local organisations. **Setting**	**Theme: Obtaining an abortion in the Yukon is complicated and the process is not transparent** • "[The family doctor] didn't really provide me with information at the first appointment…I wasn't sure what to ask for 'cause I didn't know anyone who had gone through it and I wasn't really wanting to	**Limitations** The assessment of the quality of the study was performed using the CASP checklist for qualitative studies 1. Was there a clear statement of the aims of the research? Yes 2. Is a qualitative methodology

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
Country/ies where the study was carried out Canada (Yukon Province) **Study type** Qualitative - descriptive thematic analysis **Aim of the study** To understand better women's experiences seeking and obtaining abortion care in the Yukon. **Study dates** June 2015 to January 2016 **Source of funding** Ministry of Health and Long-Term Care in Ontario	At least one child (number; percentage in parentheses): 9 (69) Gestational age at decision (mean): 5.5 weeks Gestational age at abortion (mean): 9.4 weeks **Inclusion criteria** Women were eligible if they had obtained an abortion on/after January 1, 2005, were a resident of Yukon Territory at the time of the abortion, were aged 18 years or older at the time of the interview and were proficient in English or French. **Exclusion criteria** Not reported	Yukon territory (rural, remote and northern region in Canada) **Data collection** Interviews averaged 1 hour and took place over the phone or using Skype; women received an amazon gift card worth CAD40. Women were asked open-ended questions about their background, reproductive health history, circumstances surrounding the abortion(s), suggestions for improving the service, and knowledge and opinions of mifepristone. Interviews were conducted by an MSc student at the University of Ottawa, were audio-recorded, and later transcribed verbatim. The researcher took notes during the interview and formally memoed immediately after each interview in order to reflect on interviewer–participant interactions, identify emerging themes and determine thematic saturation. **Data analysis** Data analysis was conducted using ATLAS.ti using an iterative multiphase analytic process. In the first phase, transcripts were reviewed using a code book of a priori codes and categories based on the	kind of tell anyone what was happening" (Danielle, 34). Most women were unaware of what obtaining an abortion would entail and those without a family physician had difficulty navigating where to go and who to contact." page 491 *(Navigating the system)* • "As Sofia, a 38-year-old woman who obtained her abortion in 2015, explained, “So it took me a little bit of searching around, you know, I called different people, different places, and eventually I got in touch with the sexual clinic.” Even for participants that did have a family doctor, some reported difficulty getting an appointment in a timely manner or receiving inadequate information about the overarching process." page 491 *(Navigating the system)*	appropriate? Yes 3. Was the research design appropriate to address the aims of the research? Yes 4. Was the recruitment strategy appropriate to the aims of the research? Yes 5. Was the data collected in a way that addressed the research issue? Can't tell, saturation of data discussed in the methods, however not ascertained in the results 6. Has the relationship between researcher and participants been adequately considered? Yes 7. Have ethical issues been taken into consideration? Yes 8. Was the data analysis sufficiently rigorous? Yes 9. Is there a clear

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
		interview guide, study objectives and findings from the larger study. In the second phase, inductive analytic techniques were employed, adding additional codes and categories based on the data. In the third phase, themes, and relationships between these themes and categories and codes were identified. In the fourth phase, identified patterns and themes were formed for coherence, both within and between interviews. The MSc student was the primary coder and their supervisor reviewed both the evolving codebook and coded transcripts. Group meetings, as well as discussions with the larger CAS team, guided interpretation and resolved disagreements through discussion.	• "Alyssa, a 26-year-old woman who obtained her abortion in 2012, described her uncertainty, "Yeah they don't really lay it out clearly, like what's gonna happen, like you have no idea." page 491 *(Navigating the system)*	statement of findings? Yes 10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature **Other information** None
Full citation Carlsson, T., Bergman, G., Karlsson, A. M., Wadensten, B., Mattsson, E., Experiences of termination of pregnancy for a fetal anomaly: A qualitative study of virtual community messages, Midwifery, 41, 54-60, 2016 **Ref Id** 735854	**Sample size** n=122 posters (112 females, 1 male, and 9 did not disclose their sex) **Characteristics** Type of fetal anomaly, n: chromosomal 38; multiple 26; brain 12; heart 11; kidney and urinary tract 4; spina bifida 2; congenital amputation 1; tumour 1.	**Sampling and data collection** **Identifying virtual communities:** Google was searches using Swedish key terms for 'Forum Congenital Defect', 'Forum Anomaly' and 'Forum Ultrasound Pregnancy' and the first 100 hits were screened for inclusion. To be considered for inclusion, the virtual community had to be Swedish-language, be publicly and freely accessible, include sections	**Theme: Lack of understanding about termination of pregnancy** • "Unpreparedness for termination of pregnancy because of a personal experience of insufficient information: "Not knowing what to expect was probably one of the worst things" page 58 *(Abortion:*	**Limitations** The assessment of the quality of the study was performed using the CASP checklist for qualitative studies 1. Was there a clear statement of the aims of the research? Yes 2. Is a qualitative

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
Country/ies where the study was carried out Sweden **Study type** Qualitative - descriptive content analysis **Aim of the study** To explore experiences described by posters in Swedish virtual communities before, during and after abortion due to fetal anomaly **Study dates** June 2014 **Source of funding** Not reported	Gestational week at abortion, n: medical 81; surgical 1; not disclosed 40 Years since abortion : <1: 77; 1: 8; 2: 3; >3: 7; not disclosed: 27 **Inclusion criteria** Women with both current and previous experience of an abortion following an antenatal diagnosis. **Exclusion criteria** Virtual communities with subscription or registration requirements	about reproductive issues, and have the option to write anonymously. In total, 11 virtual communities were eligible. **Identifying threads in the included virtual communities:** Communities were screened manually by assessing the first 100 threads. Additionally, searches using the Swedish key terms of 'Anomaly' and 'Congenital Defect' were performed and the first 100 hits were assessed. To be considered for inclusion, the threads needed to be initiated by a poster who described experience of abortion of a pregnancy following an antenatal diagnosis of a fetal anomaly. Purposeful sampling of threads and messages was used to achieve variations in the material. No purposeful selection was made with regard to which virtual community the threads originated from. **Identifying messages from eligible posters in the included threads:** Purposeful sampling was conducted until no new findings were generated from analysis of new messages (data saturation). When saturation was considered achieved, all remaining	*What to expect from the procedure)* **Theme: Fear of possible fetal life signs after a medically induced labor and delivery** • "It was my greatest fear, that he would be alive and cry when he came out" page 58 *(Abortion: What to expect from viewing the pregnancy)*	methodology appropriate? Yes 3. Was the research design appropriate to address the aims of the research? Yes 4. Was the recruitment strategy appropriate to the aims of the research? Yes 5. Was the data collected in a way that addressed the research issue? Not sure, although all participants apart from 1 were female due to the nature of the study (online chat room) it is difficult to ascertain whether this is true 6. Has the relationship between researcher and participants been adequately considered? Yes 7. Have ethical issues been taken into consideration? Yes 8. Was the data

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
		eligible threads were read through to validate the findings and determine if these threads included any experiences not described in the nine analysed threads. This resulted in inclusion of 2 additional messages from 2 posters. **Data analysis** Data analysis was conducted using NVivo (version 10.2.0) using Inductive qualitative content analysis, which aims to describe differences and similarities in any form of communication. The first author conducted the primary analysis and kept a reflective journal to identify his preconceptions of the phenomenon under study. Messages were read several times and meaning units, each representing a single unit of content, were identified and assigned a descriptive code. Through an iterative process, categories of meaning units were identified. Two other researchers were involved during the later stages of analysis and consensus was achieved through discussion.		analysis sufficiently rigorous? Not clear, although there is a substantial section on data analysis the actual methods used for data analysis is unclear 9. Is there a clear statement of findings? Yes 10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature; suggestions for future research **Other information** The authors reported that the sample may not be representative of all women having an abortion for fetal anomaly as the characteristics of women who decide to write in virtual communities may differ from those who do not write publicly

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
				about their experiences.
Full citation Ekstrand, M., Tyden, T., Darj, E., Larsson, M., An illusion of power: Qualitative perspectives on abortion decision-making among teenage women in Sweden, Perspectives on Sexual and Reproductive Health, 41, 173-180, 2009 **Ref Id** 830086 **Country/ies where the study was carried out** Sweden **Study type** Qualitative - descriptive latent content analysis **Aim of the study** To deepen understanding of issues related to teenage abortion—specifically, the circumstances behind the pregnancy, the decision-making process and the perceived support from family, friends and	**Sample size** n=25 **Characteristics** Seventeen women were in steady relationships (of 2–12 months' duration) and had become pregnant with their current partner. None were married at the time of the interview. At the time of conception, 14 were attending high school, 6 were employed, 4 were unemployed and 1 was on maternity leave. Twenty-one young women had never been pregnant before, 1 had experience several miscarriages, 2 had had previous abortions and 1 had a baby. The majority lived with 1 or both parents, but 6 lived with their partner. **Inclusion criteria** Women undergoing abortion aged 16-20 years old	**Sampling and setting** Purposive and strategic sampling, inviting the participation of women aged 16–20 who were applying for induced abortion at 2 hospital family planning clinics in 1 large and 1 medium-size city. **Data collection** Thirty-six women signed a letter of consent, provided their contact information and agreed to be contacted for an interview with the first author approximately 2–3 weeks after the abortion. Three women later declined to participate but did not provide a reason, 5 could not be reached despite several attempts and 3 failed to attend the prearranged interview. The final sample consisted of 25 young women who were interviewed approximately 3–4 weeks after the abortion; 14 women had obtained a medical abortion, and 11 had obtained a surgical one, including one women who obtained her abortion during the second trimester. 50% of the interviews took place in secluded "talking rooms" in the hospitals, and the other 50% were	**Theme: post-abortion reflections** *Sub-theme: abortion was worse than imagined* • "Generally, the abortion was regarded as worse than had been imagined, especially the bleeding and the severity of pain. One respondent stated: "I kind of thought that I'd go there, bleed a little and then go back home, having it all done. But I learned that wasn't the case."—17-year-old, first time pregnant. Another woman commented: "There wasn't enough information about the bleeding and the pain, I thought. The bleeding was massive. It was very frightening."—16-year-old, first time pregnant" page 177 *(Abortion: Pain and bleeding)*	**Limitations** The assessment of the quality of the study was performed using the CASP checklist for qualitative studies 1. Was there a clear statement of the aims of the research? Yes 2. Is a qualitative methodology appropriate? Yes 3. Was the research design appropriate to address the aims of the research? Yes 4. Was the recruitment strategy appropriate to the aims of the research? Yes 5. Was the data collected in a way that addressed the research issue? Can't tell, data saturation not discussed 6. Has the

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
health care professionals in relation to the abortion. **Study dates** Pilot study September - November 2003. Remaining in-person interviews summer-fall of 2005. Telephone interviews over 3 months in 2007 **Source of funding** The research on which this article is based was supported by grants from the Swedish National Institute of Public Health, the Family Planning Fund of Uppsala and the Swedish Research Council.	**Exclusion criteria** Not reported	conducted by telephone. Each interview lasted 40–120 minutes. Every respondent received 2 movie tickets as a reward for participation. Individual in-depth interviews were conducted using a topic guide with 9 open-ended questions developed from previous findings. Issues covered included the circumstances of the conception, experiences of the decision-making process and support from family and friends, the abortion itself and attitudes toward contraceptive use. The interviews were designed to be jointly shaped conversations, in which the interviewer encouraged each woman to explore her experiences thoroughly. At the end of each session, the interviewer summarized the interview and asked the woman to contribute any additional comments or mention any specific issues she wanted to highlight. **Data analysis** The interviews were audiotaped, transcribed verbatim and analysed using latent content analysis. After the interview, transcripts were reviewed, the material was condensed and meaning units were extracted; this was followed by		relationship between researcher and participants been adequately considered? Can't tell, researchers did not state whether they critically examined their own role in the research 7. Have ethical issues been taken into consideration? Yes 8. Was the data analysis sufficiently rigorous? Yes 9. Is there a clear statement of findings? Yes 10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature **Other information** None

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
		abstraction and open coding. Similar codes were compared and merged together, and then sorted into mutually exclusive categories and subcategories. To prevent fragmentation, the authors checked back and forth between the emerging categories and the original text to verify accuracy. The latent content, or underlying meaning, emerged throughout the process and was finally formulated into one overarching theme. To avoid selective perception and achieve internal consistency, each author independently analysed parts of the qualitative data and compared findings.		
Full citation Fisher, J., Lafarge, C., Women's experience of care when undergoing termination of pregnancy for fetal anomaly in England, Journal of Reproductive & Infant Psychology, 33, 69-87, 2015 **Ref Id** 831923 Country/ies where the study was carried out UK	**Sample size** n=361 **Characteristics** Region of antenatal care service: North east: 2.8% North west: 4.5% Yorkshire and Humber: 6.4% West midlands: 4.8% East midlands: 7.8% East of England: 7.6% London: 18.8%	**Details** A cross-sectional, retrospective, online survey was used to assess women's experiences of the procedure of abortion for fetal anomaly, in particular the choice of abortion method, and to enable respondents to comment on their experience of care. **Sampling** Women were recruited from ARC's membership of women who have had an abortion for fetal anomaly. ARC membership mainly comprises	**Theme: The role of healthcare professionals and support organisations** *Sub theme: Informing women* • "Information about the procedure was generally given by healthcare professionals. Women valued this information because it enabled them to prepare for the physical side of what was to come: 'The information given to	**Limitations** The assessment of the quality of the study was performed using the CASP checklist for qualitative studies 1. Was there a clear statement of the aims of the research? Yes 2. Is a qualitative methodology appropriate? Yes 3. Was the research

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
Study type Qualitative - descriptive thematic analysis **Aim of the study** To investigate women's experience of care when undergoing abortion for fetal anomaly with a view to assisting healthcare professionals in providing optimum care to women **Study dates** January to March 2012 **Source of funding** Department of Health (England) under the voluntary sector grant [grant number 2011/022].	South West: 10.4% South East: 27.4% South Central: 9.5% Year of abortion (average): From 2007: 75% From 2010: 46.7% Method of abortion: Medical: 81.8% Surgical: 18.2% Gestational age (weeks): 18 Abortion setting (NHS): 80.9% **Inclusion criteria** Women who have had an abortion for fetal anomaly **Exclusion criteria** Not reported	parents who have had an abortion for fetal anomaly and opted to join the organisation's mailing list. ARC members have the opportunity to share their stories in the ARC newsletter, the password-protected online forum and during facilitated face-to-face parents' meetings. Information about the study, including the link to the survey, was emailed to 600 ARC members. The study was also promoted on the ARC website and in a post on their online forum. No limitation was put on the time elapsed since abortion for fetal anomaly or any obstetric characteristics (e.g. gestational age at abortion for fetal anomaly) **Setting** Online survey **Data collection** The survey was developed with help from the expert advisory group, which comprised professionals from fetal medicine, obstetrics, antenatal screening, maternity and abortion care, and NHS commissioning. It contained 2 open-ended questions which were relevant for the current review bout what they found helpful and unhelpful regarding how their	me by the midwife and nurse was very good, [they told] me all what I should expect to happen' (P317). Being given explanations about the procedure as 'they went along' (P147) was also critical, particularly because a medical procedure could be lengthy. Women also welcomed the opportunity to ask questions: 'Also I was given a lot of time to ask questions before the termination with the genetic counsellor, midwife and doctors' (P194)." page 78 *(Abortion: What to expect from the procedure; Format: Healthcare professionals)* • "By contrast, a lack of information could cause anguish. Many participants undergoing medical terminations had not expected the procedure to last for as long as it did: 'Nobody told me how long	design appropriate to address the aims of the research? Yes 4. Was the recruitment strategy appropriate to the aims of the research? Yes 5. Was the data collected in a way that addressed the research issue? Not sure 6. Has the relationship between researcher and participants been adequately considered? Yes 7. Have ethical issues been taken into consideration? Yes 8. Was the data analysis sufficiently rigorous? Not sure, thematic analysis justified, however no underpinning framework documented 9. Is there a clear statement of findings? Yes

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
		abortion was managed. Information about the terminated pregnancy (e.g. gestational age, type of anomaly) was also collected. The survey was piloted internally at ARC and a pilot interview was conducted with 1 woman; these resulted in no changes being made. The survey was hosted on a secure website (SurveyMonkey; www.surveymonkey.com) using the enhanced security option in order to maximise anonymity. **Data analysis** The data was analysed using thematic analysis. The analytical process entailed: data familiarisation, generation of initial codes, identification of themes, revision and refinement of themes, definition and naming of themes, and report writing. Both authors read the transcripts several times and one carried out the initial coding and identified the sub-themes and themes. Coding across the whole dataset was reviewed by 2 authors and the level of agreement was high. Disagreements were resolved through discussion. Quotations representative of the majority of accounts were presented to illustrate the themes and	I might be in the labour ward for (I was told 6–12 hours and I was there for three days which I later found out was quite common)' (P333). This was particularly pertinent to those who had not given birth before and among whom 'a fear of the unknown' (P165) was reported. In addition, some women felt uninformed about 'how [they] might feel psychologically afterwards' (P92), possible medical complications or lactation: 'with the additional trauma that brought in not having to feed a baby' (P234). Lack of information about what would happen to the baby's remains could also cause distress: 'After I was discharged I was supposed to be told when the baby would be cremated or if I wanted a funeral and I never was' (P291). Some participants	10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature; discussion for future research needs **Other information** The authors noted that, as the data were collected through retrospective self-reports, recall bias and post hoc rationalisation could not be excluded and that recall may be difficult for women if their abortion had occurred a long time ago. Further, the online methodology meant there was no opportunity to ask probing questions to gain more information. As the sample came exclusively through ARC, all participants had actively sought

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
		disconfirming cases were also included.	were also angered by inconsistent and 'conflicting information' (P38)." page 78 *(Abortion: What to expect from the procedure; Fetal remains)* • "Finally, timing of information provision could be experienced by some women as inappropriate, particularly when relating to the post mortem: "The doctor brought in the post mortem consent when I was in the middle of labour and expected me to listen and make decisions about what I wanted to find out after the birth (…) the time she chose to do it didn't really work for me" (P334)" page 78 *(Format: Timing)* *Sub theme: the role of support organisations* • "Alongside healthcare professionals, women also saw support organisations such as ARC or the Stillbirth and Neonatal Death Charity (SANDS) as	additional emotional support which may limit the generalisability of these findings to women who do not seek support after an abortion. Finally, as the survey focused on the choice of abortion method, it is likely that participants would focus on discussing issues regarding choice.

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
			pivotal in providing them with information" page 78 • "Women generally rated the information they received from support organisations very highly and, for some, it was their only source of information: 'The ARC booklet I was given at the initial diagnosis straight after the scan, without it I would have been completely unaware of what to expect from the birth' (P310)." page 78 *(Format: Support organisations)*	
Full citation France, E. F., Hunt, K., Ziebland, S., Wyke, S., What parents say about disclosing the end of their pregnancy due to fetal abnormality, Midwifery, 29, 24-32, 2013 **Ref Id** 815991 **Country/ies where the study was carried out**	**Sample size** n= 37 (n=28 women; n=9 men) **Characteristics** Age range at interview: 22-52 years Relationship status: all married or cohabiting Gestational age of abortion, range: 13-32 weeks Method of abortion: surgical - 4; induction of labour - 24	**Sampling** Forty interviews were originally collected for a national, qualitative study of the experience of ending a pregnancy for fetal abnormality. A diverse purposive sample captured variation in experiences of abortion for fetal abnormality and socio demographic variables. **Data collection and setting** General practitioners, midwives, hospital consultants, staff in	**Theme: Getting information and advice** • "Only four women spoke about getting advice on whether to tell others, including their children, about the end of their pregnancy and for these women guidance was sought out rather than volunteered. One mother said she got guidance from a	**Limitations** The assessment of the quality of the study was performed using the CASP checklist for qualitative studies 1. Was there a clear statement of the aims of the research? Yes 2. Is a qualitative methodology appropriate? Yes

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
UK **Study type** Qualitative - descriptive critical realist approach **Aim of the study** To describe men's and women's experiences of deciding whether to tell people in their social network, including their children, about their pregnancy loss following an abortion for fetal abnormality. **Study dates** 2004-2005 **Source of funding** EF: UK NIHRService and Delivery Organisation (SDO/153/2006) funded by the Department of Health.KH: UK Medical Research Council (GAHref).SZ:Oxford University, and the NIHR School for Primary Care Research.SW: the University of Glasgow. The original qualitative study on experiences of ending a pregnancy for fetal abnormality	(one woman had 2 abortions, one surgical and one induction of labour) **Inclusion criteria** Pregnancy diagnosed with a fetal anomaly and underwent abortion **Exclusion criteria** Not reported	antenatal clinics, support group leaders and existing interviewees distributed study information to potential participants. Those interested in participating contacted the researcher directly or gave permission for the researcher to be given their contact details. Most interviews were conducted in women's' homes. The 1–3 hour interviews initially used a narrative style that allowed respondents to tell their own stories, with subsequent prompting on certain topics. Respondents were given contact details of support organisations following interviews. With respondent consent, interviews were audio and video recorded and transcribed, then checked by the respondent who could edit the transcript. Counselling support was available to the research team but not used. Emotional support was also provided to the researchers through debrief sessions with the wider project team and a 'buddy' researcher who understood the complexities of undertaking narrative research interviews on distressing topics. **Data analysis**	support group member who also had ended a pregnancy because of fetal anomaly: "it's alright to say, 'I've lost my baby. 'You don't have to say, 'Oh, I've had a termination because there was a severe problem because of this, because of that, because of my family. 'You can just say, 'I've lost my baby,'(Emily, heart condition, 22weeks)" page 27 *(Disclosing the end of pregnancy: To adults)* • "Another said a hospital counsellor advised her to tell her friend who had a child with Down's syndrome that she had ended her pregnancy after a diagnosis of Down's syndrome because: "You may find that she's more helpful to you than many of the other people you know. This had a positive outcome: "she was great, she was just, she was brilliant. And infact you	3. Was the research design appropriate to address the aims of the research? Not sure, secondary qualitative analysis, thus unclear if topic is fully explored with all participants although authors recognise this limitation 4. Was the recruitment strategy appropriate to the aims of the research? Yes 5. Was the data collected in a way that addressed the research issue? No, some couples were interviewed together rather than individually based on participant preference. Also, time between abortion and interview varied between 1year to 11 year, with the majority being at 2 years, potentially

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
was funded by the UK National Screening Committee.		Conceptual framework for analysing illness narratives, which distinguishes between contingent narratives, moral narratives, and core narratives. Contingent narratives were focused on to analyse people's perceptions of their experiences while recognising that the interviews are 'factions', i.e. accounts combining fact and 'fiction' as people retrospectively reconstruct events. In taking this approach the researchers were informed by critical realism, which uses a critical stance to 'factual truth' while maintaining that a reality exists; as it challenges both constructionism and positivism. Using an adapted framework analysis, for each interviewer recorded in a framework data relating to every decision discussed including: the type and format of any information used for decision making; how information was conveyed; and how the respondent evaluated the information and their decisions. Frameworks included salient verbatim quotations from transcripts. Three authors independently verified the accuracy of data extraction in 14 of 33 frameworks. Subsequently, in order to facilitate exploration of similarities and differences across	know we realised that between us we'd gone through the two options and they were both very difficult options (June, Down's syndrome, 19weeks)" page 27 *(Disclosing the end of pregnancy: To adults)* • "Two other parents spoke about seeking advice—Amanda talked to her vicar and Antenatal Results and Choices (ARC),a charity providing information on screening and diagnosis, and another talked to a hospital consultant—on whether to tell their children because: "We really don't know how to go about what to tell our daughter [um] about her brother. Do we just not say anything?"(Melanie, Down's syndrome,16weeks).The advisors were all said to have recommended telling the child and suggested ways to do it without	introducing re-call bias 6. Has the relationship between researcher and participants been adequately considered? Yes 7. Have ethical issues been taken into consideration? Yes 8. Was the data analysis sufficiently rigorous? Yes 9. Is there a clear statement of findings? Yes 10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature **Other information** None

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
		transcripts and between men and women regarding disclosure decisions one author created a summary framework collating from all interviews data relating to whether to tell adults in one's social network and one's children about the abortion. The terminology respondents used to describe the abortion, and whether the pregnancy was public knowledge were also recorded.	giving' details inappropriately to their age, 'which reassured these parents it was the right thing to do. All reported finding the advice useful and had positive outcomes from enacting it" page 27 *(Disclosing the end of pregnancy: To children)*	
Full citation Kerns, J., Vanjani, R., Freedman, L., Meckstroth, K., Drey, E. A., Steinauer, J., Women's decision making regarding choice of second trimester termination method for pregnancy complications, International Journal of Gynecology and Obstetrics, 116, 244-248, 2012 **Ref Id** 802007 **Country/ies where the study was carried out** USA **Study type**	**Sample size** n=31 (n=20 surgical; n=11 medical) **Characteristics** Age, years in median: surgical - 32.9 medical- 29 Gestation, weeks in mean: surgical - 19+1 ; medical - 21+0 Primigravid: surgical - 4 ; medical - 4 Nulliparous: surgical - 6 ; medical - 6 Previous abortion: surgical - 5; medical - 1 **Inclusion criteria** English-speaking women who were over 18 years of	**Sampling and setting** Four academic clinical sites in Northern California offering second trimester abortion services: 2 labour and delivery units providing medical abortion and 2 outpatient hospital-based clinics providing D&E. Women at these sites either self-refer or are referred through an affiliated antenatal diagnosis centre. Women who self-refer may not have received counselling about all options before presenting to the abortion site. It is the general practice at these 4 sites to counsel women regarding both methods and offer them a choice of method. **Data collection** All interviews were conducted by 1 of 2 researchers over the phone 1–3	**Theme: Valuing the choice** *Sub-theme: appreciating a non-directive approach* • "After receiving the diagnosis of a pregnancy complication, some women were told immediately about their options. Most women spoke positively about being given the option to choose a termination method. Patience and a nondirective approach during counseling were seen as acts of compassion and an acknowledgement that this was a very personal decision: "He was	**Limitations** The assessment of the quality of the study was performed using the CASP checklist for qualitative studies 1. Was there a clear statement of the aims of the research? Yes 2. Is a qualitative methodology appropriate? Yes 3. Was the research design appropriate to address the aims of the research? Yes 4. Was the recruitment strategy appropriate to the aims of the

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
Qualitative - descriptive thematic analysis **Aim of the study** To describe how women terminating a pregnancy for fetal or maternal complications decide between surgical (dilatation and evacuation [D&E]) and medical abortion **Study dates** July 2009 - February 2010 **Source of funding** Not reported	age and between 14 and 24 weeks of pregnancy **Exclusion criteria** Not reported	weeks after the procedure. All women chose phone interviews over face-to-face interviews. A semi-structured interview tool was developed by 4 obstetrician-gynaecologists with family planning expertise based on their clinical experiences with women undergoing abortion for pregnancy complications. The interview included the decision process for choosing D&E or medical abortion, counselling experiences and influences, religious beliefs, abortion attitudes, experience with the procedure and post procedure coping. Women directed the flow of the interview and the tool was used only as a prompt to encourage elaboration. Each woman received a US $40 gift certificate. **Data analysis** The interviews were transcribed verbatim and de-identified using numeric study identifiers. The transcripts formed the data for the analysis stage in which a grounded theory approach was followed. The coding and analysis were an iterative and collaborative process, where the research team created and added new codes as concepts emerged. Discrepancies in coding were	thorough… he explained things well. He took the time to talk to us. He didn't rush us. He was compassionate, like he wasn't pushy, he was very neutral. He never said, "Well this is what I think you should do," even though we were like, "Well what should we do?" He never went there. He knew it was a personal decision. He just wanted to give us all the facts. He was wonderful." (Patient 15, 39 years). "She explained to me the different procedures… she made me feel comfortable choosing whatever, you know, whatever I decided to do. She just told me what my options were and told me whatever I decide to do it was okay and, you know, they're going to help me get through it."(Patient 11, 28 years). For 1 woman, receiving a clear understanding of her	research? Yes 5. Was the data collected in a way that addressed the research issue? Not clear, data saturation not discussed 6. Has the relationship between researcher and participants been adequately considered? Yes 7. Have ethical issues been taken into consideration? Yes 8. Was the data analysis sufficiently rigorous? Not clear, justification for the framework of grounded theory not reported 9. Is there a clear statement of findings? Yes 10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
		resolved by consensus. Two researchers examined the content of coded statements to ensure consistency, and repeated themes were distinguished from infrequent themes. Those repeated themes formed the basis of the findings about how women negotiate the decision process and their decision satisfaction after the procedure. Thematic saturation determined the number of interviews conducted. The transcripts were analysed with NVivo 8.0 software.	options rather than the provider's opinion was most important in deciding which method would be best for her. “She gave me my options and my choices and left it up to me what I wanted to do. But as soon as I heard the diagnosis and basically what my options were, I immediately… knew what I had to do.” (Patient 8, 25 years)" page 246 *(Abortion method: Choice of abortion method)* *Sub-theme: No option* • "Seven women reported not being offered a choice and they expressed frustration about this. One woman who was initially not offered D&E described her distress at hearing that labor was her only option. Certain that D&E was the best option for her, she found a provider several hours away from her home. “Really when I got	**Other information** None

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
			told about the problem that our baby was having, he kind of just said that there was only two options and it was to carry full term or have labor now. So I didn't know that D&E was even an option. So I was really upset and thought that I would have to give birth to my dead baby and I just, that was just so much… At that point, I was really scared that that was my only option." (Patient 3, 20 years) Six women who underwent D&E reported not being told about medical abortion "That's when I got a little bothered because I, at that moment really, I couldn't choose, right, 'cause I was already going to go into the room. But that's when I found out actually." (Patient 14, 27 years). Despite not being given a choice, 5 of these 6 women still reported being satisfied after D&E. Aside from 2 patients who	

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
			wanted their provider to recommend a method, most women described the process of being presented with options as inherently meaningful" page 246 *(Abortion: Choice of abortion method)*	
Full citation Kero, A., Wulff, M., Lalos, A., Home abortion implies radical changes for women, European Journal of Contraception and Reproductive Health Care, 14, 324-333, 2009 **Ref Id** 816150 **Country/ies where the study was carried out** Sweden **Study type** Qualitative - descriptive conceptual analysis **Aim of the study** To gain knowledge about women's experiences, views	**Sample size** n=100 **Characteristics** Age, years in median (range in parentheses): 33 (19-45) Civil status: married or cohabiting: 73/100 partner relationship, but not cohabiting: 22/100 Single: 5/100 Children: 0: 20/100 1: 21/100 2: 38/100 3-5: 21/100 Current pregnancy (number): 1: 10/100 2: 15/100	**Sampling** Target sample size n=100 women who had chosen home abortion. An experienced medical social worker, consecutively asked all Swedish-speaking women, after they had visited the doctor and the nurse, if they were willing to participate in the interview study. Of 113 women, n=4 did not want to participate, n=1 had a miscarriage and n=8 approved but could not be reached for the interview despite several attempts. An informed consent form was signed by the remaining n=100 women and an appointment for a telephone interview was arranged, preferably for one week later. The interviews lasted 30–40 minutes and were conducted by the same medical social worker who had initially invited the women to participate in the study.	**Theme: Expulsion at home** *Sub-theme: dealing with the products of conception* • "Women stated that all patients should be informed at the clinic about what the products expelled would look like. Two women pointed out that they had been unprepared to see the amniotic sac and the embryo: '. . . saw something that looked like a small amniotic sac . . . hard . . . was not prepared for it . . .' and '. . . I put a paper in the toilet so I would see that I had aborted . . . was totally unprepared for seeing the embryo . . . became very sad . . . I could clearly see	**Limitations** The assessment of the quality of the study was performed using the CASP checklist for qualitative studies 1. Was there a clear statement of the aims of the research? Yes 2. Is a qualitative methodology appropriate? Yes 3. Was the research design appropriate to address the aims of the research? Yes 4. Was the recruitment strategy appropriate to the aims of the research? Yes 5. Was the data

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
and reactions regarding having a home abortion (medical abortion with the use of misoprostol at home). **Study dates** September 2006 - February 2008 **Source of funding** Not reported	3: 25/100 4: 16/100 > 5: 34/100 Previous abortions: 0: 53/100 1: 23/100 2: 19/100 3-5: 5/100 Miscarriages: 0: 78/100 1: 14/100 2: 6/100 3: 2/100 Professional status: Employed: 64/100 On parental leave: 15/100 Student: 11/100 Unemployed/other: 10/100 Education level: Elementary school:6/100 Senior high school: 55/100 University: 38/100 Missing: 1/100 **Inclusion criteria** women undergoing home abortion: pregnancy <9 weeks,	**Setting** Department of Obstetrics and Gynaecology, Umea University Hospital, Sweden. **Data collection** A semi-structured interview guide (containing 41 questions) was designed to focus on socio-demographic and reproductive characteristics as well as on abortion motives, attitudes, experiences (emotional and physical) and reactions one week after their abortion. Open-ended questions were used to give the respondents the chance to express themselves freely in their own words. As the dialogue with the first 23 women yielded some unexpected information, an additional 2 open-ended questions were added to the interview guide view to gather even more sensitive data regarding emotional processes occurring during the first and second days of the abortion procedure. The answers received to all the open-ended questions were written down immediately in direct connection with each telephone interview. **Data analysis**	that it would be a human being . . .'." page 329 *(Abortion: What to expect from viewing the pregnancy)*	collected in a way that addressed the research issue? Yes 6. Has the relationship between researcher and participants been adequately considered? Can't tell, researchers did not state whether they critically examined their own role in the research 7. Have ethical issues been taken into consideration? Yes 8. Was the data analysis sufficiently rigorous? Can't tell, unclear justification for conceptional analysis as analytical technique chosen 9. Is there a clear statement of findings? Yes 10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
	woman not too young or immature, not living far away from the clinic, not going to be alone at the time of expulsion and preferably with experience of labour, miscarriage or earlier abortion **Exclusion criteria** not reported	The qualitative data from the open-ended questions were discussed, coded and categorised by all members of the research group in order to achieve dialogical intersubjectivity and then analysed conceptually. The quantitative data were analysed using the statistical package programmes (SPSS) version 15.0.		**Other information** None
Full citation Lotto, R., Armstrong, N., Smith, L. K., Care provision during termination of pregnancy following diagnosis of a severe congenital anomaly - A qualitative study of what is important to parents, Midwifery, 43, 14-20, 2016 **Ref Id** 832434 **Country/ies where the study was carried out** UK **Study type**	**Sample size** n= 18 (n=10 women; n=8 men; only views of women are of interest) **Characteristics** Not reported Inclusion criteria Women undergoing abortion for severe congenital anomaly **Exclusion criteria** Not reported	**Details** A qualitative approach comprising interviews with clinicians and parents and recordings of consultations between them was employed. **Sampling** Sampling was purposive to represent women and their partners from a range of diagnoses of severe congenital anomaly, gestational ages at diagnosis, ethnicity and socioeconomic status. A total of 20 women and their partners were identified through fetal medicine clinic lists and invited to participate. All 20 women agreed to participate, but 2 separated from their partners shortly after diagnosis and so only 18 partners were recruited. Ten of the	**Theme: Labour and birth** *Sub theme: isolation* • "A lack of understanding of the physical process of such a termination of pregnancy was highlighted by many of the parents. Whilst information was accessible and routinely provided, many suggested that they were still unprepared and the realities of the birth itself were often poorly understood: "… I didn't have a clue what I was doing… I didn't realise that I was going to have to do that [deliver the placenta	**Limitations** The assessment of the quality of the study was performed using the CASP checklist for qualitative studies 1. Was there a clear statement of the aims of the research? Yes 2. Is a qualitative methodology appropriate? Yes 3. Was the research design appropriate to address the aims of the research? Can't tell, minimal justification for

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
Qualitative - descriptive thematic analysis **Aim of the study** To understand the experiences of women and their partners following the decision to terminate a pregnancy affected by a severe congenital anomaly **Study dates** Not reported **Source of funding** This study was funded by a Health Sciences Departmental grant between TIMMS (The Infant Mortality and Morbidity Studies Group) and SAPPHIRE (Social Sciences Applied to Healthcare Improvement Research).		affected pregnancies were terminated and 10 were continued. The data generated in the wider study provided an in-depth, contextualised description of how parents and clinicians made sense of the situation and made decisions about whether to terminate the pregnancy. Ten women who had an abortion were interviewed, along with 8 of their partners. Interviews were undertaken jointly with the women and their partners. **Setting** Recruitment took place in 4 fetal medicine centres across 2 hospital trusts. **Data collection** A participant information sheet designed by the PPI group was provided to women and written consent obtained. Semi-structured interviews were digitally recorded, anonymised and transcribed verbatim. Interviews lasted on average an hour, ranging between 20 minutes and 2 hours. Interviews were conducted outside the hospital, at a location chosen by the parents, around 6 to 8 weeks following the abortion.	following the arrival of the baby]" (Mother 09). "We were really in the hands of the people at the hospital and all that, and we really did not know what was happening, what it would be like. Because obviously we had no antenatal [classes] or anything like that" (Mother 12)" page 16 *(Abortion: What to expect from the procedure)*	choice of methodology 4. Was the recruitment strategy appropriate to the aims of the research? Yes 5. Was the data collected in a way that addressed the research issue? No, interviews were held jointly with couples, rather than separately to gain true insight into the views of the women 6. Has the relationship between researcher and participants been adequately considered? Yes 7. Have ethical issues been taken into consideration? Yes 8. Was the data analysis sufficiently rigorous? Can't tell, methods used for data analysis is unclear leading to superficial analysis

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
		Data analysis Data analysis used a constant comparative based approach, with NVivo software to assist organisation. Memos and a reflective diary, completed immediately after each interview, provided additional context and recorded insights and interpretations. Randomly selected interviews were coded separately by each member of the research team, and compared across the team for consistency. Consensus on emergent themes was reached through regular discussions.		9. Is there a clear statement of findings? Yes 10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature **Other information** None
Full citation Mukkavaara, I., Ohrling, K., Lindberg, I., Women's experiences after an induced second trimester abortion, Midwifery, 28, e720-e725, 2012 **Ref Id** 830711 **Country/ies where the study was carried out** Sweden **Study type**	**Sample size** n=6 **Characteristics** Six women aged between 15 and 27 years of age **Inclusion criteria** Women undergoing abortion in the second trimester **Exclusion criteria** Women who had an abortion because of fetal anomaly.	**Sampling and setting** Purposive sample of 12 women visiting the gynaecological clinic in two hospitals for an abortion in the second trimester were informed about the study and requested to participate. These women were judged to be informants who were representative for the group. Six women aged between 15 and 27 years volunteered to take part. A nurse at the 2 gynaecological clinics distributed an information letter to the women about the purpose of the study, their right to withdraw from the study, confidentiality, and an internal	**Theme: lack of understanding about the abortion process** *Sub-theme: Not understanding what happens* • "The women's stories revealed how ignorant they were about the abortion procedure they were involved in after the 12th week of pregnancy: "I had not got such information that it would be like this, the reality was something else for me	**Limitations** The assessment of the quality of the study was performed using the CASP checklist for qualitative studies 1. Was there a clear statement of the aims of the research? Yes 2. Is a qualitative methodology appropriate? Yes 3. Was the research design appropriate to address the aims of

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
Qualitative - descriptive content analysis **Aim of the study** Describe women's experiences of an abortion in the second trimester **Study dates** Not reported **Source of funding** Not reported		envelope to give consent for their voluntary participation. The women were reminded by telephone calls or a letter 3 to 5 weeks after the abortion. The 6 women who volunteered were contacted for time and place for the interview. **Data collection** The interviews concerning the women's' experience of a second trimester abortion was accomplished during 1– 4 months after the abortion. Individual interviews using a semi-structured guide with a narrative approach focusing on the women's experience were conducted. The questions were: Tell me about your experience: of coming to the hospital, when tablets started to have effect, having more tablets, when the pain started and labour was a fact, the actual abortion/the birth of the fetus and the time afterwards. Additional questions were: What do you mean? What do you think about that? Is there something else you think about? No test interviews were made as the number of participants was limited. The interviews lasted for 40 to 60 minutes and were tape-recorded and then transcribed verbatim.	anyway". For some women, the abortion process started immediately while other women had a prolonged abortion and had to have more of the abortion tablets, which was like really forcing something out that was meant to remain intact" page 722 *(Abortion: What to expect from the procedure)* *Sub-theme: Not knowing what comes out* • "Some of the participating women expressed that they had not been aware of how the fetus and the placenta looked like. Most of the women experienced the abortion with a bleeding that was larger than they were prepared for. When the first contraction started, the women realized that the process had begun and some of them thought that 'it' would come out when they went to the toilet. The	the research? Yes 4. Was the recruitment strategy appropriate to the aims of the research? Yes 5. Was the data collected in a way that addressed the research issue? Can't tell, data saturation not discussed and a small sample size recruited 6. Has the relationship between researcher and participants been adequately considered? Can't tell, researchers did not state whether they critically examined their own role in the research 7. Have ethical issues been taken into consideration? Yes 8. Was the data analysis sufficiently rigorous? Can't tell, no discussion of

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
		Data analysis The text from the interviews was analysed using qualitative content analysis and presented in categories with illuminating quotes. The objective of content analysis was to provide knowledge and understanding of the phenomena. The transcriptions were read to gain a sense of the whole and text units that answered the aim of the study were identified and extracted. Text units were then condensed and given a code based on differences and similarities in content. Text units were sorted into 75 categories and were then subsumed in several steps into 11 subcategories and 4 categories. When the final categories were determined, text units were checked, discussed, and reflected on the values for appropriateness of their categorisation.	actual abortion of the fetus was an emotional experience, which they were not prepared for. The women described that they had considered looking at the fetus; some of them had decided in advance not to see but saw it anyway. One woman described that something hung in a string between her legs and realized after a while what had happened. The abortion of the fetus was not a pleasant sight and some described how they 'broke down.' The picture of the fetus was something they would never forget. "You could see fetus, where the ears were, the arms, I was really frightened" page 722 *(Abortion: What to expect from viewing the pregnancy)* **Theme: lack of information** • "The participating women expressed a strong need	analyst triangulation 9. Is there a clear statement of findings? Yes 10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature **Other information** None

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
			to ask questions about the abortion both before and during the process. The information given at the hospital was experienced to be 'professional and high-blown'. Continuous and repeated information was important for some of the women while some women thought that the information was enough as long as they got answers for their questions. One woman had never seen a bedpan before and when she was informed about aborting the fetus in it she became quite confused. Women who had given birth before did not look for information. "they should explain like you are a little stupid .....more in a simple way .....repeat the information several times ...I think this would be better" page 722 *(Format: Language)* • "On the actual day of the abortion, women did not	

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
			really know what to expect except those women who had given birth earlier. The participating women expressed that the information about aborting a fetus was not relevant, as for example how a fetus looks at a certain week of pregnancy. The information about pain during the abortion process affected some women negatively as they had not been aware of the unique experience of pain" page 722	
Full citation Olavarrieta, C. D., Garcia, S. G., Arangure, A., Cravioto, V., Villalobos, A., AbiSamra, R., Rochat, R., Becker, D., Women's experiences of and perspectives on abortion at public facilities in Mexico City three years following decriminalization, International Journal of Gynaecology & ObstetricsInt J Gynaecol Obstet, 118 Suppl 1, S15-20, 2012	**Sample size** n=350 questionnaire with closed open ended questions (n=170 medical; n=180 surgical) n=20 (n=10 medical; n=10) in-depth interviews **Characteristics** No baseline characteristics for the n=20 women who underwent the in-depth interviews and information needs extracted	**Sampling** For the survey, project staff recruited women at the facilities each week, on the 5 days when abortion services are provided. Those undergoing medical abortion were interviewed on the day of their follow-up visit whereas those undergoing surgical abortion were interviewed on the day of their abortion, after recovery but before discharge. For the in depth interviews (IDI), the interviewer responsible for their recruitment visited each site 1 day per week. The women participating in	**Theme: Post-abortion contraception services and contraceptive method uptake** • "First, contraceptive counseling tended to focus on a small number of methods favored by the providers (the most favored being the IUD) or available at the clinic or hospital. Thus, choice was limited to what was obtainable at the facility,	**Limitations** The assessment of the quality of the study was performed using the CASP checklist for qualitative studies 1. Was there a clear statement of the aims of the research? Yes 2. Is a qualitative methodology appropriate? Yes 3. Was the research

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
Ref Id 770440 **Country/ies where the study was carried out** Mexico - Mexico City **Study type** Qualitative - descriptive thematic analysis based on grounded theory **Aim of the study** To appraise the experiences of women undergoing public abortion services at Mexico City MOH facilities, particularly their satisfaction with the care they received and their uptake of contraception following abortion. Specific aims were: (1) to compare abortion experiences among women who underwent MA and women who underwent surgical abortion; and (2) to identify protocol elements and needs that the MOH abortion program does and does not meet	**Inclusion criteria** Women undergoing public abortion services at Mexico City MOH facilities, **Exclusion criteria** Not reported	IDI constituted a subset of those who participated in the survey and also answered the questionnaire. After the interviews, which lasted between 90 and 120 minutes, these respondents were compensated for their time and received a stipend to cover transportation and refreshment costs. All data collection was done at the facilities. **Setting** Women were recruited from 2 Mexico City Ministry of health (MOH) facilities, a maternity hospital and a community health centre that, together, accounted for 55% of all abortions provided in the public sector at the time of the study **Data collection** The response rate was 97.5% for the survey, and none of the 20 women approached for the IDIs (n=10 medical; n=10 surgical) declined to participate. The women participating in the survey were asked to report on the care they had received at the facility, including the waiting time to obtain their first appointment, the waiting time to be seen by a staff person on the day of the appointment, the	which could vary by the day depending on the supply. Second, the providers sometimes gave only cursory information about contraceptives other than those available. For example, one woman said: "I mean, if you asked, if you told the doctor that you wanted some method he explained it to you…but other than that no, no one explained anything about contraceptive methods." page 18 *(Contraception: Choice)*	design appropriate to address the aims of the research? Yes 4. Was the recruitment strategy appropriate to the aims of the research? Can't tell, no details provided on how the 20 women were chosen for the in-depth interviews from the women who completed the questionnaires 5. Was the data collected in a way that addressed the research issue? Can't tell, data saturation not discussed 6. Has the relationship between researcher and participants been adequately considered? Can't tell, researchers did not state whether they critically examined their own role in the research

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
Study dates February - June 2010 **Source of funding** The study was supported by the Special Programme in Human Reproduction of the World Health Organization, Geneva, Switzerland.		topics the staff had addressed during counselling, and—depending on gestational duration—whether they had been offered a choice of abortion method. The women were also asked about their satisfaction with the services through 5 open-ended questions about satisfaction with the services overall, and with the physical environment, their interactions with the staff, the contraceptive counselling, and counselling overall. The survey also included an open ended question asking the women what changes they would suggest to improve the services. Finally, they were asked what abortion method they would choose if they needed to have a future. **Data analysis** Data from the qualitative interviews were analysed thematically, using a grounded theory approach.		7. Have ethical issues been taken into consideration? Yes 8. Was the data analysis sufficiently rigorous? Not clear, paucity of information on data analysis of the qualitative analysis 9. Is there a clear statement of findings? Yes 10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature **Other information** None
Full citation Purcell, C., Cameron, S., Lawton, J., Glasier, A., Harden, J., Contraceptive care at the time of medical abortion: experiences of women and health professionals in a hospital or community sexual	**Sample size** n=46 (n=23 hospital; n=23 SRHC) **Characteristics** Mean age, years: hospital - 26.2; SRHC - 27.1	**Sampling** Specialist health professionals at 3 sites provided women presenting for medical abortion (gestation≤9 weeks) with study details when they attended for assessment for abortion. Recruiting staff passed the contact details of women consenting to be	**Theme: addressing contraception at medical abortion** • "More than half the women interviewed said that they had wanted or were happy to address contraception	**Limitations** The assessment of the quality of the study was performed using the CASP checklist for qualitative studies 1. Was there a clear

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
and reproductive health context, Contraception, 93, 170-177, 2016 **Ref Id** 770496 **Country/ies where the study was carried out** Scotland **Study type** Qualitative - descriptive thematic analysis **Aim of the study** To examine experiences of contraceptive care from the perspective of health professionals and women seeking abortion, in the contexts of hospital gynaecology departments and a specialist sexual and reproductive health centre **Study dates** Not reported **Source of funding**	Highest education attained: school: Hospital - 10; SRHC - 4 college: Hospital - 6; SRHC - 7 university: Hospital - 7; SRHC – 12 Relationship status: Single: Hospital - 6; SRHC - 3 Cohabiting/married: Hospital - 6; SRHC - 13 In relationship (not cohabiting): Hospital - 11; SRHC - 6 Separated: Hospital - 0; SRHC – 1 Employment status: Employed: Hospital - 15; SRHC - 17 Student: Hospital - 3; SRHC - 5 Unemployed/ looking after home: Hospital - 5; SRHC – 1 Reproductive history: children: Hospital - 8; SRHC - 7 previous abortion: Hospital - 0; SRHC - 7	contacted at a later date to the researcher. The researcher then made contact approximately 2 weeks after their initial clinic assessment. Interviews were conducted with 46 women (n=23 from each clinical setting), up to 6 weeks after medical abortion, in a location of the woman's choosing or by telephone. **Setting** Two hospitals and 1 SRHC in the same area of urban Scotland were selected as study sites in order to compare and evaluate provision from the hospital and community contexts. **Data collection** Individual semi-structured interviews were conducted with health professionals and women using a flexible topic guide; but only the interviews conducted with women are relevant for the current review. The topic guide for women covered reasons for requesting abortion, experiences of care, experiences of passing the pregnancy at home and post-abortion contraceptive care and reasons for non-uptake. Interviews lasted 35–135 min. All interviews were digitally recorded and transcribed in full for in-depth analysis.	at abortion and suggested that it was an 'obvious' time to do so and that they were 'glad' to talk about it. Those who had already explored options — via internet searches or information supplied by their general practitioner at referral — did not feel they needed to discuss contraception further but were amenable to having their chosen method provided at abortion. Others who had not considered options prior to attending the clinic were happy to have the opportunity to discuss and arrange a method. Several women also commented that the way in which health professionals presented contraception meant that they did not feel 'pressured' or that they were being reprimanded: 'We were just using condoms so possibly not as effective as	statement of the aims of the research? Yes 2. Is a qualitative methodology appropriate? Yes 3. Was the research design appropriate to address the aims of the research? Yes 4. Was the recruitment strategy appropriate to the aims of the research? Yes 5. Was the data collected in a way that addressed the research issue? Can't tell, saturation of data not discussed by authors, but authors recognised small sample size 6. Has the relationship between researcher and participants been adequately considered? Yes 7. Have ethical issues been taken into consideration? Yes

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
The study was funded by the Chief Scientist Office, which is part of the Scottish Government Health and Social Care Directorates.	previous miscarriage: Hospital - 2; SRHC – 1 Location of medical abortion completion: Home (outpatient): Hospital - 19; SRHC - 22 Home (inpatient): Hospital - 4; SRHC – 1 Contraception at conception: Long-acting reversible method (e.g. IUD): Hospital - 0; SRHC - 1 User-controlled method (e.g. OCP, injectable, condom): Hospital - 11; SRHC - 16 None: Hospital - 12; SRHC - 6 Contraception uptake at abortion: Long-acting reversible method (e.g. IUD): Hospital - 5; SRHC - 11 User-controlled method (e.g. OCP, injectable, condom): Hospital - 7; SRHC - 7 None: Hospital - 11; SRHC - 5 **Inclusion criteria**	**Data analysis** Thematic analytical approach informed by the Framework method. Transcripts were read by 2 researchers and then discussed to compare interpretations and identify key themes. A coding framework was developed and applied to the transcripts based on initial themes identified. In subsequent meetings, 2 authors compared coding and any coding conflicts were discussed and recoded as relevant. From this descriptive stage, the data was further interpreted in order to identify linkages between themes and explore similarities and differences in accounts: specifically between clinical settings. NVivo 10 was used to code and manage data.	it could have been. I didn't feel like I was being told off for not using a different type of contraception though.' (SRHC, implant). Others noted that they felt that there was some element of 'force' but that this was not necessarily a bad thing: 'That's definitely the time to talk about it, and I think it's really good that they almost force you to make some sort of decision.' (SRHC, intrauterine device)" page 173 *(Contraception: Timing; Contraception: Pressure)* • "Others within this minority described more explicitly negative experiences, saying that they felt that they were given little choice regarding future contraceptive use and that this was a disproportionate focus of their abortion consultation. This was pronounced for one woman in the hospital	8. Was the data analysis sufficiently rigorous? Yes 9. Is there a clear statement of findings? Yes 10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature **Other information** None

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
	Women presenting for medical abortion (gestation≤9 weeks) **Exclusion criteria** Women were excluded if there were over 9 weeks pregnant, were having surgical abortion, were under 18 years of age, were unable to provide informed consent, were overly distressed at the time of attendance or spoke insufficient English to participate in an interview.		context who felt that, whilst she had explained why she did not want a hormonal method, the doctor continued to press this: 'I felt like I had to have it to please [doctor] because he was putting so much pressure on me. He was like "take these [leaflets], you need to have a look at them, you need to really think hard about contraception 'cause you need it, you can't go without". I was just like "give me a break, like, if it's my choice not to have it then it should be my choice".' (hospital, none)" page 173 *(Contraception: Pressure)*	
Full citation Purcell, C., Cameron, S., Lawton, J., Glasier, A., Harden, J., Self-management of first trimester medical termination of pregnancy: a qualitative study of women's experiences, BJOG: An International Journal of Obstetrics and Gynaecology, 124, 2001-2008, 2017	**Sample size** n=44 Characteristics Age, years, median (range in parentheses): 26.8 (18-43) Highest education attained: Secondary school - 14 Further education (college) - 13	**Sampling** Specialist health professionals provided study details to women attending for medical abortion ≤63 days. 135 women completed an 'opt-in' contact form, agreeing to be contacted by a researcher at a later date. A researcher made contact approximately 2 weeks later to arrange an interview. n=6 women	**Theme: Introducing self-management at the clinic** *Sub-theme: "Expectation setting - I felt fully informed"* • "For all women who self-managed at home, information and advice from health professionals were crucial in assuring	**Limitations** The assessment of the quality of the study was performed using the CASP checklist for qualitative studies 1. Was there a clear statement of the aims of the

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
Ref Id 816368 **Country/ies where the study was carried out** Scotland **Study type** Qualitative - descriptive thematic analysis **Aim of the study** To explore the experiences of women in Scotland who return home to complete medical abortion ≤63 days of gestation, after being administered with mifepristone and misoprostol at an NHS abortion clinic. **Study dates** January - July 2014 Source of funding The study was funded by the Chief Scientist Office for Scotland, grant number CZH/4/906. The research was conducted while C.P. was a Research Fellow at the University of Edinburgh, and	Higher education (university) - 13 Postgraduate - 4 Relationship status at interview: Single - 8 Cohabiting/ married - 18 In relationship (not cohabiting) - 17 Separated - 1 Employment status: Paid employment - 31 Student - 7 not in paid employment/ full time mum - 6 **Inclusion criteria** Women attending for medical abortion ≤63 days, under Ground C of the 1967 Abortion Act (i.e. for psychosocial rather than medical indications). **Exclusion criteria** Not reported	were ineligible, n=2 explicitly withdrew, and n=81 were un-contactable within the specified 6-week timeframe. Purposive sampling was conducted to recruit an equal number of women who had presented in each of 2 clinical contexts (hospital and community SRH), comparison of which was of interest to the broader study. Interviews were conducted 3–5 weeks following abortion, in a location of the woman's choosing or by telephone. Recruitment and interviewing continued until data saturation was achieved. **Setting** Recruiting sites – 1 community sexual and reproductive health (SRH) clinic, 2 hospital-based clinics in one NHS area – served an urban/peri-urban population, with women typically travelling for <1 hour to attend, and had been offering home self-management for approximately 18 months prior to this study. **Data collection** A flexible topic guide was developed in light of literature reviews and input from the study Advisory Group.	their comfort with this option. Participants described how health professionals had provided substantial amounts of information, with the appointment feeling like 'lots of bits of paper, lots of pills' (SR20, 21). As well as providing analgesics, much of the information related to expectation setting and advising women of circumstances in which they should seek help, which left most participants feeling appropriately informed: "They explain everything to you. I got a brown bag full of information. She spoke to me for about 20 minutes: emergency numbers, absolutely everything. (H104, 23)" page 2004 • "As a result of health professionals' frank descriptions, participants also reported having a clear sense of what was	research? Yes 2. Is a qualitative methodology appropriate? Yes 3. Was the research design appropriate to address the aims of the research? Yes 4. Was the recruitment strategy appropriate to the aims of the research? Yes 5. Was the data collected in a way that addressed the research issue? Yes 6. Has the relationship between researcher and participants been adequately considered? Can't tell, researchers did not state whether they critically examined their own role in the research 7. Have ethical issues been taken into consideration? Yes 8. Was the data analysis sufficiently

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
the paper drafted while she was a Research Associate at the MRC/CSO Social and Public Health Sciences Unit, University of Glasgow (MC_UU_12017/11, SPHSU11).		Interviews explored abortion experiences, including interaction with health professionals, home self-management and contraception. Interviews were digitally recorded and transcribed in full. Women received a £15 voucher as compensation for their time. **Data analysis** A thematic analytical approach informed by the Framework method was undertaken by 2 researchers who repeatedly read interview transcripts, before meeting to discuss and compare interpretations, and identify key themes. A coding framework was developed and applied to transcripts based on initial themes identified. Coded data sets were further analysed to identify linkages between themes and explore similarities and differences across accounts. NVIVO 10 was used for coding and data management.	'normal': She was very matter-of-fact about it, she said: 'Within 15 minutes once you'd inserted the tablets you'll start getting symptoms and the pain will build up. You'll probably start bleeding quite a lot. Then, over the next four hours, you should pass a very large clot, or several large clots. Once that's happened the pain should start dissipating [. . .] They give you a scenario where you're bleeding out more than you should be and therefore you should be phoning up" page 2004 *(Abortion: What to expect from the procedure)* • "Where experiences at home were congruent with what women had been given to expect, they reported these experiences as broadly acceptable. After they had received these descriptions, factors about	rigorous? Yes 9. Is there a clear statement of findings? Yes 10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature **Other information** None

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
			which participants said that they had continued to feel anxious or unsure included what expulsion would feel like, and what the pregnancy tissue would look like" page 2004 **Theme: Home self-management** *Sub-theme: "Monitoring treatment progress: 'Like two almighty periods in eight hours'* • "Many women noted the importance of the information provided by nurses which prepared them for the process, and enabled them to assess its progression: "It's good to do it at home, but I think a good level of honesty from the nurse [is helpful], because it's on the cusp of being cope-able with" page 2004 *(Format: Healthcare professionals)* • "Many women reported being advised by health professionals not to look at what they had passed, or	

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
			that there would be nothing to see at such an early gestation. A small minority reported seeing what they believed to be a recognisable fetus, were distressed by this, and regretted looking:"[I] just felt compelled, that I had to look. So that's when I knew [TOP had been effective]. [. . .] In hindsight I wish I hadn't looked but I did, and that was probably the most traumatic thing I've ever seen or done. I thought 'what on earth..?' page 2005 *(Abortion: What to expect from viewing the pregnancy)*	
Full citation Sherman, S., Harden, J., Cattanach, D., Cameron, S. T., Providing experiential information on early medical abortion: A qualitative evaluation of an animated personal account, Lara's Story, Journal of Family Planning and Reproductive Health Care, 43, 269-273, 2017	**Sample size** n=13 **Characteristics** No baseline characteristics for the women reported **Inclusion criteria** Women had to have undergone EMA within the previous 6 weeks	**Details** Lara's story was created by one of the authors using GoAnimate software. It describes the experiences of 'Lara', a woman who underwent EMA at 5-6 weeks' gestation. Animations and pictures, including a photo representing Lara's home and GP surgery, support the 9min narrative. Clinic reception staff gave information sheets detailing the study to women attending NHS	**Theme: The film as a realistic experience** • "Women commented on how natural and realistic the story was and how well it reflected their own experiences of EMA. They all reported that the process and medical procedure were accurately and clearly explained and	**Limitations** The assessment of the quality of the study was performed using the CASP checklist for qualitative studies 1. Was there a clear statement of the aims of the research? Yes 2. Is a qualitative

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
Ref Id 832963 **Country/ies where the study was carried out** Scotland **Study type** Qualitative - descriptive thematic analysis **Aim of the study** To evaluate the views of women undergoing early medical abortion (EMA) on the film and its potential usefulness in providing experiential information to women undergoing EMA **Study dates** February - March 2016 Source of funding Lothian sexual health strategy	**Exclusion criteria** Women under 16 years old as well as those who did not speak English	Lothian abortion clinics for EMA. The researcher telephoned them a week later to confirm participation and arrange an interview. Additionally, women attending for intrauterine contraception within a month of EMA were provided with the same information by a research nurse and invited to participate. **Sampling** A convenience sample of 12-20 women was deemed likely to be sufficient to generate breadth of views. **Setting** NHS Lothian abortion clinics **Data collection** Women were shown Lara's story in a private room. Semi-structured interviews were then conducted. A topic guide, based on previous qualitative research with women who had EMA, was used. Topics covered included: women's opinions of the film and its usefulness, accuracy of the description of the experience, and technical aspects of the film such as length, narration and animations. The interviews, lasting	found that Lara's positive experiences with clinic staff were similar to their own. They described the film as straightforward and honest: "it just sort of said everything and how I felt and what I went through. That's what I said, it was just pretty weird watching it because it covered pretty much everything - how I was feeling and what I was really thinking" page 270 *(Format: Experiential film)* **Theme: Would women have watched the film if it had been available?** • "The majority would have watched the film had it been available before their EMA. Many of the women had tried to inform and "mentally prepare" themselves before their appointment and said that they would have found the film useful. They described their emotional "state of turmoil" surrounding the	methodology appropriate? Yes 3. Was the research design appropriate to address the aims of the research? Yes 4. Was the recruitment strategy appropriate to the aims of the research? Yes 5. Was the data collected in a way that addressed the research issue? Yes 6. Has the relationship between researcher and participants been adequately considered? Can't tell, researchers did not state whether they critically examined their own role in the research 7. Have ethical issues been taken into consideration? Yes 8. Was the data analysis sufficiently rigorous? Yes 9. Is there a clear

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
		an average of 16 minutes, were audio-recorded and transcribed verbatim, removing all personal identifiers. Transcripts were kept on a password-protected computer. **Data analysis** Analysis of the interview content was iterative with interviews analysed as soon as they were transcribed. Interview transcripts were organised using cross-sectional indexing. They were then analysed by following Braun and Clarke's 6 phase process of thematic analysis. Initial codes were generated and collated into data-driven themes, which were refined and reviewed. The final themes were defined and named. Saturation of results was reached when no new themes emerged. At this point study recruitment ceased.	abortion and would have liked to know exactly what the process would be like. Some were worried that they would come across anti-abortion material or "horror stories" while researching abortion and felt that it would have been reassuring to know that there was information available from a trustworthy source. Three women felt that the description of pain would have made them more nervous. A further three women said that they would not have watched the film before their EMA as they had made their decision and didn't feel they needed more information. Another woman explained that she didn't want anything to "sway her decision" and would have found it difficult to watch the film before her EMA because Lara seemed "happy to	statement of findings? Yes 10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature; also future research recommendations **Other information** None

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
			have an abortion": "It wasn't such an easy decision for me, that might have frustrated me a bit, like how did she know, it was so easy for her" page 271 *(Format: Experiential film)* **Theme: Usefulness of the film** • "All women agreed that the film would be useful to others and supported its availability on the abortion service website. Women reported that the film could allay any fears about the EMA process. It was suggested that it would be useful for women to watch the film at home before their clinic appointment so that they knew what to expect and that they women would benefit from this as women would be better informed: "Yeah it would definitely help, like I said, certain people. It wouldn't be for everybody	

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
			of course but it would help them with their decision and just to understand what they are going to go through, from somebody else who'd been through it" page 271 *(Format: Experiential film)* **Theme: Pain** • "The topic of pain was raised in 11/13 interviews. Six women felt that the pain described in the film was more extreme than they had experienced, while 5 women said that the film accurately reflected their experiences. They felt pain was a very important factor of EMA that should not be underplayed: "It does explain exactly what is going to happen but the pain bit would scare me definitely .... I just wouldn't have liked to watch it because the pain thing would have scared me" .... "For me it wasn't very bad	

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
			so maybe it's better to say don't expect really really bad pains. It can happen but for some people it doesn't" page 271 *(Abortion: Pain and bleeding)* **Theme: Bleeding** • "Women also reported differing experiences of bleeding during their EMA and felt that this required more emphasis. Some experienced lighter bleeding than expected while others found that it was the worst aspect of their EMA. They felt that the film should detail the extent and duration of bleeding to expect: "For me, it wasn't the pain that was the problem, it was the amount of bleeding was more than I expected. I wasn't really prepared for that" page 271 *(Abortion: Pain and bleeding)*	

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
			Theme: Multiple films featuring different experiences • "A recurring theme was the individuality of the women's experiences. Many appreciated the film as Lara's experience but felt that it wasn't representative of their own experience. They suggested featuring different stories so that a wider range of women could relate to a wider range of women could relate to them. Some found it more difficult than Lara to make the decision to have the EMA and suggested making a film with a woman struggling with her decision: "Because it's only one person's response, maybe some people who weren't happy getting an abortion might find it harder to connect with that .... I think if there were others and there were ones that said	

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
			actually its ok to be really upset afterwards, I think that probably would have been better" page 271 *(Format: Experiential film)* • "A number of the women experienced sickness and pain after taking mifepristone, which is not described in the film. They felt that it would be useful if this would be addressed in another woman's story" page 271 • "Women supported making similar films for surgical abortion and late medical abortion. Two women suggested making a film specifically for men. One clarified that her partner would have liked information on how to support someone through an EMA and felt that a film to help men understand the process would be helpful" page 271 **Theme: Timescale**	

Study details	Participants	Methods	Themes *(information in italics is theme(s) applied after thematic synthesis)*	Comments
			• "Some felt that the story ended prematurely as expelling the pregnancy was not the end of the process. They experienced bleeding for up to 3 weeks following EMA and some returned for scans following positive pregnancy tests. Two women thought that discussion of contraception should be included: "the end bit is not the end point, it's going for that pregnancy test in 2 weeks time and finding out from that point that you may be going for a scan and also what kind of contraception are you going back to?" page 272 *(Format: Experiential film)*	

ARC: Antenatal Results and Choices; CAD: Canadian dollar; CASP: critical appraisal skills programme; D&E: dilatation and evacuation; EMA: early medical abortion; GP: general practitioner; IDI: in-depth interviews; IUD: intrauterine device; MOH: ministry of health; NHS: National Health service; NIHR: National Institute for Health Research; OCP: oral contraceptive pills; PPI: public and patient involvement; SPSS: Statistical Package for the Social Sciences; TIMMS: The Infant Mortality and Morbidity Studies Group; ToP: termination of pregnancy; SD: standard deviation; SRHC: sexual and reproductive health clinic

Appendix E – Forest plots

Forest plots for review question: What information would women who have requested an abortion like?

No meta-analysis was undertaken for this review.

Appendix F – GRADE CERQual tables

GRADE CERQual tables for review question: What information would women who have requested an abortion like?

Information needs for women undergoing abortion for fetal anomaly

Table 3: Clinical evidence profile: Theme 1.1. Diagnosis of fetal anomaly

Study information			CERQual assessment of the evidence		
Number of studies	**Design**	**Description of theme or finding**	**Criteria**	**Level of concern**	**Overall quality**
1 (Andersson 2014) n=22	Qualitative study using semi-structured interviews	1 study conducted in Sweden with women undergoing second trimester abortion for fetal anomaly and not for fetal anomaly, reported that the women undergoing abortion for fetal anomaly were looking for information about the diagnosis of the anomaly.	Methodological limitations	Moderate concerns[1]	Low
			Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	
			Adequacy	Moderate concerns[2]	

CERQual: Confidence in the Evidence from Reviews of Qualitative research
[1] There were moderate concerns with the quality of the study as data saturation was not discussed, limited information on sampling, and limited quotes to support the theme of interest (Andersson 2014)
[2] There were moderate concerns with the adequacy of the data as only one study with a small sample size reported this theme

Table 4: Clinical evidence profile: Theme 1.2. Abortion

Study information			CERQual assessment of the evidence		
Number of studies	**Design**	**Description of theme or finding**	**Criteria**	**Level of concern**	**Overall quality**
Sub-theme 1.2.1: Choice of abortion method					
1 (Kerns 2012)	Qualitative study using	1 study conducted in the USA with women undergoing second trimester abortion for fetal anomaly, reported that women valued	Methodological limitations	Minor concerns[1]	Moderate

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
n=31 (n=20 surgical abortion; n=11 medical abortion)	semi-structured interviews	nondirective information on the advantages and disadvantages of both medical and surgical abortions of pregnancy in order make an informed decision of which abortion method was the best for the woman.	Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	
			Adequacy	Moderate concerns[2]	
Sub-theme 1.2.2: What to expect from the procedure					
4 (Andersson 2014; Carlsson 2016; Fisher 2015; Lotto 2016) n=523	Qualitative studies using semi-structured interviews, an online survey, and a virtual chat room	4 studies conducted in Sweden and the UK with women undergoing abortion for fetal anomaly, reported that women valued detailed information on what to expect during and after the procedure. Women highlighted that not only did they want information on what would happen during the procedure, but also the timeframe around abortion and lactation after the abortion. Women reported that detailed information enabled them to "prepare" themselves for the physical side of what was to come, where as a lack of information caused anguish. Women particularly valued the opportunity to ask questions when receiving information.	Methodological limitations	Moderate concerns[3]	Moderate
			Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	
			Adequacy	None or very minor concerns	
Sub-theme 1.2.3: What to expect from viewing the pregnancy					
2 (Asplin 2014; Carlsson 2014) n=133	Qualitative studies using a semi-structured interview and a virtual chat room	2 studies conducted in Sweden with women undergoing abortion for fetal anomaly, reported that women valued information on what to expect when seeing the pregnancy. Women highlighted that they wanted information on what the pregnancy would look like and if there would be signs of life.	Methodological limitations	Moderate concerns[4]	Low
			Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
			Adequacy	Moderate concerns[5]	

CERQUAL: Confidence in the Evidence Reviews of Qualitative Research
[1] There were minor concerns with the quality of the study as justification for the framework of grounded theory was unclear (Kerns 2012)
[2] There were moderate concerns with the adequacy of the data as only 1 study with a small sample size reported this theme
[3] There were moderate concerns with the quality of the studies as 2 studies had a high risk of re-call bias as they were retrospective self-reports with an unlimited timeframe and the online methodology gave no opportunity for further probing (Carlsson 2016; Fisher 2015)
[4] There were moderate concerns with the quality of the studies as 1 study had a high risk of re-call bias as it was a retrospective self-report with an unlimited timeframe and the online methodology gave no opportunity for further probing (Carlsson 2016)
[5] There were moderate concerns with the adequacy of the data as only 1 study with a small sample size using a semi-structured interview design (Asplin 2014) reported this theme, whereas the other study relied on data from a virtual chat room to construct the theme (Carlsson 2016)

Table 5: Clinical evidence profile: Theme 1.3. Fetal remains

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
1 (Fisher 2015) n=361 (n=287 medical abortion; n=64 surgical abortion)	Qualitative study using an online survey	1 study conducted in the UK with women undergoing second trimester abortion for fetal anomaly, reported that they wanted information on the options available for the fetal remains e.g. funeral or cremation and how these arrangements could be made. Women reported that lack of information on what would happen to the fetal remains caused distress.	Methodological limitations	Moderate concerns[1]	Low
			Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	
			Adequacy	Moderate concerns[2]	

CERQual: Confidence in the Evidence from Reviews of Qualitative research
[1] There were moderate concerns with the quality of the study as there is a high risk of re-call bias as it was a retrospective self-report with an unlimited timeframe and the online methodology gave no opportunity for further probing (Fisher 2015)
[2] There were moderate concerns with the adequacy of the data as only 1 study with a small sample size reported this theme

Table 6: Clinical evidence profile: Theme 1.4. Disclosing the end of pregnancy

Study information			CERQual assessment of the evidence		
Number of studies	**Design**	**Description of theme or finding**	**Criteria**	**Level of concern**	**Overall quality**
Sub-theme 1.4.1: Adults					
1 (France 2013) n=28 (n=4 surgical abortion; n=24 medical abortion [1 woman had experienced both a surgical and a medical procedure for 2 pregnancies])	Qualitative study using semi-structured interviews	1 study conducted in the UK with women undergoing an abortion for fetal anomaly, reported that women valued information on how to disclose the end of their pregnancy to other adults.	Methodological limitations	Moderate concerns[1]	Low
			Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	
			Adequacy	Moderate concerns[2]	
Sub-theme 1.4.2: Children					
1 (France 2013) n=28 (n=4 surgical abortion; n=24 medical abortion [1 woman had experienced both a surgical and a medical procedure for 2 pregnancies])	Qualitative studies using semi-structured interviews	1 study conducted in the UK with women undergoing an abortion for fetal anomaly, reported that women valued information on whether they should disclose the end of their pregnancy to their children and the appropriate language to use when doing so.	Methodological limitations	Moderate concerns[1]	Low
			Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	
			Adequacy	Moderate concerns[2]	

CERQual: Confidence in the Evidence from Reviews of Qualitative research

[1] *There were moderate concerns with the quality of the study as there was a high risk of recall bias as there was an unlimited timeframe for the interviews, and some women were interviewed with their partners, rather than alone (France 2013)*
[2] *There were moderate concerns with the adequacy of the data as only 1 study with a small sample size reported this theme*

Table 7: Clinical evidence profile: Theme 1.5. Information format

Study information			CERQual assessment of the evidence		
Number of studies	**Design**	**Description of theme or finding**	**Criteria**	**Level of concern**	**Overall quality**
Sub-theme 1.5.1: Internet					
1 (Andersson 2014) n=22	Qualitative study using semi-structured interviews	1 study conducted in Sweden with women undergoing second trimester abortion for fetal anomaly and not for fetal anomaly, reported that the women often looked on the internet for information about the diagnosis of the pregnancy and abortion	Methodological limitations	Moderate concerns[1]	Low
			Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	
			Adequacy	Moderate concerns[2]	
Sub-theme 1.5.2: Healthcare professionals					
2 (Andersson 2014; Fisher 2015) n=383	Qualitative studies using semi-structured interviews, and an online survey.	2 studies conducted in Sweden and the UK with women undergoing abortion for fetal anomaly, reported that women most often received information from healthcare professionals on abortion. Women valued the information received, however did not mention which healthcare professionals specifically they valued information from.	Methodological limitations	Moderate concerns[3]	Moderate
			Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	
			Adequacy	Moderate concerns[4]	
Sub-theme 1.5.3: Support organisations					
2 (Fisher 2015; France 2013)	Qualitative studies using	2 studies conducted in the UK with women undergoing abortion for fetal anomaly, reported that women found support organisations such	Methodological limitations	Moderate concerns[5]	Moderate

Study information			CERQual assessment of the evidence		
Number of studies	**Design**	**Description of theme or finding**	**Criteria**	**Level of concern**	**Overall quality**
n=388 (n=68 surgical abortion; n=311 medical abortion [1 woman had experienced both a surgical and a medical procedure for 2 pregnancies])	semi-structured interviews and a virtual chat room	as Antenatal Results and Choice (ARC) and Stillbirth and Neonatal Death Charity (SANDS) pivotal in providing information on the abortion for fetal anomaly. Women often mentioned that their information from support organisations was their sole source of information. Women highlighted that healthcare professionals should signpost these organisations as early as possible in the process.	Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	
			Adequacy	None or very minor concerns	
Sub-theme 1.5.4: Specific and consistent					
2 (Andersson 2014; Asplin 2014) n=33	Qualitative studies using semi-structured interviews	2 studies conducted in Sweden with women undergoing second trimester abortion, reported that women wanted information that was specific and consistent. Women reported that getting inconsistent information was exhausting.	Methodological limitations	Moderate concerns[6]	Moderate
			Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	
			Adequacy	None or very minor concerns	
Sub-theme 1.5.5: Timing					
	Qualitative studies using	2 studies conducted in Sweden and the UK with women undergoing abortion for fetal anomaly, reported that women valued information	Methodological limitations	Moderate concerns[3]	Low

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
2 (Andersson 2014; Fisher 2015) n=383	semi-structured interviews, and an online survey.	delivered at the most appropriate time. Women highlighted that for information on future pregnancies, they valued information to be delivered sooner rather than later. Whereas, providing information and decision making during a medical abortion was not valued.	Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	
			Adequacy	Moderate concerns[4]	

CERQual: Confidence in the Evidence from Reviews of Qualitative research
[1] There were moderate concerns with the quality of the study as data saturation was not discussed, limited information on sampling, and limited quotes to support the theme of interest (Andersson 2014)
[2] There were moderate concerns with the adequacy of the data as only one study with a small sample size reported this theme
[3] There were moderate concerns with the quality of the studies as 1 study had a high risk of re-call bias as they were retrospective self-reports with an unlimited timeframe and the online methodology gave no opportunity for further probing (Fisher 2015). 1 study did not discuss data saturation, provided limited information on sampling, and limited quotes to support the theme of interest (Andersson 2014)
[4] There were moderate concerns with the adequacy of the data as only 1 study with a small sample size used a semi-structured interview design (Andersson 2012) reported on this theme, whereas the other study relied on data from an online survey to construct the theme (Fisher 2015)
[5] There were moderate concerns with the quality of the 2 studies as there was a high risk of recall bias due to the unlimited timeframe for the interviews (Fisher 2015; France 2013), the online methodology of 1 study gave no opportunity for further probing (Fisher 2015); and in 1 study some women were interviewed with their partners, rather than alone (France 2013)
[6] There were moderate concerns with the quality of 1 study as data saturation was not discussed and limited information on sampling and quotes to support the theme of interest (Andersson 2014)

Information needs for women undergoing abortion not for fetal anomaly

Table 8: Clinical evidence profile: Theme 2.1. Navigating the system

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
1 (Cano 2016)	Qualitative study using semi-structured interviews	1 study conducted in the Yukon territory, Canada with women undergoing a surgical abortion not for fetal anomaly, reported that women valued information on accessing abortion services at the first point of contact. Women highlighted that the lack of information whilst	Methodological limitations	None or very minor concerns	Very low
			Relevance	Serious concerns[1]	

Study information			CERQual assessment of the evidence		
Number of studies	**Design**	**Description of theme or finding**	**Criteria**	**Level of concern**	**Overall quality**
n=16 (all surgical abortion)		navigating the system left them feeling upset, frustrated, and/or unsatisfied.	Coherence	None or very minor concerns	
			Adequacy	Moderate concerns[2]	

CERQual: Confidence in the Evidence from Reviews of Qualitative research
[1] There were Serious concerns with the relevance of the data to the UK setting as the study took place in a rural and remote part of northern Canada. Furthermore, the options available to women at the time of the study were not aligned to UK practice, where medical abortion with mifepristone and misoprostol was not yet available to the women in the study (Cano 2016)
[2] There were moderate concerns with the adequacy of the data as only 1 study with a small sample size reported this theme.

Table 9: Clinical evidence profile: Theme 2.2. Abortion

Study information			CERQual assessment of the evidence		
Number of studies	**Design**	**Description of theme or finding**	**Criteria**	**Level of concern**	**Overall quality**
Sub-theme 2.2.1: What to expect from the procedure					
3 (Andersson 2014; Mukkavaara 2012; Purcell 2017) n=72	Qualitative studies using semi-structured interviews	3 studies conducted in Sweden, Mexico City, and Scotland with women undergoing abortion not for fetal anomaly, reported that women valued detailed information on what to expect during and after the procedure. Women reported that detailed information enabled them to "prepare" themselves for the physical side of what was to come, where as a lack of information caused anguish. Women particularly valued the opportunity to ask questions when receiving information.	Methodological limitations	Moderate concerns[1]	Moderate
			Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	
			Adequacy	None or very minor concerns	
Sub-theme 2.2.2: Pain and bleeding					
3 (Ekstrand 2009;	Qualitative studies using	3 studies conducted in Sweden, Mexico City, and Scotland with women undergoing abortion not for fetal anomaly, reported that women valued	Methodological limitations	Moderate concerns[2]	Moderate

Study information			CERQual assessment of the evidence		
Number of studies	**Design**	**Description of theme or finding**	**Criteria**	**Level of concern**	**Overall quality**
Mukkavaara 2012; Sherman 2017) n=44 (all medical abortion [home or clinic/hospital])	semi-structured interviews	information on the pain and bleeding associated with the procedure. Women highlighted that detailed information enabled them to be prepared for what was to come. Women reported that their experience was either better than or worse than what was explained prior to the procedure, highlighting that every woman's experience is different. Teenage women highlighted that the pain and/or bleeding was worse than they had anticipated and that they were unprepared. .	Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	
			Adequacy	None or very minor concerns	
Sub-theme 2.2.3: What to expect from viewing the pregnancy					
3 (Kero 2009; Mukkavaara 2012; Purcell 2017) n=150 (n=144 first trimester home medical abortion; n=6 second trimester abortion [method not specified])	Qualitative studies using semi-structured interviews	3 studies conducted in Sweden, Mexico City, and Scotland with women undergoing abortion not for fetal anomaly, reported that women valued information on what to expect when seeing the pregnancy. Although healthcare professionals advised women not to look at the pregnancy, the studies demonstrated that women often did and didn't find the experience "dramatic" when they were informed on what the pregnancy would look like. However, some women felt distressed when viewing the pregnancy as they were unprepared for what they saw.	Methodological limitations	Minor concerns[3]	Moderate
			Relevance	Moderate concerns[4]	
			Coherence	None or very minor concerns	
			Adequacy	None or very minor concerns	

CERQual: Confidence in the Evidence from Reviews of Qualitative research

[1] There were moderate concerns with the quality of the studies as 2 studies did not discuss data saturation (Andersson 2014; Mukkavaara 2012), 1 study had limited information on sampling and limited quotes to support the theme of interest (Andersson 2014), and 1 study did not discuss triangulation in their data analysis methods (Mukkavaara 2012)

[2] There were moderate concerns with the quality of the studies as 2 studies did not discuss data saturation (Ekstrand 2009; Mukkavaara 2012), and 1 study did not discuss triangulation in their data analysis methods (Mukkavaara 2012)

[3] There were minor concerns with the quality of the studies as 1 study did not discuss data saturation (Mukkavaara 2012), and 1 study had unclear justification for conceptional analysis in their data analysis methods (Kero 2009)

[4] There were moderate concerns with the relevance of data outside the setting of home medical abortion as 96% of the population were women undergoing home medical abortion

Table 10: Clinical evidence profile: Theme 2.3. Contraception

Study information			CERQual assessment of the evidence		
Number of studies	**Design**	**Description of theme or finding**	**Criteria**	**Level of concern**	**Overall quality**
Sub-theme 2.3.1: Timing					
1 (Purcell 2016) n=46 (all medical abortion at ≤9 weeks' gestational age)	Qualitative study using semi-structured interviews	1 study conducted in Scotland with women undergoing a medical abortion at ≤9 weeks' gestational age not for fetal anomaly, reported that women valued information on future contraception at the time of medical abortion. Most women highlighted that it was an appropriate time to discuss contraception.	Methodological limitations	Minor concerns[1]	Moderate
			Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	
			Adequacy	Moderate concerns[2]	
Sub-theme 2.3.2: Effectiveness					
1 (Becker 2008) n=22	Qualitative study using an open-ended question in a questionnaire	1 study conducted in the USA with women undergoing abortion not for fetal anomaly, reported that women valued information on the effectiveness of future contraception use. .	Methodological limitations	Moderate concerns[3]	Low
			Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	
			Adequacy	Moderate concerns[2]	
Sub-theme 2.3.3: Choice					
2 (Becker 2008; Olavarrieta 2012)	Qualitative studies using semi-structured	2 studies conducted in Mexico City and the USA with women undergoing abortion not for fetal anomaly, reported that women valued information on the different choices of future contraceptive method.	Methodological limitations	Moderate concerns[4]	Low
			Relevance	Moderate concerns[5]	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
n=42	interviews and an open-ended question in a questionnaire	Women highlighted that they didn't like information to be restricted to specific methods of contraception.	Coherence	None or very minor concerns	
			Adequacy	None or very minor concerns	
Sub-theme 2.3.4: Pressurised delivery					
1 (Purcell 2016) n=46 (all medical abortion at ≤9 weeks' gestational age)	Qualitative study using semi-structured interviews	1 study conducted in Scotland with women undergoing a medical abortion at ≤9 weeks' gestational age not for fetal anomaly, reported that most women valued that the delivery of information on future contraception was gently "forced". Whereas, some women did not value the "pushy" delivery of information on future contraception.	Methodological limitations	Minor concerns[1]	Low
			Relevance	None or very minor concerns	
			Coherence	Moderate concerns[6]	
			Adequacy	Moderate concerns[2]	

CERQual: Confidence in the Evidence from Reviews of Qualitative research

[1] There were minor concerns with the quality of the study as data saturation was not discussed in the methods (Purcell 2016)

[2] There were moderate concerns with the adequacy of the data as only 1 study with a small sample size reported this theme

[3] There were moderate concerns with the quality of the study as the qualitative methods used an open-ended question, which gave no opportunity for further probing, data saturation was not discussed in the methods, and there was unclear justification for thematic analysis in their data analysis methods (Becker 2008)

[4] There were moderate concerns with the quality of the studies as 2 studies did not discuss data saturation (Becker 2008; Olavarrieta 2012), 1 study used an open-ended question as a qualitative method, which gave no opportunity for further probing (Becker 2008), and 1 study had unclear sampling method (Olavarrieta 2012)

[5] There were moderate concerns with the relevance of the data to the UK setting as 1 study was based in the public abortion services of Mexico City 3 years after decriminalisation of abortion, where resources may differ significantly.

[6] There were moderate concerns with the coherence of the data as women in the study found the pressurised delivery of future contraception to be both helpful and unhelpful

Table 11: Clinical evidence profile: Theme 2.4. Information format

Study information			CERQual assessment of the evidence		
Number of studies	**Design**	**Description of theme or finding**	**Criteria**	**Level of concern**	**Overall quality**
Sub-theme 2.4.1: Internet					
2 (Andersson 2014; Purcell 2016) n=68	Qualitative studies using semi-structured interviews	2 studies conducted in Sweden and Scotland with women undergoing abortion not for fetal anomaly, reported that women often looked on the internet for information about abortion	Methodological limitations	Moderate concerns[1]	Moderate
			Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	
			Adequacy	None or very minor concerns	
Sub-theme 2.4.2: Healthcare professionals					
2 (Andersson 2014; Purcell 2017) n=66	Qualitative studies using semi-structured interviews	2 studies conducted in Sweden and Scotland with women undergoing abortion not for fetal anomaly, reported that women most often received information from healthcare professionals on abortion. Women valued the information received, however did not mention which healthcare professionals specifically they valued information from.	Methodological limitations	Minor concerns[2]	High
			Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	
			Adequacy	None or very minor concerns	
Sub-theme 2.4.3: Family and friends					
1 (Andersson 2014)	Qualitative study using		Methodological limitations	Moderate concerns[2]	Low

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
n=22	semi-structured interviews	1 study conducted in Sweden with women undergoing abortion not for fetal anomaly, reported that women often sought information from family and friends about abortion.	Relevance	None or very minor concerns	
			Coherence	None or very minor concerns	
			Adequacy	Moderate concerns[3]	
Sub-theme 2.4.4: Experiential film					
1 (Sherman 2017) n=13	Qualitative study using semi-structured interviews	1 study conducted in Scotland with women undergoing early medical abortion, reported that women valued experiential information on abortion in the format of a film. Women highlighted that the experiential film was a "good, honest" depiction of early medical abortion. However, not all women valued the representation of pain, bleeding, and nausea, some highlighted that pain was represented too severely, whereas others thought that pain, bleeding, and nausea wasn't emphasised enough. Women reported that having different women with different experiences of abortion would be useful as the abortion experience is individual and not adequately represented by one woman's experience.	Methodological limitations	None or very minor concerns	Moderate
			Relevance	Moderate concerns[4]	
			Coherence	None or very minor concerns	
			Adequacy	None or very minor concerns	
Sub-theme 2.4.5: Language					
1 (Mukkavaara 2012) n=6	Qualitative study using semi-structured interviews	1 study conducted in Mexico City with women undergoing abortion not for fetal anomaly, reported that women valued information on the abortion to be delivered in a simplified manner with repetition. Women highlighted that the language used by healthcare professionals were too complex.	Methodological limitations	Moderate concerns[5]	Very low
			Relevance	Moderate concerns[6]	
			Coherence	None or very minor concerns	
			Adequacy	Moderate concerns[3]	

CERQual: Confidence in the Evidence from Reviews of Qualitative research

[1] There were moderate concerns with the quality of the studies as 2 studies did not discuss data saturation and there were limited quotes to support the theme of interest (Andersson 2014; Purcell 2016).
[2] There were minor concerns with the quality of the studies as 1 study did not discuss data saturation, limited information on sampling and there were limited quotes to support the theme of interest (Andersson 2014).
[3] There were moderate concerns with the adequacy of the data as only one study with a small sample size reported this theme.
[4] There were moderate concerns with the relevance of the data to late medical and surgical abortion, where experiences may differ significantly
[5] There were moderate concerns with the quality of the study as data saturation was not assessed and triangulation in their data analysis methods was not discussed
[6] There were moderate concerns with the relevance of the data to the UK setting as 1 study was based in the public abortion services of Mexico City 3 years after decriminalisation of abortion, where the population may differ significantly
[6] There were moderate concerns with the relevance of the data to the UK setting as 1 study was based in the public abortion services of Mexico City 3 years after decriminalisation of abortion, where the population may differ significantly

See Appendix M for all relevant quotes related to each theme applied after thematic synthesis.

Appendix G – Economic evidence study selection

Economic evidence for review question: What information would women who have requested an abortion like?

No economic evidence was identified which was applicable to this review question

Appendix H – Economic evidence tables

Economic evidence tables for review question: What information would women who have requested an abortion like?

No economic evidence was identified which was applicable to this review question.

Appendix I – Economic evidence profiles

Economic evidence profiles for review question: What information would women who have requested an abortion like?

No economic evidence was identified which was applicable to this review question.

Appendix J – Economic analysis

Economic analysis for review question: What information would women who have requested an abortion like?

No economic analysis was conducted for this review question.

Appendix K – Excluded studies

Excluded studies for review question: What information would women who have requested an abortion like?

Clinical studies

Study	Reason for Exclusion
Aiken, A. R. A., Gomperts, R., Trussell, J., 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, 1208-1215, 2017	Themes not of interest for review: access to abortion
Aiken, A. R. A., Guthrie, K. A., Schellekens, M., Trussell, J., Gomperts, R., Barriers to accessing abortion services and perspectives on using mifepristone and misoprostol at home in Great Britain, Contraception, 97, 177-183, 2018	Themes not of interest for review: barriers to accessing abortion
Aiken, A. R. A., Lohr, P. A., Aiken, C. E., Forsyth, T., Trussell, J., Contraceptive method preferences and provision after termination of pregnancy: a population-based analysis of women obtaining care with the British Pregnancy Advisory Service, BJOG: An International Journal of Obstetrics and Gynaecology, 124, 815-824, 2017	Study design not of interest for review: quantitative study design
Alex, L., Hammarstrom, A. Women's experiences in connection with induced abortion - A feminist perspective. Scandinavian Journal of Caring Sciences 2004 18 p.160-168	No themes of interest: support after abortion
Allen, R. H., Fortin, J., Bartz, D., Goldberg, A. B., Clark, M. A., Women's preferences for pain control during first-trimester surgical abortion: A qualitative study, Contraception, 85, 413-418, 2012	No themes of interest for review: women's preferences for pain control during abortion
Alouini, S., Moutel, G., Venslauskaite, G., Gaillard, M., Truc, J. B., Herve, C., Information for patients undergoing a prenatal diagnosis, European Journal of Obstetrics Gynecology and Reproductive Biology, 134, 9-14, 2007	Population not of interest for review: women continuing with pregnancy and terminating pregnancy, no separate qualitative data for women undergoing abortion
Alsulaiman, A., Hewison, J., Abu-Amero, K. K., Ahmed, S., Green, J. M., Hirst, J., Attitudes to prenatal diagnosis and termination of pregnancy for 30 conditions among women in Saudi Arabia and the UK, Prenatal Diagnosis, 32, 1109-1113, 2012	Population not of interest for review: women not undergoing abortion
Altshuler, Anna L., Nguyen, Brian T., Riley, Halley E. M., Tinsley, Marilyn L., Tuncalp, Özge, Male Partners' Involvement in Abortion Care: A Mixed-Methods Systematic Review, Perspectives on Sexual & Reproductive Health, 48, 209-219, 2016	Not all included studies in the systematic review met inclusion criteria for review: non-OECD countries, pre-2004 studies, quantitative study design
Altshuler, A. L., Ojanen-Goldsmith, A., Blumenthal, P. D., Freedman, L. R. A good abortion experience: A qualitative exploration of women's needs and preferences in clinical. Social Science & Medicine 2017 191 p.109-116 care	No themes of interest for review: support after abortion

Study	Reason for Exclusion
Alves, Aline, Albino, Andreza Teresa, Zampieri, Maria de Fatima Mota, One to look at of the adolescents on the changes in the pregnancy: promoting the mental health in the basic attention, Revista Mineira de Enfermagem, 15, 546-555, 2011	Article in Portuguese
Astbury-Ward, E., Emotional and psychological impact of abortion: A critique of the literature, Journal of Family Planning and Reproductive Health Care, 34, 181-184, 2008	Study design not of interest for review: narrative review
Baron, C., Cameron, S., Johnstone, A., Do women seeking termination of pregnancy need pre-abortion counselling?, Journal of Family Planning and Reproductive Health Care, 41, 181-185, 2015	Timing of abortion support not of interest for review: pre-abortion counselling
Baum, S. E., White, K., Hopkins, K., Potter, J. E., Grossman, D., Women's Experience Obtaining Abortion Care in Texas after Implementation of Restrictive Abortion Laws: A Qualitative Study, PloS one, 11, 2016	Theme not of interest for review: experiences of seeking abortion in a restrictive environment
Bazotti, K. D. V., Stumm, E. M. F., Kirchner, R. M., Receiving care from health professionals: perceptions and feelings of women who have undergone abortion, Texto & Contexto Enfermagem, 18, 147-154, 2009	Article in Portuguese
Becker, D., Diaz Olavarrieta, C., Garcia, S. G., Harper, C. C., Women's reports on postabortion family-planning services provided by the public-sector legal abortion program in Mexico City, International Journal of Gynaecology & ObstetricsInt J Gynaecol Obstet, 121, 149-53, 2013	Study design not of interest for review: quantitative study
Becker, D., Diaz-Olavarrieta, C., Juarez, C., Garcia, S. G., Sanhueza Smith, P., Harper, C. C., Sociodemographic factors associated with obstacles to abortion care: findings from a survey of abortion patients in Mexico City, Women's health issues : official publication of the Jacobs Institute of Women's Health, 21, S16-20, 2011	Study design not of interest for review: quantitative study
Bell, E. R., Glover, L., Alexander, T., 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, 2503-2513, 2014	Theme not of interest for review: abortion or birth decision process
Benson, L. S., Perrucci, A., Drey, E. A., Steinauer, J. E., Effect of shared contraceptive experiences on IUD use at an urban abortion clinic, Contraception, 85, 198-203, 2012	Study design not of interest for review: quantitative study
Black, B. P., Truth telling and severe fetal diagnosis: A virtue ethics perspective, Journal of Perinatal and Neonatal Nursing, 25, 13-20, 2011	No themes of interest for review: preferences for language around abortion and explaining the abortion to other people
Blanchard, Kelly, Meadows, Jill L., Gutierrez, Hialy R., Hannum, Curtiss Ps, Douglas-Durham, Ella F., Dennis, Amanda J., Mixed-methods investigation of women's experiences with second-trimester abortion care in the Midwest and Northeast United States, Contraception, 96, N.PAG-N.PAG, 2017	No themes of interest for review: travel, funding, experiences with staff, pain and abortion restrictions
Broen, A. N., Moum, T., Bodtker, A. S., Ekeberg, O., Predictors of anxiety and depression following pregnancy termination: a longitudinal five-year follow-up study, Acta Obstetricia et Gynecologica Scandinavica, 85, 317-23, 2006	Study design not of interest for review: quantitative study
Brown, S., Is counselling necessary? Making the decision to have an abortion. A qualitative interview study, European Journal of Contraception and Reproductive Health Care, 18, 44-48, 2013	No themes of interest for review: abortion

Study	Reason for Exclusion
	decision making process
Cameron, S. T., Glasier, A., Identifying women in need of further discussion about the decision to have an abortion and eventual outcome, Contraception, 88, 128-132, 2013	Study design not of interest for review: quantitative study
Cappiello, J., Merrell, J., Rentschler, D., Women's experience of decision-making with medication abortion, Mcn, The American journal of maternal child nursing. 39, 325-330, 2014	No themes of interest for review: decision-making with medication abortion
Carlsson, T., Axelsson, O., Patient Information Websites About Medically Induced Second-Trimester Abortions: A Descriptive Study of Quality, Suitability, and Issues, Journal of medical Internet research, 19, e8, 2017	Study design not of interest for review: quantitative survey
Chor, J., Tusken, M., Lyman, P., Gilliam, M., Factors Shaping Women's Pre-abortion Communication with Their Regular Gynecologic Care Providers, Women's Health Issues, 26, 437-441, 2016	No themes of interest for review: abortion decision making discussion with regular gynaecology care provider
Chor, J., Lyman, P., Tusken, M., Patel, A., Gilliam, M. Women's experiences with doula support during first-trimester surgical abortion: A qualitative study. Contraception 2016 93 p.244-248	No themes of interest for review: support after abortion
Claridge, A. M., Chaviano, C. L., Consideration of Abortion in Pregnancy: Demographic Characteristics, Mental Health, and Protective Factors, Women and Health, 53, 777-794, 2013	Study design not of interest for review: quantitative study
Clyde, J., Bain, J., Castagnaro, K., Rueda, M., Tatum, C., Watson, K., Evolving capacity and decision-making in practice: Adolescents' access to legal abortion services in Mexico City, Reproductive Health Matters, 21, 167-175, 2013	Study design not of interest for review: quantitative survey
Coleman, P. K., Diagnosis of Fetal Anomaly and the Increased Maternal Psychological Toll Associated with Pregnancy Termination, Issues in Law & Medicine, 30, 3-23, 2015	Study design not of interest for review: narrative review
Coleman, P. K., Coyle, C. T., Rue, V. M., Late-term elective abortion and susceptibility to posttraumatic stress symptoms, Journal of pregnancy, 2010, 130519, 2010	Study design not of interest for review: quantitative survey
Coyle, Catherine T., Coleman, Priscilla K., Rue, Vincent M., Inadequate preabortion counseling and decision conflict as predictors of subsequent relationship difficulties and psychological stress in men and women, Traumatology, 16, 16-30, 2010	Study design not of interest for review: quantitative study
Curley, M., Johnston, C., Exploring treatment preferences for psychological services after abortion among college students, Journal of Reproductive and Infant Psychology, 32, 304-320, 2014	Study design not of interest for review: quantitative survey with one apparently qualitative question, the analysis and results of which were not clearly reported
Daly, J. Z., Ziegler, R., Goldstein, D. J., Adolescent postabortion groups: risk reduction in a school-based health clinic, Journal of psychosocial nursing and mental health services, 42, 48-54, 2004	Study date not of interest for review: pre-2004

Study	Reason for Exclusion
de Medeiros Guimarães, Aniete Cintia, da Silva Ramos, Karla, FEELINGS OF WOMEN IN THE EXPERIENCE OF LEGAL ABORTION DUE TO SEXUAL VIOLENCE, Journal of Nursing UFPE / Revista de Enfermagem UFPE, 11, 2349-2356, 2017	Country not of interest for review: Brazil
Dehlendorf, C., Diedrich, J., Drey, E., Postone, A., Steinauer, J., Preferences for decision-making about contraception and general health care among reproductive age women at an abortion clinic, Patient education and counseling, 81, 343-348, 2010	No themes of interest for review: contraception decision making process
Doran, F., Hornibrook, J., Rural New South Wales women's access to abortion services: highlights from an exploratory qualitative study, The Australian journal of rural health, 22, 121-126, 2014	No themes of interest for review: access to abortion services
Ely, Gretchen E., Dulmus, Catherine N., Akers, L., An examination of levels of patient satisfaction with their abortion counseling experience: A social work practice evaluation, Best Practices in Mental Health: An International Journal, 6, 103-114, 2010	Timeframe of abortion support not of interest for review: pre-abortion counselling
Falk, G., Brynhildsen, J., Ivarsson, A. B., Contraceptive counselling to teenagers at abortion visits - A qualitative content analysis, European Journal of Contraception and Reproductive Health Care, 14, 357-364, 2009	Source of information not of interest for review: medical records of women undergoing abortion
Falk, G., Ivarsson, A. B., Brynhildsen, J., Teenagers' struggles with contraceptive use - What improvements can be made?, European Journal of Contraception and Reproductive Health Care, 15, 271-279, 2010	No themes of interest for review: contraceptive use
Fielding, S. L., Schaff, E. A., Social context and the experience of a sample of U.S. women taking RU-486 (mifepristone) for early abortion, Qualitative Health Research, 14, 612-627, 2004	No themes of interest for review
Fisher, J., Lohr, P. A., Lafarge, C., Robson, S. C., Termination for fetal anomaly: are women in England given a choice of method?, Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology, 35, 168-172, 2015	Study design not of interest for review: quantitative survey
Foster, A. M., Wynn, L. L., Trussell, J., Evidence of global demand for medication abortion information: An analysis of www.medicationabortion.com, Contraception, 89, 174-180, 2014	Study design not of interest for review: narrative review
French, V. A., Steinauer, J. E., Kimport, K., What Women Want from Their Health Care Providers about Pregnancy Options Counseling: A Qualitative Study, Women's Health Issues, 27, 715-720, 2017	No themes of interest for review: pregnancy options counselling
Gelman, A., Rosenfeld, E. A., Nikolajski, C., Freedman, L. R., Steinberg, J. R., Borrero, S., Abortion Stigma Among Low-Income Women Obtaining Abortions in Western Pennsylvania: A Qualitative Assessment, Perspectives on Sexual and Reproductive Health, 49, 29-36, 2017	No themes of interest for review: anti-abortion attitudes
Gordon, L., Thornton, A., Lewis, S., Wake, S., Sahhar, M. An evaluation of a shared experience group for women and their support persons following prenatal diagnosis and termination for a fetal abnormality. Prenatal Diagnosis 2007 27 p.835-839	No themes of interest for review: support after abortion
Graham, R. H., Mason, K., Rankin, J., Robson, S. C., The role of feticide in the context of late termination of pregnancy: a qualitative study of health professionals' and parents' views, Prenatal Diagnosis, 29, 875-881, 2009	No themes of interest for review: role of feticide in abortion

Study	Reason for Exclusion
Grindlay, K., Lane, K., Grossman, D., Women's and Providers' Experiences with Medical Abortion Provided Through Telemedicine: A Qualitative Study, Women's Health Issues, 23, e117-e122, 2013	No themes of interest for review: how abortion is performed
Hallden, B. M., Christensson, K., Olsson, P., Meanings of being pregnant and having decided on abortion: Young Swedish women's experiences, Health Care for Women International, 26, 788-806, 2005	No themes of interest for review: experience of being pregnant and decided on abortion care
Hamama, L., Rauch, S. A. M., Sperlich, M., Defever, E., Seng, J. S., Previous experience of spontaneous or elective abortion and risk for posttraumatic stress and depression during subsequent pregnancy, Depression and Anxiety, 27, 699-707, 2010	Study design not of interest for review: Quantitative survey
Harris, A. A., Supportive counseling before and after elective pregnancy termination, Journal of Midwifery and Women's Health, 49, 105-112, 2004	Study design not of interest for review: narrative review
Hatcher, M., Cox, C. M., Shih, G., If, when, and how to discuss available abortion services in the primary care setting, Women & HealthWomen Health, 1-12, 2017	Population not of interest for review: women not undergoing abortion
Heller, R., Purcell, C., Mackay, L., Caird, L., Cameron, S. T., Barriers to accessing termination of pregnancy in a remote and rural setting: a qualitative study, Bjog-an International Journal of Obstetrics and Gynaecology, 123, 1684-1691, 2016	No themes of interest for review: access to abortion services
Hoggart, Lesley, Internalised abortion stigma: Young women's strategies of resistance and rejection, Feminism & Psychology, 27, 186-202, 2017	No themes of interest for review: women's decision making experiences around abortion
Hoggart,L., Phillips,J., Teenage pregnancies that end in abortion: what can they tell us about contraceptive risk-taking?, Journal of Family Planning and Reproductive Health Care, 37, 97-102, 2011	No themes of interest for review: sexual decision making
Hunt, K., France, E., Ziebland, S., Field, K., Wyke, S., 'My brain couldn't move from planning a birth to planning a funeral': a qualitative study of parents' experiences of decisions after ending a pregnancy for fetal abnormality, International Journal of Nursing Studies, 46, 1111-1121, 2009	Population not of interest for review: parents views, women's views not stratified separately
Jones, K., Baird, K., Fenwick, J. Women's experiences of labour and birth when having a termination of pregnancy for fetal abnormality in the second trimester of pregnancy: A qualitative meta-synthesis. Midwifery 2017 50 p.42-54	Not all studies meet inclusion criteria for review: data extracted from original studies
Karasek, D., Roberts, S. C. M., Weitz, T. A., Abortion Patients' Experience and Perceptions of Waiting Periods: Survey Evidence before Arizona's Two-visit 24-hour Mandatory Waiting Period Law, Women's Health Issues, 26, 60-66, 2016	No themes of interest for review: abortion waiting periods
Kavlak,O., Atan,S.U., Saruhan,A., Sevil,U., Preventing and terminating unwanted pregnancies in Turkey, Journal of Nursing Scholarship, 38, 6-10, 2006	Study design not of interest for review: quantitative survey
Kerns, J. L., Mengesha, B., McNamara, B. C., Cassidy, A., Pearlson, G., Kuppermann, M., Effect of counseling quality on anxiety, grief, and coping after second-trimester abortion for pregnancy complications, Contraception., 2018	Study design not of interest for review: quantitative study

Study	Reason for Exclusion
Kero, A., Lalos, A., Increased contraceptive use one year post-abortion, Human Reproduction, 20, 3085-3090, 2005	Study design not of interest for review: quantitative survey
Kumar, U., Baraitser, P., Morton, S., Massil, H., Peri-abortion contraception: a qualitative study of users' experiences, Journal of Family Planning & Reproductive Health Care, 30, 55-6, 2004	Study dates not of interest for review: pre-2004
Kumar, U., Baraitser, P., Morton, S., Massil, H., Decision making and referral prior to abortion: A qualitative study of women's experiences, Journal of Family Planning and Reproductive Health Care, 30, 51-54, 2004	Study dates not of interest for review: pre-2004
Lafarge, C., Mitchell, K., Fox, P. Women's experiences of coping with pregnancy termination for fetal abnormality. Qualitative Health Research 2013 23 p.924-936	No themes of interest for review: support after abortion
Lafarge, C., Mitchell, K., Fox, P. Termination of pregnancy for fetal abnormality: a meta-ethnography of women's experiences. Reproductive Health Matters 2014 22 p.191-201	Not all studies meet inclusion criteria for review: data extracted from original studies
Lafaurie, M. M., Grossman, D., Troncoso, E., Billings, D. L., Chavez, S., Women's perspectives on medical abortion in Mexico, Colombia, Ecuador and Peru: A qualitative study, Reproductive Health Matters, 13, 75-83, 2005	Countries not of interest for review: non-stratified qualitative review based on 70% non-OECD
Lee, E., Ingham, R., Why do women present late for induced abortion?, Best Practice and Research: Clinical Obstetrics and Gynaecology, 24, 479-489, 2010	Study design not of interest for review: narrative review
Lipp, A., Termination of pregnancy: a review of psychological effects on women, Nursing times, 105, 26-29, 2009	Study design not of interest for review: narrative review
Loeber, O. E., Muntinga, M. E., Contraceptive counselling for women with multiple unintended pregnancies: the abortion client's perspective, European Journal of Contraception and Reproductive Health Care, 22, 94-101, 2017	No themes of interest for review: contraceptive use prior to abortion
Loeber, O., Wijsen, C., Factors influencing the percentage of second trimester abortions in the Netherlands, Reproductive Health Matters, 16, 30-36, 2008	No themes of interest for review: factors influencing second trimester abortions
Loeber,O.E., Motivation and satisfaction with early medical vs. surgical abortion in the Netherlands, Reproductive Health Matters, 18, 145-153, 2010	No themes of interest for review: satisfaction with abortion technique
Lohr, P. A., Wade, J., Riley, L., Fitzgibbon, A., Furedi, A., Women's opinions on the home management of early medical abortion in the UK, Journal of Family Planning and Reproductive Health Care, 36, 21-25, 2010	No themes of interest for review: opinions of home management of early medical abortion
MacFarlane, Katrina A., O'Neil, Mary Lou, Tekdemir, Deniz, Foster, Angel M., O'Neil, Mary Lou, "It was as if society didn't want a woman to get an abortion": a qualitative study in Istanbul, Turkey, Contraception, 95, 154-160, 2017	No themes of interest for review: access, quality of care, and judgement
Maguire, M., Light, A., Kuppermann, M., Dalton, V. K., Steinauer, J. E., Kerns, J. L. Grief after second-trimester termination for fetal anomaly: A qualitative study. Contraception 2015 91 p.234-239	No themes of interest for review: support after abortion

Study	Reason for Exclusion
Mahan, S. T., Kasser, J. R., Prenatal ultrasound for diagnosis of orthopaedic conditions, Journal of Pediatric Orthopaedics, 30, S35-S39, 2010	Study design not of interest for review: narrative review
Mainey, L., Taylor, A., Baird, K., O'Mullan, C., Disclosure of domestic violence and sexual assault within the context of abortion: Meta-ethnographic synthesis of qualitative studies protocol, Systematic Reviews, 6 (1) (no pagination), 2017	Protocol of a systematic review
Maja, T. M. M., Factors impacting on contraceptive use among youth in Northern Tshwane: part 2, Health SA Gesondheid, 12, 39-47, 2007	Country not of interest for review: South Africa
Makenzius, M., Tyden, T., Darj, E., Larsson, M., Women and men's satisfaction with care related to induced abortion, European Journal of Contraception & Reproductive Health CareEur J Contracept Reprod Health Care, 17, 260-9, 2012	Population not of interest for review: mix of men and women undergoing abortion without stratification of data
McCoyd, J. L. Pregnancy interrupted: loss of a desired pregnancy after diagnosis of fetal anomaly. Journal of Psychosomatic Obstetrics & GynecologyJ Psychosom 2007 28 p.37-48	No themes of interest for review: support after abortion
McCoyd, J. L. M. What do women want? Experiences and reflections of women after prenatal diagnosis and termination for anomaly. Health care for women international 2009 30 p.507-535	No themes of interest for review: support after abortion
McCoyd, J. L., Discrepant feeling rules and unscripted emotion work: women coping with termination for fetal anomaly, The American journal of orthopsychiatry, 79, 441-451, 2009	No themes of interest for review: feeling rules
McKay, R. J., Rutherford, L., Women's satisfaction with early home medical abortion with telephone follow-up: a questionnaire-based study in the U.K, Journal of Obstetrics & GynaecologyJ Obstet Gynaecol, 33, 601-4, 2013	Study design not of interest for review: quantitative survey
McLemore, M., Levi, A., Nurses and care of women seeking abortions, 1971 to 2011, Journal of obstetric, gynecologic, and neonatal nursing : JOGNN / NAACOG, 40, 672-677, 2011	Population not of interest for review: nurses views
Moore, A. M., Frohwirth, L., Blades, N., What women want from abortion counseling in the United States: A qualitative study of abortion patients in 2008, Social Work in Health Care, 50, 424-442, 2011	Timing of support not of interest for review: pre-abortion support and decision making
Moreau, C., Trussell, J., Bajos, N., Contraceptive Paths of Adolescent Women Undergoing an Abortion in France, Journal of Adolescent Health., 2012	Study design not of interest for review: quantitative survey
Oliker, Chelsea, The impact of pre-abortion counseling on women's self-efficacy for coping and post-abortion adjustment, Dissertation Abstracts International: Section B: The Sciences and Engineering, 77, No Pagination Specified, 2016	Insufficient information to extract for review: abstract
Ortega Larrea, Susana, GarcÍA OrellÁN, Rosa, Ortega Larrea, Ana, El silencio social que se construye: EN TORNO AL ABORTO INDUCIDO, Index de Enfermería, 25, 243-247, 2016	Language not of interest for review: Spanish
Ostrach, B., Cheyney, M., Navigating Social and Institutional Obstacles: Low-Income Women Seeking Abortion, Qualitative Health Research, 24, 1006-1017, 2014	No themes of interest for review: access to abortion

Study	Reason for Exclusion
Parekh, S. A., Child consent and the law: An insight and discussion into the law relating to consent and competence, Child: Care, Health and Development, 33, 78-82, 2007	Study design not of interest for review: narrative review
Parens, E., Choosing Flourishing: Toward a More "Binocular" Way of Thinking about Disability, Kennedy Institute of Ethics journal, 27, 135-150, 2017	Study design not of interest for review: narrative review
Perry, R., Murphy, M., Rankin, K., Cowett, A., Haider, S., Harwood, B., One problem became another: A mixed-methods study of identification of and care for patients seeking abortion after sexual assault, Contraception, 90 (3), 309, 2014	Insufficient data to extract for review: abstract
Pitt, Penelope, McClaren, Belinda J., Hodgson, Jan. Embodied experiences of prenatal diagnosis of fetal abnormality and pregnancy termination. Reproductive health matters 2016 24 p.168-177	No themes of interest for review: support after abortion
Pratt, R., Stephenson, J., Mann, S. What influences contraceptive behaviour in women who experience unintended pregnancy? A systematic review of qualitative research. Journal of Obstetrics & Gynaecology 2014 34 p.693-9	Not all studies meet inclusion criteria for review: data extracted from original studies
Purcell, C., Riddell, J., Brown, A., Cameron, S. T., Melville, C., Flett, G., Bhushan, Y., McDaid, L., Women's experiences of more than one termination of pregnancy within two years: a mixed-methods study, BJOG: An International Journal of Obstetrics and Gynaecology, 124, 1983-1992, 2017	No themes of interest for review
Rocca, C. H., Kimport, K., Roberts, S. C. M., Gould, H., Neuhaus, J., Foster, D. G., Decision rightness and emotional responses to abortion in the United States: A longitudinal study, PLoS ONE, 10 (7) (no pagination), 2015	Study design not of interest for review: quantitative study
Rogers, C., Dantas, J. A. R., Access to contraception and sexual and reproductive health information post-abortion: A systematic review of literature from low- and middle-income countries, Journal of Family Planning and Reproductive Health Care, 43, 309-318, 2017	No studies of interest for review: non-OECD countries and 1 OECD country study previously excluded as quantitative survey
Rose, Sally B., Cooper, Annette J., Baker, Naomi K., Lawton, Beverley, Attitudes Toward Long-Acting Reversible Contraception Among Young Women Seeking Abortion, Journal of Women's Health (15409996), 20, 1729-1735, 2011	Theme not of interest for review: attitudes towards long-acting reversible contraceptives
Sandelowski, M., Barroso, J., The travesty of choosing after positive prenatal diagnosis, JOGNN - Journal of Obstetric, Gynecologic, and Neonatal Nursing, 34, 307-318, 2005	Study dates not of interest for review: all included studies pre-2004
Serrano, I., Doval, J. L., Lete, I., Arbat, A., Coll, C., Martinez-Salmean, J., Bermejo, R., Perez-Campos, E., Duenas, J. L., Contraceptive practices of women requesting induced abortion in Spain: A cross-sectional multicentre study, European Journal of Contraception and Reproductive Health Care, 17, 205-211, 2012	Study design not of interest for review: quantitative survey
Sloan, E. P., Kirsh, S., Mowbray, M., Viewing the fetus following termination of pregnancy for fetal anomaly, JOGNN - Journal of Obstetric, Gynecologic, and Neonatal Nursing, 37, 395-404, 2008	No themes of interest for review: impact of viewing deceased fetus

Study	Reason for Exclusion
Stalhandske, M. L., Ekstrand, M., Tyden, T. Women's existential experiences within Swedish abortion care. Journal of Psychosomatic Obstetrics and Gynecology 2011 32 p.35-41	No themes of interest for review: support after abortion
TePoel, M. R., Saftlas, A. F., Wallis, A. B., Harland, K., Peek-Asa, C., Help-Seeking Behaviors of Abused Women in an Abortion Clinic Population, Journal of Interpersonal Violence, 03, 03, 2016	Study design not of interest for review: quantitative survey
Tripney,J., Kwan,I., Bird,K.S., Postabortion family planning counseling and services for women in low-income countries: a systematic review, Contraception, 87, 17-25, 2013	No countries of interest for review: non-OECD countries
Trybulski, J., Making sense: women's abortion experiences, British Journal of Midwifery, 16, 576-582, 2008	No themes of interest for review: making sense of the abortion
Tsui, Amy O., Casterline, John, Singh, Susheela, Bankole, Akinrinola, Moore, Ann M., Omideyi, Adekunbi Kehinde, Palomino, Nancy, Sathar, Zeba, Juarez, Fatima, Shellenberg, Kristen M., Managing unplanned pregnancies in five countries: Perspectives on contraception and abortion decisions, Global Public Health, 6, 1-24, 2011	No themes of interest for review: perspectives of contraception and abortion decisions
Upadhyay, U. D., Cockrill, K., Freedman, L. R., Informing abortion counseling: An examination of evidence-based practices used in emotional care for other stigmatized and sensitive health issues, Patient Education and Counseling, 81, 415-421, 2010	Population not of interest for review: experience of people with stigmatized and sensitive issues (not including abortion)
van Dijk, M. G., Arellano Mendoza, L. J., Arangure Peraza, A. G., Toriz Prado, A. A., Krumholz, A., Yam, E. A., Women's experiences with legal abortion in Mexico City: a qualitative study, Studies in Family Planning, 42, 167-74, 2011	Timeframe of information provision not of interest for review: post-abortion contraceptive information
Van Dijk, M., Sanhueza Smith, P., Flores Villalon, A., Chavez, L., Garcia, S., The experiences of women accessing legal abortion in Mexico City, International Journal of Gynecology and Obstetrics, 2), S368, 2009	Insufficient information to extract for the review: abstract
Veiga, M. B., Lam, M., Gemeinhardt, C., Houlihan, E., Fitzsimmons, B. P., Hodgson, Z. G., Social support in the post-abortion recovery room: Evidence from patients, support persons and nurses in a Vancouver clinic, Contraception, 83, 268-273, 2011	Study design not of interest for review: quantitative survey
Vogel, Kristina I., LaRoche, Kathryn J., El-Haddad, Julie, Chaumont, Andréanne, Foster, Angel M., Exploring Canadian women's knowledge of and interest in mifepristone: results from a national qualitative study with abortion patients, Contraception, 94, 137-142, 2016	No themes of interest for review: attitudes towards mifepristone
Wainwright, M., Colvin, C. J., Swartz, A., Leon, N., Self-management of medical abortion: a qualitative evidence synthesis, Reproductive Health MattersReprod Health Matters, 24, 155-67, 2016	No themes of interest for review: self-management of abortion
Wallin Lundell, I., Ohman, S. G., Sundstrom Poromaa, I., Hogberg, U., Sydsjo, G., Skoog Svanberg, A., How women perceive abortion care: A study focusing on healthy women and those with mental and posttraumatic stress, European Journal of Contraception and Reproductive Health Care, 20, 211-222, 2015	Study design not of interest for review: quantitative study
Weitz, T. A., Fogel, S. B., The Denial of Abortion Care Information, Referrals, and Services Undermines Quality Care for U.S. Women, Women's Health Issues, 20, 7-11, 2010	Study design not of interest for review: narrative review

Study	Reason for Exclusion
Wiebe, E. R., Littman, L., Kaczorowski, J., Moshier, E. L., Misperceptions about the risks of abortion in women presenting for abortion, Journal of Obstetrics & Gynaecology Canada: JOGC, 36, 223-30, 2014	Study design not of interest for review: quantitative survey
Wiebe, E. R., Sandhu, S., Access to Abortion: What Women Want From Abortion Services, Journal of Obstetrics and Gynaecology Canada, 30, 327-331, 2008	No themes of interest for review: access to abortion services
Wiebe,E.R., Trouton,K.J., Fielding,S.L., Grant,H., Henderson,A., Anxieties and attitudes towards abortion in women presenting for medical and surgical abortions, Journal of Obstetrics and Gynaecology Canada: JOGC, 26, 881-885, 2004	No themes of interest for review: anxiety and attitude towards abortion
Wiebe, E., Najafi, R., Soheil, N., Kamani, A. Muslim women having abortions in Canada: Attitudes, beliefs, and experiences. Canadian Family Physician 2011 57 p.e134-e138	No themes of interest for review: support after abortion
Wilson, Beverly Kaye, Experiences of women who seek recovery assistance following an elective abortion: A grounded theory approach, Dissertation Abstracts International: Section B: The Sciences and Engineering, 64, 4869, 2004	Insufficient information to extract for review: abstract
Wu, J. P., Godfrey, E. M., Prine, L., Andersen, K. L., MacNaughton, H., Gold, M., Women's satisfaction with abortion care in academic family medicine centers, Family medicine, 47, 98-106, 2015	No themes of interest for the review: satisfaction with abortion care
Xu, J. S., Dai, Y., Jiao, N., Qian, X., Zhang, W. H., Systematic review of experiences and effects of integrating post-abortion family planning services into existing health system worldwide, Journal of Reproduction and Contraception, 26, 31-45, 2015	Countries included in systematic review not of interest for review: non-OECD countries
Yassin, A. S., Cordwell, D., Does dedicated pre-abortion contraception counselling help to improve post-abortion contraception uptake?, Journal of Family Planning & Reproductive Health Care, 31, 115-6, 2005	Study design not of interest for review: audit

OECD: Organisation for Economic Co-operation and Development

Economic studies

No economic evidence was identified for this review. See supplementary material 2 for further information.

Appendix L – Research recommendations

Research recommendations for review question: What information would women who have requested an abortion like?

No research recommendations were made for this review question.

Appendix M – Qualitative quotes

Qualitative quotes for review question: What information would women who have requested an abortion like?

Table 12: Theme 1.1: Diagnosis of fetal anomaly

Study	Evidence
Andersson 2014	“Women undergoing abortion for fetal reasons looked for information about the diagnosis/malformations of the foetus: ‘I had actually read a lot on the internet and googled a lot. I skipped everything scary and read the positive’ (41 years old, 4th time pregnancy, 1 previous delivery and 2 abortions fatal malformation, week 13+5)” page 11

Table 13: Theme 1.2: Abortion

Study	Evidence
Subtheme 1.2.1: Choice of abortion method	
Kerns 2012	“He was thorough… he explained things well. He took the time to talk to us. He didn't rush us. He was compassionate, like he wasn't pushy, he was very neutral. He never said, “Well this is what I think you should do,” even though we were like, “Well what should we do?” He never went there. He knew it was a personal decision. He just wanted to give us all the facts. He was wonderful.” (Patient 15, 39 years) page 246
Kerns 2012	“She explained to me the different procedures… she made me feel comfortable choosing whatever, you know, whatever I decided to do. She just told me what my options were and told me whatever I decide to do it was okay and, you know, they're going to help me get through it.”(Patient 11, 28 years) page 246
Kerns 2012	“She gave me my options and my choices and left it up to me what I wanted to do. But as soon as I heard the diagnosis and basically what my options were, I immediately… knew what I had to do.” (Patient 8, 25 years) page 246
Kerns 2012	“Really when I got told about the problem that our baby was having, he kind of just said that there was only two options and it was to carry full term or have labor now. So I didn't know that D&E was even an option. So I was really upset and thought that I would have to give birth to my dead baby and I just, that was just so much… At that point, I was really scared that that was my only option.” (Patient 3, 20 years) page 246
Kerns 2012	“That's when I got a little bothered because I, at that moment really, I couldn't choose, right, 'cause I was already going to go into the room. But that's when I found out actually.” (Patient 14, 27 years) page 246
Subtheme 1.2.2: What to expect from the procedure	
Carlsson 2016	"Not knowing what to expect was probably one of the worst things" page 58
Fisher 2015	“The information given to me by the midwife and nurse was very good, [they told] me all what I should expect to happen” (P317) page 78
Fisher 2015	“Being given explanations about the procedure as ‘they went along’ (P147) was also critical, particularly because a medical procedure could be lengthy” page 78
Fisher 2015	“Women also welcomed the opportunity to ask questions: ‘Also I was given a lot of time to ask questions before the termination with the genetic counsellor, midwife and doctors’ (P194)” page 78
Andersson 2014	“Most information satisfying, but more demand for more detailed descriptions about the process to feel calm and secure in the abortion situation” page 10

Study	Evidence
Fisher 2015	"'Nobody told me how long I might be in the labour ward for (I was told 6–12 hours and I was there for three days which I later found out was quite common)"(P333) page 78
Lotto 2016	"… I didn't have a clue what I was doing… I didn't realise that I was going to have to do that [deliver the placenta following the arrival of the baby]" (Mother 09) page 16
Lotto 2016	"We were really in the hands of the people at the hospital and all that, and we really did not know what was happening, what it would be like. Because obviously we had no antenatal [classes] or anything like that" (Mother 12) page 16
Subtheme 1.2.3: What to expect from viewing the pregnancy	
Asplin 2014	"I was not prepared for the "little human being" about 12 in. and neither was the male trainee. My partner had to calm him down because he had quite a high level of stress, and it is not right to abandon your trainee like that, for the sake of both of us" page 623
Carlsson 2016	"It was my greatest fear, that he would be alive and cry when he came out" page 58

D&E: dilatation and evacuation

Table 14: Theme 1.3: Fetal remains

Study	Evidence
Fisher 2015	"Lack of information about what would happen to the baby's remains could also cause distress: 'After I was discharged I was supposed to be told when the baby would be cremated or if I wanted a funeral and I never was'(P291)" page 78

Table 15: Theme 1.4: Disclosing the end of pregnancy

Study	Evidence
Subtheme 1.4.1: Adults	
France 2013	"One mother said she got guidance from a support group member who also had ended a pregnancy because of fetal anomaly: 'it's alright to say, 'I've lost my baby. 'You don't have to say, 'Oh, I've had a termination because there was a severe problem because of this, because of that, because of my family. 'You can just say, 'I've lost my baby,' (Emily, heart condition, 22weeks)" page 27
France 2013	"Another said a hospital counsellor advised her to tell her friend who had a child with Down's syndrome that she had ended her pregnancy after a diagnosis of Down's syndrome because: 'You may find that she's more helpful to you than many of the other people you know. This had a positive outcome: "she was great, she was just, she was brilliant. And infact you know we realised that between us we'd gone through the two options and they were both very difficult options' (June, Down's syndrome, 19weeks)" page 27
Subtheme 1.4.2: Children	
France 2013	"We really don't know how to go about what to tell our daughter [um] about her brother. Do we just not say anything?"(Melanie, Down's syndrome, 16weeks) page 27

Table 16: Theme 1.5: Information format

Study	Evidence
Subtheme 1.5.1: Internet	
Andersson 2014	"Internet ….. were common sources of information: 'I had actually read a lot on the internet and googled a lot. I skipped everything scary and read the positive'

Study	Evidence
	(41 years old, 4th time pregnancy, 1 previous delivery and 2 abortions fatal malformation, week 13+5)" page 10-11
Subtheme 1.5.2: Healthcare professionals	
Andersson 2014	"Healthcare professionals …. were common sources of information" page 10
Fisher 2015	'The information given to me by the midwife and nurse was very good, [they told] me all what I should expect to happen' (P317). Being given explanations about the procedure as 'they went along' (P147) was also critical, particularly because a medical procedure could be lengthy. Women also welcomed the opportunity to ask questions: 'Also I was given a lot of time to ask questions before the termination with the genetic counsellor, midwife and doctors' (P194)' page 78
Subtheme 1.5.3: Support organisations	
Fisher 2015	"Alongside healthcare professionals, women also saw support organisations such as ARC or the Stillbirth and Neonatal Death Charity (SANDS) as pivotal in providing them with information: 'The ARC booklet I was given at the initial diagnosis straight after the scan, without it I would have been completely unaware of what to expect from the birth' (P310)" page 79
France 2013	"Amanda talked to Antenatal Results and Choices (ARC),a charity providing information on screening and diagnosis ….All reported finding the advice useful and had positive outcomes from enacting it" page 27
Subtheme 1.5.4: Specific and consistent	
Asplin 2014	"To send a letter with [information on] a day to come but no information about to whom, an expert or what. It has to be clarified" page 623
Asplin 2014	"Oh, this wait to get some answers, and every time I phoned asking this very same question, I received different answers. Very exhausting. You have to be sure of what is applicable' and not make a promise you can't keep. IP2" page 623
Andersson 2014	"Most information satisfying, but more demand for more detailed descriptions about the process to feel calm and secure in the abortion situation" page 10
Subtheme 1.5.5: Timing	
Asplin 2014	"You want closure. You can't do anything but waiting for the result of the autopsy; until that moment you cannot go on with your life; thats the consequence of a late answer" page 623
Fisher 2015	"The doctor brought in the post mortem consent when I was in the middle of labour and expected me to listen and make decisions about what I wanted to find out after the birth (…) the time she chose to do it didn't really work for me" (P334) page 78

ARC: Antenatal Results and Choices; SANDS: the Stillbirth and Neonatal Death Charity

Table 17: Theme 2.1: Navigating the system

Study	Evidence
Cano 2016	"[The family doctor] didn't really provide me with information at the first appointment…I wasn't sure what to ask for 'cause I didn't know anyone who had gone through it and I wasn't really wanting to kind of tell anyone what was happening" (Danielle, 34) page 491
Cano 2016	"So it took me a little bit of searching around, you know, I called different people, different places, and eventually I got in touch with the sexual clinic." page 491
Cano 2016	"Yeah they don't really lay it out clearly, like what's gonna happen, like you have no idea." page 491

Table 18: Theme 2.2: Abortion

Study	Evidence
Subtheme 2.2.1: What to expect from the procedure	
Andersson 2014	“Most information satisfying, but more demand for more detailed descriptions about the process to feel calm and secure in the abortion situation” page 10
Mukkavaara 2012	"I had not got such information that it would be like this, the reality was something else for me anyway" page 722
Purcell 2017	“As well as providing analgesics, much of the information related to expectation setting and advising women of circumstances in which they should seek help, which left most participants feeling appropriately informed: ‘Within 15 minutes once you’d inserted the tablets you’ll start getting symptoms and the pain will build up. You’ll probably start bleeding quite a lot. Then, over the next four hours, you should pass a very large clot, or several large clots. Once that’s happened the pain should start dissipating [. . .] They give you a scenario where you’re bleeding out more than you should be and therefore you should be phoning up’" page 2004
Subtheme 2.2.2: Pain and bleeding	
Ekstrand 2009	“I kind of thought that I’d go there, bleed a little and then go back home, having it all done. But I learned that wasn’t the case.”—17-year-old, first time pregnant page 177
Ekstrand 2009	“There wasn’t enough information about the bleeding and the pain, I thought. The bleeding was massive. It was very frightening.” page 177
Mukkavaara 2012	“Most of the women experienced the abortion with a bleeding that was larger than they were prepared for” page 722
Sherman 2017	"It does explain exactly what is going to happen but the pain bit would scare me definitely .... I just wouldn't have liked to watch it because the pain thing would have scared me" .... "For me it wasn't very bad so maybe it's better to say don't expect really really bad pains. It can happen but for some people it doesn't” page 271
Sherman 2017	"For me, it wasn't the pain that was the problem, it was the amount of bleeding was more than I expected. I wasn't really prepared for that" page 271
Subtheme 2.2.3: What to expect from viewing the pregnancy	
Kero 2009	‘. . . saw something that looked like a small amniotic sac . . . hard . . . was not prepared for it . . .’page 329
Kero 2009	‘. . . I put a paper in the toilet so I would see that I had aborted . . . was totally unprepared for seeing the embryo . . . became very sad . . . I could clearly see that it would be a human being . . .’. page 329
Mukkavaara 2012	"You could see fetus, where the ears were, the arms, I was really frightened" page 722
Purcell 2017	"[I] just felt compelled, that I had to look. So that’s when I knew [TOP had been effective]. [. . .] In hindsight I wish I hadn’t looked but I did, and that was probably the most traumatic thing I’ve ever seen or done. I thought ‘what on earth..?’ page 2005

TOP: termination of pregnancy

Table 19: Theme 2.3: Contraception

Study	Evidence
Subtheme 2.3.1: Timing	
Purcell 2016	"'obvious' time to do so and that they were 'glad' to talk about it" page 173
Subtheme 2.3.2: Effectiveness	
Becker 2008	"Some women wanted the fact to be emphasized that contraception 'is not 100%' [effective] and that counseling should cover simply 'that you should use contraception'" page 427
Subtheme 2.3.3: Choice	
Becker 2008	"Other women wanted information on the pill or condoms, 'medically inserted devices,' sterilization, side effects and the 'pros and cons of all the methods'." Page 427
Olavarrieta 2012	"I mean, if you asked, if you told the doctor that you wanted some method he explained it to you…but other than that no, no one explained anything about contraceptive methods." Page 18
Subtheme 2.3.4: Pressurised delivery	
Purcell 2016	"We were just using condoms so possibly not as effective as it could have been. I didn't feel like I was being told off for not using a different type of contraception though." (SRHC, implant). Page 173
Purcell 2016	"That's definitely the time to talk about it, and I think it's really good that they almost force you to make some sort of decision." (SRHC, intrauterine device) page 173
Purcell 2016	"I felt like I had to have it to please [doctor] because he was putting so much pressure on me. He was like "take these [leaflets], you need to have a look at them, you need to really think hard about contraception 'cause you need it, you can't go without". I was just like "give me a break, like, if it's my choice not to have it then it should be my choice".' (hospital, none) page 173

SRHC: sexual and reproductive health clinic

Table 20: Theme 2.4.: Information format

Study	Evidence
Subtheme 2.4.1: Internet	
Andersson 2014	"Internet ….. were common sources of information" page 10
Purcell 2016	"Those who had already explored options — via internet searches ……did not feel they needed to discuss contraception further but were amenable to having their chosen method provided at abortion" page 173
Subtheme 2.4.2: Healthcare professionals	
Andersson 2014	"Healthcare professionals …. were common sources of information" page 10
Purcell 2017	"It's good to do it at home, but I think a good level of honesty from the nurse [is helpful], because it's on the cusp of being cope-able with" page 2004
Subtheme 2.4.3: Family and friends	
Andersson 2014	"Family and friends …. were common sources of information" page 10
Subtheme 2.4.4: Experiential film	
Sherman 2017	"it just sort of said everything and how I felt and what I went through. That's what I said, it was just pretty weird watching it because it covered pretty much everything - how I was feeling and what I was really thinking" page 270

Study	Evidence
Sherman 2017	"It wasn't such an easy decision for me, that might have frustrated me a bit, like how did she know, it was so easy for her" page 271
Sherman 2017	"Yeah it would definitely help, like I said, certain people. It wouldn't be for everybody of course but it would help them with their decision and just to understand what they are going to go through, from somebody else who'd been through it" page 271
Sherman 2017	"It does explain exactly what is going to happen but the pain bit would scare me definitely .... I just wouldn't have liked to watch it because the pain thing would have scared me" .... "For me it wasn't very bad so maybe it's better to say don't expect really really bad pains. It can happen but for some people it doesn't" page 271
Sherman 2017	"Because it's only one person's response, maybe some people who weren't happy getting an abortion might find it harder to connect with that .... I think if there were others and there were ones that said actually its ok to be really upset afterwards, I think that probably would have been better" page 271
Sherman 2017	"the end bit is not the end point, it's going for that pregnancy test in 2 weeks time and finding out from that point that you may be going for a scan and also what kind of contraception are you going back to?" page 272
Subtheme 2.4.5: Language	
Mukkavaara 2012	'professional and high-blown' page 722