National Institute for Health and Care Excellence

Final

# Abortion care

## [O] Support after 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*

**Disclaimer**

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

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# Support after abortion

# Review question

What support would women like after an abortion?

## Introduction

The aim of this review is to determine what support women who have had an abortion would like after 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 had a termination of pregnancy within the previous year |
| **Perspective** | Women who have had a termination of pregnancy |
| **Outcomes** | Any support regarded by women who have had a termination of pregnancy as useful/not useful or needed/not needed |

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.

Eleven qualitative studies were included in this review (Asplin 2014; Cano 2016; Carlsson 2016; Chor 2016; Fisher 2015; Lafarge 2013; Lotto 2016; Maguire 2015; McCoyd 2007; McCoyd 2009; Mukkavaara 2012). Of these, 8 studies included women undergoing abortion for fetal anomaly (Asplin 2014; Carlsson 2016; Fisher 2015; Lafarge 2013; Lotto 2016; Maguire 2015; McCoyd 2007; McCoyd 2009) and 3 studies included women undergoing abortion not for fetal anomaly (Cano 2016; Chor 2016; Mukkavaara 2012).

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** | | | |
| Asplin 2014<br><br>Sweden | n=11<br><br>Pregnant women with a fetal anomaly | **Sampling**: Unclear methods from 4 major clinics in the Stockholm area<br><br>**Data collection:** Semi-structured interviews | • Need for support:<br>○ Isolation<br>○ Negative feelings<br>○ Specific questions<br>○ Dealing with milestones and the future<br>• Access to support:<br>○ Variation in whether follow-up is given<br>• Source of support:<br>○ Psychological follow-up and counselling<br>○ Support groups and women with similar experiences<br>○ Welfare officers<br>• Lack of awareness of circumstances among health professionals encountered during follow-up care |
| Carlsson 2016<br><br>Sweden | n=122<br><br>n=112 females; n=1 male; n=9 unknown<br><br>Women with both current and previous experience of an abortion following a antenatal diagnosis of fetal anomaly | **Sampling**: Purposive sampling<br><br>**Data collection**: Threads and messages of a virtual community | • Source of support:<br>○ Support takes multiple forms<br>○ Support groups and women with similar experiences |
| Fisher 2015<br><br>UK | n=351<br><br>(n=287 medical abortion; n=64 surgical abortion) | **Sampling:** Purposive sampling from Antenatal results and Choices (ARC) membership of women | • Need for support<br>○ Isolation<br>• Access to support<br>○ Variation in whether follow-up is given |

| Study and setting | Participants | Methods | Themes applied after thematic synthesis |
|---|---|---|---|
| | Women who have had an abortion for a fetal anomaly | **Data collection:** Cross-sectional, retrospective, online survey with open ended questions | • Source of support<br>  ○ Bereavement midwives |
| Lafarge 2013<br><br>UK | n=27<br><br>Women who have had an abortion for a fetal anomaly | **Sampling:** Recruitment from a support group for parents who have had an anomaly detected during pregnancy via email and forum<br><br>**Data collection:** Online survey with open-ended questions | • Need for support:<br>  ○ Isolation<br>• Access to support:<br>  ○ Variation in whether follow-up is given<br>  ○ Availability over time<br>• Source of support:<br>  ○ Support takes multiple forms<br>  ○ Psychological follow-up and counselling<br>  ○ Support groups and women with similar experiences<br>  ○ Friends and family<br>• Support should be specific to abortion |
| Lotto 2016<br><br>UK | n=18 (only views of n=10 women are of interest)<br><br>Women undergoing abortion for severe congenital anomaly | **Sampling:** Purposeful sampling through fetal medicine clinic lists<br><br>**Data collection:** Semi-structured interviews | • Access to support:<br>  ○ Stigma impacts disclosure and access |
| Maguire 2015<br><br>USA | n=13<br><br>Women undergoing second trimester abortion for fetal anomaly | **Sampling:** Women were recruited from 4 sites; 2 that provided surgical abortions for fetal anomaly and 2 that provided medical abortion (induction); strategy not reported<br><br>**Data collection:** Semi-structured interviews | • Need for support:<br>  ○ Isolation<br>• Support should be specific to abortion |
| McCoyd 2007<br><br>USA | n=30<br><br>Women who had an abortion due to fetal anomaly in the previous year | **Sampling:** Women were recruited through obstetricians and perinatologists and a website devoted to women who had an abortion for fetal anomaly.<br><br>**Data collection:** Interviews; structure not reported | • Need for support:<br>  ○ Validation of feelings<br>• Access to support:<br>  ○ Availability over time<br>  ○ Stigma impacts disclosure and access<br>• Source of support:<br>  ○ Friends and family<br>• Support should be specific to termination |
| McCoyd 2009<br><br>USA | n=30<br><br>Inclusion criteria not reported | **Sampling:** Purposive sampling was used to recruit women from perinatology offices and a | • Need for support:<br>  ○ Validation of feelings<br>• Source of support: |

| Study and setting | Participants | Methods | Themes applied after thematic synthesis |
|---|---|---|---|
| | | listserv dedicated to women who had an abortion for fetal anomaly<br><br>**Data collection:** Semi-structured interviews | ○ Support groups and women with similar experiences<br>• Support should be specific to abortion |
| **Women undergoing abortion not for fetal anomaly** | | | |
| Cano 2016<br><br>Canada | n=16<br><br>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<br><br>**Data collection:** Semi-structured interviews | • Source of support:<br>○ Psychological follow-up and counselling |
| Chor 2016<br><br>USA | n=30<br><br>Women ≥18 years of age requesting abortion up to $13^{+6}$ weeks gestation | **Sampling:** Purposive sampling<br><br>**Data collection:** Semi-structured interviews | • Source of support:<br>○ Doulas |
| Mukkavaara 2012<br><br>Mexico City | n=6<br><br>Women undergoing abortion in the second trimester | **Sampling:** Purposive sampling visiting the gynaecological department for an abortion in 2 hospitals<br><br>**Data collection:** Semi-structured interviews | • Need for support:<br>○ Negative feelings<br>• Access to support:<br>○ Variation in whether follow-up is given<br>• Source of support:<br>○ Support groups and women with similar experiences |

*ARC: Antenatal Results and Choices*

See the full evidence tables in appendix D for clinical evidence tables 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

### Theme 1: Need for support

#### *Subtheme 1.1: Isolation – fetal anomaly*

Low quality evidence from 5 studies (n=442) conducted in Sweden, the UK and the USA reported that women felt isolated following an abortion for fetal anomaly and that support received helped alleviate this.

#### *Subtheme 1.2: Negative feelings – fetal anomaly and not for fetal anomaly*

Very low quality evidence from 2 studies (n=17) conducted in Sweden reported that women needed help with their negative feelings following an abortion.

#### *Subtheme 1.3: Validation of feelings – fetal anomaly*

Very low quality evidence from 2 studies (n=60) conducted in the USA reported that women wanted someone to validate the way they were feeling following an abortion for fetal anomaly, rather than try to make them feel better, and that it was helpful to know their feelings were normal and experienced by other women in a similar situation.

#### *Subtheme 1.4: Specific questions – fetal anomaly*

Very low quality evidence from 1 study (n=11) conducted in Sweden reported that women felt despair after an abortion for fetal anomaly and needed a way of reaching someone with their specific questions.

#### *Subtheme 1.5: Dealing with milestones and the future – fetal anomaly*

Very low quality evidence from 1 study (n=11) conducted in Sweden reported that women were unable to work and lacked energy and motivation following an abortion for fetal anomaly and wanted help with how to think about the future and reaching milestones.

### Theme 2: Access to support

#### *Subtheme 2.1: Variation in whether follow-up is given – fetal anomaly and not for fetal anomaly*

Low quality evidence from 4 studies (n=405) conducted in Sweden and the UK reported that support following an abortion is important but that it is limited and many women do not end up with follow-up support. Women reported that whether or not follow-up is received is often

down to the women herself and the healthcare professionals they encounter rather than on established routines, and those who declined follow-up later regretted it.

***Subtheme 2.2: Availability over time – fetal anomaly***

Low quality evidence from 3 studies (n=87) conducted in the UK and the USA reported that the availability of support decreases over time after an abortion for fetal anomaly, despite the desire for ongoing support, and that grief lasts longer than expected by the woman.

***Subtheme 2.3: Stigma impacts disclosure and access – fetal anomaly***

Very low quality support from 2 studies (n=40) conducted in the UK and the USA reported that the stigma surrounding abortion may prevent women for disclosing their experience and seeking support from friends and family due to fear of negative reactions, increasing isolation.

**Theme 3: Source of support**

***Subtheme 3.1: Support takes multiple forms – fetal anomaly***

Low quality evidence from 2 studies (n=149) conducted in Sweden and the UK reported that women utilised multiple forms of support to cope following an abortion for fetal anomaly and to come to terms with the decision they made.

***Subtheme 3.2: Psychological follow-up and counselling – fetal anomaly and not for fetal anomaly***

Low quality evidence from 3 studies (n=54) conducted in Canada, Sweden and the UK reported that women felt some form of counselling or psychological support should be standard following an abortion and that it was not feasible for women to fund their own psychological support following an abortion. The timing of counselling was also considered an important factor as some women felt vulnerable as they had started the process too early.

***Subtheme 3.3: Support groups and women with similar experiences – fetal anomaly and not for fetal anomaly***

Low quality evidence from 5 studies (n=196) conducted in Sweden, the UK and the USA reported that women valued being part of support groups and sharing their thoughts and feelings with women who had similar experiences and that being part of a support group was the most beneficial form of support for women and that they did not think they would have coped without this support. However, some women reported that being part of a support group made them feel worse or that their grief was inadequate.

***Subtheme 3.4: Friends and family – fetal anomaly***

Very low quality evidence from 2 studies (n=57) conducted in the UK and the USA reported that support received from friends and family following an abortion for fetal anomaly was of variable quality and often failed to provide comfort.

***Subtheme 3.5: Welfare officers – fetal anomaly***

Very low quality evidence from 1 study (n=11) conducted in Sweden reported that contact with a welfare officer was appreciated as temporary support for a specific event following an abortion for fetal anomaly.

### *Subtheme 3.6: Social workers – fetal anomaly*

Very low quality evidence from 1 study (n=30) conducted in the USA reported that written information from social workers was useful following an abortion for fetal anomaly, but social work services were not effective if there was insufficient contact to build rapport.

### *Subtheme 3.7: Genetic counsellors – fetal anomaly*

Very low quality evidence from 1 study (n=30) conducted in the USA reported that a follow-up call from genetic counsellors was appreciated following an abortion and that, for many women, this was the time point where they realised they needed additional help.

### *Subtheme 3.8: Bereavement midwives – fetal anomaly*

Low quality evidence from 1 study (n=361) conducted in the UK reported that women felt follow-up care after an abortion for fetal anomaly from the bereavement midwife was excellent, when available.

### *Subtheme 3.9: Doulas – not for fetal anomaly*

Very low quality evidence from 1 study (n=30) conducted in the USA reported that some women were interested in having post-abortion discussions with doulas (that had been involved in the abortion process) as an opportunity to explore specific health-related topics, discuss psychosocial concerns and receive emotional support, and that a doula would be their first choice as they thought they were more emotionally attached than a counsellor would be. However, some women were not interested in post-abortion support from a doula as they felt doulas lacked medical expertise or they wanted to move on.

### Theme 4: Support should be specific to abortion – fetal anomaly

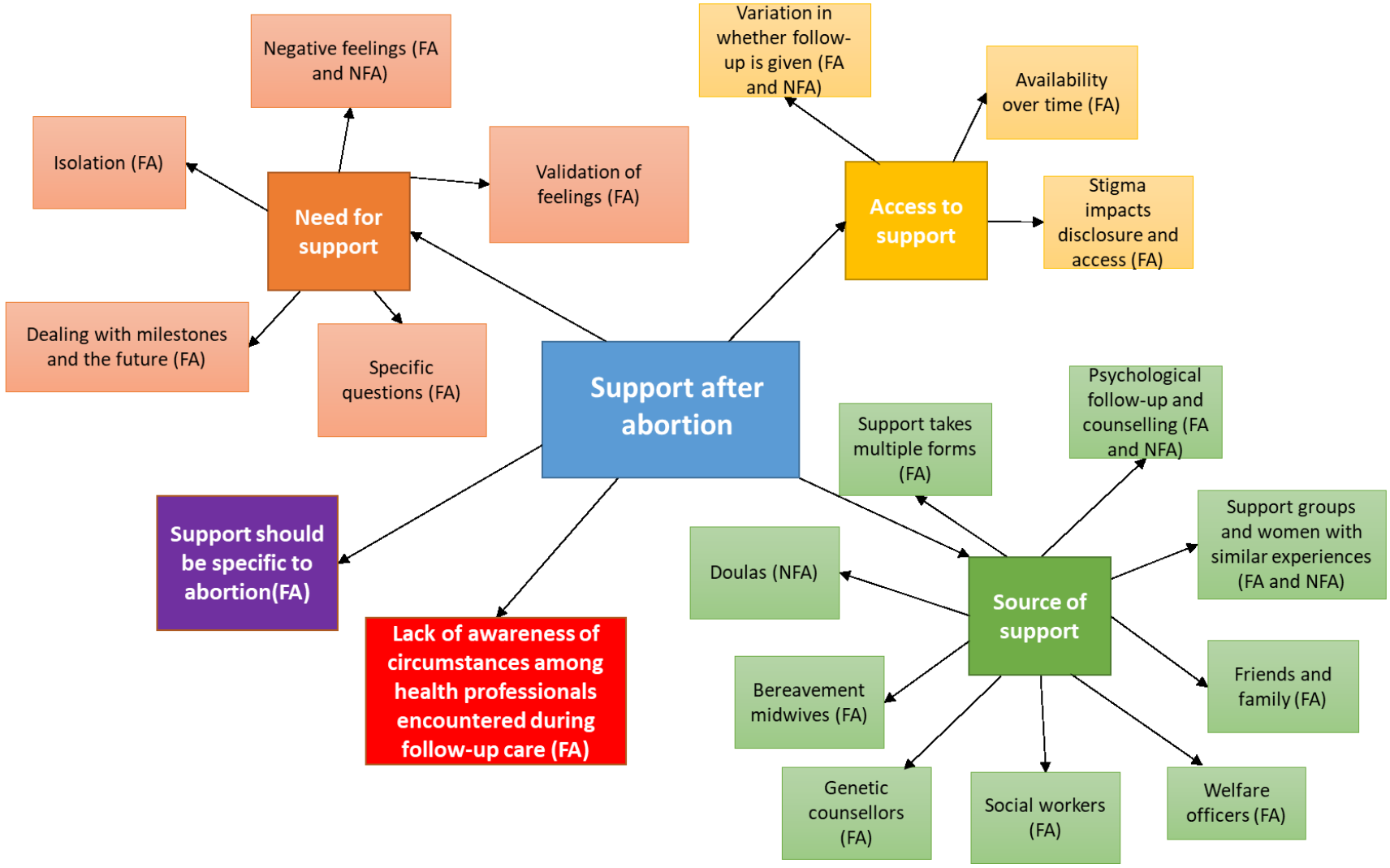
Low quality evidence from 4 studies (n=100) conducted in the UK and the USA reported that women felt uncomfortable attending support groups that were not specific to their situation or that support was inadequate if not tailored to their situation. Additionally, women felt undeserving of support if they had not told people the complete story.

### Theme 5: Lack of awareness of circumstances among health professionals encountered during follow-up care – fetal anomaly

Very low quality evidence from 1 study (n=11) conducted in Sweden reported that women found it disappointing when healthcare professionals encountered during follow-up care were not aware of what the woman had been through.

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

**Figure 1: Thematic map – Support after abortion *(FA: Fetal anomaly; NFA: 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 support women would like after an abortion; therefore a woman-centred approach was taken and the views of women who had an abortion were considered the most important for this question. The committee did not pre-specify any types of support as they did not want to constrain the evidence that was considered for this question. Therefore, any support regarded by women who have had an abortion as useful or not useful or needed or not needed was included.

The views of staff working in abortion services were not considered for this question as the committee agreed that the support staff think women should receive after an abortion may differ for the support that women would actually like to receive.

#### *The quality of the evidence*

The quality of evidence was assessed using the GRADE CERQual methodology. Evidence for themes 1 (need for support), 2 (access to support) and 3 (source of support) ranged from very low to low quality. All of the subthemes within these themes were downgraded due to concerns with the methodological quality of the data and a number of subthemes were also downgraded due to the relevance and adequacy of the data. Evidence for theme 4 (support should be specific to abortion) was of low quality and downgraded due to Serious concerns with the methodological quality of the data. The evidence for theme 5 (lack of awareness of circumstances among health professionals encountered during follow-up care) was very low quality and downgraded due to concerns with the methodological quality, relevance, and adequacy of the data.

#### *Benefits and harms*

There was evidence that whether or not women received follow-up, including aftercare and support, was variable and was not based on established routines. There was limited information available for this subtheme, but the committee agreed based on their experience that, whilst information about aftercare should constitute good clinical practice, whether and how much information is provided is very variable in practice. Therefore, the committee recommended that women are provided with information about what to expect regarding follow-up and aftercare and, more specifically in relation to aftercare, information about what to do if they experience any complications and how to seek care out of hours. There was evidence that women may need support following abortion for a number of reasons, including: dealing with isolation, negative feelings, milestones and the future, and to receive answers to specific questions and have someone validate their feelings. The committee did not think it was appropriate to specify in detail how women may feel following an abortion as it may cause women to feel worse in anticipation of such feelings or to feel that their grief is inadequate, which emerged as a theme from the evidence related to support groups. Therefore, the committee agreed that women should be told that it is common to experience a range of emotions following an abortion, but what and how much information is provided should be at the discretion of the clinician.

There was evidence that women seek support from multiple sources, including family and friends, support groups and women with similar experiences, and psychological support and counselling; therefore, the committee agreed that women should be advised to seek support if they need it. There was evidence that support from family and friends may fail to provide comfort; however, this was based on very low quality evidence and the committee agreed that support from friends and family may be beneficial for some women. The committee also noted that support groups should be specific and relevant to women who have had an

abortion due to evidence that women felt support can be inadequate if not specific to their circumstances, such as support groups for women who have lost a child, and that women felt underserving of support received if others were not aware of the situation. Following comments from stakeholders, the committee agreed it was important to include pastoral support in the recommendations although there was no evidence that women sought support from these sources.

There was evidence that the stigma associated with abortion impacts disclosure which impacts women accessing support. Therefore, the committee agreed that it is important that emotional support is available from abortion providers as this would not require additional disclosure by the women in order to access support. They also agreed that there is no threshold to accessing emotional support and that there is no time limit on when support can be accessed following an abortion as there as evidence that grief may last longer than expected by women but the availability of support was perceived to decline over time. However, the committee did not think it was appropriate to offer counselling as standard, despite this arising as a theme in the qualitative evidence, as offering everyone counselling sets the expectation that women will have negative feelings and need counselling. This may be the case for some women; however, the committee agreed that not all women feel they need support after an abortion and suggesting that they do might cause them to feel worse, as described above in relation to telling women what they might feel after an abortion. The committee noted that difficulties experienced by some women may require more intensive psychological therapy, which is often not available from termination of pregnancy services. Further, the committee agreed that it may not always be in the best interest of the woman for this to be provided within abortion services as they will be unlikely to have as much expertise as specialist counselling services. However, as noted above women may be reluctant to access support from independent services, and the committee noted that there can be difficulties providing referrals. Therefore, the committee did not think they could be prescriptive about where counselling services should be placed and agreed that providers should either provide counselling, or refer women to counselling, if it is requested. Recommending pathways for referral was beyond the scope of this question.

The majority of the evidence for this review came from women who were having an abortion for fetal anomaly. The committee agreed that the recommendations were relevant to all women seeking an abortion but there were additional factors that need considering when women are having an abortion for fetal anomaly. For example, when discussing feelings women may experience following an abortion, clinicians may want to discuss the grieving process following an abortion for fetal anomaly, particularly as it is more likely in this group that the pregnancy was originally intended. The committee agreed this should be done at the clinicians' discretion to avoid being prescriptive about how women should feel, and therefore did not make recommendations in this area. Similarly, this population may require additional support regarding disclosing the end of the pregnancy to friends and family, which emerged as a theme from the information needs review, and accessing specialist support groups; however, there was insufficient evidence to inform recommendations on how this support should be provided. There was also evidence that follow-up from genetic counsellors and bereavement midwives may be beneficial for women having an abortion for fetal anomaly but the committee agreed that the evidence was not strong enough to make recommendations about these roles due to concerns with the methodological quality and adequacy of the data.

There was evidence that women were disappointed when healthcare professionals encountered during follow-up care were not aware of what the woman had been through. The committee did not think it was appropriate to recommend that the abortion is disclosed to all healthcare professionals that may be encountered during follow-up care due to concerns with privacy and confidentiality that arose during the review of access to abortion services.

Finally, there was evidence that some women benefitted from support provided by welfare officers and doulas but the committee did not make recommendations about these professions as the evidence was very low quality and they were not considered relevant to

abortion practice in the UK. There was also very low quality evidence pertaining to social workers, but whilst information from this group could be useful, women felt they was insufficient time to build rapport so services were ineffective; therefore, the committee agreed there was not sufficient evidence to recommend the involvement of social workers.

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 support after 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 thought that, overall, there would not be a significant increase in costs or resources associated with these recommendations as many of the sources of support are already available and are provided outside of the NHS. There may be an increase in costs and resources for specific trusts if they do not currently provide emotional support after an abortion but, in the committee's experience, many trusts already offer this and have arrangements in place for referring women to counselling services, if required.

## References


### Asplin 2014

Asplin, N., Wessel, H., Marions, L., Georgsson Ohman, S. (2014). Pregnancy termination due to fetal anomaly: women's reactions, satisfaction and experiences of care. Midwifery, 30, 620-7

### Cano 2016

Cano, J. K., Foster, A. M. (2016). "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

### Carlsson 2016

Carlsson, T., Bergman, G., Karlsson, A. M., Wadensten, B., Mattsson, E. (2016). Experiences of termination of pregnancy for a fetal anomaly: A qualitative study of virtual community messages. Midwifery, 41, 54-60

### Chor 2016

Chor, J., Lyman, P., Tusken, M., Patel, A., Gilliam, M. (2016). Women's experiences with doula support during first-trimester surgical abortion: A qualitative study. Contraception, 93, 244-248.

### Fisher 2015

Fisher, J., Lafarge, C. (2015). Women’s experience of care when undergoing termination of pregnancy for fetal anomaly in England. Journal of Reproductive & Infant Psychology, 33, 69-87

### Lafarge 2013

Lafarge, C., Mitchell, K., Fox, P. (2013). Women's experiences of coping with pregnancy termination for fetal abnormality. Qualitative Health Research, 23, 924-936.

### Lotto 2016

Lotto, R., Armstrong, N., Smith, L. K. (2016). 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

### Maguire 2015

Maguire, M., Light, A., Kuppermann, M., Dalton, V. K., Steinauer, J. E., Kerns, J. L. (2015). Grief after second-trimester termination for fetal anomaly: A qualitative study. Contraception, 91, 234-239.

### McCoyd 2007

McCoyd, J. L. (2007). Pregnancy interrupted: loss of a desired pregnancy after diagnosis of fetal anomaly. Journal of Psychosomatic Obstetrics & Gynecology, 28, 37-48.

**McCoyd 2009**

McCoyd, J. L. M. (2009). What do women want? Experiences and reflections of women after prenatal diagnosis and termination for anomaly. Health care for women international, 30, 507-535.

**Mukkavaara 2012**

Mukkavaara, I., Ohrling, K., Lindberg, I. (2012). Women's experiences after an induced second trimester abortion. Midwifery, 28, e720-e725

# Appendices

## Appendix A – Review protocols

### Review protocol for review question: What support would women like after an abortion?

| Field (based on PRISMA-P | Content |
|---|---|
| Review question in SCOPE | What support should women be offered after a termination of pregnancy? |
| Review question in guideline | What support would women like after a termination of the pregnancy? |
| Type of review question | Qualitative |
| Objective of the review | To determine what support women who have had a termination of pregnancy would like |
| Eligibility criteria – population | Women who have had a termination of pregnancy within the previous year<br><br>Exclusions:<br>- Studies with indirect populations will not be considered |
| Eligibility criteria – perspective | Women who have had a termination of pregnancy<br><br>Exclusions:<br>- 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 support regarded by women who have had a termination of pregnancy as useful/not useful or needed/not needed |
| Eligibility criteria – study design | - Systematic reviews of qualitative studies<br>- Qualitative studies<br>- Other study designs that report qualitative evidence (e.g., surveys with open-ended questions) |
| Other inclusion exclusion criteria | Inclusion:<br>- English-language<br>- 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:<br><br>- Women having a termination of pregnancy for fetal anomaly<br>- Complex pre-existing medical conditions<br>- No complex pre-existing medical conditions |
| 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. |

| Field (based on PRISMA-P | Content |
|---|---|
| | Sifting, data extraction, appraisal of methodological quality and GRADE-CERQual assessment will be performed by the systematic reviewer.<br>Quality control will be performed by the senior systematic reviewer.<br>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.<br>Limits (e.g. date, study design):<br>Apply standard animal/non-English language exclusion<br>Dates: from 2004<br>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<br>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:<br>The methodological quality of each study will be assessed using an appropriate checklist:<br>• GRADE-CERQual for qualitative studies<br>Synthesis of data:<br>Synthesis consisting of extraction of common themes/thematic analysis will be conducted where appropriate using CERQual, Excel and Word. |

| 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.<br><br>Staff from the National Guideline Alliance will undertake systematic literature searches, appraise the evidence, 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 RCOG |
| Name of sponsor | The National Guideline Alliance is funded by NICE and hosted by the RCOG |
| 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 support would women like after an abortion?

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/ |
| 124 | note.pt. |

| # | Searches |
|---|---|
| 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 |
| 19 | Informed Consent/ use psyh |
| 20 | Treatment Refusal/ use psyh |

| # | Searches |
|---|---|
| 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. |
| 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. |

| # | Searches |
|---|---|
| 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 |
| 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 |
| #37 | MeSH descriptor: [Library Services] explode all trees |
| #38 | MeSH descriptor: [Pamphlets] this term only |
| #39 | MeSH descriptor: [Internet] explode all trees |

| # | Searches |
|---|---|
| #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) |
| #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) |

| # | Searches |
|---|---|
| #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**

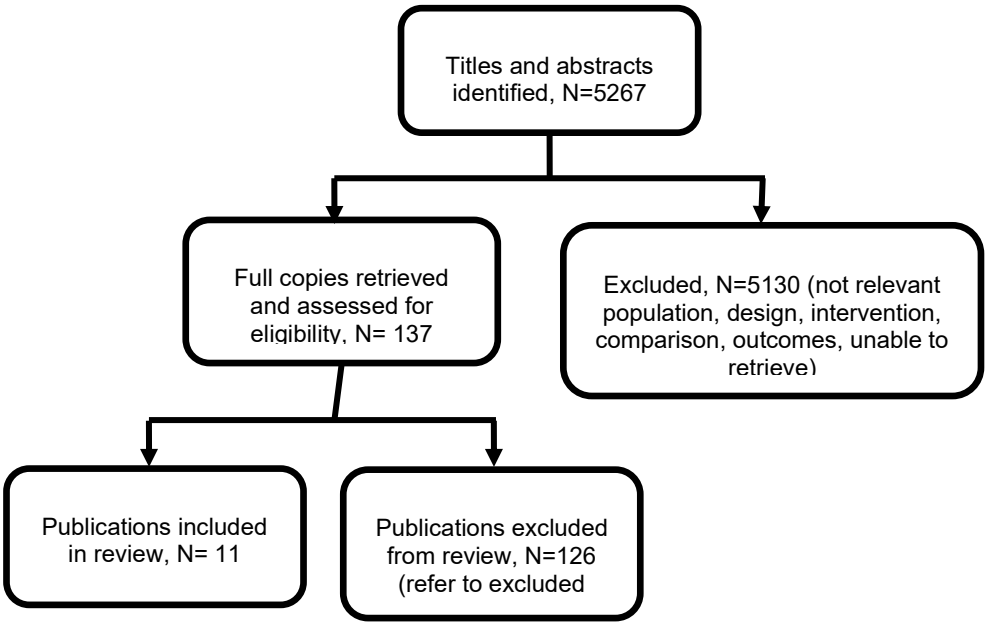
Date of last search: 5th April 2018

| # | 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 support would women like after an abortion?

**Figure 2: Study selection flow chart**



# Appendix D – Clinical evidence tables

## Clinical evidence tables for review question: What support would women like after an abortion?

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| **Full citation**<br>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<br><br>**Ref Id**<br>738034<br><br>**Country/ies where the study was carried out**<br>Sweden<br><br>**Study type**<br>Qualitative - exploratory descriptive<br><br>**Aim of the study**<br>To explore what women who have had an abortion due to a detected fatal | **Sample size**<br>n=11<br><br>**Characteristics**<br>Age at diagnosis: 25 to 44 years of age<br>Parity: 0 to1<br>Gestational week at abortion: $17^{+0}$ to $20^{+4}$ weeks and days<br><br>**Inclusion criteria**<br>Pregnant women with a fetal anomaly, diagnosed by ultrasound, who independent of the severity of the malformation.<br><br>**Exclusion criteria**<br>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. | **Details**<br>Interview-based study<br><br>**Sampling**<br>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.<br><br>**Setting**<br>Four major close by clinics in the Stockholm area, Sweden. The clinics were chosen because they | **Theme: Structure and information**<br>• "The importance of having a plan for a next visit for follow-up about obstetrical issues was highlighted in some of the interviews: 'I wish there had been some sort of follow-up; you are lonely in a very special situation.' IP5" page 623 *(Need for support: isolation)*<br><br>**Theme: Communication and how to be acknowledged and thus experience support**<br>• "On some occasions it may be easier for women to be part of a system that guides them through managing their difficulties without them having to be asked if they want to be a part of it. One woman said she wished she and her partner had been told about the significance of | **Limitations**<br>The assessment of the quality of the study was performed using the CASP checklist for qualitative studies<br>1. Was there a clear statement of the aims of the research? Yes<br>2. Is a qualitative methodology appropriate? Yes<br>3. Was the research design appropriate to address the aims of the research? Yes<br>4. Was the recruitment strategy appropriate to 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<br>5. Was the data collected in a way that addressed the research issue? Can't tell, saturation of data not |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| malformation perceive as being important in their encounters with caregivers for promoting their healthy adjustment and well-being<br><br>**Study dates**<br>May 2008 to February 2010<br><br>**Source of funding**<br>Goijes foundation. The Swedish society of nursing and the visually impaired association "child lyckopenning" | | specialised in ultrasound examination.<br><br>**Data collection**<br>The first author, a registered midwife who has worked for several years as an ultra-sonographer 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.<br><br>**Data analysis**<br>Qualitative content analysis was chosen to gain a deeper understanding compared to only descriptive analysis. The analysis was performed in 6 steps: 1) the first author listened to and read | both parents having a conversation with the caregivers and that it had not been presented as an option: 'It has been blocked. I wish there had been a direction about the significance of having a dialogue, provided from the care providers' point of view. I have been lonely; my husband did not want to go to someone to talk about the experience and I did not want to go without him. The standpoint should be that you were offered a standard follow-up with some sort of psychological support' IP3" page 622 *(Source of support: psychological follow-up and counselling)*<br>• "Most of the women felt it was too easy to end up without any follow-up. How the treatment and care were given depended, to a great extent, on the woman herself or on the health care professionals they meet, rather than on established routines" page 623 *(Access to support:* | discussed by authors<br>6. Has the relationship between researcher and participants been adequately considered? Yes<br>7. Have ethical issues been taken into consideration? Yes<br>8. Was the data analysis sufficiently rigorous? Yes<br>9. Is there a clear statement of findings? Yes<br>10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature<br><br>**Other information**<br>The design and small sample size suggest that the results should be interpreted with caution. Thus, data was collected from 4 fetal referral centres which may increase the generalizability of the study to smaller units. |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| | | 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. | *Variation in whether follow-up is given)*<br>• "To ally with other women in the same situation was not a first priority but was experienced as very valuable for those who did so: 'We meet a couple on the ward for the same matter and we have provided for each other, very nicely. IP6" page 623 *(Source of support: support groups and women with similar experiences)*<br><br>**Theme: In-depth understanding and compassion**<br>• "Even though support was given, it was not always adequate, and the women indicated they felt abandoned in the situation. Some women had automatic follow-up visits and satisfying sup- port, whereas others experienced the opposite: 'Visits were given for obstetrical issues, but became a disappointment when the caregiver was so unaware of what I been | |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| | | | through and was not up-to-date.' IP6." page 624 *(Lack of awareness of circumstances among health professionals encountered during follow-up care)*<br><br>**Theme: Sadness and frustration as reactions and a part of adaptation**<br>• "Contact with a welfare officer was appreciated and was seen as a good and temporary support for a specific event. A few of the women thought it was enough for closure, whereas others felt frustrated and needed more concrete help for handling the unexpected and coping with life and all days of the week again: 'I wanted a more professional psychological help and phoned a therapist, but the high cost, 1200 Swedish crowns per hour was not feasible in the circumstances of me sick-listed and [having] no insurance coverage because a fetus does not | |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| | | | count as a legal person before gestational week 22.' IP2" page 624 *(Source of support: Welfare officers; source of support: psychological help and counselling)*<br><br>**Theme: Follow-up care**<br>• "'There is a sadness about whether you are capable of having a health child, and the first three months were like a huge bubble, and no one to turn to. They let go of you too easily.' IP3" page 624 *(Need for support: isolation)*<br>• "One woman spoke of her need for help: 'I was so tired, bodily tired, and all the negative feelings within me were strengthened; I needed help. My life was upside down.' IP7" page 624 *(Need for support: negative feelings)*<br>• "Many of the women felt despair, which they had to take care of everything by themselves: 'I think when you have had a cruel situation you need the possibility of reaching | |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| | | | someone with your specific questions.' IP5" page 624 *(Need for support: specific questions)*<br>• "Most of the women were not able to work or do anything; they wanted help with how to think about the future, milestones to reach or ways to behave to feel content with the situation that had occurred: 'I had a hard time to focus the first three months after termination; everything felt quite meaningless and I needed help to get more energy and to concentrate, not just be on the sick list.' IP8" page 624-625 *(Need for support: dealing with milestones and the future)* | |
| **Full citation**<br>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 | **Sample size**<br>n=16<br><br>**Characteristics**<br>Age at interview (mean): 32<br>Employed (number; percentage in parentheses): 13 (81)<br>Married/partner (number; percentage in parentheses): 13 (81) | **Details**<br>In-depth semi-structured interviews<br><br>**Sampling**<br>Women were recruited through advertisements placed on list serves, online platforms, traditional and social media and through local organisations. | **Theme: A number of avenues exist for improving care**<br>• "Like Erin (Fig. 3), most participants, based on their own experiences, recommended that follow-up counselling be routinely offered, as they felt contact with health care providers was abruptly cut off after the procedure. As Michelle | **Limitations**<br>The assessment of the quality of the study was performed using the CASP checklist for qualitative studies<br>1. Was there a clear statement of the aims of the research? Yes<br>2. Is a qualitative methodology appropriate? Yes |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| **Ref Id**<br>602056<br><br>**Country/ies where the study was carried out**<br>Canada (Yukon Province)<br><br>**Study type**<br>Qualitative - descriptive thematic analysis<br><br>**Aim of the study**<br>To understand better women's experiences seeking and obtaining abortion care in the Yukon.<br><br>**Study dates**<br>June 2015 to January 2016<br><br>**Source of funding**<br>Ministry of Health and Long-Term Care in Ontario | At least one child (number; percentage in parentheses): 9 (69)<br>Gestational age at decision (mean): 5.5 weeks<br>Gestational age at abortion (mean): 9.4 weeks<br><br>**Inclusion criteria**<br>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.<br><br>**Exclusion criteria**<br>Not reported | **Setting**<br>Yukon territory (rural, remote and northern region in Canada)<br><br>**Data collection**<br>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.<br>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.<br><br>**Data analysis**<br>Data analysis was conducted using ATLAS.ti using an iterative multiphase analytic process. In the first phase, transcripts were | suggested, 'I think I would offer better, either counselling before or some counselling before and post. And I don't know if that's standard, but, yeah, there was just no, no follow-up'." page 493 *(Source of support: psychological follow-up and counselling)* | 3. Was the research design appropriate to address the aims of the research? Yes<br>4. Was the recruitment strategy appropriate to the aims of the research? Yes<br>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<br>6. Has the relationship between researcher and participants been adequately considered? Yes<br>7. Have ethical issues been taken into consideration? Yes<br>8. Was the data analysis sufficiently rigorous? Yes<br>9. Is there a clear statement of findings? Yes<br>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 |
|---|---|---|---|---|
| | | reviewed using a code book of a priori codes and categories based on the 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. | | **Other information**<br>None |
| **Full citation**<br>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 | **Sample size**<br>n=122 posters (112 females, 1 male, and 9 did not disclose their sex)<br><br>**Characteristics**<br>Type of fetal anomaly, n: chromosomal 38; multiple 26; brain 12; heart 11; kidney and urinary tract 4; spina bifida 2; | **Sampling and data collection**<br><br>**Identifying virtual communities:**<br>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 | **Theme: Coming to terms with the decision**<br>• "Strategies to cope with the decision included writing, caring for oneself, spending time with the family, and professional/social support. 'It has really helped talking to someone in a similar | **Limitations**<br>The assessment of the quality of the study was performed using the CASP checklist for qualitative studies<br>1. Was there a clear statement of the aims of the research? Yes<br>2. Is a qualitative |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| community messages, Midwifery, 41, 54-60, 2016<br><br>**Ref Id**<br>735854<br><br>**Country/ies where the study was carried out**<br>Sweden<br><br>**Study type**<br>Qualitative - descriptive content analysis<br><br>**Aim of the study**<br>To explore experiences described by posters in Swedish virtual communities before, during and after abortion due to fetal anomaly<br><br>**Study dates**<br>June 2014<br><br>**Source of funding**<br>Not reported | congenital amputation 1; tumour 1.<br>Gestational week at abortion, n: medical 81; surgical 1; not disclosed 40<br>Years since abortion: <1: 77; 1: 8; 2: 3; >3: 7; not disclosed: 27<br><br>**Inclusion criteria**<br>Women with both current and previous experience of an abortion following an antenatal diagnosis.<br><br>**Exclusion criteria**<br>Virtual communities with subscription or registration requirements | community had to be Swedish-language, be publicly and freely accessible, include sections about reproductive issues, and have the option to write anonymously. In total, 11 virtual communities were eligible.<br><br>**Identifying threads in the included virtual communities:**<br>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 following an antenatal diagnosis of a fetal anomaly.<br>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.<br><br>**Identifying messages from eligible posters in the included threads:** | situation.' P36" page 58 *(Source of support: support takes multiple forms; source of support: support groups and women with similar experiences)* | methodology appropriate? Yes<br>3. Was the research design appropriate to address the aims of the research? Yes<br>4. Was the recruitment strategy appropriate to the aims of the research? Yes<br>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<br>6. Has the relationship between researcher and participants been adequately considered? Yes<br>7. Have ethical issues been taken into consideration? Yes<br>8. Was the data analysis sufficiently rigorous? Not clear, although there is a substantial section on data analysis the actual methods used for data analysis is unclear |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| | | Purposeful sampling was conducted until no new findings were generated from analysis of new messages (data saturation). When saturation was considered achieved, all remaining eligible threads were read through to validate the findings and determine if these threads included any experiences not described in the 9 analysed threads. This resulted in inclusion of 2 additional messages from 2 posters.<br><br>**Data analysis**<br>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 | | 9. Is there a clear statement of findings? Yes<br>10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature; suggestions for future research<br><br>**Other information**<br>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 about their experiences. |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| | | identified. Two other researchers were involved during the later stages of analysis and consensus was achieved through discussion. | | |
| **Full citation**<br>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, 93, 244-248, 2016<br><br>**Ref Id**<br>831704<br><br>**Country/ies where the study was carried out**<br>USA<br><br>**Study type**<br>Qualitative - modified template approach<br><br>**Aim of the study**<br>To determine how abortion experiences are affected by support from a doula | **Sample size**<br>n=1144 women had surgical abortion during study period<br>n=191 women approached about study<br>n=144 consented to participate (n=36 did not consent; n=11 ineligible)<br>n=30 women interviews (thematic saturation reached at this point)<br><br>**Characteristics**<br>Age in years - 18 to 25 (number; percentage in parentheses): 18 (60)<br>Age in years - 26 to 35 (number; percentage in parentheses): 10 (33.3)<br>Age in years - ≥36 (number; percentage in parentheses): 2 (6.7)<br>Gestational age in weeks - $\leq 9^{+0}$ (number; percentage in parentheses): 17 (56.7)<br>Gestational age in weeks - $9^{+1}$ to $13^{+6}$ (number; percentage in parentheses): 13 (43.3) | **Sampling and setting**<br>Urban first trimester surgical abortion clinic where doulas have been incorporated into care; all doulas received a 2-day training session conducted by a family-planning fellowship-trained obstetrician-gynaecologist and 2 doulas with combined experience of 5 years. Five doulas provided support during the study period; the role included meeting women immediately prior to the abortion procedure, providing support during the abortion (including verbal coaching, handholding, massaging, breathing exercises, relaxation techniques) and escorting women to recovery following the abortion. Purposive sampling (based on age, level of education, marital status, gestational age, abortion history, and having requested or declined doula support) was used to recruit women, who were approached within 2 weeks of the abortion.<br><br>**Data collection** | **Theme: Opinions of expanding doula support in abortion care**<br>• "Women perceived the possibility of having post-abortion discussions with doulas as an opportunity to explore specific health-related topics and receive additional emotional support." page 6 *(Source of support: doulas)*<br>• "Other women would have liked to build on the connection formed during the abortion to discuss persistent psychosocial concerns. ' . . . the doula seems like an emotional being, and it seems like somebody who is very comforting. . . if I needed to talk with someone, then a doula would probably be my first choice than a counsellor. . . they're more emotionally attached than a counsellor would be.'" page 6 *(Source of support: doulas)* | **Limitations**<br>The assessment of the quality of the study was performed using the CASP checklist for qualitative studies<br>1. Was there a clear statement of the aims of the research? Yes<br>2. Is a qualitative methodology appropriate? Yes<br>3. Was the research design appropriate to address the aims of the research? Can't tell, researchers do not state if they considered alternative approaches<br>4. Was the recruitment strategy appropriate to the aims of the research? Can't tell, insufficient information reported about recruitment strategy<br>5. Was the data collected in a way that addressed the research issue? Yes |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| **Study dates**<br>May 2014 to July 2014<br><br>**Source of funding**<br>National Center For Advancing Translational Sciences of the National Institutes of Health | Gravidity (median; range in parentheses): 2 (1 to 10)<br>Parity (median; range in parentheses): 1 (0 to 7)<br>Number of prior vaginal deliveries (median; range in parentheses): 1 (0 to 6)<br>Number of prior caesarean deliveries (median; range in parentheses): 0 (0 to 3)<br>Number of prior induced abortion (median; range in parentheses): 2 (0 to 5)<br>Prior surgical abortion (number; percentage in parentheses): 20 (66.7)<br>Number of prior spontaneous abortion (median; range in parentheses): 0 (0 to 2)<br>Race/Ethnicity - African American (number; percentage in parentheses): 29 (96.7)<br>Race/Ethnicity - Hispanic/Latina (number; percentage in parentheses): 1 (3.3)<br><br>**Inclusion criteria**<br>Women aged ≥18 years requesting abortion; gestational age ≤$13^{+6}$ weeks; able to provide informed consent | Semi-structured interviews were used to gain views on how the presence or absence of doula support affected abortion experiences. Interviews were recorded and transcribed.<br><br>**Data analysis**<br>Analysis was conducted in ATLAS.ti using a modified template approach with preliminary codes developed by the lead investigator from the interview guide and transcripts; the code directory was modified throughout continuous readings of the interview transcripts. Two researchers independently coded 5 transcripts to determine inter-rater reliability (84.5%) before the remaining transcripts were coded. Queries were reviewed independently by 2 researchers and disagreements were resolved through discussion. | • "A few women were not interested in post-abortion doula support, feeling that doulas lacked medical expertise or that they wanted to 'move on'". page 6 (Source of support: doulas) | 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<br>7. Have ethical issues been taken into consideration? Yes<br>8. Was the data analysis sufficiently rigorous? Yes<br>9. Is there a clear statement of findings? Can't tell, insufficient discussion of evidence for and against the researchers' arguments<br>10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature<br><br>**Other information**<br>None |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| | **Exclusion criteria**<br>No additional criteria reported | | | |
| **Full citation**<br>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<br><br>**Ref Id**<br>831923<br><br>**Country/ies where the study was carried out**<br>UK<br><br>**Study type**<br>Qualitative - descriptive thematic analysis<br><br>**Aim of the study**<br>To investigate women's experience of care when undergoing abortion for fetal anomaly with a view to assisting healthcare professionals in | **Sample size**<br>n=351<br><br>**Characteristics**<br>Region of antenatal care service:<br>North east: 2.8%<br>North west: 4.5%<br>Yorkshire and Humber: 6.4%<br>West midlands: 4.8%<br>East midlands: 7.8%<br>East of England: 7.6%<br>London: 18.8%<br>South West: 10.4%<br>South East: 27.4%<br>South Central: 9.5%<br>Year of abortion (average):<br>From 2007: 75%<br>From 2010: 46.7%<br>Method of abortion:<br>Medical: 81.8%<br>Surgical: 18.2%<br>Gestational age (weeks): 18<br>Abortion setting (NHS): 80.9%<br><br>**Inclusion criteria**<br>Women who have had an abortion for fetal anomaly | **Details**<br>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.<br><br>**Sampling**<br>Women were recruited from ARC's membership of women who have had an abortion for fetal anomaly. ARC membership mainly comprises 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 | **Theme: The role of healthcare professionals and support organisations**<br>Sub theme: the role of support organisations<br>• "Women also sourced emotional support from these organisations, which one participant described as 'a lifeline' (P106). These were particularly helpful in alleviating women's sense of isolation: 'The leaflets given to me helped knowing that it wasn't just me' (P280)." page 78 *(Need for support: isolation)*<br><br>**Theme: Receiving the appropriate level of care**<br>Sub theme: the importance of continuity of care and aftercare<br>• "Aftercare was another important element in women's experience. However, most participants reported not receiving any, which one equated to 'feeling abandoned' | **Limitations**<br>The assessment of the quality of the study was performed using the CASP checklist for qualitative studies<br>1. Was there a clear statement of the aims of the research? Yes<br>2. Is a qualitative methodology appropriate? Yes<br>3. Was the research design appropriate to address the aims of the research? Yes<br>4. Was the recruitment strategy appropriate to the aims of the research? Yes<br>5. Was the data collected in a way that addressed the research issue? Not sure<br>6. Has the relationship between researcher and participants been adequately considered? Yes<br>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 |
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| providing optimum care to women<br><br>**Study dates**<br>January to March 2012<br><br>**Source of funding**<br>Department of Health (England) under the voluntary sector grant [grant number 2011/022]. | **Exclusion criteria**<br>Not reported | characteristics (e.g. gestational age at abortion for fetal anomaly)<br><br>**Setting**<br>Online survey<br><br>**Data collection**<br>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 about what they found helpful and unhelpful regarding how their abortion was managed. Information about the terminated pregnancy (e.g. gestational age, type of anomaly) was also collected.<br>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 (Survey Monkey; www.surveymonkey.com) using the enhanced security option in order to maximise anonymity. | (P234)". page 77 *(Access to support: variation in whether follow-up is given)*<br>• "When aftercare was available, women found it beneficial: 'The care was v [very] good. [The] bereavement midwife [was] excellent and I saw her lots after' (P102)." page 77 *(Source of support: bereavement midwives)* | 8. Was the data analysis sufficiently rigorous? Not sure, thematic analysis justified, however no underpinning framework documented<br>9. Is there a clear statement of findings? Yes<br>10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature; discussion for future research needs<br><br>**Other information**<br>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 |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
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| | | **Data analysis**<br>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 disconfirming cases were also included. | | through ARC, all participants had actively sought additional emotional support which may limit the generalizability 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. |
| **Full citation**<br>Lafarge, C., Mitchell, K., Fox, P., Women's experiences of coping with pregnancy termination for fetal abnormality, Qualitative Health Research, 23, 924-936, 2013<br><br>**Ref Id** | **Sample size**<br>n=27 women (data saturation reached at 25 women)<br><br>**Characteristics**<br>Age in years (range): 24 to 44<br>Gestational age in weeks (range): 12 to 30<br><br>**Inclusion criteria** | **Sampling and setting**<br>Women were recruited from a support group for parents who had an anomaly detected during pregnancy; recruitment was conducted via the group's email network and forum.<br><br>**Data collection**<br>Data was collected through an online survey with open-ended | **Theme: Post termination coping**<br>Sub-theme: receiving/providing emotional support<br>• "Support after the termination was essential to the way women coped. This support took many forms." page 929 *(Source* | **Limitations**<br>The assessment of the quality of the study was performed using the CASP checklist for qualitative studies<br>1. Was there a clear statement of the aims of the research? Can't tell, there was not a clear |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
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| 832356<br><br>**Country/ies where the study was carried out**<br>UK<br><br>**Study type**<br>Qualitative - interpretative phenomenological analysis<br><br>**Aim of the study**<br>To investigate the coping strategies that women use during and after an abortion for fetal anomaly<br><br>**Study dates**<br>April 2011 to February 2012<br><br>**Source of funding**<br>No financial support was received for this research | Women aged ≥18 years having undergone an abortion for fetal anomaly; originally this has to be at least 6 months prior to participation but this criteria was removed due to women who wanted to take part but were ineligible based on this criteria<br><br>**Exclusion criteria**<br>No additional criteria reported | questions about the process of coping with the abortion and how they felt about the future.<br><br>**Data analysis**<br>The data was read several times by the first author who made notes on emerging concepts, emotional content and language, which were used to develop themes and subthemes. Random selections of the data were independently coded by another author and 'peer-debriefing' was used throughout to enhance transparency and rigour of the analysis. | *of support: support takes multiple forms)*<br>• "Support from health professionals was particularly important but in many cases this was limited post termination." page 929 *(Access to support: Variation in whether follow-up is given)*<br>• "Professional support was also dispensed in the form of counseling, which was mainly used by women more advanced in the recovery process. Even though the majority found counseling helpful, some felt that they had started the process too early and felt vulnerable as a result. The timing of the intervention might therefore be an important factor." page 929 *(Source of support: psychological follow-up and counselling)*<br>• "Emotional support was also sourced from friends and relatives, but its quality varied greatly. Support was key in helping women cope with their loss, but most women indicated that it | statement of aims but the aim could be deduced<br>2. Is a qualitative methodology appropriate? Yes<br>3. Was the research design appropriate to address the aims of the research? Can't tell, researchers do not state if they considered alternative approaches<br>4. Was the recruitment strategy appropriate to the aims of the research? Yes<br>5. Was the data collected in a way that addressed the research issue? Can't tell, open-ended questions in an online questionnaire provided the qualitative data. This may not provide the necessary richness to address the research question but the researchers felt that the data was sufficiently rich for IPA<br>6. Has the relationship between researcher and participants been adequately |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
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| | | | faded over time." page 929 *(Source of support: friends and family; Access to support: availability over time)*<br>• "A lack of support, particularly in the early stage, engendered much suffering: 'I was horrified to spend a weekend with some of [my] closest friends, the week of the funeral, and not once did they ask about the funeral or how we were . . . remember feeling like a leper after that weekend and that people avoided talking to me.'" 929 *(Need for support: isolation)*<br>• "Support groups were another source of emotional support, which is unsurprising given that the sample was drawn from a support group. Support groups form a distinctive category in that they involve a reciprocal support relationship based on a common experience. Most women considered the group email network/forum to be one of the most helpful elements in the | considered? Yes, researchers discuss that as data collection took place online with no input from the researchers that women may have been more open than in a face-to-face environment<br>7. Have ethical issues been taken into consideration? Yes<br>8. Was the data analysis sufficiently rigorous? Yes<br>9. Is there a clear statement of findings? Yes<br>10. How valuable is the research? While there are some limitations to generalizability, the research discuss contributions of the research to the existing literature in detail. However, as women were recruited form a support group their views regarding the helpfulness of this aspect of support are unlikely to be representative of a wider population<br><br>**Other information** |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
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| | | | coping process. Being able to reciprocate, getting support as well as offering support, was of great benefit to the women: '[It] has been the most amazing thing though as everyone really understands more than anyone else ever could. I still read the posts every day and have done some fund-raising for them. I would never, ever have done so well without their support.'" page 929 *(Source of support: support groups and women with similar experiences)*<br>• "Reasons for using the group email network/forum varied, but the underlying drive was to derive a sense of solidarity. For some women, the forum became the only opportunity to share their story: 'I feel completely alone in my grief as no one seems to understand just how profound it is. This includes my partner.' However, other women reported having ambivalent feelings about using the forum. One | None |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
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| | | | woman saw the forum as a lifeline during dark days, but actively avoided it on good days to prevent being 'brought back to the darkness.' Another also had mixed feelings about the email network because some of the comments led her to believe that her way of grieving was inadequate: 'Sometimes I found reading other people's accounts on the forum unhelpful as I felt guilty for not feeling as emotional or terrible as they did, but in time I was able to feel that this was positive, that I was coping and mentally strong.'" page 929 *(Source of support: support groups and women with similar experiences)*<br>• "Going to parents' meetings was another coping resource, and it provided women with a 'sense check' regarding where they were in the healing process." page 929-930 *(Source of support: support groups and women with similar experiences)* | |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
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| | | | • "A few participants also used a support group focused specifically on stillbirth and neonatal deaths; some found it helpful, but others reported feeling uncomfortable given that this particular group only dealt with naturally occurring or accidental deaths rather than terminations." page 930 *(Support should be specific to abortion)* | |
| **Full citation**<br>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<br><br>**Ref Id**<br>832434<br><br>**Country/ies where the study was carried out**<br>UK | **Sample size**<br>n= 18 (n=10 women; n=8 men; only views of women are of interest)<br><br>**Characteristics**<br>Not reported<br><br>**Inclusion criteria**<br>Women undergoing abortion for severe congenital anomaly<br><br>**Exclusion criteria**<br>Not reported | **Details**<br>A qualitative approach comprising interviews with clinicians and parents and recordings of consultations between them was employed.<br><br>**Sampling**<br>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 | **Theme: Moving on**<br>Sub theme: staying mum - disclosure and stigma<br>• "The stigmatisation associated with termination is well documented. (Kumar et al., 2009; Norris et al., 2011) For parents, this could result in social isolation where disclosure to peers was avoided, and hence support was not sought, due to fear of negative reactions." page 17 *(Access to support: Stigma impacts disclosure and access)* | **Limitations**<br>The assessment of the quality of the study was performed using the CASP checklist for qualitative studies<br>1. Was there a clear statement of the aims of the research? Yes<br>2. Is a qualitative methodology appropriate? Yes<br>3. Was the research design appropriate to address the aims of the research? Can't tell, minimal justification for choice of methodology<br>4. Was the recruitment strategy appropriate to |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
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| **Study type**<br>Qualitative - descriptive thematic analysis<br><br>**Aim of the study**<br>To understand the experiences of women and their partners following the decision to terminate a pregnancy affected by a severe congenital anomaly<br><br>**Study dates**<br>Not reported<br><br>**Source of funding**<br>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). | | from their partners shortly after diagnosis and so only 18 partners were recruited. Ten of the 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.<br><br>**Setting**<br>Recruitment took place in 4 fetal medicine centres across 2 hospital trusts.<br><br>**Data collection**<br>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 aims of the research? Yes<br>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 individuals<br>6. Has the relationship between researcher and participants been adequately considered? Yes<br>7. Have ethical issues been taken into consideration? Yes<br>8. Was the data analysis sufficiently rigorous? Can't tell, methods used for data analysis is unclear leading to superficial analysis<br>9. Is there a clear statement of findings? Yes<br>10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature<br><br>**Other information** |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
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| | | the hospital, at a location chosen by the parents, around 6 to 8 weeks following the abortion.<br><br>**Data analysis**<br>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. | | None |
| **Full citation**<br>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, 91, 234-239, 2015<br><br>**Ref Id** | **Sample size**<br>n=13 women<br><br>**Characteristics**<br>Age in years (median; standard error in parentheses): 31 (1.5)<br>Gestational age in weeks (mean; standard deviation in parentheses): 20.3 (3.1)<br>Primigravid (number; percentage in parentheses): 6 (46)<br>Nulliparous (number; percentage in parentheses): 8 (62) | **Sampling and setting**<br>Women were recruited from 4 sites; 2 that provided surgical abortions for fetal anomaly and 2 that provided medical abortion (induction). The recruitment strategy was not reported.<br><br>**Data collection**<br>Women participated in 3 phone interviews over the year following the abortion (1 to 3 weeks after; 3 months after and 1 year after). A | **Theme: Social isolation**<br>• "Sharing one's story invited others to share their stories, thus establishing social connection and easing the burden of social isolation" page 5 *(Need for support: isolation)*<br>• "Women referenced support networks as a potential outlet for their social isolation and expressed frustration that they had inadequate | **Limitations**<br>The assessment of the quality of the study was performed using the CASP checklist for qualitative studies<br>1. Was there a clear statement of the aims of the research? Yes<br>2. Is a qualitative methodology appropriate? Yes |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
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| 832456<br>**Country/ies where the study was carried out**<br>USA<br><br>**Study type**<br>Qualitative - grounded theory<br><br>**Aim of the study**<br>To investigate factors that contribute to, or alleviate, grief following abortion for fetal anomaly.<br><br>**Study dates**<br>March 2012 to October 2013<br><br>**Source of funding**<br>National Institute of Child Health and Human Development | Ethnicity - White, non-Hispanic (number; percentage in parentheses): 7 (54)<br>Ethnicity - Hispanic (number; percentage in parentheses): 4 (31)<br>Ethnicity - Black (number; percentage in parentheses): 1 (8)<br>Ethnicity - Asian (number; percentage in parentheses): 1 (8)<br><br>**Inclusion criteria**<br>English speaking women aged >18 years old; 14 to 24 weeks' gestation; undergoing second-trimester abortion for fetal anomalies or other pregnancy complications (analysis in this study limited to those having abortion for fetal anomaly)<br><br>**Exclusion criteria**<br>No additional criteria reported | semi-structured interview guide was used with open-ended questions about experiences with: 1) receiving the diagnosis, 2) counselling, 3) discussing options, 4) factors affecting decision making, and 5) grief and coping following the abortion. Interviews were audio-recorded and transcribed.<br><br>**Data analysis**<br>Analysis was conducted by 2 authors in NVivo 10.0 using a grounded theory approach; themes emerging during the analysis were incorporated into future interviews. | exposure to such networks (quote 4.5). They described a need for support networks that were specific to their situation, suggesting that general support groups did not adequately address their unique grief." page 5; "'I wish I could get into a [support] group where it's more related to that specific situation... if I was in a group with a lot of women... [who had] lost their babies to the same thing, like genetic diseases or acrnaia... That would be more coping for me than... a group that they just lost their children.'" page 12 *(Support should be specific to abortion)* | 3. Was the research design appropriate to address the aims of the research? Can't tell, researchers did not discuss alternative approaches<br>4. Was the recruitment strategy appropriate to the aims of the research? Can't tell, setting is appropriate but how women were recruited is not discussed<br>5. Was the data collected in a way that addressed the research issue? Yes<br>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<br>7. Have ethical issues been taken into consideration? Yes<br>8. Was the data analysis sufficiently rigorous? Can't tell, insufficient information reported regarding development of themes |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
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| | | | | 9. Is there a clear statement of findings? Yes<br>10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature<br><br>**Other information**<br>None |
| **Full citation**<br>McCoyd, J. L., Pregnancy interrupted: loss of a desired pregnancy after diagnosis of fetal anomaly, Journal of Psychosomatic Obstetrics & GynecologyJ Psychosom Obstet Gynaecol, 28, 37-48, 2007<br><br>**Ref Id**<br>830630<br><br>**Country/ies where the study was carried out**<br>USA | **Sample size**<br>n=30 women<br><br>**Characteristics**<br>Age in years (range): 21 to 45<br>Ethnicity - White, non-Hispanic (number; percentage in parentheses): 27 (90)<br>Ethnicity - Hispanic (number; percentage in parentheses): 2 (6.7)<br>Ethnicity - Asian (number; percentage in parentheses): 1 (3.3)<br><br>**Inclusion criteria**<br>Women with a desired pregnancy as part of a committed relationship that had an abortion due to fetal anomaly in the previous year. Initially limited to between 16 and | **Sampling and setting**<br>Women were recruited through obstetricians and perinatologists and a website devoted to women who had an abortion for fetal anomaly.<br><br>**Data collection**<br>Interviews covered decision-making, grief and support; no further information reported.<br><br>**Data analysis**<br>Interviews were transcribed verbatim and coded for emerging themes using grounded theory methods; themes were framed by ecological systems theory; no further information reported. | **Theme: Mythic expectations**<br>Sub-theme: By the time of the first doctor visit, ‘‘the healing would be all done by then’’<br>• "Many believe they will feel better by the time of the first physician visit after the TFA. Since most find grief intensifying for the first 3–6 weeks and lasting until the due date [16], this is an expectation that leads women to believe there is something wrong with their grief experience. Felicia was able to describe this well: 'Daniel [her husband] had said to me through this process, ‘just wait until we go see Dr. N for the check- | **Limitations**<br>The assessment of the quality of the study was performed using the CASP checklist for qualitative studies<br>1. Was there a clear statement of the aims of the research? Yes<br>2. Is a qualitative methodology appropriate? Yes<br>3. Was the research design appropriate to address the aims of the research? Can't tell, researchers did not discuss alternative approaches<br>4. Was the recruitment strategy appropriate to |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
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| **Study type**<br>Qualitative - grounded theory<br><br>**Aim of the study**<br>To investigate how women who have had an abortion for fetal anomaly understand the loss of their pregnancy in the context of society, the media, and relationships with friends and family<br><br>**Study dates**<br>November 2001 to August 2002<br><br>**Source of funding**<br><br>Association of American University Women | 24 weeks gestation but this criterion was removed after data saturation had occurred to capture additional data of interest; the criteria of within the last year was also relaxed to see how grief changes over time in response to interest from women who had their abortion more than 1 year ago.<br><br>**Exclusion criteria**<br>No additional criteria reported | | up' kind of like it was a touchstone and I would be all better. Kind of like the healing would be all done then – and I bought that, because I wanted to believe it. So after I wasn't better by then, I got back in touch with the genetic counsellor and said 'could you give me those names . . . I need those names' [of counsellors and support groups] . . . ." page 41 *(Access to support: Availability over time)*<br><br>Sub-theme: I was very afraid of running into someone who would pass judgment<br>• "This statement is a mythic expectation that defines the milieu in which the woman sees herself. This then leads her to be secretive about the experience she has been through, reluctant to seek support from friends and family as she processes her grief, and isolated at the time she is most in need of empathy [12]." page 41 (Access to | the aims of the research? Yes<br>5. Was the data collected in a way that addressed the research issue? Can't tell, insufficient information reported about structure and content of interviews<br>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<br>7. Have ethical issues been taken into consideration? Can't tell, neither ethical approval of informed consent are mentioned<br>8. Was the data analysis sufficiently rigorous? Can't tell, insufficient information reported about who conducted data analysis and how themes emerged<br>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 |
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| | | | support: Stigma impacts disclosure and access)<br>• "The stigma of abortion, particularly in the US, heavily influences women's grief process as they harbour a mythic expectation that they will be judged negatively. Yet, without risking this judgment, women are left with few supports and little ability to mobilize their own defences against the internalized sense of stigma they often develop." page 41 *(Access to support: Stigma impacts disclosure and access)*<br><br>**Theme: Excruciating dilemmas**<br>Sub-theme: The dilemma of choice<br>• "Even so, for those who receive support from friends and family, the assurance often fails to comfort. Frances says: 'I also am bewildered when people assure me ''I also would have ended the pregnancy''. A decision like this is ultimately based on | 10. How valuable is the research? Can't tell, inadequate discussion of the contribution this research makes to the existing literature<br><br>**Other information**<br>Unclear how many women were included who had an abortion >1 year before participation in the research. |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
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| | | | a thousand unanticipated and very personal factors unique to your exact circumstances.'" page 43 *(Source of support: friends and family)*<br><br>Sub-theme: The dilemma of the whole story<br>• "Women long for support, yet fear telling ‘‘the whole story’’ about the circumstances of their loss for fear of negative judgment. Marilyn explains: 'I do think that bearing the secret was an additional stress on me. No question about it, but telling them the truth would have, or so I imagine[d], be additional stress as well, just a different kind of stress." page 44 *(Access to support: Stigma impacts disclosure and access)*<br>• "They adjust the story to the level of support they believe the listener may be able to provide, carefully adjusting disclosure to perceived support. When support is granted (i.e., expressions of sympathy | |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
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| | | | are extended) in cases where the woman did not tell ‘‘the whole story’’, she feels the support is ill-gotten and is unable to utilize it effectively. Sarah talks about this clearly: 'I think I only told the people I knew would support me. To have anyone condemn me would have hurt too badly. I felt fragile as glass. The people I worked with (except two close friends) I simply told them ‘‘I lost the baby’’. Then some people who I told we simply lost the baby due to a genetic condition commented on how brave we were to continue the pregnancy. This just added to the guilt . . . There were some people I wished I could share the whole story with, but in the end felt I just couldn’t risk my heart. Everyone I told was 100 percent supportive. I told all of the people closest to me. I wish I could tell everyone . . . Sometimes there is that guilt though of not telling the whole story.'" page 44-45 *(Support* | |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
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| | | | *should be specific to abortion)*<br><br>Sub-theme: Partners' dilemmas of support<br>• "Male gender roles do not incorporate prenatal bonding, verbalization of emotion, and tolerance for tearful emotional expression in most situations. Although men experience these things, they may stifle their own emotional expression in order to be ‘‘strong’’ for their grieving partners. Women from the study group report this as a source of extreme stress within the relationship as they tend to interpret the lack of emotional expression as indicating a lack of attachment on the part of the partners to both themselves and the pregnancy they shared. Nanci describes how this extends to grieving: 'About 3–4 weeks after Maddy’s burial, I really felt him not only pulling away from me emotionally, but also felt as | |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| | | | though he was pushing me to ‘‘be okay’’. I resented it. And I was terribly hurt and felt completely alone. I would come to him needing to talk and though I felt he would listen, he would also try to say things to make me feel better which I didn’t want to hear. I wanted someone to say, ‘‘Yes, you’re right. You should be sad. You should be angry. It’s Okay to feel this way’’. And he really couldn’t do it. I think he believed that if he gave me permission to really go deep into my pain that I would never come out.'" page 45 *(Need for support: validation of feelings)* | |
| **Full citation**<br>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, 30, 507-535, 2009<br><br>**Ref Id** | **Sample size**<br>n=30 women<br><br>**Characteristics**<br>Age in years (range): 21 to 45<br>Ethnicity - White (number; percentage in parentheses): 28 (93.3)<br>Ethnicity - Latina (number; percentage in parentheses): 1 (3.3) | **Sampling and setting**<br>Purposive sampling was used to recruit women from perinatology offices and a listserv dedicated to women who had an abortion for fetal anomaly.<br><br>**Data collection**<br>Semi-structured interviews were conducted covering the following factors: decision making, grief, and emotional support. Interviews were | **Theme: Women’s Advice to Care Providers: Caring Within the Medical System**<br>Sub-theme: Genetic counsellors<br>• "One of the most appreciated aspects of genetic counselling services was a follow-up call in the weeks following the abortion procedure. Many mentioned that call | **Limitations**<br>The assessment of the quality of the study was performed using the CASP checklist for qualitative studies<br>1. Was there a clear statement of the aims of the research? Can't tell, aim not clearly stated but can be deduced |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| 825979<br><br>**Country/ies where the study was carried out**<br>USA<br><br>**Study type**<br>Qualitative - constant comparative method<br><br>**Aim of the study**<br>To explore women's experience of abortion for fetal anomaly<br><br>**Study dates**<br>Not reported<br><br>**Source of funding**<br><br>Association of American University Women | Ethnicity - Asian (number; percentage in parentheses): 1 (3.3)<br><br>**Inclusion criteria**<br>Not reported<br><br>**Exclusion criteria**<br>Not reported<br><br>Interventions | also guided by a person-in-environment perspective exploring interactions between micro and macro levels. Twenty of the interviews were conducted via email; how/where the other interviews were conducted was not reported.<br><br>**Data analysis**<br>A matrix for data analysis was constructed based on the person-in-environment perspective. Interviews were transcribed verbatim and were initially coded with pre-specified codes 'intra psychic challenges', 'interactional challenges' and eco-system level codes; a second reading was then conducted to code emergent themes and sensitising concepts. Analysis was conducted using a constant comparative method and the coding process and emerging themes were discussed with a peer-debriefer. The data was actively searched for negative cases and triangulated with other sources (e.g., physician interviews and social worker focus group) to improve rigour. | as the time they realized that they needed to get some help for their emotional needs. Several reported that genetic counsellors “saved my life” by getting the patient pulled out of her isolation and connecting her to bereavement counselling services or support groups. Felicia says: 'So the genetic counsellor called a couple of days later and she said, “Felicia, how are you doing?” And I said, “Well, I’m just a mess.” And she said, “That’s ok—because I’d be more worried if you weren’t a mess because all through this you’ve been pretty stoic. I don’t think I heard you cry one time.” And it’s funny, because I think I usually waited til we hung up and I’d cry, but not this time. I think she had tried to get a hold of me earlier. . . . And so she left a message on my cell phone—and by that Thursday or Friday, she was leaving these messages like “Call me—I | 2. Is a qualitative methodology appropriate? Yes<br>3. Was the research design appropriate to address the aims of the research? Can't tell, researchers did not discuss alternative approaches<br>4. Was the recruitment strategy appropriate to the aims of the research? Can't tell, insufficient information reported about recruitment strategy<br>5. Was the data collected in a way that addressed the research issue? Can't tell, insufficient information reported about structure and format of interview<br>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<br>7. Have ethical issues been taken into |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| | | | need to hear from you" frantic messages—and it made me feel good—like someone was looking after me that actively—not just kind of, "Oh, you OK?" And then she said, "It's very early. There're a lot of emotions you need to get through yet, so I'd like to call you early next week if that's OK." . . . I felt like a lot of my eggs were in the basket of the genetic counsellor, because if she hadn't followed up, and if she hadn't seen how upset I was, and if she didn't say she'd get the names and numbers of groups to me, any one of those steps along the way could have shut it down, because without the group, I'm not sure I would have ever come out of the cave.'" page 528-529 *(Source of support: genetic counsellors; source of support: source of support: support groups and women with similar experiences; need for support: validation of feelings; need for support: isolation)* | consideration? Can't tell, no discussion of ethical approval or informed consent<br>8. Was the data analysis sufficiently rigorous? Yes<br>9. Is there a clear statement of findings? Yes<br>10. How valuable is the research? Researchers discuss the contribution of the research to the existing literature<br><br>**Other information**<br>None |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| | | | Sub-theme: Social workers<br>• "A few respondents (three) had a brief visit from a social worker after their loss, usually just to provide a packet of loss group materials—often geared toward spontaneous losses. These types of interventions generally were perceived as trite and worthless because they were not tailored to the type of loss the women had experienced and were clearly done “on the fly” with little intent to spend time processing the woman’s emotions. Although the written information was useful, social work services were not as effective unless there was sufficient contact throughout the experience to develop rapport and be able to provide attuned support." page 529-530 *(Source of support: social workers; support should be specific to abortion)*<br><br>Sub-theme: Support groups | |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| | | | • "Support groups were critical to the coping and survival of many women in the study group. Sometimes genetic counsellors or social workers referred the women, and often they found these resources on their own. All but one respondent who attended a group reported that it was the most important support they received. The one who expressed some reservations had been in a group that was disapproving of “social” abortions and the respondent had had “social abortions” in her past, leading her to feel judged and not truly part of the group support dynamic." page 530 *(Source of support: support groups and women with similar experiences)*<br>• "'I would tell couples to talk with someone. I think a therapist is great, but the best thing to do is join a support group especially for termination of wanted pregnancies. Whether it is | |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| | | | on line like what I did, or an actual group that meets, it means more to talk to someone who has been through this. I think that after the procedure, everyone deals differently.'" page 530 *(Source of support: support groups and women with similar experiences)*<br>• "Debby had to search before finding support: 'I spent a lot of time online searching for grief groups and finally found one (I think we found each other) that was able to put me into contact with others who have walked in my proverbial shoes. It was wonderful knowing that everything I was feeling—anger, alone, guilt, the hatred of pregnant women—was completely natural and that everyone went through it in one form or another. I guess being part of a group like that made what you were feeling seem warranted—and that nobody was judging you." page 530 | |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| | | | *(Need for support: validation of feelings)*<br>• "The few comprehensive programs that exist do have sporadic groups, but few have ongoing support, despite the fact that this type of support is almost universally desired among this study group." page 530 *(Access to support: availability over time)* | |
| **Full citation**<br>Mukkavaara, I., Ohrling, K., Lindberg, I., Women's experiences after an induced second trimester abortion, Midwifery, 28, e720-e725, 2012<br><br>**Ref Id**<br>830711<br><br>**Country/ies where the study was carried out**<br>Sweden<br><br>**Study type**<br>Qualitative - descriptive content analysis | **Sample size**<br>n=6<br><br>**Characteristics**<br>Six women aged between 15 and 27 years of age<br><br>**Inclusion criteria**<br>Women undergoing abortion in the second trimester<br><br>**Exclusion criteria**<br>Women who had an abortion because of fetal anomaly were excluded. | **Sampling and setting**<br>Purposive sample of 12 women visiting the gynaecological clinic in 2 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 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 | **Theme: To be in need of support and information**<br>Sub-theme: To be met with understanding<br>• "The women wanted to share their feelings and thoughts with other women having similar experiences." page 722 *(Source of support: support groups and women with similar experiences)*<br>• "All the participating women had contact with the counsellor before the abortion and described that the treatment and the emotional support from the hospital staff were excellent. Women, who had declined contact after the abortion, regretted it | **Limitations**<br>The assessment of the quality of the study was performed using the CASP checklist for qualitative studies<br>1. Was there a clear statement of the aims of the research? Yes<br>2. Is a qualitative methodology appropriate? Yes<br>3. Was the research design appropriate to address the aims of the research? Yes<br>4. Was the recruitment strategy appropriate to the aims of the research? Yes<br>5. Was the data collected in a way that addressed |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| **Aim of the study**<br>Describe women's experiences of an abortion in the second trimester<br><br>**Study dates**<br>Not reported<br><br>**Source of funding**<br>Not reported | | women who volunteered were contacted for time and place for the interview.<br><br>**Data collection**<br>The interviews concerning the women's' experience of a second trimester abortion was accomplished during 1 to 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 termination/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 women was limited. The interviews lasted for 40 to 60 minutes and were tape-recorded and then transcribed verbatim.<br><br>**Data analysis** | later". page 722 *(Access to support: variation in whether follow-up is given)*<br><br>**Theme: To have memories for life**<br>Sub-theme: Not being able to forget<br>• "The women needed someone to share their feelings with. The women regretted the abortion to and fro and some of them expressed thoughts that they would never become normal again." page 723 *(Need for support: negative feelings)* | the research issue? Can't tell, data saturation not discussed and a small sample size recruited<br>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<br>7. Have ethical issues been taken into consideration? Yes<br>8. Was the data analysis sufficiently rigorous? Can't tell, no discussion of analyst triangulation<br>9. Is there a clear statement of findings? Yes<br>10. How valuable is the research? Researchers discuss the contribution the study makes to existing literature<br><br>**Other information**<br>None |

| Study details | Participants | Methods | Themes *(information in italics is theme(s) applied after thematic synthesis)* | Comments |
|---|---|---|---|---|
| | | 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. | | |

*ARC: Antenatal Results and Choices; CAD: Canadian dollar; CASP: critical appraisal skills programme; MSc: Master of Science; PhD: Doctor of Philosophy; PPI: public and patient involvement; TIMMS: The Infant Mortality and Morbidity Studies Group; SAPPHIRE: Social Sciences Applied to Healthcare Improvement Research*

# Appendix E – Forest plots

### Forest plots for review question: What support would women like after an abortion?

No meta-analysis was undertaken for this review.

# Appendix F – GRADE CERQual tables

## GRADE CERQual tables for review question: What support would women like after an abortion?

### Table 3: Clinical evidence profile: Theme 1. Need for support

| Study information | | | CERQual assessment of the evidence | | |
|---|---|---|---|---|---|
| Number of studies | Design | Description of theme or finding | Criteria | Level of concern | Overall quality |
| **Sub-theme 1.1: Need for support - isolation** | | | | | |
| 5 (Asplin 2014; Fisher 2015; Lafarge 2013; Maguire 2015; McCoyd 2009)<br><br>n=442 | 5 qualitative studies (3 using semi-structured interviews; 2 using online surveys) | **Fetal anomaly:**<br><br>2 studies conducted in Sweden and the UK reported that women felt isolated following abortion of pregnancy for fetal anomaly.<br><br>3 studies conducted in the UK and the USA reported that support received helped alleviate isolation. | Methodological limitations | Serious concerns[1] | Low |
| | | | Relevance | None of very minor concerns | |
| | | | Coherence | None or very minor concerns | |
| | | | Adequacy | None or very minor concerns | |
| **Sub-theme 1.2: Need for support – negative feelings** | | | | | |
| 2 (Asplin 2014; Mukkavaara 2012)<br><br>n=17 | 2 qualitative studies using semi-structured interviews | **Fetal anomaly and not for fetal anomaly:**<br><br>2 studies conducted in Sweden reported that women needed help with their negative feelings following an abortion. | Methodological limitations | Moderate concerns[2] | Very low |
| | | | Relevance | Moderate concerns[3] | |
| | | | Coherence | None or very minor concerns | |
| | | | Adequacy | Serious concerns[4] | |
| **Sub-theme 1.3: Need for support – validation of feelings** | | | | | |
| 2 (McCoyd 2007; McCoyd 2009)<br><br>n=60 | 2 qualitative studies using semi-structured interviews | **Fetal anomaly:**<br><br>1 study conducted in the USA reported that women wanted someone to validate the way they were feeling rather than try to make them feel better following an abortion for fetal anomaly. | Methodological limitations | Moderate concerns[2] | Very low |
| | | | Relevance | Moderate concerns[3] | |
| | | | 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** |
| | | 1 study conducted in the USA reported that women found it helpful to know that their feelings were normal and experienced by other women in a similar situation. | Adequacy | Moderate concerns[4] | |
| **Sub-theme 1.4: Need for support – specific questions** | | | | | |
| 1 (Asplin 2014)<br><br>n=11 | 1 qualitative study using semi-structured interviews | **Fetal anomaly:**<br><br>1 study conducted in Sweden reported that women felt despair after an abortion for fetal anomaly and needed a way of reaching someone with their specific questions. | Methodological limitations | Moderate concerns[5] | Very low |
| | | | Relevance | Moderate concerns[3] | |
| | | | Coherence | None or very minor concerns | |
| | | | Adequacy | Serious concerns[6] | |
| **Sub-theme 1.5: Need for support – dealing with milestones and the future** | | | | | |
| 1 (Asplin 2014)<br><br>n=11 | 1 qualitative study using semi-structured interviews | **Fetal anomaly:**<br><br>1 study conducted in Sweden reported that women were unable to work, and lacked energy and motivation, and wanted help with how to think about the future and reaching milestones. | Methodological limitations | Moderate concerns[5] | Very low |
| | | | Relevance | Moderate concerns[3] | |
| | | | Coherence | None or very minor concerns | |
| | | | Adequacy | Serious concerns[7] | |

*[1]There were serious concerns with the methodological quality of the data as the qualitative data for 2 studies, including the largest study, came from open-ended questions in an online survey as opposed to interviews and insufficient information was provided about data analysis in 2 of the studies*
*[2]There were moderate concerns with the methodological quality of the data as there was insufficient information provided in both studies regarding data collection and in 1 study regarding data analysis*
*[3]There were moderate concerns with the relevance of the data as none of the studies were conducted in the UK; however, it is likely this theme would also apply to the UK setting*
*[4]There were serious concerns with the adequacy of the data as only 2 small studies reported this theme and limited information was provided about the negative feelings experienced*
*[5]There were moderate concerns with the methodological quality of the study as insufficient information was reported regarding recruitment and data collection*
*[6]There were serious concerns with the adequacy of the data as only 1 small study reported this theme and there was limited information reported*
*[7]There were serious concerns with the adequacy of the data as only 1 small study reported this theme*

**Table 4: Clinical evidence profile: Theme 2. Access to support**

| Study information | | | CERQual assessment of the evidence | | |
|---|---|---|---|---|---|
| **Number of studies** | **Design** | **Description of theme or finding** | **Criteria** | **Level of concern** | **Overall quality** |
| **Sub-theme 2.1: Access to support – variation in whether follow-up is given** | | | | | |
| 4 (Asplin 2014; Fisher 2015; Lafarge 2013; Mukkavaara 2012)<br><br>n=405 | 4 qualitative studies (2 using semi-structured interviews; 2 using online surveys) | **Fetal anomaly:**<br><br>3 studies conducted in Sweden and the UK reported that support following abortion for fetal anomaly is important but that it is limited and many women do not end up with follow-up support.<br><br>1 study conducted in Sweden reported that whether or not a women received follow-up is often down to the women herself and the health professionals they encounter rather than on established routines.<br><br>**Not for fetal anomaly:**<br><br>1 study conducted in Sweden reported that women who declined follow-up after an abortion later regretted it. | Methodological limitations | Serious concerns[1] | Low |
| | | | Relevance | None or very minor concerns | |
| | | | Coherence | None or very minor concerns | |
| | | | Adequacy | None or very minor concerns | |
| **Sub-theme 2.2: Access to support – availability over time** | | | | | |
| 3 (Lafarge 2013; McCoyd 2007; McCoyd 2009)<br><br>n=87 | 3 qualitative studies (2 using semi-structured interviews; 1 using online survey) | **Fetal anomaly:**<br><br>2 studies conducted in the UK and the USA reported that the availability of support decreases over time, despite the desire for ongoing support.<br><br>1 study conducted in the USA reported that grief lasts longer than expected by the woman. | Methodological limitations | Serious concerns[2] | Low |
| | | | Relevance | None or very minor concerns | |
| | | | Coherence | None or very minor concerns | |
| | | | Adequacy | None or very minor concerns | |
| **Sub-theme 2.3: Access to support - stigma impacts disclosure and access** | | | | | |
| 2 (Lotto 2016; McCoyd 2007)<br><br>n=40 | 2 qualitative studies using semi-structured interviews | **Fetal anomaly:**<br><br>2 studies conducted in the UK and the USA reported that the stigma surrounding abortion may prevent women for disclosing their experience and seeking support from friends and family due to fear of negative reactions, increasing isolation. | Methodological limitations | Serious concerns[3] | Very 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[4] | |

[1]*There were serious concerns with the methodological quality of the data as the qualitative data for 2 studies, including the largest study, came from open-ended questions in an online survey as opposed to interviews and insufficient information was provided about data analysis in 2 of the studies*
[2]*There were serious concerns with the methodological quality of the data as the qualitative data for 1 of the studies came from open-ended questions in an online survey as opposed to interviews and there was insufficient information provided in the remaining 2 studies regarding data collection and in 1 study regarding data analysis*
[3]*There were serious concerns with the methodological quality of the data as 1 of the studies conducted interviews with couples, rather than women alone, which may have impacted responses and the remaining study did not provide sufficient information about data collection; both studies report insufficient information regarding data analysis*
[4]*There were moderate concerns with the adequacy of the data as only 2 studies reported this theme*

### Table 5: Clinical evidence profile: Theme 3. Source of support

| Study information | | Description of theme or finding | CERQual assessment of the evidence | | |
|---|---|---|---|---|---|
| Number of studies | Design | | Criteria | Level of concern | Overall quality |
| **Sub-theme 3.1: Source of support – support takes multiple forms** | | | | | |
| 2 (Carlsson 2016; Lafarge 2013)<br><br>n=149 | 2 qualitative studies (1 using threads and messages of a virtual community; 1 using online survey) | **Fetal anomaly:**<br><br>2 studies conducted in Sweden and the UK reported that women utilised multiple forms of support to cope following an abortion for fetal anomaly and to come to terms with the decision they made. | Methodological limitations | Serious concerns[1] | Low |
| | | | Relevance | None or very minor concerns | |
| | | | Coherence | None or very minor concerns | |
| | | | Adequacy | Minor concerns[2] | |
| **Sub-theme 3.2: Source of support – psychological follow-up and counselling** | | | | | |
| 3 (Asplin 2014; Cano 2016; Lafarge 2013)<br><br>n=54 | 3 qualitative studies (2 using semi-structured interviews; 1 using online survey) | **Fetal anomaly and not for fetal anomaly:**<br><br>2 studies conducted in Canada and Sweden reported that women felt some form of counselling or psychological support should be standard following an abortion.<br><br>**Fetal anomaly:** | Methodological limitations | Moderate concerns[3] | Low |
| | | | Relevance | Moderate concerns[4] | |
| | | | Coherence | None or very minor concerns | |
| | | | Adequacy | Minor concerns[5] | |

| Study information | | | CERQual assessment of the evidence | | |
|---|---|---|---|---|---|
| **Number of studies** | **Design** | **Description of theme or finding** | **Criteria** | **Level of concern** | **Overall quality** |
| | | 1 study conducted in Sweden reported that it was not feasible for women to fund their own psychological support following an abortion, particularly as women may be on sick leave.<br><br>1 study conducted in the UK reported that the timing of counselling is an important factor and that some women felt vulnerable as they had started the process too early. | | | |
| **Sub-theme 3.3: Source of support – support groups and women with similar experiences** | | | | | |
| 5 (Asplin 2014; Carlsson 2016; Lafarge 2013; McCoyd 2009; Mukkavaara 2012)<br><br>n=196 | 5 qualitative studies (3 using semi-structured interviews; 1 using threads and messages of a virtual community; 1 using online survey) | **Fetal anomaly and not for fetal anomaly:**<br><br>5 studies conducted in Sweden, the UK and the USA reported that women valued being part of support groups and sharing their thoughts and feelings with women who had similar experiences.<br><br>**Fetal anomaly:**<br><br>2 studies conducted in the UK and the USA reported that being part of a support group was the most beneficial form of support for women and that they did not think they would have coped without this support.<br><br>1 study conducted in the UK reported that being part of a support group may make some women feel worse or that their grief is inadequate. | Methodological limitations | Serious concerns[6] | Low |
| | | | Relevance | None or very minor concerns | |
| | | | Coherence | None or very minor concerns | |
| | | | Adequacy | None or very minor concerns | |
| **Sub-theme 3.4: Source of support – friends and family** | | | | | |
| 2 (Lafarge 2013; McCoyd 2007)<br><br>n=57 | 2 qualitative studies (1 using semi-structured interviews; 1 using online survey) | **Fetal anomaly:**<br><br>2 studies conducted in the UK and the USA reported that support received from friends and family was of variable quality and often failed to provide comfort. | Methodological limitations | Serious concerns[7] | Very low |
| | | | Relevance | None or very minor concerns | |
| | | | Coherence | None or very minor concerns | |
| | | | Adequacy | Moderate concerns[8] | |
| **Sub-theme 3.5: Source of support – welfare officers** | | | | | |
| 1 (Asplin 2014) | 1 qualitative study using | **Fetal anomaly:** | Methodological limitations | Moderate concerns[9] | Very low |

| Study information | | | CERQual assessment of the evidence | | |
|---|---|---|---|---|---|
| **Number of studies** | **Design** | **Description of theme or finding** | **Criteria** | **Level of concern** | **Overall quality** |
| n=11 | semi-structured interviews | 1 study conducted in Sweden reported that contact with a welfare officer was appreciated as temporary support for a specific event. | Relevance | Serious concerns[10] | |
| | | | Coherence | None or very minor concerns | |
| | | | Adequacy | Serious concerns[11] | |
| **Sub-theme 3.6: Source of support – social workers** | | | | | |
| 1 (McCoyd 2009)<br><br>n=30 | 1 qualitative study using semi-structured interviews | **Fetal anomaly:**<br><br>1 study conducted in the USA reported that written information from social workers was useful but social work services were not effective if there was insufficient contact to build rapport. | Methodological limitations | Moderate concerns[9] | Very low |
| | | | Relevance | Moderate concerns[12] | |
| | | | Coherence | None or very minor concerns | |
| | | | Adequacy | Serious concerns[11] | |
| **Sub-theme 3.7: Source of support – genetic counsellors** | | | | | |
| 1 (McCoyd 2009)<br><br>n=30 | 1 qualitative study using semi-structured interviews | **Fetal anomaly:**<br><br>1 study conducted in the USA reported that a follow-up call from genetic counsellors was appreciated following an abortion and that, for many women, this was the time point where they realised they needed additional help. | Methodological limitations | Moderate concerns[9] | Very low |
| | | | Relevance | Moderate concerns[12] | |
| | | | Coherence | None or very minor concerns | |
| | | | Adequacy | Serious concerns[11] | |
| **Sub-theme 3.8: Source of support – bereavement midwife** | | | | | |
| 1 (Fisher 2015)<br><br>n=361 | 1 qualitative study using online survey | **Fetal anomaly:**<br><br>1 study conducted in the UK reported that women felt follow-up care from the bereavement midwife was excellent, when available. | Methodological limitations | Serious concerns[13] | 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[14] | |
| **Sub-theme 3.9: Source of support – doulas** | | | | | |
| 1 (Chor 2016)<br><br>n=30 | 1 qualitative study using semi-structured interviews | **Not for fetal anomaly:**<br><br>1 study conducted in the USA reported that some women were interested in having post-abortion discussions with doulas as an opportunity to explore specific health-related topics, discuss psychosocial concerns and receive emotional support, and that a doula would be their first choice as they thought they were more emotionally attached than a counsellor would be. However, some women were not interested in post-abortion support from a doula as they felt doulas lacked medical expertise or they wanted to move on. | Methodological limitations | Moderate concerns[15] | Very low |
| | | | Relevance | Moderate concerns[12] | |
| | | | Coherence | None or very minor concerns | |
| | | | Adequacy | Serious concerns[11] | |

*[1]There were serious concerns with the methodological quality of the data as neither of the studies collected data using interviews and 1 study reported insufficient information regarding data analysis*
*[2]There were minor concerns with the adequacy of the data as only 2 studies reported this theme; however, 1 of these studies was fairly large*
*[3]There were moderate concerns with the methodological quality of the data as the largest study collected qualitative data using an online survey and none of the studies reported sufficient information regarding data collection*
*[4]There were moderate concerns with the relevance of the data as only 1 study was conducted in UK and this study only reported one facet of this theme*
*[5]There were minor concerns with the adequacy of the data as the total number of participants for the 3 studies reporting this theme was small*
*[6]There were serious concerns with the methodological quality of the data as the qualitative data for 2 studies, including the largest study, came from open-ended questions in an online survey as opposed to interviews and insufficient information was provided about data analysis in 2 of the studies*
*[7]There were serious concerns with the methodological quality of the data as the qualitative data for 1 of the studies came from open-ended questions in an online survey as opposed to interviews and there was insufficient information provided in the remaining study regarding data collection and data analysis*
*[8]There were moderate concerns with the adequacy of the data as only 2 studies reported this theme*
*[9]There were moderate concerns with the methodological quality of the study as insufficient information was reported regarding recruitment and data collection*
*[10]There were serious concerns with the relevance of the data as none of the studies were conducted in the UK and it is unclear if this theme is applicable to the UK setting*
*[11]There were serious concerns with the adequacy of the data as only 1 study reported this theme*
*[12]There were moderate concerns with the relevance of the data as none of the studies were conducted in the UK; however, it is likely this theme would also apply to the UK setting*
*[13]There were serious concerns with the methodological quality of the data as the data was collected using open-ended questions in an online survey and insufficient information was reported regarding data analysis*
*[14]There were minor concerns with the adequacy of the data as only 1 study reported this theme; however, the study was large*
*[15]There were moderate concerns with the methodological quality of the study as insufficient information was reported regarding recruitment*

**Table 6: Theme 4. Support should be specific to abortion**

| Study information | | Description of theme or finding | CERQual assessment of the evidence | | |
|---|---|---|---|---|---|
| **Number of studies** | **Design** | | **Criteria** | **Level of concern** | **Overall quality** |
| 4 (Lafarge 2013; Maguire 2015; McCoyd 2007; McCoyd 2009)<br><br>n=100 | 4 qualitative studies (3 using semi-structured interviews; 1 using online survey) | **Fetal anomaly:**<br><br>3 studies conducted in the UK and the USA reported that women felt uncomfortable attending support groups that were not specific to their situation or that support was inadequate if not tailored to their situation.<br><br>1 study conducted in the USA reported that women felt they were undeserving of support if they had not told people the complete story. | Methodological limitations | Serious concerns[1] | Low |
| | | | Relevance | None or very minor concerns | |
| | | | Coherence | None or very minor concerns | |
| | | | Adequacy | None or very minor concerns | |

[1]*There were moderate concerns with the methodological quality of the data as 1 of the studies collected data using open-ended questions in an online survey and insufficient information was reported regarding recruitment in 2 studies, data collection in 3 studies and data analysis in 2 studies*

**Table 7: Theme 5. Lack of awareness of circumstances among health professionals encountered during follow-up care**

| Study information | | Description of theme or finding | CERQual assessment of the evidence | | |
|---|---|---|---|---|---|
| **Number of studies** | **Design** | | **Criteria** | **Level of concern** | **Overall quality** |
| 1 (Asplin 2014)<br><br>n=11 | 1 qualitative study using semi-structured interviews | **Fetal anomaly:**<br><br>1 study conducted in Sweden reported that it was disappointing when healthcare professionals encountered during follow-up care were not aware of what the woman had been through. | Methodological limitations | Moderate concerns[1] | Very low |
| | | | Relevance | Moderate concerns[2] | |
| | | | Coherence | None or very minor concerns | |
| | | | Adequacy | Serious concerns[3] | |

[1]*There were moderate concerns with the methodological quality of the study as insufficient information was reported regarding recruitment and data collection*
[2]*There were moderate concerns with the relevance of the data as none of the studies were conducted in the UK; however, it is likely this theme would also apply to the UK setting*
[3]*There were serious concerns with the adequacy of the data as only 1 small study reported this theme*

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 support would women like after an abortion?

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

# Appendix H – Economic evidence tables

### Economic evidence tables for review question: What support would women like after an abortion?

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

# Appendix I – Health economic evidence profiles

### Economic evidence profiles for review question: What support would women like after an abortion?

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

# Appendix J – Health economic analysis

### Economic analysis for review question: What support would women like after an abortion?

No economic analysis was conducted for this review question.

# Appendix K – Excluded studies

## Excluded studies for review question: What support would women like after an abortion?

### 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, 18, 160-168, 2004 | No themes of interest: support during decision making and abortion, not 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, 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 care, Social Science & MedicineSoc Sci Med, 191, 109-116, 2017 | Population not of interest for review: median time since abortion 3.5 years |
| 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 |
| 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 |

| Study | Reason for Exclusion |
|---|---|
| Andersson, I. M., Christensson, K., Gemzell-Danielsson, K. Experiences, feelings and thoughts of women undergoing second trimester medical termination of pregnancy. PLoS ONE 2014 9 (12) | No themes of interest: only themes about support are during, not after, abortion |
| 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, S., Bazant, E. S., Meyers, C. Couples counseling at an abortion clinic: a pilot study. Contraception 2008 78 p.424-31 | No themes of interest: information needs for women undergoing abortion |
| 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 | No themes of interest for review: abortion decision making process |

| Study | Reason for Exclusion |
|---|---|
| Journal of Contraception and Reproductive Health Care, 18, 44-48, 2013 | |
| 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 medical 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 |
| 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 counselling 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 |
| 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 | No themes of interest for review: access to abortion services |

| Study | Reason for Exclusion |
|---|---|
| qualitative study, The Australian journal of rural health, 22, 121-126, 2014 | |
| 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 2009 41 p.173-180 | No themes of interest: information needs for women undergoing abortion |
| 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 |
| France, E. F., Hunt, K., Ziebland, S., Wyke, S. What parents say about disclosing the end of their pregnancy due to fetal abnormality. Midwifery 2013 29 p.24-32 | Population not of interest: greater than 1 year between abortion and interviews |
| 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, 27, 835-839, 2007 | Population not of interest for review: women and their support person (partners, parents, siblings) views, women's views not stratified separately |
| 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 |
| 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 |

| Study | Reason for Exclusion |
|---|---|
| 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 choice of 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 | No themes of interest: no themes about support after abortion |
| 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, 50, 42-54, 2017 | Meta-synthesis: richer data included in individual papers |
| 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 |
| 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 2012 116 p.244-248 | No themes of interest: information needs for women undergoing abortion |
| 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 |
| Kero, A., Wulff, M., Lalos, A. Home abortion implies radical changes for women. European Journal of Contraception and Reproductive Health Care 2009 14 p.324-333 | No themes of interest: information needs for women undergoing abortion |

| Study | Reason for Exclusion |
|---|---|
| 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., Termination of pregnancy for fetal abnormality: a meta-ethnography of women's experiences, Reproductive Health MattersReprod Health Matters, 22, 191-201, 2014 | Meta-synthesis: richer data included in individual papers |
| 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 |
| 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., 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 (perceived rules regarding what are and are not |

| Study | Reason for Exclusion |
|---|---|
| | appropriate ways to feel in a given situation) |
| 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 |
| 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 & Obstetrics 2012 118 Suppl 1 p.S15-20 | No themes of interest: information needs for women undergoing abortion |
| 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 |
| 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, 24, 168-177, 2016 | No themes of interest: experience of diagnosis and abortion, not 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 & GynaecologyJ Obstet Gynaecol, 34, 693-9, 2014 | Not all studies meet inclusion criteria for review: data extracted from original studies |
| 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 and reproductive health context. Contraception 2016 93 p.170-177 | No themes of interest: information needs for women undergoing abortion |

| Study | Reason for Exclusion |
|---|---|
| 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 2017 124 p.2001-2008 | No themes of interest: themes about support are during, not after, abortion |
| 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: experience of having more than on abortion within 2 years; no themes about support |
| 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 |
| 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 2017 43 p.269-273 | No themes of interest: information needs for women undergoing abortion |
| 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 |
| Stalhandske, M. L., Ekstrand, M., Tyden, T., Women's existential experiences within Swedish abortion care, Journal of Psychosomatic Obstetrics and Gynecology, 32, 35-41, 2011 | Population not of interest: only 20% had an abortion within the last year |
| 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, | No themes of interest for review: perspectives of contraception and abortion decisions |

| Study | Reason for Exclusion |
|---|---|
| Kristen M., Managing unplanned pregnancies in five countries: Perspectives on contraception and abortion decisions, Global Public Health, 6, 1-24, 2011 | |
| 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 stigmatised 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 |
| 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., Najafi, R., Soheil, N., Kamani, A., Muslim women having abortions in Canada: Attitudes, beliefs, and experiences, Canadian Family Physician, 57, e134-e138, 2011 | Insufficient presentation of qualitative results |
| 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 |
| 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 |

| Study | Reason for Exclusion |
|---|---|
| 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.

# Appendix L – Research recommendations

### Research recommendations for review question: What support would women like after an abortion?

No research recommendations were made for this review question.

# Appendix M – Qualitative quotes

## Qualitative quotes for review question: What support would women like after an abortion?

**Table 8: Theme 1: Need for support**

| Study | Evidence |
|---|---|
| **Sub-theme 1.1: Isolation** | |
| Asplin 2014 | “The importance of having a plan for a next visit for follow-up about obstetrical issues was highlighted in some of the interviews: 'I wish there had been some sort of follow-up; you are lonely in a very special situation.' IP5" page 623 |
| Asplin 2014 | "'There is a sadness about whether you are capable of having a health child, and the first three months were like a huge bubble, and no one to turn to. They let go of you too easily.' IP3" |
| Fisher 2015 | "Women also sourced emotional support from these organisations, which one participant described as ‘a lifeline’ (P106). These were particularly helpful in alleviating women’s sense of isolation: ‘The leaflets given to me helped knowing that it wasn’t just me’ (P280)." page 78 |
| Lafarge 2013 | "A lack of support, particularly in the early stage, engendered much suffering: 'I was horrified to spend a weekend with some of [my] closest friends, the week of the funeral, and not once did they ask about the funeral or how we were . . . remember feeling like a leper after that weekend and that people avoided talking to me.'" page 929 |
| Maguire 2015 | "Sharing one’s story invited others to share their stories, thus establishing social connection and easing the burden of social isolation" page 5 |
| McCoyd 2009 | "One of the most appreciated aspects of genetic counseling services was a follow-up call in the weeks following the termination procedure. Many mentioned that call as the time they realized that they needed to get some help for their emotional needs. Several reported that genetic counselors “saved my life” by getting the patient pulled out of her isolation and connecting her to bereavement counseling services or support groups. Felicia says: 'So the genetic counselor called a couple of days later and she said, “Felicia, how are you doing?” And I said, “Well, I’m just a mess.” And she said, “That’s ok—because I’d be more worried if you weren’t a mess because all through this you’ve been pretty stoic. I don’t think I heard you cry one time.” And it’s funny, because I think I usually waited til we hung up and I’d cry, but not this time. I think she had tried to get a hold of me earlier. . . . And so she left a message on my cell phone—and by that Thursday or Friday, she was leaving these messages like “Call me—I need to hear from you” frantic messages—and it made me feel good—like someone was looking after me that actively—not just kind of, “Oh, you OK?” And then she said, “It’s very early. There’re a lot of emotions you need to get through yet, so I’d like to call you early next week if that’s OK.” . . . I felt like a lot of my eggs were in the basket of the genetic counselor, because if she hadn’t followed up, and if she hadn’t seen how upset I was, and if she didn’t say she’d get the names and numbers of groups to me, any one of those steps along the way could have shut it down, because without the group, I’m not sure I would have ever come out of the cave.'" page 528-529 |
| **Sub-theme 1.2: Negative feelings** | |
| Asplin 2014 | "One woman spoke of her need for help: 'I was so tired, bodily tired, and all the negative feelings within me were strengthened; I needed help. My life was upside down.' IP7" page 624 |
| Mukkavaara 2012 | "The women needed someone to share their feelings with. The women regretted the abortion to and fro and some of them expressed thoughts that they would never become normal again." page 723 |
| **Sub-theme 1.3: Validation of feelings** | |

| Study | Evidence |
|---|---|
| McCoyd 2007 | "Male gender roles do not incorporate prenatal bonding, verbalization of emotion, and tolerance for tearful emotional expression in most situations. Although men experience these things, they may stifle their own emotional expression in order to be ‘‘strong’’ for their grieving partners. Women from the study group report this as a source of extreme stress within the relationship as they tend to interpret the lack of emotional expression as indicating a lack of attachment on the part of the partners to both themselves and the pregnancy they shared. Nanci describes how this extends to grieving: 'About 3–4 weeks after Maddy’s burial, I really felt him not only pulling away from me emotionally, but also felt as though he was pushing me to ‘‘be okay’’. I resented it. And I was terribly hurt and felt completely alone. I would come to him needing to talk and though I felt he would listen, he would also try to say things to make me feel better which I didn’t want to hear. I wanted someone to say, ‘‘Yes, you’re right. You should be sad. You should be angry. It’s Okay to feel this way’’. And he really couldn’t do it. I think he believed that if he gave me permission to really go deep into my pain that I would never come out.'" page 45 |
| McCoyd 2009 | "One of the most appreciated aspects of genetic counseling services was a follow-up call in the weeks following the termination procedure. Many mentioned that call as the time they realized that they needed to get some help for their emotional needs. Several reported that genetic counselors “saved my life” by getting the patient pulled out of her isolation and connecting her to bereavement counseling services or support groups. Felicia says: 'So the genetic counselor called a couple of days later and she said, “Felicia, how are you doing?” And I said, “Well, I’m just a mess.” And she said, “That’s ok—because I’d be more worried if you weren’t a mess because all through this you’ve been pretty stoic. I don’t think I heard you cry one time.” And it’s funny, because I think I usually waited til we hung up and I’d cry, but not this time. I think she had tried to get a hold of me earlier. . . . And so she left a message on my cell phone—and by that Thursday or Friday, she was leaving these messages like “Call me—I need to hear from you” frantic messages—and it made me feel good—like someone was looking after me that actively—not just kind of, “Oh, you OK?” And then she said, “It’s very early. There’re a lot of emotions you need to get through yet, so I’d like to call you early next week if that’s OK.” . . . I felt like a lot of my eggs were in the basket of the genetic counselor, because if she hadn’t followed up, and if she hadn’t seen how upset I was, and if she didn’t say she’d get the names and numbers of groups to me, any one of those steps along the way could have shut it down, because without the group, I’m not sure I would have ever come out of the cave.'" page 528-529 |
| McCoyd 2009 | "Debby had to search before finding support: 'I spent a lot of time online searching for grief groups and finally found one (I think we found each other) that was able to put me into contact with others who have walked in my proverbial shoes. It was wonderful knowing that everything I was feeling—anger, alone, guilt, the hatred of pregnant women—was completely natural and that everyone went through it in one form or another. I guess being part of a group like that made what you were feeling seem warranted—and that nobody was judging you." page 530 |
| **Sub-theme 1.4: Specific questions** | |
| Asplin 2014 | "Many of the women felt despair, which they had to take care of everything by themselves: 'I think when you have had a cruel situation you need the possibility of reaching someone with your specific questions.' IP5" page 624 |
| **Sub-theme 1.5: Dealing with milestones and the future** | |
| Asplin 2014 | "Most of the women were not able to work or do anything; they wanted help with how to think about the future, milestones to reach or ways to behave to feel content with the situation that had occurred: 'I had a hard time to focus the first three months after termination; everything felt quite meaningless and I needed help to get more energy and to concentrate, not just be on the sick list.' IP8" page 624-625 |

**Table 9: Theme 2: Access to support**

| Study | Evidence |
|---|---|
| **Sub-theme 2.1: Variation in whether follow-up is given** | |
| Asplin 2014 | "Most of the women felt it was too easy to end up without any follow-up. How the treatment and care were given depended, to a great extent, on the woman herself or on the health care professionals they meet, rather than on established routines" page 623 |
| Fisher 2015 | "Aftercare was another important element in women's experience. However, most participants reported not receiving any, which one equated to 'feeling abandoned'(P234)". page 77 |
| Lafarge 2013 | "Support from health professionals was particularly important but in many cases this was limited posttermination." page 929 |
| Mukkavaara 2012 | "All the participating women had contact with the counsellor before the abortion and described that the treatment and the emotional support from the hospital staff were excellent. Women, who had declined contact after the abortion, regretted it later". page 722 |
| **Sub-theme 2.2: Availability over time** | |
| Lafarge 2013 | "Support was key in helping women cope with their loss, but most women indicated that it faded over time." page 929 |
| McCoyd 2007 | "Many believe they will feel better by the time of the first physician visit after the TFA. Since most find grief intensifying for the first 3–6 weeks and lasting until the due date [16], this is an expectation that leads women to believe there is something wrong with their grief experience. Felicia was able to describe this well: 'Daniel [her husband] had said to me through this process, 'just wait until we go see Dr. N for the check-up' kind of like it was a touchstone and I would be all better. Kind of like the healing would be all done then – and I bought that, because I wanted to believe it. So after I wasn't better by then, I got back in touch with the genetic counselor and said 'could you give me those names . . . I need those names' [of counselors and support groups] . . . .'" page 41 |
| McCoyd 2009 | "The few comprehensive programs that exist do have sporadic groups, but few have ongoing support, despite the fact that this type of support is almost universally desired among this study group." page 530 |
| **Sub-theme 2.3: Stigma impacts disclosure and access** | |
| Lotto 2016 | "The stigmatisation associated with termination is well documented. (Kumar et al., 2009; Norris et al., 2011) For parents, this could result in social isolation where disclosure to peers was avoided, and hence support was not sought, due to fear of negative reactions." page 17 |
| McCoyd 2007 | "This statement is a mythic expectation that defines the milieu in which the woman sees herself. This then leads her to be secretive about the experience she has been through, reluctant to seek support from friends and family as she processes her grief, and isolated at the time she is most in need of empathy [12]." page 41 |
| McCoyd 2007 | "The stigma of abortion, particularly in the US, heavily influences women's grief process as they harbor a mythic expectation that they will be judged negatively. Yet, without risking this judgment, women are left with few supports and little ability to mobilize their own defenses against the internalized sense of stigma they often develop." page 41 |
| McCoyd 2007 | "Women long for support, yet fear telling ''the whole story'' about the circumstances of their loss for fear of negative judgment. Marilyn explains: 'I do think that bearing the secret was an additional stress on me. No question about it, but telling them the truth would have, or so I imagine[d], be additional stress as well, just a different kind of stress." page 44 |

**Table 10: Theme 3: Source of support**

| Study | Evidence |
|---|---|
| **Sub-theme 3.1: Support takes multiple forms** | |
| Carlsson 2016 | "Strategies to cope with the decision included writing, caring for oneself, spending time with the family, and professional/social support. 'It has really helped talking to someone in a similar situation.' P36" page 58 |
| Lafarge 2013 | "Support after the termination was essential to the way women coped. This support took many forms." page 929 |
| **Sub-theme 3.2: Psychological follow-up and counselling** | |
| Asplin 2014 | "On some occasions it may be easier for women to be part of a system that guides them through managing their difficulties without them having to be asked if they want to be a part of it. One woman said she wished she and her partner had been told about the significance of both parents having a conversation with the caregivers and that it had not been presented as an option: 'It has been blocked. I wish there had been a direction about the significance of having a dialogue, provided from the care providers' point of view. I have been lonely; my husband did not want to go to someone to talk about the experience and I did not want to go without him. The standpoint should be that you were offered a standard follow-up with some sort of psychological support' IP3" page 622 |
| Asplin 2014 | "Contact with a welfare officer was appreciated and was seen as a good and temporary support for a specific event. A few of the women thought it was enough for closure, whereas others felt frustrated and needed more concrete help for handling the unexpected and coping with life and all days of the week again: 'I wanted a more professional psychological help and phoned a therapist, but the high cost, 1200 Swedish crowns per hour was not feasible in the circumstances of me sick-listed and [having] no insurance coverage because a fetus does not count as a legal person before gestational week 22.' IP2" page 624 |
| Cano 2016 | "Like Erin (Fig. 3), most participants, based on their own experiences, recommended that follow-up counseling be routinely offered, as they felt contact with health care providers was abruptly cut off after the procedure. As Michelle suggested, 'I think I would offer better, either counseling before or some counseling before and post. And I don't know if that's standard, but, yeah, there was just no, no follow-up'." page 493 |
| Lafarge 2013 | "Professional support was also dispensed in the form of counseling, which was mainly used by women more advanced in the recovery process. Even though the majority found counseling helpful, some felt that they had started the process too early and felt vulnerable as a result. The timing of the intervention might therefore be an important factor." page 929 |
| **Sub-theme 3.3: Support groups and women with similar experiences** | |
| Asplin 2014 | "To ally with other women in the same situation was not a first priority but was experienced as very valuable for those who did so: 'We meet a couple on the ward for the same matter and we have provided for each other, very nicely. IP6" page 623 |
| Carlsson 2016 | "Strategies to cope with the decision included writing, caring for oneself, spending time with the family, and professional/social support. 'It has really helped talking to someone in a similar situation.' P36" page 58 |
| Lafarge 2013 | "Support groups were another source of emotional support, which is unsurprising given that the sample was drawn from a support group. ...: '[It] has been the most amazing thing though as everyone really understands more than anyone else ever could. I still read the posts every day and have done some fund-raising for them. I would never, ever have done so well without their support.'" page 920 |
| Lafarge 2013 | "Reasons for using the group email network/forum varied, but the underlying drive was to derive a sense of solidarity. For some women, the forum became the only opportunity to share their story: 'I feel completely alone in my grief as no |

| Study | Evidence |
|---|---|
| | one seems to understand just how profound it is. This includes my partner.' However, other women reported having ambivalent feelings about using the forum. One woman saw the forum as a lifeline during dark days, but actively avoided it on good days to prevent being 'brought back to the darkness.' Another also had mixed feelings about the email network because some of the comments led her to believe that her way of grieving was inadequate: 'Sometimes I found reading other people's accounts on the forum unhelpful as I felt guilty for not feeling as emotional or terrible as they did, but in time I was able to feel that this was positive, that I was coping and mentally strong.'" page 929 |
| Lafarge 2013 | "Going to parents' meetings was another coping resource, and it provided women with a 'sense check' regarding where they were in the healing process." page 929-930 |
| McCoyd 2009 | "One of the most appreciated aspects of genetic counseling services was a follow-up call in the weeks following the termination procedure. Many mentioned that call as the time they realized that they needed to get some help for their emotional needs. Several reported that genetic counselors "saved my life" by getting the patient pulled out of her isolation and connecting her to bereavement counseling services or support groups. Felicia says: 'So the genetic counselor called a couple of days later and she said, "Felicia, how are you doing?" And I said, "Well, I'm just a mess." And she said, "That's ok—because I'd be more worried if you weren't a mess because all through this you've been pretty stoic. I don't think I heard you cry one time." And it's funny, because I think I usually waited til we hung up and I'd cry, but not this time. I think she had tried to get a hold of me earlier. . . . And so she left a message on my cell phone—and by that Thursday or Friday, she was leaving these messages like "Call me—I need to hear from you" frantic messages—and it made me feel good—like someone was looking after me that actively—not just kind of, "Oh, you OK?" And then she said, "It's very early. There're a lot of emotions you need to get through yet, so I'd like to call you early next week if that's OK." . . . I felt like a lot of my eggs were in the basket of the genetic counselor, because if she hadn't followed up, and if she hadn't seen how upset I was, and if she didn't say she'd get the names and numbers of groups to me, any one of those steps along the way could have shut it down, because without the group, I'm not sure I would have ever come out of the cave.'" page 528-529 |
| McCoyd 2009 | "Support groups were critical to the coping and survival of many women in the study group. Sometimes genetic counselors or social workers referred the women, and often they found these resources on their own. All but one respondent who attended a group reported that it was the most important support they received. The one who expressed some reservations had been in a group that was disapproving of "social" abortions and the respondent had had "social abortions" in her past, leading her to feel judged and not truly part of the group support dynamic." page 530 |
| McCoyd 2009 | "'I would tell couples to talk with someone. I think a therapist is great, but the best thing to do is join a support group especially for termination of wanted pregnancies. Whether it is on line like what I did, or an actual group that meets, it means more to talk to someone who has been through this. I think that after the procedure, everyone deals differently.'" page 530. |
| Mukkavaara 2012 | The women wanted to share their feelings and thoughts with other women having similar experiences." page 722 |
| **Sub-theme 3.4: Friends and family** | |
| Lafarge 2013 | "Emotional support was also sourced from friends and relatives, but its quality varied greatly..." page 929 |
| McCoyd 2007 | "Even so, for those who receive support from friends and family, the assurance often fails to comfort. Frances says: 'I also am bewildered when people assure me ''I also would have ended the pregnancy''. A decision like this is ultimately |

| Study | Evidence |
|---|---|
| | based on a thousand unanticipated and very personal factors unique to your exact circumstances.'" page 43 |
| **Sub-theme 3.5: Welfare officers** | |
| Asplin 2014 | "Contact with a welfare officer was appreciated and was seen as a good and temporary support for a specific event. A few of the women thought it was enough for closure, whereas others felt frustrated and needed more concrete help for handling the unexpected and coping with life and all days of the week again…" page 624 |
| **Sub-theme 3.6: Social workers** | |
| McCoyd 2009 | "A few respondents (three) had a brief visit from a social worker after their loss, usually just to provide a packet of loss group materials—often geared toward spontaneous losses. These types of interventions generally were perceived as trite and worthless because they were not tailored to the type of loss the women had experienced and were clearly done "on the fly" with little intent to spend time processing the woman's emotions. Although the written information was useful, social work services were not as effective unless there was sufficient contact throughout the experience to develop rapport and be able to provide attuned support." page 529-530 |
| **Sub-theme 3.7: Genetic counsellors** | |
| McCoyd 2009 | "One of the most appreciated aspects of genetic counseling services was a follow-up call in the weeks following the termination procedure. Many mentioned that call as the time they realized that they needed to get some help for their emotional needs. Several reported that genetic counselors "saved my life" by getting the patient pulled out of her isolation and connecting her to bereavement counseling services or support groups. Felicia says: 'So the genetic counselor called a couple of days later and she said, "Felicia, how are you doing?" And I said, "Well, I'm just a mess." And she said, "That's ok—because I'd be more worried if you weren't a mess because all through this you've been pretty stoic. I don't think I heard you cry one time." And it's funny, because I think I usually waited til we hung up and I'd cry, but not this time. I think she had tried to get a hold of me earlier. . . . And so she left a message on my cell phone—and by that Thursday or Friday, she was leaving these messages like "Call me—I need to hear from you" frantic messages—and it made me feel good—like someone was looking after me that actively—not just kind of, "Oh, you OK?" And then she said, "It's very early. There're a lot of emotions you need to get through yet, so I'd like to call you early next week if that's OK." . . . I felt like a lot of my eggs were in the basket of the genetic counselor, because if she hadn't followed up, and if she hadn't seen how upset I was, and if she didn't say she'd get the names and numbers of groups to me, any one of those steps along the way could have shut it down, because without the group, I'm not sure I would have ever come out of the cave.'" page 528-529 |
| **Sub-theme 3.8: Bereavement midwives** | |
| Fisher 2015 | "When aftercare was available, women found it beneficial: 'The care was v [very] good. [The] bereavement midwife [was] excellent and I saw her lots after' (P102)." page 77 |
| **Sub-theme 3.9: Doulas** | |
| Chor 2016 | "Women perceived the possibility of having post-abortion discussions with doulas as an opportunity to explore specific health-related topics and receive additional emotional support." page 6 |
| Chor 2016 | "Other women would have liked to build on the connection formed during the abortion to discuss persistent psychosocial concerns. ' . . . the doula seems like an emotional being, and it seems like somebody who is very comforting. . . if I needed to talk with someone, then a doula would probably be my first choice than a counselor. . . they're more emotionally attached than a counselor would be.'" page 6 |

| Study | Evidence |
|---|---|
| Chor 2016 | "A few women were not interested in post-abortion doula support, feeling that doulas lacked medical expertise or that they wanted to 'move on'". page 6 |

**Table 11: Theme 4: Support should be specific to abortion**

| Study | Evidence |
|---|---|
| Lafarge 2013 | "A few participants also used a support group focused specifically on stillbirth and neonatal deaths; some found it helpful, but others reported feeling uncomfortable given that this particular group only dealt with naturally occurring or accidental deaths rather than terminations." page 930 |
| Maguire 2015 | "Women referenced support networks as a potential outlet for their social isolation and expressed frustration that they had inadequate exposure to such networks (quote 4.5). They described a need for support networks that were specific to their situation, suggesting that general support groups did not adequately address their unique grief." page 5; "'I wish I could get into a [support] group where it's more related to that specific situation... if I was in a group with a lot of women... [who had] lost their babies to the same thing, like genetic diseases or acrnaia... That would be more coping for me than... a group that they just lost their children.'" page 12 |
| McCoyd 2007 | "They adjust the story to the level of support they believe the listener may be able to provide, carefully adjusting disclosure to perceived support. When support is granted (i.e., expressions of sympathy are extended) in cases where the woman did not tell ‘‘the whole story’’, she feels the support is ill-gotten and is unable to utilize it effectively. Sarah talks about this clearly: 'I think I only told the people I knew would support me. To have anyone condemn me would have hurt too badly. I felt fragile as glass. The people I worked with (except two close friends) I simply told them ‘‘I lost the baby’’. Then some people who I told we simply lost the baby due to a genetic condition commented on how brave we were to continue the pregnancy. This just added to the guilt . . . There were some people I wished I could share the whole story with, but in the end felt I just couldn’t risk my heart. Everyone I told was 100 percent supportive. I told all of the people closest to me. I wish I could tell everyone . . . Sometimes there is that guilt though of not telling the whole story.'" page 44-45 |
| McCoyd 2009 | "A few respondents (three) had a brief visit from a social worker after their loss, usually just to provide a packet of loss group materials—often geared toward spontaneous losses. These types of interventions generally were perceived as trite and worthless because they were not tailored to the type of loss the women had experienced and were clearly done “on the fly” with little intent to spend time processing the woman’s emotions..." page 529-530 |

**Table 12: Theme 5: Lack of awareness of circumstances among health professionals encountered during follow-up care**

| Study | Evidence |
|---|---|
| Asplin 2014 | “…Visits were given for obstetrical issues, but became a disappointment when the caregiver was so unaware of what I been through and was not up-to-date.' IP6." page 624 |