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Factors influencing women's satisfaction with surgical abortion^{☆,☆☆,★}

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Abstract

Objective: Investigate which specific factors of abortion-related healthcare influence the overall satisfaction of women undergoing surgical abortion.

Study Design: Between May and December 2014, we invited women undergoing first-trimester surgical abortion without sedation at six Northern California reproductive health clinics from two clinic systems (four clinics in System A and two clinics in System B) to complete an anonymous survey in the recovery room. The survey obtained demographic information and inquired about the women's level of satisfaction with different aspects of care (very satisfied, somewhat satisfied, not satisfied or dissatisfied, somewhat dissatisfied or very dissatisfied). The survey asked women to rank the three most important factors that contributed to their level of satisfaction. We analyzed the results using univariate and descriptive analyses to assess trends in responses related to level of satisfaction based on demographic and other variables.

Results: A high percentage of women were very satisfied with their overall experience in both systems (A=79%, B=84%, $p=0.34$). Only 2% of women in System A and 1% in System B responded that they were neutral or not satisfied. The top three aspects of care ranked as most important were the same from both systems: ability to get an appointment in a timely manner, courtesy of staff and being informed as much as they wanted to know. Women were very satisfied or somewhat satisfied with these features of their care within both systems.

Conclusion: Women are generally very satisfied by the first-trimester surgical abortion care they receive in different clinics. Although each clinic and system provides unique care, the factors contributing to women's level of satisfaction are consistent.

Implications Statement: The most important factors that contribute to women's satisfaction with their first-trimester surgical abortion experience include the ability to get an appointment quickly, courtesy of the staff and being provided with information and responses to their questions.

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Keywords: Abortion; Satisfaction; Courtesy; Timeliness

1. Introduction

The Guttmacher Institute reported that 1.06 million abortions were performed in the United States in 2011 [1]. Although most abortions are performed early in pregnancy

and women often have a choice between medical and surgical abortions, approximately 81% of all abortions are performed surgically [2]. Just as with any other medical procedure, high patient satisfaction should be a primary goal in abortion care.

Whereas multiple studies investigate acceptability of medical abortion, much less has been published in the last 15 years about factors influencing women's satisfaction with surgical abortion. Medical abortion studies show very high acceptability; the data can be assessed in aggregate to simply mean that women who are able to access abortion services are generally happy because they were able to get an abortion [3–7]. Although few studies specifically explore acceptability of surgical abortion, [8,9] we might expect overall results similar to medical abortion. Although recent research has evaluated clinic-level factors that contribute to a positive

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abortion experience, we have little information on which factors are most influential to a women's overall satisfaction with surgical abortion [8,10]. We performed this survey study to investigate which factors influenced women's satisfaction during first-trimester surgical abortion.

2. Materials and methods

This study was classified upon review by the University of California, Davis Institutional Review Board (IRB), as exempt. After IRB review, we pretested the survey among 43 women at four Northern California reproductive health clinics to verify readability and comprehension. We did not perform a formal assessment of literacy level. After modifications to the survey, participants were then recruited between May and December 2014 in two systems, four clinics in System A and two clinics in System B. At the time of the study, these facilities all offered surgical abortion with or without sedation up to 18 weeks gestation as well as medical abortion through 9 weeks gestation. We invited women having a first-trimester surgical abortion to complete an anonymous satisfaction survey after their procedure. Subjects were eligible if they were 18 years or older, had a surgical abortion at 14 weeks gestation or less without any sedation and could read and write English. The survey did not include any identifying information that could link participants to their responses. Respondents did not receive any compensation for completing the survey.

Patients at each clinic receive support as needed throughout the entire process from a trained nonphysician counselor who was assigned to that patient upon arrival at the clinic. After the initial counseling session, women wait in a clinic waiting room until it is time for their procedure. The initial counseling session includes contraceptive counseling as desired by the patient. Women at System A clinics, but not System B clinics, can bring a spouse, family member or friend into the procedure room if desired. Misoprostol is used only per provider discretion after 10 weeks gestation in System A clinics and routinely from 12 to 14 weeks in System B clinics. Women meet the physician providing the abortion for the first time in the procedure room. Patients at all clinics typically received a preoperative oral nonsedating analgesic; the procedures included injection of a cervical anesthetic and suction aspiration with a manual or electric vacuum per provider preference. After the procedure, women are escorted to the recovery room, where a nurse monitors them for approximately 30 min prior to discharge.

Clinic staff offered a survey packet to eligible women in the recovery room. Each packet consisted of a business envelope containing a cover page which explained the purpose of the study and the survey. The survey instrument consisted of nine pages with a total of 38 questions. The first two questions verified eligibility, confirming that the respondent had a

surgical abortion and was 18 years or older; an additional 13 questions addressed participants' demographics and pregnancy history. The remaining questions inquired about satisfaction with 17 distinct aspects of the abortion experience, with possible choices of very satisfied, somewhat satisfied, neither, somewhat dissatisfied and very dissatisfied. The survey asked women to rank the three most important factors that contributed to their level of satisfaction. After completion of the survey, women placed the survey back in the envelope which they sealed and put into a secure collection box. Survey envelopes remained intact until collected by an investigator at the end of each month.

We intended to enroll a convenience sample totaling 200 women amongst all of the clinics; we estimated by clinic volumes that it would take approximately 7 months to reach this goal. We planned to analyze all results for the overall sample and by system because volumes at each individual clinic are different, but the overall philosophy of care at each clinic within a system is similar. Women's ranking of the top three aspects of care contributing to satisfaction were scored by assigning 5 points, 3 points and 1 point to the 1st, 2nd and 3rd most important reasons, respectively. We used univariate and descriptive analyses to assess trends in responses related to level of satisfaction based on demographic and other variables. We considered a p-value of 0.05 as significant.

3. Results

We received 217 sealed surveys including 72 from System A and 145 from System B. We excluded seven surveys from participants who indicated that they did not meet the eligibility criteria, leaving 210 women in the analysis. Demographic and pregnancy information for these participants is described in Table 1. Over half of the women (57%) had previously undergone one or more abortions.

A high percentage of women stated that they were very satisfied with their overall experience within both systems (System A=79% and System B=84%, $p=0.34$). Most (92%) women were satisfied with the overall abortion experience, including 82% who reported being *very satisfied* and 10% who reported being *somewhat satisfied*. Only 2% of women in System A and 1% in System B responded that they were *neutral* or *not satisfied*. Less than 10% of women at both systems did not respond to this question (System A=8%, System B=6%).

A total of 79% answered the ranking question correctly (System A=74%, System B=81%, $p=0.29$). The remaining 45 women either did not complete this part of the survey or gave every factor a ranking between 1 and 3, thereby not differentiating which factors were more important than others. We found no difference in the demographic characteristics between correct and incorrect responders by age ($p=0.72$), race ($p=0.24$), ethnicity ($p=0.71$), religion ($p=0.44$), education ($p=0.08$), relationship status ($p=0.28$),

Table 1

Characteristics of study participants who had a first-trimester surgical abortion at a clinic within two different reproductive health systems

	System A <i>n</i> =70	System B <i>n</i> =140	Total <i>N</i> =210
Age (years)	27±6	26±6	
18–24	27 (39%)	69 (49%)	96 (46%)
25–29	21 (30%)	38 (27%)	59 (28%)
30–34	10 (14%)	21 (15%)	31 (15%)
35–39	9 (13%)	7 (5%)	16 (8%)
40+	3 (4%)	4 (3%)	7 (3%)
Unanswered	0	1 (1%)	1 (0.5%)
Race			
Caucasian	48 (69%)	55 (39%)	103 (49%)
African American	9 (13%)	39 (28%)	48 (23%)
Asian	3 (4%)	16 (11%)	19 (9%)
Native Hawaiian/Pacific Islander	1 (1%)	2 (1%)	3 (1%)
Other	6 (9%)	19 (27%)	25 (12%)
Unanswered	3 (4%)	9 (6%)	12 (6%)
Ethnicity			
Hispanic	10 (14%)	33 (24%)	43 (20%)
Not Hispanic	55 (79%)	81 (58%)	136 (65%)
Unanswered	5 (7%)	26 (19%)	31 (15%)
Religion			
Christian	32 (46%)	65 (46%)	97 (46%)
Jewish	1 (1%)	1 (1%)	2 (1%)
Muslim	1 (1%)	1 (1%)	2 (1%)
Atheist/Agnostic	6 (9%)	16 (11%)	22 (10%)
Other	22 (31%)	42 (30%)	64 (30%)
Unanswered	8 (11%)	15 (11%)	23 (11%)
Gestational age (weeks)	8±2	8±3	
<6 weeks	7 (10%)	11 (8%)	18 (9%)
6–7 weeks	23 (33%)	50 (36%)	73 (35%)
8–9 weeks	19 (27%)	33 (24%)	52 (25%)
10–11 weeks	9 (13%)	19 (14%)	28 (13%)
11–14 weeks	3 (4%)	16 (11%)	19 (9%)
“Not sure”/Unanswered	9 (13%)	11 (8%)	20 (10%)
Education			
Some high school	2 (3%)	4 (3%)	6 (3%)
High school diploma	16 (23%)	34 (24%)	50 (24%)
Some college	30 (43%)	61 (44%)	91 (43%)
College degree	13 (19%)	30 (21%)	43 (20%)
Graduate school or higher	8 (11%)	10 (7%)	18 (9%)
Unanswered	1 (1%)	1 (1%)	2 (1%)
Annual household income			
<\$10,000	26 (37%)	70 (50%)	96 (46%)
\$10,001–\$30,000	28 (40%)	41 (29%)	69 (33%)
\$30,001–\$50,000	7 (10%)	7 (5%)	14 (7%)
\$50,001–\$75,000	3 (4%)	9 (6%)	12 (6%)
>\$75,001	2 (3%)	5 (4%)	7 (3%)
Unanswered	4 (6%)	8 (6%)	12 (6%)
Relationship status			
Single	47 (67%)	118 (84%)	165 (79%)
Married	13 (19%)	17 (12%)	30 (14%)
Separated/Divorced	9 (13%)	2 (1.4%)	11 (5%)
Unanswered	1 (1%)	3 (2%)	4 (2%)
Gravida			
0	16 (23%)	35 (25%)	51 (24%)
1	12 (17%)	38 (27%)	50 (24%)
2	9 (13%)	18 (13%)	27 (13%)
3	13 (19%)	20 (14%)	33 (16%)
4	8 (11%)	11 (8%)	19 (9%)

Table 1 (continued)

	System A <i>n</i> =70	System B <i>n</i> =140	Total <i>N</i> =210
5+	12 (17%)	18 (13%)	30 (14%)
Para			
0	28 (40%)	76 (54%)	104 (50%)
1	16 (23%)	33 (24%)	49 (23%)
2	14 (20%)	19 (14%)	33 (16%)
3+	12 (17%)	11 (8%)	23 (11%)
Unanswered	0	1 (1%)	1 (0.5%)
Prior miscarriage			
Yes	48 (69%)	111 (79%)	159 (76%)
No	22 (31%)	28 (20%)	50 (24%)
Unanswered	0	1 (1%)	1 (0.5%)
Prior abortion			
0	32 (46%)	58 (41%)	90 (43%)
1	18 (26%)	44 (31%)	62 (30%)
2	9 (13%)	20 (14%)	29 (14%)
3+	11 (16%)	17 (12%)	28 (13%)
Unanswered	0	1 (1%)	1 (0.5%)

Data are presented as mean±standard deviation or *n* (%).

All columns may not add to 100% due to rounding.

gravidity ($p=0.12$), parity ($p=0.29$) or previous miscarriage ($p=0.14$). Those women who did answer correctly had a lower odds of reporting a previous abortion (odds ratio=0.77, $p=0.04$). Of those who correctly responded, the top three aspects of care that women ranked as most important to their level of satisfaction were the same at both systems: ability to get an appointment in a timely manner, courtesy of staff and being informed as much as they wanted to know (Table 2). For each of these three features, women were very satisfied or somewhat satisfied with this aspect of care in both systems (Tables 3 and 4). The three factors that were least important in determining women’s overall satisfaction at both systems combined were attractiveness of the clinic, whether pain they felt after the procedure, if any, was addressed and how any nausea they may have experienced was addressed (Table 2).

The factors which women least commonly rated as very satisfied were the same in both systems and included “time spent waiting in clinic for procedure” (System A=43%, System B=51%), “comfort of waiting area” (System A=63%, System B=63%) and the “ability to bring a spouse, family member, or friend to accompany [them] during the abortion procedure” (System A=66%, System B=55%) (Tables 3 and 4).

4. Discussion

As expected, almost all (92%) women are satisfied with the care they receive for surgical abortion. These excellent evaluations may reflect that these particular clinics do an exceptional job at meeting women’s expectations surrounding abortion care. We believe that a more likely possibility is that women are just overly satisfied to be able to have an abortion in

Table 2
Frequency of factors ranked most important to women's overall satisfaction with first-trimester surgical abortion

	System A score ^a	System B score ^a	Combined score ^a
Ability to get an appointment in a timely manner	68	233	301
Courtesy of staff	78	204	282
Being informed as much as you wanted to know	52	123	175
Quality of support provided by your physician	28	116	144
Privacy	41	49	90
Comfort of recovery area	34	52	86
Quality of support provided by your counselor	17	66	83
Whether pain you felt during the procedure, if any, was addressed	33	35	68
Time spent waiting in clinic for procedure	22	35	57
Ability to bring a spouse, family member, or friend to accompany you during the abortion	42	10	52
Ability to get the type of abortion you wanted	8	23	31
Information you received about contraception	2	28	30
Whether or not there were complications with your abortion	12	13	25
Comfort of waiting area	6	7	13
Whether pain you felt after the procedure, if any, was addressed	7	0	7
How any nausea you may have experienced, if any, was addressed	1	6	7
Attractiveness of the clinic	0	2	2

^a Subjects who had a first-trimester surgical abortion at a clinic within two different reproductive health systems ranked the top three aspects of care contributing to satisfaction. Scores of 5 points, 3 points and 1 point to the first, second and third most important reasons, respectively.

the first place, so they find the experience to be positive independent of the contributing factors. Of note, support provided by the physician is less important to patients receiving care at a reproductive health clinic than timing of the appointment and staff. We believe that the other important factor to women, the ability to get information and have questions answered, is dependent on both the staff and the provider.

A few findings related to factors that were not as important to women were of particular interest. Contraceptive counseling did not influence women's overall satisfaction, which confirms recent studies demonstrating that many women may not want, or may be indifferent toward contraception counseling at the time of abortion [11,12]. In both reproductive health clinic systems, the comfort of the waiting area was less satisfying to women compared to other aspects of their care;

Table 3
Percent of respondents in System A clinics satisfied or dissatisfied with aspects of first-trimester surgical abortion care ($n=70$)

	Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied	Very dissatisfied	Not answered
Courtesy of staff	91%	6%	0%	0%	1%	2%
Ability to get an appointment in a timely manner	90%	7%	0%	0%	3%	0%
Being informed as much as you wanted to know	90%	6%	0%	0%	1%	3%
Quality of support by counselor	89%	1%	0%	1%	1%	8%
Satisfaction with contraception information ($n=65$) ^a	88%	9%	1%	0%	1%	0%
Ability to receive the type of abortion preferred	87%	7%	3%	0%	0%	3%
Quality of support by physician	86%	10%	1%	0%	0%	3%
Comfort of recovery area	81%	7%	3%	3%	1%	5%
Privacy	76%	20%	1%	0%	1%	2%
Nausea satisfaction ($n=24$) ^b	75%	21%	0%	0%	0%	4%
Attractiveness of clinic	73%	21%	3%	0%	1%	2%
How pain after procedure was addressed	69%	16%	7%	1%	0%	7%
How pain during procedure was addressed	67%	20%	3%	1%	1%	8%
Ability to bring a spouse, family member or friend during the abortion procedure	66%	11%	10%	1%	1%	11%
Comfort of waiting area	63%	26%	7%	1%	1%	2%
Time spent waiting in clinic for procedure	43%	41%	6%	6%	3%	1%
Overall satisfaction	79%	11%	1%	0%	1%	8%

Some rows do not add to 100% due to rounding.

^a Two women did not respond to the question, and three women answered that they did not receive contraceptive information.

^b Nausea satisfaction was only measured in women who experienced nausea.

Table 4
Percent of respondents in System B clinics satisfied or dissatisfied with aspects of first-trimester surgical abortion care (n=140)

	Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied	Very dissatisfied	Not answered
Being informed as much as you wanted to know	99%	0%	0%	1%	0%	0%
Courtesy of staff	98%	2%	0%	0%	0%	0%
Quality of support by physician	98%	2%	0%	0%	0%	0%
Satisfaction with contraception information (n=138)*	96%	4%	0%	0%	0%	0%
Quality of support by counselor	96%	3%	0%	0%	0%	1%
Ability to get an appointment in a timely manner	91%	6%	1%	1%	1%	0%
Ability to receive the type of abortion preferred	90%	6%	2%	1%	0%	1%
How pain after procedure was addressed	85%	11%	3%	0%	0%	1%
Privacy	84%	14%	1%	2%	0%	0%
Comfort of recovery area	84%	14%	1%	1%	0%	0%
Attractiveness of clinic	84%	14%	1%	0%	0%	1%
How pain during procedure was addressed	79%	14%	5%	1%	0%	1%
Nausea satisfaction (n=61)†	71%	30%	0%	0%	0%	0%
Comfort of waiting area	63%	30%	1%	5%	1%	0%
Ability to bring a spouse, family member or friend during the abortion procedure	55%	16%	14%	3%	7%	5%
Time spent waiting in clinic for procedure	51%	29%	8%	9%	1%	2%
Overall satisfaction	84%	9%	1%	0%	0%	6%

Some rows do not add to 100% due to rounding.

* Two women did not respond to the question.

† Nausea satisfaction was only measured in women who experienced nausea.

however, this factor was not as important in determining overall satisfaction as other factors. The physical attractiveness of the clinic was also not important to women. The comfort of the recovery area was somewhat more important to women than the comfort of the waiting area; however, overall, it is still not very important. These findings suggest that when funds are limited, it may be more prudent to spend resources on training staff rather than improving the appearance of the clinic and comfort of the waiting area.

Although women were less satisfied with the time that they spent waiting in the clinic for their procedure, this factor was not important in determining their overall satisfaction. This finding implies that, although not ideal, women are willing to wait on the day of their abortion for the procedure and are satisfied as long as staff is courteous and questions are answered.

Women in both systems were satisfied with their ability to bring a family member, spouse or friend to accompany them during the abortion procedure but less satisfied as compared to other factors. We were surprised that patients in both systems ranked this item similarly when women in System A, but not System B, were permitted to bring someone into the procedure room. Because we did not ask patients if they had a support person with them, the answer may reflect more whether they had someone at the clinic as opposed to their satisfaction with the ability to have someone in the procedure room. Alternatively, perhaps the family member, spouse or friend was not as supportive as the women believed they would be, or in fact, the women realized they were getting better support from the clinic staff member assigned to be with them throughout the process. A recent randomized trial demonstrated that doula support during the procedure did not improve pain or satisfaction scores for women having a

first-trimester surgical abortion [13]. In essence, it appears that a clinic staff member who is with the patient from start to finish has a greater impact on overall satisfaction than another person (e.g., doula or family member) who is present during the procedure.

Of particular interest are the similarities and differences compared to a recently reported observational cohort study primarily evaluating the efficacy and safety of advanced care practitioner provision of first-trimester surgical abortion. A secondary analysis of this study by Taylor et al. [8] evaluated experiences of 9087 women who completed a survey that was distributed “before leaving the clinic.” The survey was provided to all participants, including those who received sedation based on the subjective impressions of the recovery room nurses as to the women’s “ability to complete the survey questions based on their level of sedation or cognitive symptoms and affect.” Like our study, the investigators reported that most women were very satisfied based on a mean satisfaction score of 9.4 out of 10 (95% confidence interval, 9.37–9.42). The report does not state what percent were satisfied as we do in our current study. Taylor et al. [8] performed a multivariable analysis to determine which factors were related to women being more likely to report the experience as “excellent.” Our current study is much smaller which does not lend itself to a multivariable analysis; moreover, in contrast, we asked women if they were satisfied or not with their experience and what were the most important factors that shaped that opinion. Taylor et al. [8] found that being older, minority and less educated were related to rating the surgical abortion experience as excellent. In addition, pain and waiting time were inversely related to rating the experience as excellent. In our study, we did find that women were least

likely to be very satisfied with waiting time as compared to other factors but that pain after the procedure was one of the least important factors related to the overall level of satisfaction. In general, the findings of Taylor et al. [8] provide context about the relationship of a few factors to an excellent abortion experience, whereas our study focused on the importance of significantly more patient-care factors and determining which factors were most important in influencing satisfaction.

Because more than half of the women in our study had a prior abortion, they may have had a better idea of what factors were more important to them; however, those with a prior abortion were less likely to provide a usable response when asked to rank the three most important factors influencing their level of satisfaction. Notably, the population was mostly comprised of low-income, single women from a specific geographical region. Moreover, we received a varying number of responses from the participating clinics which was related to the availability of staff to distribute the surveys, clinic volume and the number of women who chose sedation. It is possible that women who receive sedation consider other factors as important to their level of satisfaction with their procedure. In addition, as a convenience sample with an anonymous survey, we do not have an actual response rate. All of these factors potentially impact how representative the results are for populations with different characteristics. Lastly, we note that despite pretesting of the questionnaire, 21% of participants did not understand the question asking them to rank the importance of individual factors on overall satisfaction. Although direct questioning of participants by study staff may have eliminated this issue, we felt that keeping the survey anonymous would allow women to be more forthright with their opinions.

We performed this study with a goal of learning more about what factors were most important to women in determining satisfaction with a surgical abortion, with the understanding that these answers would enable providers to gain insight into which areas need more focus in the care of these patients. Of importance is that the manner in which women are treated by clinical staff during the abortion process is one of the most important determinants of their overall satisfaction. Clinical staff should treat women undergoing abortion with dignity and respect. It is important

for clinics providing abortion care to ensure that this treatment is actually happening, and one option is to verify patient satisfaction with their own smaller scale surveys.

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