

Terminations of pregnancy for fetal malformations:
Women's experiences in Hanoi, Vietnam

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Research project conducted :

- By a research team, with 6 Vietnamese and one Danish researchers
- From 2003-2006 in Hanoi,
- Aims to investigate the situation of obstetrical ultrasound scanning, with a particular focus on the detection of fetal anomalies in the socio-cultural context of Vietnam. perforation

Methods were anthropological:

- Participant observations over 4 months in the 3D scanning room of a major maternity hospital in Hanoi,
- 30 "core cases": women whose scans revealed a fetal anomaly
 - Informal talk before and/or after scan,
 - Home-visit during abortion decision-making,
 - One or more home-visits shortly after abortion,
 - Follow-up interview two years after abortion.

The 30 "core cases":

- Women were 22 to 41 years old,
- 13 gave birth to the child, 17 had the pregnancy terminated
- Pregnancy terminations took place between week 14 and 35,
- Had medical abortion, by taking Cytotex.

The issues we address in this presentation:

- How did women experience a late-term abortion for fetal abnormality?
- Service delivery: How were women supported?
- What were the long-term emotional consequences of abortion for the women?

Late-term abortion for fetal malformation:

A painful experience

Physical and mental pain

- Pain as real birth, but women who give healthy children to talk about pain during delivery as a happy memory, why women with malformation talk about this as a sad memory.
- Pain because of not be /not enough provided pain relief medicine.
- Pain because waiting time for fetus coming out were too short or too long than expected.

- Yen said: “They gave me some tablets. The pain was so terrible that I could hardly bear it, and then the amniotic fluid came. It was as painful as a real birth, it caused pain very much.”

Emotional pain of losing a desired child

- Hoa: “We felt so empty. I had hoped and expected that in six months later, my child would be born. We would have been so happy. But now, we lost all happiness and hope. It feels so empty.”
- Phuong: “In the hospital I felt so sad. Other women had their children, but I did not. I felt like a mother who has lost her child. I felt so troubled, missing something. I missed my child so. I imagined having a child in my arms, a little boy or girl. But I lost, I felt so sad.”

Pain because of do harm for the unborn child

- Many women had stressful, coping with moral issues of killing a human being
Huong: “The moment I felt most sad was when the milk started running. I just lie in bed crying all the time, did I kill my child? My mother told me to stop it, she said I did not do the child any harm.”

Women manage to go through this pain

By hoping for the future.
Yet the future is uncertain.....

The pain of reproductive uncertainty:

- Will I ever have a healthy child?
- What can I do to protect my health after abortion?
- When can I get pregnant again?
- What do I do to prevent recurrence?
- Why did this happen?
- What caused this?

Who is the cause of malformation?

- The causes of malformation from my husband or myself?
- Women tried to think about temporary reason of anomaly: influenza, medicine, chemicals
- They did not want to think about permanent reason: genetic diseases or suffer from agent orange.

The abortion averted the birth of a “defective” child

But it did not help the women to have the healthy child she was hoping for.

- Phuong: “I would very much like to know what the reason for this is. Is it because of something I have done? I would like to know, in order to find out if I can avoid it in the future or not. I am afraid that if I have another child, it will happen again. Maybe I will never dare have another child. I am very scared now.”

In sum:

- Women had experience of physical and mental pain.
- They were greatest anxieties concerned the future and their own reproductive capacities after abortion.

Yet these uncertainties

Were largely left unresolved by health care providers

Service delivery:

How were women supported?

Emotional support:

- Doctors often felt compassion with their patients. They tried to support them, through consoling words which encouraged them not to be too sad, and so on.

But concrete information provision

- The information in relation to malformation was often lacking, as doctors spent very little time talking in depth to women about their concerns or providing answers to their queries,
- All of the women we observed went home struggling with a range of questions which had been left unanswered even though they were of utmost importance for them.

What were the long-term consequences of abortions for women?

- At our re-visits two years after the abortion, some of the women still felt anxious and worried; still speculated on the reproductive mishap they had experienced; and sometimes blamed themselves for it - while some did not have similar problems and did not give much thought to the abortion anymore.

The differences between these two groups of women

Seemed to be shaped by reproductive events after the abortion

2 groups

- Women had a child soon after the abortion:
 - happy with another child
 - felt less anxious and speculated less on the abortion, they were happy with healthy newborn children.
- Women unable to conceive or not to have another child:
 - not dared try again to have a child even though expecting a healthy child
 - Still nervous about pregnancy and birth
 - Keeping sad memory about malformation

Why improved counselling and support are important:

- To help women to handle the hard reproductive choices they are confronted with,
- To guide women in how to best protect their reproductive health,
- To support them in feeling confident about their reproductive capacities.

Upgrading of provider skills:

- In order to enable health staff to better support women, by improving:
 - Skills in inter-personal communication
 - Counseling skill
 - Technical skills in the field of prenatal diagnosis.

Thank you for your
attention