RESEARCH LETTER

Patient Attitudes Toward Early Abortion Services in the Family Medicine Clinic

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***Purpose*: To examine urban, inner-city female patients' acceptability of the provision of early abortion services by their family physician in the family medicine clinic (FMC).**

***Methods:* We administered a survey with open- and closed-ended questions to a convenience sample of English- or Spanish-speaking female patients aged 18 to 45 recruited from a FMC in the Bronx, New York. Responses were analyzed using quantitative and qualitative methods.**

***Results:* One hundred forty-eight women completed the survey. The majority of respondents stated the FMC should offer abortion services. Seventy percent agreed their clinic should provide medication abortion, and 47% agreed their clinic should provide suction abortion. Of those who would personally consider an abortion, 73% responded that they would prefer to have it done by their family physician in the FMC, whereas 22% would prefer it at a freestanding, high-volume abortion clinic, and 5% had no preference.**

***Conclusions:* The majority of patients surveyed accepted the integration of abortion services into our FMC setting, and would choose to have an early abortion at their FMC. Increasing options for abortion provision within our FMC was acceptable to the majority of our sample. (J Am Board Fam Med 2008;21: 162–164.)**

Family physicians (FPs) care for women of all ages, providing maternity care, well-women exams, and contraceptive care. One third of American women will have an abortion by age 45,[1] making abortion one of the most commonly performed procedures in the United States. Thus, abortion care is another important aspect of caring for women of reproductive age.

Although abortion care is within an FP's scope of practice,[2,3] most FPs do not routinely provide early abortion. Patients must therefore seek abortion services from unfamiliar providers, disrupting the "continuity of care" philosophy that is fundamental to the family medicine model. Althoguh several FPs and family medicine residency programs in the United States offer early abortions in their offices,[3–5] patient preferences for receiving early abortion services within primary care are not documented.

Our main study objective was to determine whether women of reproductive age in an urban, inner-city family medicine clinic (FMC) would accept abortion being offered in the FMC, and if available, would choose have an abortion with their FP in their FMC. This research letter reports on the first phase of a project that will ultimately involve multiple FM and abortion clinics.

Methods

An anonymous survey with open- and closed-ended questions was administered at a FMC located in a predominately minority, low-income neighbor-

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Table 1. Demographic Characteristics of Female Patients Surveyed (n = 148)

Characteristic	n (%)
Ever pregnant	118 (80)
If yes, had previous abortion	74 (63)*
Education	
Some high school or less	29 (19)
Completed high school	35 (24)
Some college	36 (38)
Completed college or higher	28 (19)
Has a regular provider at the clinic	124 (84)
Years with provider (mean)	3.8
Years as clinic patient (mean)	4.8†
Age (mean years)	30.4
Source of health insurance	
Own job	47 (32)
Parent's job	7 (5)
Partner's job	3 (2)
Medicaid	86 (58)
No Insurance	4 (3)
Other	1 (<1)
Born in the United States or a territory	108 (73)

*This is 74 of all respondents, but the denominator reflects only those who reported a previous pregnancy (n = 118). None of the women who reported they had never been pregnant said they had a previous abortion.
†Some respondents reported being a patient for a time longer than the clinic's existence. All responses were recorded as the respondent reported.

hood in the Bronx, New York. One FP (of 10) began offering medication abortion a month before data collection.

We surveyed a convenience sample of women waiting for clinic services. Inclusion criteria included being female, 18 to 45 years old, a current clinic patient, and the ability to understand and speak English or Spanish. Respondents received an incentive. Descriptive statistics, χ^2, and *t* tests were done to examine distributions and associations between variables.

Results

We collected 148 surveys from December 2005 through January 2006. Two hundred and seven women were approached; 84% agreed to complete the survey. Table 1 displays the demographic characteristics of the women interviewed.

Seventy-six percent of respondents had heard of medication abortion and 86% had heard of suction or surgical abortion. Overall, 70% of the women thought their FMC should provide medication abortion and 47% thought their FMC should provide suction abortion. Women who would personally consider abortion were much more likely to think the clinic should offer medication abortion ($P < .001$) and/or suction abortion ($P = .002$) than women who did not see abortion as an option (Tables 2 and 3).

Of the subset of women who said they might consider an abortion (n = 90), 73% said they would choose to have it with their FP in the FMC; 22% said they would choose to have it at an abortion clinic. The remaining 5% had no preference. Demographic variables were not related to whether or not a woman would choose to have an abortion in an FM setting.

Conclusion

The results indicate that the majority of female patients sampled support the provision of abortion in our FMC and would theoretically use these services. Over 30% of respondents who said abortion would not be an option for them still supported abortion as a service in the FMC. This finding may be reassuring for clinicians considering offering abortion services in their practice but who are concerned about alienating patients.

Our study limitations include our sampling methodology, which used a convenience sam-

Table 2. Patient Attitudes Toward Medication Abortion Services in the Family Medicine Clinic

		Is abortion an option for you?	
		Yes (n = 83)	No (n = 51)
Should clinic offer medication abortion?*	Yes (n = 94)	74 (89)†	20 (39)†
	No (n = 40)	9 (11)†	31 (61)†

*$P < .001$.
†N (%) reflects column percentages.

Table 3. Patient Attitudes Toward Suction Abortion Services in the Family Medicine Clinic

		Is abortion an option for you?	
		Yes (n = 84)	No (n = 55)
Should clinic offer suction abortion?*	Yes (n = 66)	49 (58)†	17 (31)†
	No (n = 73)	35 (42)†	38 (69)†

*$P = .002$.
†N (%) reflects column percentages.

pling of female patients at a single urban FMC serving primarily low-income minority patients. We have no information regarding the nonresponders, so we do not know if we surveyed a representative sample. Therefore, the generalizability of these results is unknown.

This study demonstrates that offering early abortion services within our FMC is acceptable and desirable for the majority of women surveyed. The addition of abortion care into the outpatient FMC could add options for women and families making this important decision, and enhance continuity of care. Future research surveying women in other regions and from different patient populations would be valuable.

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