

# Counselling of complications of termination of pregnancy within a single Trust setting

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## Abstract

**Background** National guidelines on the care of women requesting induced abortion recommend that counselling prior to termination of pregnancy (TOP) includes information about potential complications and sequelae. Case notes of women requesting TOP in a single hospital Trust were audited for documentation of counselling about complications. As a result of this audit the integrated care pathway (ICP) was altered to include a list of the potential complications and sequelae. We repeated the audit to evaluate the effect of this intervention on counselling.

**Objective** To re-audit the counselling of women undergoing TOP with regard to the potential complications and sequelae of TOP and to compare counselling in consultant-led and nurse-led clinics.

**Methods** The study population comprised women requesting TOP within south Glasgow, UK who were seen in a consultant-led gynaecology clinic or nurse-led clinic. A

retrospective audit was carried out in 2004 and a prospective audit in 2005. Case notes and correspondence to primary care referrers were reviewed for documented evidence of counselling.

**Results** We reviewed 98% of case notes in the first audit and 85% in the second audit. Results from both nurse-led and consultant-led clinics indicated that evidence of adequate counselling had improved, with an increase from 98% to 100% in the nurse-led clinics and from 43% to 64% in the consultant-led clinics.

**Conclusions** Comparison of results from 2004 and 2005 suggests improvement in counselling since introduction of an ICP listing complications and sequelae of TOP.

**Keywords** abortion, audit, complications of termination, counselling, integrated care pathway

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## Background

Termination of pregnancy (TOP) is one of the most commonly performed procedures carried out in the UK today. Provisional data collated by the Department of Information and Statistics for Scotland indicate that in 2004 a total of 12 448 induced abortions were performed in Scotland.<sup>1</sup> National guidelines published by the Royal College of Obstetricians and Gynaecologists on *The Care of Women Requesting Induced Abortion*<sup>2</sup> recommend that potential complications and sequelae of TOP should be discussed with the woman in order that she may give informed consent to the procedure. The eight complications that the guidelines recommend should be discussed are as follows: haemorrhage, uterine perforation, cervical trauma, failed TOP/ongoing pregnancy, infection, breast cancer, future fertility and psychological sequelae. This two-stage audit aimed to evaluate the evidence of counselling that women requesting a TOP were receiving within south Glasgow.

## Methods

Our initial audit was a retrospective study carried out between 2 February 2004 and 30 April 2004. The second stage was a prospective audit carried out between 18 July 2005 and 29 July 2005.

### Key message points

- Adequate counselling of complications of termination of pregnancy (TOP) is required to obtain informed consent.
- The introduction of a TOP integrated care pathway that lists the various complications appears to improve the documentation of evidence of counselling.
- Audit can be applied clinically to improve patient care.

Data were collected from the case notes of patients referred for TOP to nurse-led women's health clinics (Southern General Hospital) and consultant-led gynaecology clinics (Victoria Infirmary) located in south Glasgow. Comparisons were drawn between the two types of clinics.

Although eight potential complications were mentioned in the RCOG guidelines, recent findings linking induced abortion to breast cancer have shown conflicting evidence.<sup>2,3</sup> In addition, no causal relationship was found to link an association between infertility and induced abortion.<sup>2,4–6</sup> Consequently, when scoring each case note we did not include these as potential complications.

The case notes were reviewed for documented evidence of counselling of the other six potential complications of TOP. For scoring purposes, if this was evident then a 'point' was allocated for each complication discussed. As a result, six was the maximum score possible when assessing rates of counselling. This scoring system was applied to both cycles of this audit.

Following the first audit, an integrated care pathway (ICP) was developed for women requesting induced abortion. The ICP covered various demographic and medical questions but also involved specific 'tick' boxes covering the potential complications. This would act as a prompt for the health care professional to counsel the patient. In addition, the formation of the ICP meant that accurate data on rates of counselling and other variables could then be reviewed for audit purposes.

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**Table 1** Case note retrieval and demographic data

Demographic data	First audit cycle (2004)	Second audit cycle (2005)
Total appointments ( <i>n</i> )	103	40
Notes found ( <i>n</i> )	101	34
Notes reviewed (%)	98	85
Average age of patient (years)	25.50	23.01
Average gravidity ( <i>n</i> )	2.17	1.79

**Table 2** Scores for documentation of counselling in case notes

Audit cycle	Complications documented per case note <sup>a</sup> ( <i>n</i> )		
	Median	Mean	Range
First audit: consultant-led	0	2	0–5
First audit: nurse-led	2	4	0–4
Second audit: consultant-led	6	4	0–6
Second audit: nurse-led	6	5	0–6

<sup>a</sup>Maximum score = 6

## Results

In the first audit, 101/103 (98%) case notes were reviewed, with the mean age of the patients being 25.50 years and the average gravidity 2.17 (Table 1). The median value of scoring of notes for the consultant-led clinics was 0 (mean 2, range 0–5) while for the nurse-led clinics this was 2 (mean 4, range 0–4) as shown in Table 2. This indicated that there was little or no evidence of counselling of these women.

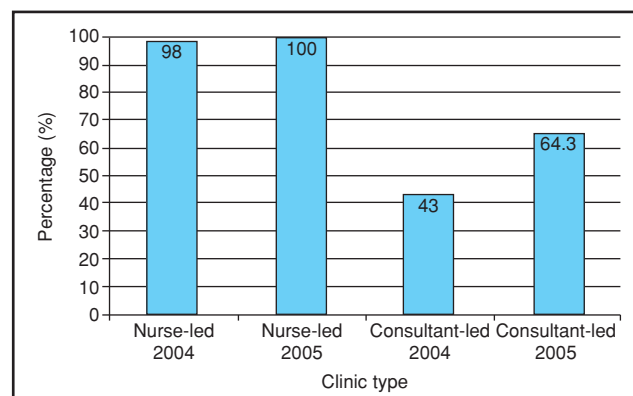
In the second audit, 34/40 (85%) case notes were reviewed. The mean age of the patients was 23.01 years and the average gravidity was 1.79 (Table 1). The proportion of women with evidence of counselling improved greatly, the median scores for both clinics increasing to 6 (Table 2). The mean score for the nurse-led clinics was 5 (range 0–6) and for the consultant-led clinics the mean was 4 (range 0–6).

Figure 1 illustrates the percentage of case notes with evidence of adequate counselling (maximum score = 6) for each cycle of the audit at each clinic.

## Discussion

The results indicate that the counselling of women about complications of TOP has improved in both types of clinic setting. The greatest evidence of adequate counselling was seen in the nurse-led clinics and the greatest improvement occurred in the consultant-led clinics.

The audit assessed documentation of counselling rather than the standard of counselling *per se*. It is possible, particularly in the first study, that complications may have been mentioned to patients but not documented. Results may have been influenced by differences in sample size and method between the two audits. Ideally the second

**Figure 1** Case notes with documentation of counselling at each clinic

audit should have been continued for a similar period of time to the first audit. During the second audit, clinic staff were not aware that their practice was being audited.

Despite these difficulties in assessing adequacy of counselling, the introduction of an ICP with listed complications appears to have improved documentation of counselling and is likely to have improved the provision of informed consent.

## Conclusions

Our audit highlights the need for adequate counselling of patients requesting TOP in order to provide fully informed consent. Introduction of an ICP has helped to bring the care of women requesting induced abortion in south Glasgow in line with national guidelines as regards counselling about potential complications and sequelae. This study has demonstrated how the clinical application of audit can improve patient care.

## Statements on funding and competing interests

**Funding** None identified.

**Competing interests** None identified.

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