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Model parameters to helping women in crisis pregnancy: Specialists' view

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Abstract

Although abortion is often declared as the right of choice that belongs only to the pregnant woman, it is important to emphasize the significance of the free and informed consent. Lithuania has no systematical help provided for women undergoing crisis pregnancy. The aim of the research is to find bases for model parameters for such kind of help. The qualitative research consists of six individual half structured interviews. In order to receive data that is objective and reflects different sides of the problem the interviews were carried out with obstetrician gynecologists and psychologists working with women in crisis pregnancy. The data received during the interviews has revealed a various needs for help: To be consulted by an obstetrician gynecologist, a psychologist, a social worker, a priest, an embryologist, a lawyer, a psychiatrist, an oncologist and a specialist in infertility issues. Besides, the research has revealed the need of consultations for both parents of the unborn.

Keywords: crisis pregnancy; counseling; abortion; psychologist; obstetrician gynecologist;

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1. Introduction

Crisis pregnancy is described as a “pregnancy which is neither planned nor desired by the woman concerned, and which represents a personal crisis for her” (O’Keeffe, 2004). Besides, not favourable circumstances (for example, if a family or a husband / partner force her to have an abortion, when woman is not married and father does not accept his child etc.) can change even planned and desired pregnancy to a crisis one (Serenio, Leal & Maroco, 2013).

International practice concerning abortion and protection of life differs. For example, in Poland, Malta, Ireland, Hungary, San Marino and Andorra abortions are illegal in all the cases; in those cases when there is a danger for the health of a woman, 32 European Union countries (out of 47) allow abortion procedures till 12 weeks of pregnancy, the same number of countries allow termination of pregnancy in the cases of health issues of a foetus (Gruodyte, 2012).

Considering issues concerning crisis pregnancy, it is very important to emphasize the need for help during the state of psychological crisis. One of the most important issues concerning abortion and protection of life is lack of systematical help provided for people undergoing crisis pregnancy which is considered as a type of psychological crisis (Rudaleviciene, 2012). There is no systematical help provided for people undergoing crisis pregnancy in the Republic of Lithuania. However, in order to make an informed decision people need to consider all options, risks, as well as psychological and physical factors that can affect the decision (Obeleniene, 2005). An informed and free consent should be grounded on accurate and well-founded information (Suter, 2013; Turner Richardson & Nash, 2006). Although mentioned in the orders of Ministry of Health of the Republic of Lithuania (Order of the Termination of Pregnancy, 1994; Project on the Order of Termination of Pregnancy, 2014), systematical abortion counseling has not been established yet. Practice of the other countries prove a necessity to counsel people in crisis pregnancy and give them professional help, provided by various counselors, such as psychologists, social workers, priests etc. (International Planned Parenthood Federation, 2012; Picchioni & Barnhart, 1998).

The problem of the research; is that there is no systematical help provided for persons undergoing crisis pregnancy in the Republic of Lithuania.

The object of the research is to model parameters to helping women in crisis pregnancy.

The aim of the research is to find bases for model parameters to helping persons in crisis pregnancy.

In order to reach the aim of this work, three tasks were chosen; a) to compare abortion counseling issues in the documents of Ministry of Health of the Republic of Lithuania; b) to describe model parameters to helping women in crisis pregnancy (according to the obstetrician gynecologists); c) to describe model parameters to helping women in crisis pregnancy (according to the psychologists).

In order to reach the aim of this research, the author used methods of literature analysis, document analysis, content analysis and modelling.

2. Crisis pregnancy and counseling in the orders of termination of pregnancy

Documents regulating termination of pregnancy describe the most important aspects of a legal abortion procedure, as well as suggestions of issues concerning counseling and informed consent. There are some differences concerning abortion counseling in the Order of the Termination of Pregnancy (year 1994, it’s legal till now) and Project on the Order of Termination of Pregnancy (year 2014). In the first document there was mentioned only one type of counseling – only given by an obstetrician gynecologist (Order of the Termination of Pregnancy, 1994). In the year 2014, besides obstetrician gynecologist, psychologist and social worker are mentioned as professional counselors, who could counsel women in crisis pregnancy. If needed, help provided by governmental and non-governmental organizations should be available as well (Project on the Order of Termination of

Pregnancy, 2014). All the counseling concerning abortion procedure and possible consequences supposed to be non-directive and accurate.

Both documents reveal the content of such counseling. According to the order, an obstetrician gynecologist has to inform about the damage (which can be caused by abortion) for the health of a woman as well as physical and moral damage for both spouses (Order of the Termination of Pregnancy, 1994). In the Project on the Order there is an addition that family planning should be discussed as well. In the latter document a compulsory time after the counseling was planned to be at least 72 hours (Project on the Order of Termination of Pregnancy, 2014). This compulsory period is for making a decision what to do with the crisis pregnancy (to continue pregnancy and raise their child up; to continue pregnancy and give their child for adoption or to have an abortion).

Termination of pregnancy in the documents of Ministry of Health of the Republic of Lithuania and it's comparative analysis is given in Table 1.

Table 1. Termination of Pregnancy in the Documents of Ministry of Health of the Republic of Lithuania: Comparative Analysis (Vareikyte, 2015)

Termination of pregnancy in the documents of Ministry of Health of the Republic of Lithuania: comparative analysis		
	Order of the Termination of Pregnancy (1994)	Project on the Order of Termination of Pregnancy (2014)
Counseling	One type of counseling – only given by an obstetrician gynecologist.	Counseling of obstetrician gynecologist, psychologist and social worker, as well as help provided by governmental and non-governmental organizations.
Content of the counseling	Damage (which can be caused by abortion) for the health of a woman as well as physical and moral damage for both parents of the unborn.	Abortion procedure, alternatives, complications, family planning, possibilities to continue a pregnancy, support which a country can offer for a woman and for a newborn.
Counselors	Obstetrician gynecologist	Obstetrician gynecologist, family doctor. They should give the information about other types of counseling: those of psychologist and / or social worker, as well as help provided by governmental and non-governmental organizations.
Husband's participation in the counseling process	Father's permission is desirable, but not necessary. The same situation is seen in the cases of father's presence in counseling process.	<i>Not mentioned</i>

3. Methodology of the research

In order to fulfill the aim, the author used a qualitative method. The necessary data was collected during the half structured in-depth interviews.

3.1. Selection of the participants of the research

The empirical part of the research consists of individual half structured interviews. In order to receive data that is objective and reflects different sides of the issue the interviews were carried out with obstetrician gynecologists, women who have undergone crisis pregnancy and psychologists having experience in counseling women during crisis pregnancy. In this article the author used only that data which was received during interviews with psychologists and obstetrician gynecologists.

In the qualitative research participated obstetrician gynecologists from the main Lithuanian hospitals. All the psychologists who participated in the research have experience in counseling women

during crisis pregnancy. All the specialists have more than 10 years of practice dealing with crisis pregnancy issues.

3.2. Process of the research

All the data for the qualitative research was collected during the process of close investigation – half structured interviews. There was a separate and individual conversation with every person who took part in the research. The place of interview was chosen by the participants. 4 participants expressed a wish to talk in their workplace (individual offices), one participant due to the serious illness wanted to get her questions and wrote the answers using the e-mail, one more participant was received at the author's home.

All of the interviews were recorded using the dictaphone. Afterwards all the data was transcribed, analysed and summarised. For the data of the research the author used a content analysis method.

During the half structured interviews the author used this questionnaire:

1. To Your opinion, who should counsel women in crisis pregnancy, helping them to make a decision?
2. To Your opinion, what content is it necessary for such counseling?
3. Is it necessary to have a compulsory period after the counseling?
4. How much time should be given for a person to make a decision after the counseling?
5. What is a role of a husband during crisis pregnancy?
6. How do you think, whether help during crisis pregnancy should be given for a husband / partner?

Ethics

All those people who took part in the research were informed about the aim of the research, confidentiality and use of the data. Besides, the author answered all the questions and gave definitions of the necessary concepts. Some of the participants expressed a wish to get the questionnaire before the interview. Their request was satisfied. In order to preserve the confidentiality, all the names of the participants were changed.

4. Obstetrician gynecologists' view: model parameters to helping women in crisis pregnancy

Half structured interviews with obstetrician gynecologists revealed the great need of counseling during crisis pregnancy. According to the data, there is a need to be counselled by an obstetrician gynecologist, a social worker, a psychologist and a priest. Besides, the obstetrician gynecologists revealed the content of such counseling. Doctors emphasized the importance of child's father's presence during crisis pregnancy and decision making process.

4.1. Receivers of the help

All the obstetrician gynecologists emphasized that during crisis pregnancy it is very important to counsel both men and women involved in this issue *"And I like and even advise, that both partners may participate in the counseling process. I advise to tell, to bring a boyfriend, that we could show him the ultrasound"* (Ula); *"It would be good, if both parents of a child may come for the final decision"* (Zilvinas). Some of obstetrician gynecologists advised to talk with men and women separately; *"One can talk to both of them separately"* (Ula).

4.2. Counselors

Obstetrician gynecologists revealed the importance of counseling during crisis pregnancy. According to the data, there is a need to be counselled by a) an obstetrician gynecologist, b) a social worker, c) a psychologist and d) a priest.

4.3. Content of the counseling

Obstetrician gynecologists admitted that there are two parts of counseling they should include. It's information concerning a) health of the unborn and b) health of the woman.

According to the obstetrician gynecologists, information about the health of the unborn should consist of fertilization, development and growing of the unborn, possible disabilities and negative effects for the unborn; *"Without any doubts, an obstetrician gynecologist has to tell the woman that she is pregnant and to show her the ultrasound, that there is a life in her womb, that she is pregnant, to present the fact of her pregnancy"* (Ula); *"Obstetrician gynecologist has to tell about development of foetus, how the child grows, what helps to develop and what harms it"*(Vakare); *"While watching the ultrasound, I try to comment the features of a child, that we are talking about a little human being with a heartbeat – that information is very important for a mother, although it's not everything that she should know"* (Zilvinas).

According to the obstetricians gynecologists, information concerning the health of the woman consists of consequences of abortion, diseases' influence for her pregnancy and possible complications of a pregnancy; *"As I mentioned before, there is a need to describe that is pregnancy, it's development, to show the ultrasound. It has to be a conversation, one can use visual aids, it is necessary to inform about consequences of abortion – what can happen if a woman decides to terminate her pregnancy, all the consequences, complications to get pregnant in the future"*(Ula); *"If she worries about medicine she takes or she got some contagious infection and doesn't want to continue her pregnancy because of it, doctors have to confirm or to disprove that danger"* (Zilvinas).

Obstetrician gynecologists admitted the importance of other counselors: psychologists *"If content of the crisis belongs to some psychological issues, for example, discord within a family, when a husband doesn't want to accept that child, counseling should be focussed on healing their relationship"* (Zilvinas); *"Psychologist should understand the psychological state of a woman, her abilities to solve her problems. Psychologist should give her some time to think about it"*(Vakare), social workers *"Social worker has to have in mind all the environment of a woman, all her relationships and well-being"* (Vakare); *"If she considers, whether to give birth to her third child because of a poverty, it is necessary to solve a problem of that poverty. There is a social service for that"* (Zilvinas) and priests *"Priest has to convey the idea, that child is a gift of God for the whole family. He has to help the family to accept a new member and to understand it's importance"* (Vakare).

4.4. Model parameters to helping women in crisis pregnancy: graphic view

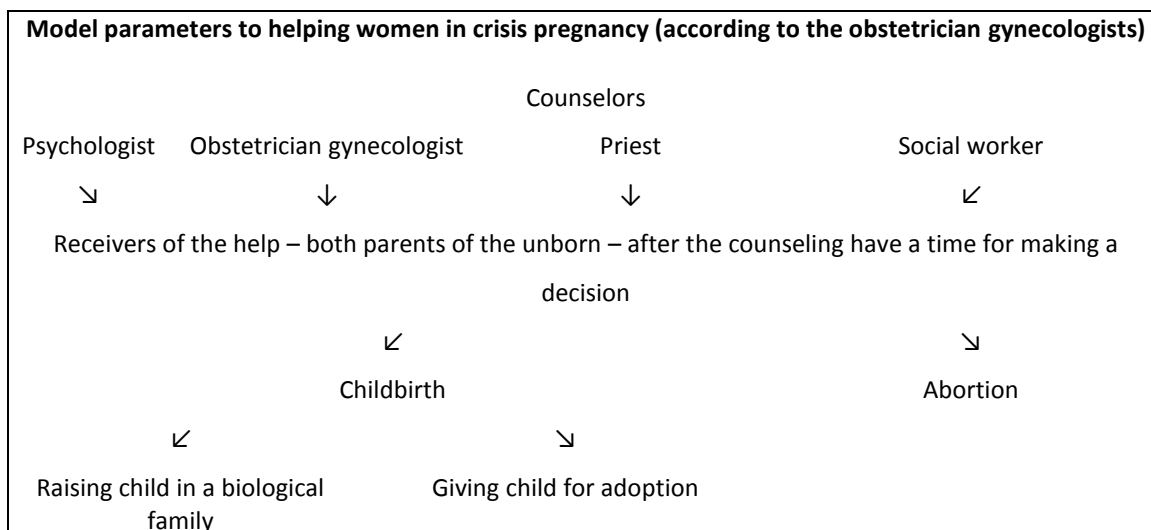


Figure 1. Model parameters to helping women in crisis pregnancy (according to the obstetrician gynecologists)

According to all the data received during the half structured interviews with obstetrician gynecologists, a model was formed (Figure 1). Considering different needs of women and specific issues of every crisis pregnancy, it has to be emphasized that certain kind of help is necessary, but not in every case.

5. Psychologists' view: model parameters to helping women in crisis pregnancy

Half structured interviews with psychologists revealed the great need of counseling during crisis pregnancy. According to the data, during crisis pregnancy there is a need to be counselled by an obstetrician gynecologist, a social worker, a psychologist, a priest, a lawyer, a psychiatrist, an oncologist, an embryologist and a specialist in infertility issues. Besides, psychologists revealed some guidelines for such counseling, as well as admitted the importance of child's father's presence during crisis pregnancy and decision making process.

5.1. Receivers of the help

All the psychologists emphasized that during crisis pregnancy there is very important to counsel both men and women involved in this issue "I think, husband has to participate and to know the future of his child. And of his woman" (Sarune); "To my opinion, husband's role is fundamental talking about making such decisions" (Sarune).

5.2. Counselors

Psychologists revealed the importance of counseling during crisis pregnancy. According to the data, there is a need to be counselled by a) an obstetrician gynecologist, b) a social worker, c) a psychologist, d) a priest, e) a lawyer, f) an embryologist, g) a psychiatrist, h) an oncologist and i) a specialist in infertility issues.

5.3. Content of counseling

Psychologists admitted that psychological counseling during crisis pregnancy should consist of evaluation and understanding of a) feelings and emotional state, b) skills and abilities to raise the child up, c) value system, d) alternative ways to solve the problem, e) psychological consequences and

gravity of the decision.

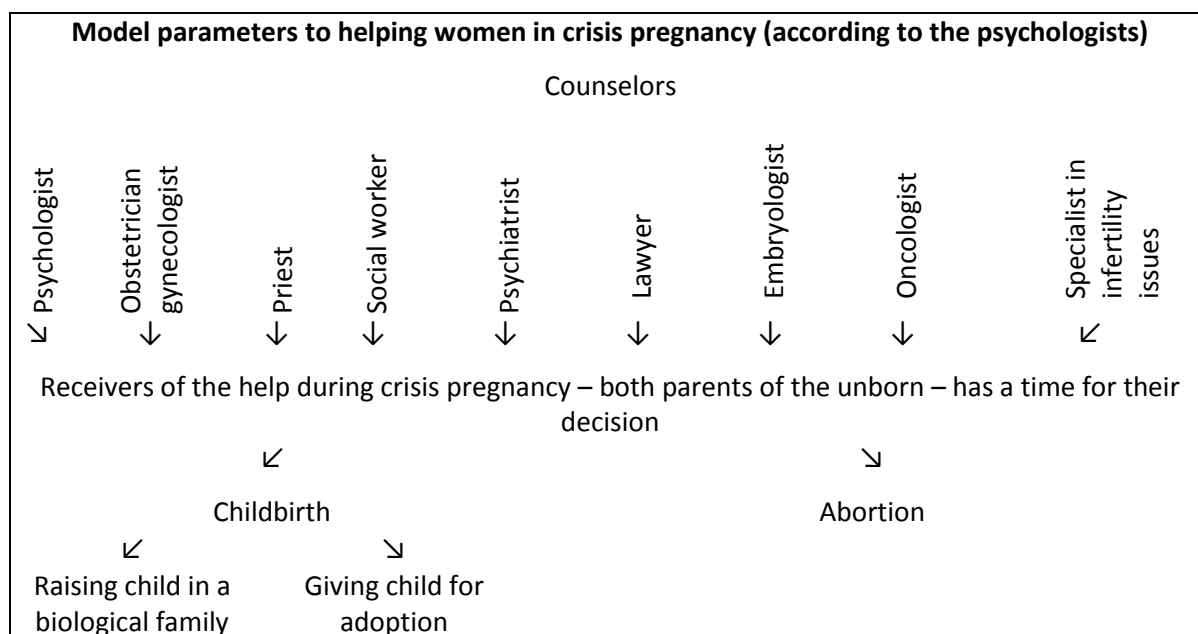
According to the psychologists, it's necessary to understand and to counsel people during crisis pregnancy on issues of feelings and emotional state *"It is necessary to pay attention for the feelings of the woman, her health and her reaction towards pregnancy, her emotions and plans"* (Sarune), skills and abilities to raise child up *"How to help that woman? That she may estimate her abilities and that she may know how much she can – maybe she can take care of a child with some supervision of the other person"* (Raminta), value-system *"Values – what is her attitude towards life, children, parents"* (Sarune), presenting alternatives *"Psychologists know so-called „tackled horse“ syndrome – when eyes are covered and cannot see anything – only one way. The same in the cases of suicide – people can't see any other options. It's the same here. Some women can't see any other options. Psychologist can help her to understand herself"* (Raminta), psychological consequences, gravity of the decision *"It's a huge decision, which makes deep psychological scars, in physical plane – also, one won't have children or something. In psychological area there are remains of bitterness and huge feelings of guilt"* (Raminta).

According to the psychologists, social workers should talk about all the possible choices *"Social worker can offer other possible choices – adoption"* (Raminta) and to secure wellbeing of a child *"Oh of course, they need a social worker. One can't be pro-life and leave that life aside. They need clothes and bed for a baby, as well as to prepare papers asking for necessary welfare. Sometimes people don't know how and where to approach, what they can expect, what is due"* (Saule), obstetrician gynecologists – about complications and problems to get pregnant again, infertility issues *"It's a huge decision, which makes deep psychological scars, in physical plane – also, one won't have children or something"* (Raminta), priest should help to make a moral decision *"Priest can help to make a better moral decision"* (Raminta). According to the psychologists, it is necessary to get more specified information from obstetrician gynecologist, psychiatrist, oncologist, lawyer, embryologist and specialist of infertility issues *"In counseling team should be a psychiatrist, social worker, lawyer, priest according to her faith, psychologist. An obstetrician gynecologist. Could be an oncologist. Specialist of infertility issues. Embryologist, others"* (Sarune).

5.4. Model parameters to helping women in crisis pregnancy: graphic view

According to all the data received during the half structured interviews with psychologists, a model was formed (Figure 2). Considering different needs of women and specific issues of every crisis pregnancy, it has to be emphasized that certain kind of help is necessary, but not in every case.

Figure 2. Model parameters to helping women in crisis pregnancy (according to the psychologists)



6. Conclusions

1. Documents regulating termination of pregnancy describe the main aspects of abortion procedure and issues concerning counseling. In the Order of the Termination of Pregnancy there was mentioned one type of counseling (given by obstetrician gynecologist), in the Project on the Order of Termination of Pregnancy, besides that, psychologists and social workers are mentioned to be potential counselors. Besides, if needed, help provided by governmental and non-governmental organizations should be available as well. According to the Order of Termination of Pregnancy, an obstetrician gynecologist has to inform about the damage (which can be caused by abortion) for the health of a woman as well as physical and moral damage for both spouses; the Project on the Order adds the family planning to the content of the counseling.

2. The data received during the interviews with obstetrician gynecologists has revealed different needs for help during crisis pregnancy: To be consulted by an obstetrician gynecologist, a psychologist, a social worker and a priest. Besides, the research has revealed the need of consultations for both spouses.

3. The data received during the interviews with psychologists has revealed a very broad spectrum of needs for help: to be consulted by an obstetrician gynecologist, a psychologist, a social worker, a Church representative, an embryologist, a lawyer, a psychiatrist, an oncologist and a specialist in infertility issues. The research has revealed the need of consultations for both parents of the conceived but not yet born child.

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