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Emotional, informational, and decision-making support needs among people seeking abortion in the US: perspectives from All-Options Talkline callers

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Abstract: *People seeking abortion may need or want emotional or informational support before, during, and after their abortion. Feeling supported and affirmed contributes to perceptions of quality care. The All-Options Talkline offers free, telephone-based, peer counselling to callers anywhere in the United States. This study aimed to explore the types of support received through the Talkline and the ways it supplemented other forms of support received by people who obtained an abortion. Between May 2021 and February 2022, we conducted 30 interviews via telephone or Zoom with callers recruited through the Talkline. We coded the interviews and conducted thematic analysis, focusing on themes related to gaps of support from family, friends, and healthcare professionals, as well as types of support received through the Talkline. We identified four key motivations for calling the Talkline, including the need for (1) decision-making support and validation, (2) a neutral perspective, (3) emotional support to discuss negative or complex feelings, and (4) information about the abortion process. Participants indicated that interactions with family, friends, and healthcare professionals ranged from unsupportive and negative, to substantially supportive. Access to the Talkline was particularly useful prior to clinical interactions and in the weeks or months after an abortion. We found that the All-Options Talkline provided person-centred, remote support for callers, filling gaps or supplementing support from one's community or healthcare professionals. Abortion support from non-medically trained support people contributes to high-quality abortion care, especially in a time of increasing abortion restrictions and use of remote abortion services. DOI: 10.1080/26410397.2023.2248742*

Keywords: abortion, emotional support, post-abortion support, mental health, qualitative research

Introduction

Access to abortion is a determinant of health and wellbeing in the United States,^{1–7} yet legal access alone does not guarantee a high-quality abortion experience. Research shows that for people who obtain abortion care, their assessment of the

quality of the service is affected by how supported they felt; beyond wanting competent provision of services, people want to feel supported and affirmed throughout their abortion decision-making process, and during and after their abortion experience.⁸ Despite this need, people who seek abortion care through clinics or telehealth may not receive the level of support that they need

[†]Deceased

or desire, due to a range of factors, such as fear of asking for support, racism, and discrimination within the healthcare system, and limitations on clinician and staff time.^{9–11} Furthermore, people seeking care may need support outside of the clinical encounter: for example, when deciding whether to have an abortion, or in the weeks or months after their abortion. Some people may obtain this support through services unaffiliated with an abortion care provider, or through their partner, family, or friends. Yet perceived or experienced stigma around abortion may influence individuals' decisions about seeking social support, result in negative interactions, or increase their emotional support needs,^{12,13} especially given that in the United States abortion care is highly stigmatised, criminalised, and politicised.

Abortion support providers, often unaffiliated with abortion care providers, have emerged to meet these needs. These support providers, such as abortion doulas, provide support to people before, during, and/or after an abortion.^{14, 15} An emerging literature demonstrates that these abortion support providers are desired by people who have abortions, and are well received by those who use their services. In addition, evidence indicates that support providers could improve abortion quality by offering holistic, non-judgemental, person-centred care that complements clinical care.^{16–19}

There are likely disparities in abortion support access across the United States, as the majority of abortion support-providing organisations are clustered in urban areas.^{20,21} Fortunately, there are existing models of remote abortion support in the United States, including hotlines, that may fill this gap in access. One non-profit organisation, All-Options, has a Talkline that offers unbiased, free, telephone-based peer counselling for all pregnancy decisions and experiences, including parenting, abortion, adoption, miscarriage, and infertility, among others.²² English- and Spanish-speaking callers can reach the Talkline from anywhere in the United States or Canada, and there is no limit to the number of times an individual can call or how long the call can last. The Talkline is answered by Advocates who participate in a rigorous 30-hour online training and who volunteer approximately three times per month. The Advocate training includes live sessions, homework, and multiple practice role-plays to ensure that core peer-counselling skills are well-honed,

consistent, and foundational. The training also includes instruction in various reproductive justice frameworks²³ and addresses intersectional issues, including support for mental health, interpersonal violence, substance use, and impacts of institutionalisation. When calls are outside of the scope of the Talkline, Advocates provide additional resources and referrals to callers. Grounded in radical care and deep listening, Advocates utilise core peer-counselling skills, such as active listening, validating, normalising, reflecting, and reframing to empower and honour individuals in their autonomy, agency, and sovereignty. The care they provide is considered radical because it involves unbiased support free of political, medical, and capitalistic edicts, judgements, and stigma. All-Options provides care without any agenda for the outcome and they offer support in all circumstances, trusting that the callers are experts in their own lives and have the answer within themselves. Advocates incorporate deep listening skills by listening for the feelings expressed by each caller on their experience and homing in on the feelings that are most difficult to hold to give applicable advice and avoid surface-level conversations. Although hotlines, such as All-Options' Talkline, offer many similar support services to in-person abortion support providers, there is little documented in the literature about experiences with such remote services.

Given that abortion support may help improve the quality of abortion care in the United States, and that remote services hold the promise to expand access to abortion support, it is critical to better understand the support these services provide to individuals who obtain abortion care and the impact of that support. Therefore, this study aimed to generate evidence about the support received through the All-Options' Talkline by callers who had an abortion, the ways it complemented or filled gaps in other forms of support, and its impact on callers' abortion experiences.

Methodology

Between May 2021 and February 2022, we conducted a qualitative study with All-Options' Talkline callers about their abortion and Talkline experiences. We aimed to complete in-depth interviews with 25–40 people who called the Talkline before, during, or after their abortion. Those calling during an abortion included people who

called during a multi-step procedure, such as after taking mifepristone for a medical abortion or after cervical priming before a surgical abortion is completed. This sample size was chosen based on caller volume during the study period and the goal to purposively sample callers at different time points in their abortion process (i.e. before, during, and after).

Recruitment was carried out by Talkline Advocates. At the end of each call during the study period, Advocates provided information about the study to callers who discussed abortion. Interested callers provided their contact information for follow up and this information was passed to the research team through a Qualtrics form. Approximately two weeks later, we sent interested callers a screening form via email to determine their eligibility based on pregnancy outcome and demographics. Callers were eligible for the study if they were 18 years or older, spoke English, and had a complete abortion within six months of the Talkline call during which they were recruited. We did not include Spanish-speaking callers in our study design as there were a low volume of callers at the time of the study. Given that the scope of the study aimed to assess support among people who obtained abortion, callers were ineligible if they experienced miscarriage, planned to keep the pregnancy, were undecided about the pregnancy, or did not report the status of their pregnancy. For those who were still pregnant at the time of screening but reported wanting an abortion, we re-contacted them four weeks later to re-assess eligibility. We invited eligible callers through their preferred contact method (i.e. email, text message, or phone call) to schedule an in-depth interview. We contacted those who were interested up to three times with 7–10 days between each contact to schedule an interview.

We conducted in-depth interviews via telephone or Zoom. The interviewers were three researchers trained in qualitative interviewing techniques and probing. All interviews and participant communication were carried out by Ibis Reproductive Health authors who were unaffiliated with the Talkline. Furthermore, no study team members provided support via the Talkline or had direct contact with callers who were recruited to participate in the study. All participants provided informed consent prior to the start of the interview and were encouraged to find a private space where they were comfortable

speaking for the duration of the interview. There was one researcher and one participant per interview. The interviewer used a semi-structured guide, which included topics such as perceptions of abortion support, attitudes about abortion, clinic experience, Talkline experience, views on remote versus in-person support models, and how they define a high-quality abortion. The interview guide was reviewed and edited by an advisory board of abortion support providers and clinic-based counsellors. Participants were compensated with a US\$ 50 electronic gift card. This study was approved by the WIRB-Copernicus Group (WCG) IRB, Ref IRB Study No. 1307308, dated 7 May 2021.

The in-depth interviews were audio recorded and professionally transcribed. We conducted thematic analysis which combined inductive and deductive coding. We developed an initial codebook based on concepts that emerged in the interviews, in emotional support and person-centered care frameworks,^{24,25} and a priori during the design of the study. Four members of the research team, three of whom had conducted interviews, independently coded the same two transcripts and met to discuss discrepancies in applying the codebook. The meeting resulted in expanding code definitions, adding new codes, and collapsing codes where necessary. Another two transcripts were coded by the same researchers who then met to discuss and revise the codebook again. The final list of codes was applied to all transcripts. We used MAXQDA to facilitate coding. We drafted code summaries of key codes to identify patterns and themes and presented preliminary findings to key stakeholders, including Talkline Advocates and other abortion support providers such as full-spectrum doulas, to discuss interpretation of the findings. We conducted additional analysis to understand the gaps in support that participants reported from their abortion experience and examined how the Talkline supplemented, complemented, or failed at filling these gaps.

Results

Participant characteristics

Overall, Advocates collected contact information from 204 people who discussed abortion during their Talkline call and were interested in learning about the study. Of those who expressed interest, 89 (44%) responded to the electronic eligibility

screeener, of whom 49 were eligible (55% of those who filled out the screener). We completed 30 interviews with eligible Talkline callers.

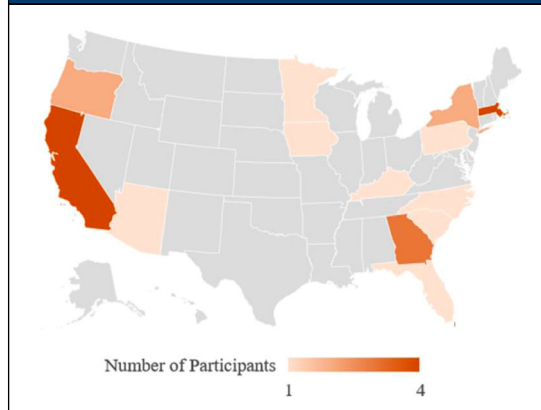
Of the 30 participants, the mean age was 29 years old (range: 19–38 years). Twelve participants were single at the time of the interview, nine were married, seven were in a relationship, and two reported that their relationship status was complicated. Most participants were employed either full-time or part-time ($n = 27$) and did not have children ($n = 21$). Our sample included participants from 16 states (Figure 1). Eighteen participants had a medical abortion and twelve had a surgical abortion.

Sixteen participants called the Talkline before their abortion, one during their abortion, 12 after their abortion, and one at multiple points throughout their abortion experience. Most callers learned about the Talkline from an abortion clinic. Others learned about it from other health-care professionals (e.g. primary care physicians and midwives), online searches, a family member or friend, a podcast, or another support textline.

Support needs throughout abortion experience

Below, we present four key emotional or informational support needs that motivated participants to contact the All-Options Talkline, including need for: (1) decision-making support and validation, (2) a neutral perspective, (3) emotional support to discuss negative or complex feelings, and (4) information about the abortion process.

Figure 1: Number of participants by state of residence



Within each of these themes, we describe the gaps or limitations of the support from their community and clinical interactions, and how their experience with the Talkline addressed these gaps.

Decision-making support and validation

While some participants were very clear about their decision to have an abortion, others described searching for support as they were navigating decisions about their pregnancy. They sought reassurance in their decision-making process, validation for their reason(s) to have an abortion, or a space where they could talk about their thoughts and emotions related to their options. Some callers were hesitant about their decision because, while they were excited about their pregnancy, their partner was ambivalent, preferred an abortion, or declined to be involved in raising a child. In other cases, participants were debating what to do because of their own internal conflict about the pregnancy. They mentioned factors such as the length of their relationship with the person involved in the pregnancy, financial concerns, and their own mental health.

In search of decision-making support, callers described interactions with family, friends, therapists, and healthcare professionals, such as Ob-Gyns or primary care physicians. For example, one 37-year-old participant from Oregon who called the Talkline as they were considering having an abortion had spoken with their husband and multiple friends about how to manage taking care of another child in addition to their two children.

“... everybody I was talking to in my life was just like, ‘wow, that’s really hard. I’m sorry. I’m sure whatever you decide will be fine. And good luck’ ... I was kind of just like, desperately looking for somebody to say something that would help me realize what I wanted to do”.

While this participant had people in their life with whom they could discuss the decision, they still did not feel clear on how to move forward because no one in their community provided advice or clarity on how to make a decision.

Among participants who discussed their decision with health care professionals, people described instances of support and reassurance, as well as perceived or experienced judgement. Support tended to come from the abortion clinic providers and staff, who were attentive, created space to talk about sadness or conflicted feelings,

and checked on patients throughout the clinic visit. Negative interactions were described by various participants, sometimes at abortion facilities and sometimes with healthcare professionals prior to getting to abortion care, such as Ob-Gyns and primary care physicians. This included insensitive remarks, such as being told to “*be more careful and make better decisions*” (age 29, called Talkline after abortion, California) to avoid getting pregnant again or being met with statements such as “*I always tell my patients never to get [an abortion] if they’re not absolutely, 100 percent sure because they’ll just be wracked with guilt*” (age 37, called Talkline during abortion, New York). Negative experiences also included feeling rushed, dismissed, and unheard during their healthcare appointments. Participants felt as though their questions were not answered or that they did not have time to consider their options. One 22-year-old from Kentucky who called the Talkline before their abortion explained how their primary care doctor assumed they wanted to end their pregnancy because the participant was young:

“She was like, ‘yep, you’re pregnant.’ And I was like, ‘okay, cool.’ And she was like, ‘I’m just gonna give you a bunch of paperwork for an abortion, here.’ And I was like, ‘what?’ And she said, ‘no, it’s fine, it happens all the time, young girls.’ And I was like, ‘oh, okay.’ She didn’t bother to answer any of my questions. She was very dismissive about everything. She really did not care.”

In search of further support and direction, some participants turned to the Talkline for help. Among participants who called the Talkline for support in decision making, they appreciated having the additional space to “*just talk through [my thoughts]... and discuss it at a practical level and... discuss options*” (age 35, called Talkline before abortion, Massachusetts). The Talkline helped one 34-year-old participant from Oregon who called before their abortion, “*sort through my feelings and put words to those feelings to figure out why I was feeling them*”, which “*ultimately just [helped] me make the decision and feel okay with my decision*”. During their interview, one caller reflected on how an Advocate guided them through an exercise to help them think through various scenarios:

“And she was saying you should spend one day pretending like you’ve made the decision one way and

then the next day, pretending like you made the decision the other way and see how you feel... I felt that that was really helpful because then I wasn’t like bouncing around back and forth through different ideas and different pathways. And it was like one clear path, how would I problem solve this and like, where would I be and how would this work. So I found that quite helpful”. (Age 33, called Talkline before abortion, Minnesota)

Participants also appreciated that Advocates helped them focus on what pregnancy outcome they wanted instead of what others wanted. Advocates encouraged callers to “*make the decision that’s right for you and not for anybody else*” (age 37, called Talkline before abortion, Oregon) and reassured callers that their “*feelings are still valid [even if] someone else doesn’t like it*” (age 21, called Talkline before abortion, West Virginia). Talkline support was particularly important for people who felt their reasons for having an abortion were not sufficient. One 34-year-old participant from Oregon who called before their abortion said an Advocate made them “*feel validated that it was okay that I was married with a kid already and that it was okay that I was potentially wanting an abortion and ended up getting an abortion*”.

Participants noted that they felt validated not because Advocates were telling them that they made the right choice, but because Advocates gave them confidence and peace in their own decision. Speaking with an Advocate made callers feel “*more secure with making the decision for me*” (age 28, called Talkline before abortion, Pennsylvania), stating that without the Talkline’s support they would have been “*40% less efficient in terms of boosting my confidence about the decision*” (age 34, called Talkline before abortion, Massachusetts). The reassurance, validation, and encouragement that participants received from the Talkline made them feel more understood, heard, and secure in their decision.

“Neutral” or “Unbiased” perspective

Both before and after their abortion, participants highlighted the need or desire to speak and discuss their abortion with a person they described as “*neutral*”, “*unbiased*” or “*a third party who wasn’t emotionally invested*” (age 30, called Talkline before abortion, Washington). In most cases, these callers described receiving support from family and/or friends, however, they still wanted support from “*someone that didn’t personally*

know me” (34, called Talkline before abortion, Oregon). For example, one 28-year-old from Pennsylvania who called the Talkline before their abortion explained:

“Even though I had the three solid people in my life to support me, I was still feeling just so alone ... But I really wasn’t talking to anyone who didn’t know me, and sometimes I think that’s good to get an unbiased opinion, there’s no feelings involved with that”.

Talking with someone who was uninvolved in the situation was also important for those who did not have a community to lean on. One 34-year-old from Georgia who called before and after their abortion and who did not talk to the man involved in the pregnancy or to family or friends stated that they, *“didn’t want an intervening opinion”* or *“the weight of what someone else thought”*. However, for this caller it was still important *“to talk, like speak out loud ... to a non-biased, unaffiliated party”*.

In addition to a third-party perspective, some participants specifically wanted to talk to someone who was knowledgeable about abortion or who could share different abortion experiences. One 30-year-old caller from Texas who called before their abortion had support from their husband, but expressed how important it was to speak to someone, particularly another woman, who knew more about abortion.

“Because my husband was ... we were sharing [with] each other all the emotions and all, but it is not that helpful because you want to talk with some woman or someone who knowing this thing about the abortion and all, who can share the other’s experiences”.

Participants who were motivated to call the Talkline to speak with someone neutral to their situation focused on the benefits of this support to help them explore and reflect on their own feelings. One 30-year-old participant from California who called before their abortion explained that an Advocate *“reflected on the things I was saying. So her opinion was completely neutral, but she helped me realize what I was thinking, why I was thinking those things, what were the basis of my thoughts and that I had made a decision already”*. Being an unbiased third party did not mean that the Advocates were cold or unfriendly. Instead, participants described them as warm and loving. One caller explained that the Advocate they

spoke to *“treated me like I was a friend; however ... she was being professional”* (age 30, called Talkline before abortion, California).

Participants noted that the Advocates were not pushing an agenda related to pregnancy outcomes or feelings about abortion. Some callers thought or hoped they would get answers or confirmation about what they should do, but instead, the Advocates were there to listen, saying *“... tell me, let me hear you, I wanna help, I wanna talk to you”* (age 22, called Talkline after abortion, Massachusetts). Participants connected this openness as an invitation to express their thoughts and emotions freely in *“a safe space where I could just kind of say anything and know I wasn’t being judged”* (age 31, called Talkline before abortion, North Carolina). A 22-year-old from Georgia who called before their abortion highlighted how this space allowed them to focus on what they wanted instead of the opinions and preferences of others:

“The amount of support I was given, where they were so unjudgemental. They were willing to help me look into the resources. And that, whatever I needed for just the hour we talked, I was able to just focus in on myself and what I needed and what I needed from the baby. And that felt really good”.

Some participants specifically appreciated getting a perspective from a place that felt anonymous and confidential. One 33-year-old from Minnesota who called before their abortion mentioned that they would have likely made the same decision without the Talkline, but also felt that, *“it was nice to have that time to just talk to somebody who doesn’t know me and who I don’t have to look at later and wonder if I made a mistake telling them, because now they know that about me”*. Having the Talkline’s support as a neutral and unbiased resource was helpful for some callers to express themselves, sort through their thoughts and emotions, and prioritise themselves in the decision-making process.

Emotional support to discuss negative or complex feelings

Participants described a range of positive and negative emotions related to their pregnancy and abortion. Those who navigated negative or complex feelings such as loneliness, regret, and distress described the need for emotional support at different time points throughout their abortion experience. Those who felt lonely described a lack

of support from those whom they thought they could depend on in their community, a sense that nobody could understand the depth of their feelings, or a fear of judgement from those around them. A few participants described negative interactions with their partner, or the other person involved in the pregnancy, which contributed to feelings of isolation, disrespect, and blame for becoming pregnant and seeking out an abortion. A 21-year-old from Georgia who called before their abortion shared that their partner,

“literally told me before I got pregnant that he was gonna get me pregnant and then once I got pregnant, it’s like he wanted to ... not talk to me and make me feel isolated and alone ... he was just treating [me] with no respect at all”.

For those who expressed a fear of judgement, some, including a 32-year-old from California who called after their abortion, described being *“afraid of telling the wrong person or trusting the wrong person”* because they did not want to be shamed or judged for their actions. As a result, these participants tended to disclose their experience to few or no people.

In combination with feelings of judgement, a few participants experienced grief and regret following their abortion, believing that they did a bad thing. Some connected their sadness or grief to religious beliefs about abortion being a sin, while others had pregnancies that started off as planned or wanted. These participants believed that people would view them a certain way because social stigma teaches that abortion is often utilised by people who are young or not careful. This in turn resulted in internalised stigma and judgement and made them feel as though they could not share their experience with others. A 38-year-old from South Carolina who called after their abortion experienced a pregnancy with a foetal anomaly and felt embarrassed to share that they had an abortion, because of these internalised feelings of stigma:

“Because my husband was ... we were sharing [with] each other all the emotions and all, but it is not that helpful because you want to talk with some woman or someone who knowing this thing about the abortion and all, who can share others experiences.”

On occasion, fear of judgement, loneliness, regret, and guilt escalated to feelings of distress, unrest, and discomfort for participants. This feeling of

being in a dark place or feeling *“like the lowest I’ve ever felt in my entire life”* (age 31, called Talkline before abortion, North Carolina) increased participants’ need for support and someone to help them manage their strong emotions.

Some callers reported receiving emotional support from their family, friends, and healthcare workers after disclosing their feelings. There were callers who had community who frequently checked in on them and reassured them that their feelings were normal and that their decision *“was not evil”* (age 21, called Talkline before abortion, Massachusetts). Participants also reported seeking out healthcare professionals who gave space for participants to share their emotions after their abortion. A few callers reported having someone hold their hand during their abortion as well, which helped them feel less lonely and more at ease during their procedure. However, not all participants could find the type of emotional support they wanted from family, friends, or healthcare professionals. A few participants reached out to their abortion clinic for support but were met with long waits or staff that *“really weren’t trying to talk to me about it”* as was the case for one 21-year-old from Georgia who called before their abortion.

Among participants who called the Talkline to discuss negative or complex emotions about their abortion, they described support through validation, reassurance, and normalisation. They felt acknowledged by Advocates who reassured them that their emotions were normal, saying, *“this is normal, you matter, don’t worry, just let it out”* (age 22, called Talkline before abortion, Kentucky). One 22-year-old from Georgia who called before their abortion explained that *“it was nice just all of a sudden [to] be reassured that I wasn’t a bad person for thinking one option or the other”*. Callers were also reassured that they were not alone in their experience, making *“it very clear that I am not the only one to experience these emotions, to experience this anguish over the decision”* (age 37, called Talkline before abortion, New York). At the same time, this participant noted that an Advocate also affirmed their individual experience by saying *“everyone processes this differently [on a] different timeline ... this is gonna take some processing ... but even though it is still okay”*. In some cases, this was in direct contrast to family members who made it feel like *“this catastrophic event”* (age 22, called Talkline before abortion, Georgia).

The Advocates also assisted callers by walking them through practices, tools, and practical solutions to help navigate their emotions. One 38-year-old from South Carolina who called after their abortion was encouraged to “*buy a plant in remembrance of my baby ... [and] take care of it as if it was her*”, while other callers were guided through breathing exercises and pro-and-con lists to sort through their feelings. In all cases, the participants reported that the exercises helped them find peace amid their struggles.

Callers used various words to describe Advocates, such as understanding, kind, present, and grounded. They stated that Advocates listened empathetically and provided a safe space for callers to feel and speak freely without a time constraint. As recounted by one 22-year-old from Kentucky who called before their abortion, the Advocates “*never once made me feel like I was taking up time out of their day, or like I was stopping them from doing something more important*”. This made participants feel heard, cared for, and unrushed. After speaking with the Talkline, participants reported feeling peace and “*relief from what I felt like I was carrying around*” (age 37, called Talkline before abortion, Oregon), which improved their overall mental health. One 31-year-old from Washington who called after their abortion shared that the Talkline served as a “*huge turning point*” for them because “*it felt like my soul was lifted*” and “*like it was okay to go on with life*”. Without the Talkline, callers shared how they “*would’ve been so depressed and still stuck in the same situation*” (age 22, called Talkline after abortion, Massachusetts) and “*would still be going through the emotional turmoil*” (age 33, called Talkline after abortion, Washington).

Information about the abortion process

Many participants noted that throughout the abortion experience they were in search of people, organisations, or websites that could provide them with more information about the abortion process. Some explained that they were not provided any information or help from their community on where to seek abortion care. One 32-year-old from Texas who called after their abortion reached out to multiple obstetrics and gynaecology clinics for information on how to schedule an abortion appointment and found that, “*they all didn’t do abortions [and] they couldn’t give me the name of a place that would*”. After reaching an

abortion clinic, some participants were frustrated by long wait times, such as a 30-year-old from California who called before their abortion who “*waited for maybe 20 minutes on the phone until I talked to someone and finally made the appointment for two weeks later*”. Others searched for information online, using key phrases such as “*What should I do if I get pregnant?*” or “*People’s views on abortion*”. One participant explained, “*[I] looked up everything that I could find online*” about the physical experience of having an abortion, but nothing was “*really answering my questions*” (age 21, called Talkline before abortion, West Virginia). In some cases, the All-Options Talkline was identified as a potential source of information through these online searchers.

Among participants who were motivated to reach out to the Talkline for abortion information, they liked that they were able to receive a plethora of trustworthy resources and information about abortion and other topics related to reproductive health. Advocates directed callers to information on the All-Options website about other people’s abortion experiences and to Peg Johnston’s Abortion Resolution Workbook,²⁶ a downloadable workbook meant to guide people through their pregnancy decision. As described by one 30-year-old from Texas who called before their abortion, “*So I went there and I read the stories of other women and that – really, that gave me confidence ... so that really help me a lot*”. Additionally, some callers were provided with referrals to other websites and/or organisations to obtain more clinical information. For example, a 37-year-old from New York who called during their abortion was unable to reach a physician over the weekend about their abortion, but they called the Talkline and the Advocate, “*actually gave me the phone number of a medical Talkline I could call with medical questions pertaining to abortion ... I felt – I had so much more comfort knowing I had that phone number*”. Similarly, another participant expressed their desire for more information on how to avoid a pregnancy in the future. The Advocate that one 32-year-old from California spoke with after their abortion, “*gave me some really good resources and talked to me about birth control ... that was really nice to get advice on that as well ... so that was talking about more than just abortion*”. Although a few participants mentioned that they found resources online, being able “*to call someone and just go, ‘hey, do you know any resources for this?’ And not have to*

try to sort through what was true information and what was not true information” (age 22, called Talkline before abortion, Georgia) was the most helpful in finding trustworthy information.

Beyond being trustworthy, it was important to participants that the Talkline was a free, efficient, and accessible source of information. Callers appreciated that, “you call, you talk, you hang up, call it day. And it’s free” (age 31, called Talkline after abortion, New York) and noticed how quickly they were able to reach an Advocate, saying “I’m surprised that it didn’t say, oh press one for this first, two for that. No, it was just you call, you press the language you want, and it took you straight to it”. Another 30-year-old from Texas who called before their abortion detailed how much easier and more fulfilling it was to speak with the Talkline, than waiting to see a healthcare professional:

“So, if Talkline don’t exist, then my steps will be to book an appointment with doctor, and then I will be discussing all this thing with the doctor. So, I have to wait for one or two weeks so that I can get the appointment. And there, I was talking to the nurse and doctor. So, all this information I got earlier with this talk line. And I don’t know how the doctor gave – give his time, or nurse give his time in the clinic. Because here, I was able to talk to her for one and – one hour. So, that is really big. No doctor or nurse really give me that much of time, I think”.

The Talkline was a source of knowledge, tools, and resources, which allowed participants to obtain the information that they needed to navigate their abortion experience.

Discussion

In this qualitative study exploring abortion support experiences among All-Options Talkline callers, we found that this remote abortion support service filled gaps or complemented existing support structures in participants’ abortion experiences. Participants reflected on the support they received from their communities and clinical care providers, and in doing so, indicated that, in accordance with the existing literature regarding clinical support,⁹ these interactions were often insufficient to meet all of their needs. The Talkline offered a safe space not only for those lacking the emotional, informational, or decision-making support they needed, but also for those who felt they had

positive community and clinical support and wanted or needed more support. Participants’ narratives highlighted how the Talkline filled their need for decision making support and validation, a neutral perspective on their situation, emotional support to discuss negative or complex feelings, and information about the abortion process.

Given that participants felt a greater degree of support and affirmation after their interactions with the Talkline, this service likely improved callers’ overall perception of the quality of their abortion experience.⁸ Specifically, the Talkline Advocates offered person-centred,²⁷ timely emotional support for callers, whether they were navigating uncertainty around their pregnancy decision-making or intense or conflicting feelings after their abortion. Callers described how the emotional support they received made them feel heard, reassured, and validated. These forms of support are critical when facing a socially stigmatised experience, even if individuals have not internalised the stigma. Our findings align with the existing literature documenting experiences with hotlines, in-person abortion support, and accompaniment models in and outside the US. These studies highlight how compassionate and supportive care is important throughout an abortion and that holistic, non-judgemental, person-centred support is well received by those seeking abortion.^{8,16–19,28}

Abortion support from non-clinician providers, such as the All-Options Talkline, is especially well placed to support callers who experience negative emotions before or after clinic visits. While many who obtain abortion care report positive or neutral emotions throughout their experience and no long-term negative mental health outcomes,^{29,30} some individuals may experience emotional difficulty at different points as their life circumstances or reflections on their abortion evolve.^{31–33} Since abortion clinic staff or healthcare providers may not be equipped to manage such conversations outside a clinical encounter, it is critical to have alternative safe, non-judgemental spaces for those who have had abortions to discuss their thoughts and feelings.²⁸

Given the severe abortion restrictions and bans in place in many states and their implications on increased stigma, concerns for safety, the need to travel further from home to obtain clinical care, and potential for increased use of medical abortion via telehealth services and self-managed abortion,³⁴ remote support services such as the All-Options

Talkline may be increasingly relevant to meet the needs of and ensure high-quality care for all who seek and use abortion. Innovative use of technology and text bots for abortion support also hold promise in the new abortion landscape.^{35,36}

Limitations

First, as a qualitative study, this work was not intended to be representative of the experience of all Talkline callers or all people who have an abortion. It is possible that callers who did not benefit from their interaction with the Talkline may have been less likely to participate and therefore their experiences were not captured. In addition, the scope of this study did not include the experiences of Spanish-speaking callers or people who called the Talkline and did not obtain an abortion. Future research on the experiences of Talkline callers across a range of pregnancy outcomes, languages, and backgrounds will provide further insight into experiences with support. However, our findings indicate that for at least some callers, the Talkline filled an important gap in their abortion experience. Second, this study was not designed to examine causal effects of the Talkline on perceptions of the overall abortion experience. Nevertheless, our findings provide evidence to support further examination of the effect of remote abortion support on callers' perceptions of their abortion experiences. Lastly, our findings did not analyse the financial or logistical support that people may have received during their abortion experience. This could have been a factor that played into the emotional, decision making, or informational support people needed from the Talkline.

Conclusion

Our findings provide further evidence that talklines and other abortion support providers can

enhance the quality of care in the United States for people who seek and obtain abortion. In addition to the Talkline, the types of support described by participants in this study can be integrated into a range of abortion service-delivery models in the United States as well as primary and mental health care. Our work further expands the literature to indicate that support provided remotely may offer similar benefits to services provided in person. Remote support contributes to the expansion of high-quality abortion care as abortion restrictions dramatically reduce abortion access around the country, abortion seekers face more uncertainty, and use of remote abortion services increases.

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Disclosure statement

Poonam Dreyfus-Pai, Paulina Guerrero, and Kai Kyles were all employed by All-Options for the duration of the study. They did not directly recruit study participants and were not otherwise involved in data collection. The remaining authors have no conflict of interest.

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Résumé

Il arrive que les personnes qui souhaitent interrompre une grossesse nécessitent ou veuillent un soutien psychologique ou informationnel avant, pendant et après leur avortement. Se sentir soutenue et affirmée contribue à la perception qu'a la personne de soins de qualité. La ligne téléphonique All-Options Talkline offre des conseils téléphoniques gratuits entre pairs aux correspondants qui appellent de tout le territoire des États-Unis d'Amérique. Cette étude visait à explorer les types de soutien reçu par le biais de la ligne d'appel et les manières dont il complète d'autres formes de soutien reçu par des personnes ayant obtenu un avortement. Entre mai 2021 et février 2022, nous avons mené 30 entretiens par téléphone ou Zoom avec des correspondants recrutés par le biais de la Talkline. Nous avons codé les entretiens et effectué une analyse thématique, en nous concentrant sur des thèmes liés aux lacunes du soutien prodigué par la famille, les amis et les professionnels de santé, ainsi que sur les types de soutien reçu par le biais de la Talkline. Nous avons identifié quatre principales motivations pour appeler la Talkline, notamment le besoin (1) d'appui et de validation de la décision, (2) d'une perspective neutre, (3) d'un soutien psychologique pour aborder des sentiments négatifs ou complexes, et (4) d'informations sur le processus d'avortement. Les participants ont indiqué que les interactions avec la famille, les amis et les professionnels de santé allaient de non favorables et négatives à substantiellement favorables. L'accès à la Talkline était particulièrement utile

Resumen

Las personas que buscan un aborto posiblemente necesiten o quieran apoyo emocional o informativo antes, durante y después de su aborto. Sentirse apoyada y afirmada contribuye a las percepciones de la calidad de la atención. La Línea de Charla sobre Todas las Opciones ofrece consejería de pares telefónica gratuita a las personas que llaman desde cualquier parte en Estados Unidos. Este estudio tenía como objetivo explorar los tipos de apoyo recibido vía la Línea de Charla y las maneras en que ésta suplementaba otras formas de apoyo recibido por las personas que obtuvieron un aborto. Entre mayo de 2021 y febrero de 2022, realizamos 30 entrevistas por teléfono o Zoom con personas reclutadas vía la Línea de Charla. Codificamos las entrevistas y realizamos análisis temático, enfocado en los temas relacionados con las brechas de apoyo brindado por familia, amistades y profesionales de salud, así como los tipos de apoyo recibido vía la Línea de Charla. Identificamos cuatro motivaciones clave para llamar a la Línea de Charla: la necesidad de (1) apoyo y validación para la toma de decisiones, (2) una perspectiva neutral, (3) apoyo emocional para discutir sentimientos negativos o complejos, y (4) información sobre el proceso de aborto. Las participantes indicaron que sus interacciones con familia, amistades y profesionales de salud variaron de no solidarias y negativas, a sustancialmente solidarias. El acceso a la Línea de Charla fue de particular utilidad antes de las interacciones clínicas y durante las semanas o meses después del aborto. Encontramos que la

avant les interactions cliniques et dans les semaines ou les mois suivant l'avortement. Nous avons constaté que cette ligne téléphonique fournissait aux correspondants un soutien à distance centré sur la personne, comblant ainsi des lacunes ou complétant le soutien de la communauté ou des professionnels de santé. Le soutien à l'avortement provenant de personnes n'ayant pas de formation médicale contribue à des soins d'avortement de haute qualité, en particulier à une époque de restrictions croissantes en matière d'interruption de grossesse et d'utilisation de services d'avortement à distance.

Línea de Charla sobre Todas las Opciones brindó apoyo remoto centrado en cada persona, llenando brechas o suplementando el apoyo de la comunidad o de profesionales de salud. El apoyo relacionado con el aborto brindado por personas de apoyo sin formación médica contribuye a los servicios de aborto de alta calidad, especialmente en tiempos de crecientes restricciones al aborto y de uso de servicios de aborto remotos.