

The Obstetrics and Gynecology and Genetic Counseling of Mother With Legal Abortion Had Been Referred to in Fars Province Center Since 2007 - 2013

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Received 2015 December 20; Revised 2016 January 17; Accepted 2016 February 14.

Keywords: Midwifery, Legal Abortion, Genetic, Counseling

Dear Editor,

One reason for the 21 percent mortality rate in newborn infants is congenital deficiency of the fetus (1). Caring for these children after birth often leads to financial and family problems (2, 3).

Discovering the presence of fetal disorders during pregnancy often pushes women into emotional crisis. Thus, it is essential to prepare them for such eventualities and address their anxiety and sadness after they have been informed of fetal abnormality (4).

Pregnancy with an abnormal fetus is a challenge for families, society, and physicians (5). Some researchers emphasize the potentially negative psychological effects for women of aborting an abnormal fetus. To avoid this eventuality, preparing parents to meet a baby with an abnormality and acquainting them with the diagnosis and the options for treating children with disabilities can improve the family's quality of life, possibly even paving the way for the prevention of such defects in future pregnancies (6).

Fetal abnormalities place severe strain on parents. In considering pregnancy termination for fetal abnormality (TFA), it is vital that psychological compatibility and the promotion of adaptive coping strategies be taken into account (7). It is also recommended that advice be given by a team of gynecologists, psychologists, and religious counselors. Awareness of the necessity for consultation is important for several reasons, including the provision of sufficient and necessary information about the type of birth defect, the prognosis for future pregnancy for both mother and fetus, and the deadline by which the mother can apply to have an abortion (8, 9), since legal abortion can be performed in Iran with the approval of religious jurisprudence when the fetus is less than four months old (10).

On the other hand, some studies consider that abortion is stressful and improper, and has psychological consequences for families. Many pregnant women may want to avoid even legal abortion (11-14).

Bearing in mind the importance of consultation for families faced with compulsory abortion, a study was carried out in Shiraz on a sample of legal medical files relating to the seven-year period from 2007 to 2013. The sample size was 1,664 and sampling was based on the census. The variables for the study included demographic information, midwifery, maternal and fetal diseases, reasons for authorization to abort, and genetic consultations.

The results showed that 26.75% of the mothers within the age range 20 - 25 (445), 31.5% of those within the age range 25 - 30 (524), 18.6% (309) within the age range 30 - 35, 8.5% (142) aged under 20, and 4.15% (69) aged over 40 received authorization to have an abortion.

Of the respondents, 67% (1,115) were homemakers and the remainder held different roles. In total, 55% (915) of them had consulted with a specialist and 45% (749) had not, while 25.73% (428) of them had done genetic consulting and 74.27% (1,236) had not. Also, 71.99% of them had been referred in person to forensic medical centers to get authorization, while 28.6% had received judicial permission.

In the present investigation, most of the parents had received no genetic counseling and half of them had undergone no obstetric consultations. The most common fetal abnormality leading to permitted legal abortion is thalassemia. However, the majority of families are against abortion and even show their disagreement (10), believing that their religious beliefs prevent them from taking such an action. Since they would often prefer the alternative,

namely, to give birth to a malformed baby with a condition like thalassemia (15), some families even avoid diagnostic pre-natal tests and decide to go ahead with pregnancy. Although educational measures have limited the number of deficiencies, and births of children with thalassemia have decreased from 39.38% in 2005 to 2.68% in 2010, it is still a problematic issue in Iran (16).

Some studies have shown that a number of parents would prefer to have a child with thalassemia than have an abortion performed using modern therapies (17, 18). For this reason, they should receive support and counseling from the people around them (19). It is necessary to provide an opportunity for such parents to express their opinions so that they can be directed in the right way.

Regarding other birth defects (trisomy types, and chromosomal and neurological defects, etc.), depending on the severity of the defect, as well as the psychological and economic burden on families and society, families accept legal abortion more readily; however, there is a need for timely guidance before and after the abortion.

For the consultation, it is essential to have a team that includes specialists, a religious consultant, a medical ethics expert, a psychotherapist, a clinical psychologist, etc. (20-22).

Parents should also be provided with some information in terms of the advantages and disadvantages of abortion (9). Moreover, they may be subjected to blame and criticism by others (21), so they should be protected mentally in the long term.

In conclusion, regarding the importance of consultation during marriage before abortion, the professional team should be prepared to recognize the necessity for abortion (before the twentieth week). Also, families should be provided with consultation services, especially those of a consultant psychologist, within the first week of receiving the news about the fetal anomaly (and if necessary thereafter).

There is a need to have individuals who are familiar with religious issues in consultation centers to advice parents. Also, the use of a person with disabilities succeeds in the centers to talk and consult with parents so that they become aware of how susceptible they are to the consequences of their failure to engage in consultation.

Acknowledgments

This article was extracted from the research proposal approved by the student research committee of Shiraz University of Medical Sciences (proposal no. 7745). The authors would like to thank the student research committee of Shiraz University of Medical Sciences for financially supporting this research. They would also like to thank the center

for development of clinical research of Nemazee hospital and Dr. Nasrin Shokrpour for editorial assistance.

Footnotes

Authors' Contribution: Fatemeh Ghodrati, Narges Saadatmand, and Marzieh Akbarzadeh participated in all phases of the research.

Funding/Support: Student research committee of Shiraz University of Medical Sciences.

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