So many and yet so few — the lack of high quality decision aids to compare early abortion methods: A systematic review and environmental scan

Kyla Z. Donnelly[1], Glyn Elwyn[1], Rachel Thompson[1]

[1] Dartmouth College, New Hampshire, United States

Background and aims

In the United States, over 1 million women have an abortion each year, the majority (64%) of which occur during early pregnancy (i.e., before 9 weeks' gestation). Most women are eligible for both surgical and medication abortion methods, which have comparable success rates but encompass quite different processes. Despite the high incidence of this preference-sensitive decision and evidence that women value making informed decisions about their method, the availability, quality, and impact of patient decision aids on this topic is unknown. The objectives of this study were (1) to conduct a systematic review to identify, appraise, and evaluate the impact of early abortion method decision aids described in the scientific literature, and (2) to conduct an environmental scan of the grey literature to identify and appraise other early abortion method decision aids.

Methods

For the systematic review, we searched MEDLINE, Cochrane Library, CINAHL, EMBASE, PsycINFO, ClinicalTrials.gov, and reference lists for studies published after 2000, when medication abortion became legal in the United States. We included experimental and observational studies evaluating the impact of an early abortion method decision aid versus a comparison group on women's decision-making process or outcomes. The decision aid must have met the definition adopted in the Cochrane review of decision aids (Stacey et al., 2014) and been developed after 2000, for use at any time, and in any format and language. For the environmental scan, we searched Google, Apple and Google Play app stores, and consulted key informants. We included decision aids that met the above inclusion criteria but, additionally, must have been written in English for use in the United States. We assessed decision aid quality using the International Patient Decision Aid Standards (IPDAS) criteria.

Results

The systematic review identified one study, which found more favorable scores on the Decisional Conflict Scale's Informed subscale among women in the decision aid group than in the comparison group. No differences were found in the Uncertainty and Efficacy subscales. This decision aid met few IPDAS criteria: 22% for Content, 55% for Development, and 14% for Effectiveness domains. In contrast, the environmental scan identified 49 decision aids, which appeared to have been created by entities without specialist expertise in decision aid development, including abortion services (n=32) and reproductive health-related organizations (n=7). On average, these tools met 28% of IPDAS criteria for Content, 22% for Development, and 0% for Effectiveness domains.

Conclusions

This study found that only one decision aid on early abortion methods has been evaluated, while many tools that met the Cochrane definition are highly accessible. Although their quality scores are suboptimal, notably, some decision aids identified through the environmental scan were of higher quality than the evaluated decision aid. This study raises important questions about what constitutes a decision aid, the utility of academic definitions of decision aids when applied more broadly, and the validity of IPDAS for appraising tools created by developers without specialist expertise. Lastly, it provides insights germane to the continuing issue of decision aid certification.