

Original research article

Accompaniment of second-trimester abortions: the model of the feminist Socorrista network of Argentina^{☆,☆☆,★}

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Abstract

Objective: Legal restrictions on abortion access impact the safety and timing of abortion. Women affected by these laws face barriers to safe care that often result in abortion being delayed. Second-trimester abortion affects vulnerable groups of women disproportionately and is often more difficult to access. In Argentina, where abortion is legally restricted except in cases of rape or threat to the health of the woman, the Socorristas en Red, a feminist network, offers a model of accompaniment wherein they provide information and support to women seeking second-trimester abortions. This qualitative analysis aimed to understand Socorristas' experiences supporting women who have second-trimester medication abortion outside the formal health care system.

Study design: We conducted 2 focus groups with 16 Socorristas in total to understand experiences accompanying women having second-trimester medication abortion who were at 14–24 weeks' gestational age. We performed a thematic analysis of the data and present key themes in this article.

Results: The Socorristas strived to ensure that women had the power of choice in every step of their abortion. These cases required more attention and logistical, legal and medical risks than first-trimester care. The Socorristas learned how to help women manage the possibility of these risks and were comfortable providing this support. They understood their work as activism through which they aim to destigmatize abortion and advocate against patriarchal systems denying the right to abortion.

Conclusion: Socorrista groups have shown that they can provide supportive, women-centered accompaniment during second-trimester medication abortions outside the formal health care system in a setting where abortion access is legally restricted.

Implications: Second-trimester self-use of medication abortion outside of the formal health system supported by feminist activist groups could provide an alternative model for second-trimester care worldwide. More research is needed to document the safety and effectiveness of this accompaniment service-provision model.

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1. Introduction

Abortion in Argentina is restricted by law and regulated by the Argentine Penal Code, which states that providers and women who cause or consent to an abortion may face imprisonment, with exceptions for cases where the pregnancy was the result of a rape or when it poses a risk to the woman's life or health [1,2]. In 2015, the Ministry of Health of Argentina issued a protocol clarifying the circumstances in which abortions could be legally provided and detailing guidelines for that provision. The protocol is based on the acknowledgment of sexual and reproductive health rights, and specifies that, when requested for legal reasons,

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women's choices should not be subject to value judgments by providers. According to the protocol, the principles that should determine access to abortion are autonomy, accessibility, freedom from judicial process, confidentiality, privacy, expediency and active transparency [3]. However, this protocol is interpreted differently according to the state and local officials charged with enforcing it, and reports suggest that abortion remains difficult to access in Argentina even in circumstances where it is legal [4].

Evidence from around the globe demonstrates that laws restricting access to abortion do not have the intended effect of reducing abortion rates but rather impact on the safety and timing of abortion — meaning that women have fewer options for safe abortions and face barriers to care, often resulting in abortions being delayed later into pregnancy [5–9]. In Argentina and elsewhere, champions of women's health and rights have organized to advocate for and, where legislation allows, provide legal abortion. This has included working toward the destigmatization of abortion and guaranteeing respect and support for women's decisions regarding their bodies. Where access to legal abortion is not possible, groups have worked to provide access to safe abortion through harm-reduction programs in clinics, telephone hotlines and in-person accompaniment to provide information about the safe use of medication for abortion [10–15]. One such group, the *Socorristas en Red (feministas que abortamos)* [Network of Feminist Providers of Aid and Abortion Support], stands out as an independent feminist initiative that provides information and support to women seeking abortion. Created in 2010 by *La Revuelta*, a feminist collective from Neuquén in the Argentine Patagonia, the *Socorristas en Red* (who refer to their members as “Socorristas”) is part of a movement of activists in Argentina who work to develop new agenda and strategies to create access to safe abortion [16]. Since its foundation, the Socorristas network has grown quickly and currently includes 39 collectives from across Argentina. In 2015, more than 170 activists provided support services for over 2890 women seeking abortion [17]. While recognizing the distinct experiences and autonomy of each collective, as well as the specific contexts in which each collective operates, all groups subscribe to the feminist principles and goals of the Socorristas movement, which are to:

- Offer a model of compassionate abortion accompaniment care in spaces where women will not be judged or mistreated;
- Work with health professionals and providers to generate empathetic bonds with women who have abortions and to reinstate abortion treatment in health establishments in an antidiscriminatory manner;
- Support and advocate for the accessibility of legally sanctioned abortions.

Most Socorristas do not have formal medical training; however, they undergo extensive training in feminist

principles and medical guidelines to be able to provide high-quality information and support to women when they have their abortions. This training consists of studying materials that describe safe medication abortion practices, shadowing and being supported by other Socorristas who have more experience accompanying abortions, training by other regional and international organizations that provide medication abortion, and contact with medical professionals who help train Socorristas to identify when and how women should seek medical care if necessary.

1.1. Second-trimester abortion and support networks

Globally, second-trimester abortion is less common than first-trimester abortion, and research has shown that women who need second-trimester abortions often face more obstacles to care [18]. Reasons for seeking second-trimester abortion vary across context but commonly include delays in pregnancy recognition, logistical or financial barriers to accessing care earlier in pregnancy and sudden changes in life circumstances [7,8,19]. Women seeking second-trimester care are often among the most vulnerable women in society; studies have found that women seeking abortion care in the second-trimester are younger and more frequently live in poverty than women seeking first-trimester services [8,20]. Although second-trimester abortions, when carried out according to World Health Organization (WHO) guidelines, are very safe (and significantly safer than childbirth at any stage in pregnancy), complications do occur more frequently during second-trimester abortions than first-trimester abortions [21–23]. Complications associated with second-trimester abortions are more common in places where abortions are legally restricted due to limited options for safe abortion later in pregnancy, an absence of trained or willing providers, and the often dangerous methods which women resort to in restrictive legal contexts [24,25]. In Argentina, due to the clandestine nature of abortion, data documenting the number or type of medical professionals who provide surgical abortions in the second trimester are sparse; however, anecdotal evidence from the Socorristas reflects a shortage of providers even in cases of legal abortion.

The WHO recommends two methods of abortion in the second trimester of pregnancy: dilation and evacuation, and the use of medications — a combination of mifepristone and misoprostol or, where mifepristone is not available, misoprostol alone. The WHO recommends that the medication be administered in a health clinic setting, and has acknowledged that more research is needed to determine the safety and effectiveness of medication abortion outside of health clinic settings [26]. However, where abortion access is restricted, individuals and groups have used medication in the first and second trimester without supervision of medical staff; preliminary studies have found its use to be safe and effective [26–29].

The Socorristas believe that every woman should have the right to a safe, dignified abortion and are committed to supporting women who need abortions during the second

trimester. Regardless of whether women contact them in the first or second trimester of pregnancy seeking support for an abortion, the *model of Socorrista action* includes:

1. **A telephone hotline** that facilitates initial contact with women. When answering the hotline, Socorristas aim to calm anxieties, provide assurances, work through fears, affirm decisions, listen without judgment and strategize possible ways to address situations of violence. During this initial contact, a group meeting is scheduled where women in need of abortions will meet with several Socorristas.
2. **In-person group meetings** which seek to highlight the collective aspect of the abortion experience and demonstrate that abortions are not solely an individual act but rather something that happens, and can happen, to many women. During this meeting, groups discuss women's feelings around their abortion to the extent they choose to share them. The Socorristas provide women with informational materials created by the Socorrista network that describe step-by-step how to use medication to safely induce on abortion. The materials' content is based on current WHO protocols, protocols suggested by the Latin American Federation of Obstetrician–Gynecologists, and the Socorristas' years of experience and training [30–32].
3. **Telephone support** during the process of a medication abortion. Telephone support is provided by a Socorrista who was present during the group meeting, enabling a personal connection between the woman and the Socorrista who is supporting her. Support services during second-trimester abortions require special care and attention, and often require more contact between the Socorrista and the woman she is supporting as compared to a first-trimester abortion.
 - a. Second-trimester abortion support occasionally also includes assisting women in going to a health center for postabortion care and/or formulating strategies to guarantee that her rights related to such care are respected. While such abortions do not always require medical supervision, an important component of the Socorrista accompaniment model is to provide the option for women to access support from the health systems or sympathetic health professionals, if they choose to do so, and to provide evidence-based support and follow-up for women when no such health providers are accessible. The Socorristas have established relationships with some providers to ensure that women can trust them and that they receive adequate care if they go to the hospital during or after their abortion. In cases where the Socorristas do not have relationships with providers, they work with women to prepare strategies for how to navigate the health system and avoid legal repercussions for their actions [33]. However, the Socorristas' experiences over the

years have also helped them develop the skills to support women in having a safe medication abortion when there is no health care provider available.

4. **Postabortion medical treatment**, the final step of the process, entails routine medical checkups carried out by general physicians and/or gynecologists.

Although much evidence exists about groups who support women using medication abortion outside of the health care system in the first trimester [11,29,34], there remains, to date, no evidence in the published literature documenting this model of support for second-trimester abortions or the experiences of those women who accompany others during their abortions. This study seeks to present the experiences of the Socorristas who accompany women who have medication abortions in their second trimester of pregnancy.

2. Material and methods

The qualitative results presented in this paper are part of a larger qualitative study which included interviews with women accompanied by Socorristas and focus groups with Socorristas to better understand the experiences of women who have second-trimester abortions and the experiences of the Socorristas who support them. In this study, the women who had second-trimester abortions were between 14 and 24 weeks of gestational age. One component of this study, to be presented in this article, included two focus groups consisting of members of the Socorrista feminist network from different parts of the country who had, during their time as a Socorrista, provided support services to women during second-trimester abortions. In 2015, it was estimated that over half of the Socorrista collectives accompanied women in their second-trimester abortions, for a total of approximately 300 second-trimester abortions [17].

In April and June 2016, we conducted the two focus groups, each one consisting of eight Socorristas. Participants were from eight different collectives throughout the country and had a range of between 1 and 4 years of experience as Socorristas. All had been trained in the Socorristas' model of care and had received support and mentorship from other Socorristas as they began to accompany women in their second trimester. Due to limited resources, we were restricted in the amount of focus groups we could do. We sought to recruit Socorristas with varying years of experience in second-trimester abortion support services and Socorristas from different regions of the country to ensure that a variety of experiences were represented. The focus groups were facilitated by members of the research team who were not Socorristas themselves. They used a semistructured discussion guide that explored the following topics: lessons learned from providing support services during second-trimester medication abortions, the situations that led to these lessons, and the implications of this work for their own lives and advocacy efforts.

The focus group sessions were audio-recorded with participants' consent. Each discussion lasted between 2 and 3 hours. The recordings were transcribed verbatim; any identification of the participants was removed. The study was given ethical approval by the Allendale Investigational Review Board.

2.1. Analysis

The focus group transcripts were included in a preliminary analysis of all interviews and focus groups from the study. Two members of the research team reviewed the results from the initial analysis, identified the themes most relevant to the focus groups and created a codebook specific to these themes to conduct a deeper analysis of the themes that were specific to the focus groups. The focus group transcripts were then recoded using this codebook. One member of the team coded the first transcript which was subsequently reviewed by a second member of the team; the second transcript was coded by one team member. The research team then used these results to summarize each theme, identify subthemes and extract relevant quotes.

3. Results

During the focus group discussions, the Socorristas considered their feminist values and how their actions as Socorristas reflected these values during the second-trimester accompaniment process. The main themes that emerged were ensuring that each woman had agency during her abortion process, the differences between accompaniment in the first and second trimesters, and how accompaniment in the second trimester represented their work in the fight for women's rights.

3.1. Providing feminist care: ensuring a woman's agency in her own abortion process

The Socorristas are dedicated to ensuring that women can decide whether or not to continue a pregnancy. During the focus groups, Socorristas discussed their efforts to ensure that women who have abortions have autonomy over their bodies despite living in a society that consistently attempts to impinge on that right. Through the focus group discussions, these principles appeared in the practices that participants mentioned employing during their accompaniment of women having second-trimester abortions. The Socorristas described how they supported and accepted women's decisions, provided information and ensured that women could make their own logistical decisions during the abortion.

3.1.1. Acceptance and support in a society that opposes abortion

Many Socorristas described their initial provision of accompaniment for second-trimester abortions not as a conscious choice but as something that occurred organically

because women with second-trimester pregnancies approached them for help, already sure of their decision to have an abortion. In alignment with their principles of supporting a woman in whatever decision she makes, they felt almost compelled to support her. One Socorrista shared her experience as such:

A woman came to us via an acquaintance and she was already 21 weeks. It was our first second-trimester case...[but] The decision to support her was clear from the beginning. Of course, a bunch of doubts arose, many fears. But the decision to support the woman, because it was her decision to abort, because she was going to do it, because she didn't want to become a mother at that moment. That, I mean, was clear.

The Socorristas discussed how society denies women the right to an abortion and described a dedication to ensuring this right for all women, even those in the second trimester where abortion is more stigmatized. They discussed the importance in such a society of not just providing support and accompaniment to women but also creating an environment that is free of judgment. In the focus groups, some Socorristas explained what they meant by judgment-free support, regardless of reason or gestational age:

We don't want to know the reasons. We listen, because some women need to express them, but they are all valid. So, they don't have to tell others this or that, they are telling us so that we will validate their reasons. All are valid.

3.1.2. Women as the protagonists in their own care

The Socorristas also discussed how they perceive the women who come to them as people exercising their autonomy and taking their destiny into their own hands by deciding to have an abortion, rather than a perception of them as victims. One Socorrista explained how she and her collective conveyed confidence to women so that they could make their decisions and act on their own:

I mean, it's also important not to fall into this paternalizing thing, not to fall into this thing of underestimating women. You're in a serious situation, but you can fix it, you have the tools to deal with it. Take charge, right? ...It's important and it's part of a logic that we have in our support services.

3.1.3. Transmission of information for respectful, compassionate and safe care

One component of showing support and validating women's decisions that the Socorristas described was how they transmitted information to women so that they could have a medication abortion outside the clinical setting. They described viewing themselves as linking women who want to have an abortion with the information they need to ensure their health and safety, but not dictating the interaction:

We are a service. We give you information and ultimately the decision is yours. As long as we are confident that we passed the information along...for us, their health is the most important...

The Socorristas described how they supported women by giving them all the information they needed, including the

information and support to make their own decisions regarding the logistics of their abortion, while also recognizing that not all women want the same experience. Some of the main logistical decisions involved in a second-trimester abortion with the Socorristas include whether to go to a hospital to complete the abortion, where and when to take the medications, who to be with during the process and how to dispose of the fetal tissue. In many cases, the Socorristas described how they empowered women so that they had the final say in these decisions. One Socorrista described how her group had learned to respect the decisions women made and how to help them manage their abortion based on their own desires:

You learn from the second-trimester experience that not all women are going to go to the hospital, that they can cope in other ways. And based on that, you start thinking of strategies, together with the woman.

3.2. Differences between the first and second trimester

The Socorristas noted multiple differences between providing support in the first and the second trimesters. These differences were often not medical but rather logistical and legal. The Socorristas discussed how second-trimester abortions often included more of such risks, and thus the Socorristas had to balance the desire to empower women to make their own decisions about their abortion with the importance of managing the experience so as to mitigate the risks involved.

3.2.1. Increased legal, logistical and medical risks

The focus groups revealed that, in their work, Socorristas have learned not to be afraid of accompanying second-trimester abortions. Their experience is that as long as women follow the protocols for medication abortion in the second trimester, it can be very safe outside the clinical setting. One Socorrista explained:

[...] We haven't had health complications and women have not had to go to the hospital. In my experiences, we have not had any. When women have gone, it has been because of their decision to expel [the fetus] in the hospital.

Despite the increased comfort with supporting second-trimester abortions, the Socorristas recognized that they often needed to provide more intensive support to minimize the increased logistical, safety and legal risks:

For us, when we support women during the second trimester, there are other complications, not necessarily in the abortion process, but rather whether a woman is with someone else during the abortion, if the person she lives with knows that she is pregnant, knows that she wants to have an abortion, because if not then we have to figure out how to hide it. We have to think about if it's better to expel in a hospital or at home; it depends on each situation.

The Socorristas also described how they attempted to provide a degree of calm to women in the abortion process

while at the same time managing their own fears and insecurities:

Yes, it's totally different. From the perspective of the women who are living through it, and for us as well. It's not the same [as the first trimester] in what it entails, what they need to do. They feel the risk of police persecution, persecution in the hospital, their families. They always imagine, even if they're in the first trimester, they always imagine that the police helicopter will land in the patio. But in the second trimester, they feel it even more intensely...

In their accompaniment of these women, the Socorristas were also conscious of the legal risks that they faced as individuals — risks that could affect the entire network, especially in cases of women in the later weeks of their second trimester.

For me, legal implications, because there is a body [fetus], that's the most frightening part, and the women could be mistreated, because you can't hide in the health system. And there are legal implications not just for the women but for us as well. ... I don't know, she could be forced to tell everything and put all the Socorristas in danger.

At the same time, Socorristas mitigated some of those risks by suggesting that women undergo the expulsion of the products of conception in a health center, oftentimes with a sympathetic health professional who will not ask too many questions:

Since I started providing support for women at 20 weeks, especially when they pass 16 weeks, I feel calm knowing that they will go the health center or a hospital because sometimes women think they've expelled everything when they haven't.

3.2.2. Managing risks

The Socorristas also shared times when they felt conflicted over how to manage second-trimester cases. Some Socorristas found it more difficult to present all the decisions to a woman and support her in whatever decision when the Socorristas knew that certain actions would be better for her health and safety. This tension between mitigating risks and supporting women in whatever choices they made during the abortion appeared to differ between groups; however, many Socorristas described grappling with trying to achieve that balance. Some Socorristas described how they have had to tell women their choices were fewer because of the risks:

What does this [a second-trimester abortion] imply? We have to say "all these things we told you that you could choose, and that you could see, you can't choose. You're going to do this this, this, and this. You're going to do exactly what we tell you." Here there is no margin to do this and do that and we can get very difficult... I mean, we don't use that tone nor in those terms. But [we are] much more firm...

During one focus group, the difficulty of maintaining their values of providing information that enables women to make their own decisions and simultaneously providing guidance for women's and the network's safety led to a discussion about how to best facilitate women's decision making:

I remember that someone suggested that we shouldn't say what they should do with the fetus, that we shouldn't tell them what we had been doing. Rather, we should ask them, "What do you think you could do with the fetus?" We should ask

them and guide their decision. We hadn't thought of that because when we ask "What do you think," their ideas are risky; they don't always take everything into consideration. You're there, saying, "Let's see, how can we take this idea and transform it..."

3.2.3. "You have to put your life on hold"

The Socorristas described how they have to rearrange their own lives when supporting women in their second trimester. They recognized that providing support during second-trimester abortions implies an even deeper Socorrista spirit and requires the Socorristas to be on alert:

Due to the characteristics of a first-trimester abortion and the amount of first-trimester support we provide, providing this support during the first trimester is part of our everyday lives. But second-trimester abortions paralyze a bunch of things for you. You need a different level of attention, to process and respond to different things that arise... Suddenly you have to take a woman to the hospital, you have to be available, and other things that require you to put your life on hold in order to dedicate more time to support [the woman].

3.3. Meaning of "Socorrismo" in the second trimester

"Socorrismo" is the act of providing this feminist model of care. During the focus groups, the Socorristas were asked to discuss what providing support during the second trimester meant for them. They replied that it goes beyond providing medical aid or helping individual women; it is also a political act that destigmatizes and dedramatizes abortion. It is a feminist practice against a patriarchal system.

The Socorristas perceived their work as seeking to remove the drama and stigma associated with abortion practices, especially in the second trimester. By situating abortion in its everyday reality, they strive to remove the guilt and barriers that society imposes. One Socorrista explained how she forms a personal relationship with women to remove some of the drama of the situation. Another Socorrista described how, by speaking frankly, she helped women discuss and process their abortion.

And she starts to talk and you're listening and suddenly you name something that she isn't able to name. You give her the word that she isn't able to say. Maybe the word is "abortion," "fetus," or something else she isn't able to name. And you look at her and you say "fetus," "abortion," "you want to abort." You give her the word and her face changes. That sensation of her face changing: "Oh, I can say it and it's okay. In this space, I can say it and it's okay."

In working with women to name stigmatized practices related to abortion and discussing abortion openly, the Socorristas believe that they work to change the context in which women decide to have abortions.

The Socorristas also discussed how *Socorrismo* is a way to fight against a patriarchal society by guaranteeing that women are not forced to become mothers if they choose not to. Hence, some Socorristas saw their work not only in the

context of historical sisterhood and feminist support but also as part of an active struggle against patriarchy:

I think that when women come to us so many weeks into their pregnancy, they're going to do it [have an abortion]. Either we accompany them or they're going to find another way to do it. So, when they come to us, it's also because of the assurance that they can do it safely, caring for their own health, and with support from us. I think that it is a blow against patriarchy, against forced maternity

4. Discussion

This is a qualitative study presenting the experiences of Socorristas who implement a feminist model of support and accompaniment for women seeking second-trimester abortions. The Socorrista model of abortion accompaniment is fundamentally rooted in the feminist value that women have the ability and the right to make informed decisions about their bodies and lives. Our results highlight the strengths of, and challenges faced by, Socorristas who provide second-trimester abortion accompaniment services in a legally restrictive environment outside of the formal health care system.

Other literature has revealed the effectiveness of groups that provide support to women who self-manage abortions in the first trimester using medications in legally restricted settings, and has demonstrated that providing information and support can ensure safe, complete abortions with few or no complications [10–14,34,35]. Our study adds to the literature by drawing attention to a model of care of second-trimester medication abortion outside of the formal health system. The Socorristas provide not only emotional support but also a wealth of knowledge and resources on management of the abortion process from a feminist perspective, which helps to ensure that women can have a safe second-trimester abortion in a restricted setting.

There are several limitations to this study; as with any small, qualitative study, the results are not intended to be generalizable. Additionally, we were not able to capture perspectives of women who were previously involved in the Socorristas network and are no longer involved; thus, we do not know if their perspectives would have been different. However, this qualitative study provides new insight into models that provide second-trimester abortion care to women outside of the formal health sector. Much more programmatic work and research are needed to better understand how to place abortion-related decisions in the hands of women and how to create more links with health systems so that they can provide support for self-use of medication abortion whenever necessary. Recent research on telemedicine abortion provision options (where women receive support from a provider through a secure video or phone line) [36] and research on women's preferences and interest in medication abortion at home have shown that this is an option that many women accept or would prefer [37–39], and could lead toward increased innovation in this

area. Replicating models of care such as the one implemented by the Socorristas, where women have support when they desire but can also choose where and when to have their abortions, could provide for higher quality of care and safety, including in settings where abortion is legally restricted.

The WHO recognizes that medication abortion is safe in the second trimester. In this study, the Socorristas shared qualitative experiences of providing second-trimester accompaniment and support outside of the formal health system. It is, however, important to acknowledge that studies to evaluate the safety, effectiveness or acceptability of second-trimester abortions using this model are sorely needed [26]. This research would, first and foremost, improve understanding of the safety and effectiveness of the accompaniment model for second-trimester medication abortion. Quantitative research would also help to compare experiences of groups that accompany women in the second trimester, generate woman-centered information that could be useful in advocacy and policy efforts, and contribute to efforts to expand access to safe second-trimester abortion. Through discussions, learning experiences and studies, the continued research and diffusion of models such as *Socorristismo* can make it possible for more groups and organizations around the world to use these models and adapt them to their specific contexts to increase women's access to safe abortions with medication.

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