

The use of preabortion ultrasound scanning, while not medically necessary, is increasingly common in the United States, and whether women should be offered the opportunity to view the image is the focus of much political debate. Opponents of abortion back legislation requiring it, on the assumption that women who view the image will be dissuaded from terminating their pregnancies. Abortion rights advocates, meanwhile, consider the viewing of a preabortion ultrasound a potentially difficult experience and resist efforts aimed at compelling women to view the image. But how do women themselves feel about it? At least among those who go ahead with the abortion, “ultrasound viewing appears not to have a singular emotional effect,” Katrina Kimport and colleagues report in this issue of *Perspectives on Sexual and Reproductive Health* (page 185). In a study they conducted among a sample of women who had abortions in clinics across the United States in 2008–2010, the most commonly reported emotional responses to seeing the images were neutral: Women said that they had felt nothing or had felt fine. Negative emotions, such as sadness and guilt, were the next most frequently reported, and some women said that they had felt positive emotions; a few women said they had felt both.

The study also identifies groups of women who were particularly likely to be offered a viewing opportunity, to take that opportunity and to have a negative emotional response. Notably, women obtaining services in a facility with a policy to offer a viewing opportunity, despite the absence of a state requirement, had elevated odds of reporting a negative response. The authors interpret this finding to suggest that some women understand the offer as a recommendation that is difficult to refuse. Thus, Kimport and colleagues urge providers to “pay careful attention to how the offer is made to ensure that patients do not feel pressured to view their ultrasound.”

Also in This Issue

- Persistent health disparities distinguish Latino youth from their peers of other races and ethnicities. As a step toward assessing the distinctive sexual and reproductive health needs of this population, Davida Becker and colleagues conducted a longitudinal study of Latino young people in Southern California from 2005 to 2012 (page 193). They found that a range of cultural variables, as well as immigrant generation, were linked to at least one sexual outcome, but associations differed by outcome and, in some cases, by gender. For instance, the extent to which youth supported Latino cultural practices was negatively associated with females’ number of sexual partners by young adulthood, but positively associated with males’. The researchers note that if future work establishes causal relationships between cultural variables and sexual risk behavior, it could help point the way toward effective sexual health programs for young Latinos.

- “Women with disabilities are largely as positive about becoming mothers as are women without disabilities”: This is one of the main conclusions that Carrie L. Shandra and coauthors draw from analyses of data from the 2006–2010 National Survey of Family Growth (page 203). At the same time, childless women with disabilities who want and intend to have a child are less certain than childless women without disabilities that they will have one. And among mothers, those with disabilities are

more likely to want another child, but less likely to intend to have one, than are those without disabilities. The investigators consider it incumbent on reproductive health researchers and practitioners to deepen their understanding of the specific needs and challenges of women with disabilities, to help them achieve their reproductive goals.

- Young people’s level of psychosocial conventionality may be linked to the timing and sequence of their early sexual behaviors, but in ways that are not consistent by gender or behavior patterns, according to Bianka M. Reese and colleagues (page 211). In analyses of two waves of data from the National Longitudinal Study of Adolescent Health, the investigators found, for example, that males’ (but not females’) frequency of attendance at religious services was associated with certain patterns of early sexual behavior. Likewise, expectation of achievement was linked to patterns of early sexual behavior among females, but not among males. The authors urge practitioners and researchers to focus on “understanding the diversity of pathways that lead to the development of a sexual self.”

- A study for which family planning clinicians and their patients agreed to have visits audio-recorded is the basis for two articles in this issue. Alexandra M. Minnis and her team (page 223) use data on visits by 16–21-year-old women to explore the range of approaches that providers take in counseling young people about contraception. They observe variations in the degrees to which clinicians used an interactive communication style (characterized by respectfulness and a focus on establishing trust) and discussed contextual factors that could affect young women’s contraceptive decisions (living situation, social influences and so forth). They also note that providers often missed opportunities to address young clients’ reproductive health concerns and more general health needs. Evidence from follow-up surveys suggests that receipt of interactive counseling was positively associated with young women’s use of highly effective methods.

Looking at the broader sample, Christine Dehlendorf and coauthors (page 233) observe that providers’ approaches to counseling can be grouped into three categories, distinguished largely by the detail providers offered about contraceptive options and their level of participation in women’s decision making. Most commonly, providers discussed only methods that women mentioned and did not get involved in decision making; women aged 25 or younger were more likely than older women to experience this approach. Least frequently, providers brought up methods that the women had not mentioned and participated in method selection in an interactive and responsive manner; women older than 35 were the most likely to receive this type of counseling. Noting the need for providers to respect patients’ autonomy, Dehlendorf and colleagues nonetheless consider counseling “an unleveraged opportunity” to facilitate appropriate contraceptive use.

- The Digests section (page 241) contains summaries of studies on different second-trimester medication abortion regimens, associations between “sexting” and sexual experience in a sample of middle school students, condom use problems among men who have sex with men and more.

—The Editors