

Ultrasound in the context of abortion care has been the target of many state level regulations. At the time of this report 14 states are considering bills that would require abortion providers to perform ultrasounds and/or offer fetal images and heart tone sounds to patients. Already 19 states have enacted such laws, with the most extreme requiring that a doctor explain certain characteristics of the fetus regardless of a woman's desire for that information. Abortion opponents expect that women who view ultrasound images will be more likely to forgo having an abortion. Many reproductive rights advocates oppose these regulations, citing concerns that they are coercive and interfere with the patient - provider relationship. Despite widespread legislation, there is little evidence about ultrasound in the abortion context. This study documents the ways in which ultrasounds are presented and provided to women in the abortion setting.

This study consisted of a multi-site ethnography of the practice of ultrasound in the abortion context. We conducted 27 in-depth interviews with administrator and those who perform the ultrasound at a diverse sample of abortion facilities across 17 states. In addition to qualitative interviews, we conducted direct observations of ultrasound practices in four clinical facilities

The majority of facilities use ultrasound before an abortion procedure for the purpose of assessing gestational dating and multiple gestations. Based on our interviews and observation, we identified four ultrasound viewing models: offered to all, shown upon request, managed viewing, and denied. None of the sites in our sample denied women an opportunity to view their ultrasound image. Instead, providers negotiated ultrasound viewing according to their philosophies of care. Providers rarely mentioned regulation as a reason for their viewing practice. Instead many focused on offering or showing images as being important because women have a right to know their health information. While the proponents of ultrasound legislation focus on the potential of the image to influence women's decision making, the participants in our study did not reflect this belief. Instead, our data show that the information gathered through the ultrasound was useful to women in making a decision. Particularly in cases where the ultrasound revealed new information about the gestational age and multiple gestations. These different practices and anticipated responses by patients demonstrate the complexity and flexibility of the relationship between the woman and her ultrasound provider.

There is a large diversity in provider practices surrounding ultrasound viewing in the abortion context. Ultrasound providers navigate the space between the medical, social, and personal meaning for their patients, independent of state legislation. And while ultrasound law supporters are focused on the role that images from ultrasounds can play in a woman's abortion decision, abortion providers are engaged predominately with the information that ultrasound provides. This images/information distinction may help providers, advocates and legal experts articulate the importance of ultrasound in the abortion care context while simultaneously opposing laws that seek to mobilize images in particular ways to manipulate women's decision-making.