

ARTIGO DE INVESTIGAÇÃO (ORIGINAL) 

## Factors Associated with Repeat Induced Abortion: A Retrospective Study

*Fatores Associados à Interrupção Voluntária da Gravidez de Repetição: Um Estudo Retrospectivo*

*Factores Asociados a la Interrupción Voluntaria del Embarazo Recurrente: Un Estudio Retrospectivo*

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### Abstract

**Background:** Repeat induced abortion is a complex phenomenon that requires an in-depth analysis because it may reflect factors influencing women's decisions.

**Objective:** To identify factors associated with repeat induced abortion.

**Methodology:** A quantitative, analytical, and retrospective study was conducted based on the clinical records of women who underwent an induced abortion at a healthcare institution between 2022 and 2023.

**Results:** Of the 182 women included in the study, 32 had repeat abortions. A statistically significant association was found between repeat induced abortion and employment status, as well as attendance at family planning consultations. Most women were single (78%) and did not live with a partner (54.4%), indicating social vulnerability. Risk behaviors were identified, including missing family planning consultations (72.8%) and not using contraceptives (26.1%).

**Conclusion:** The factors associated with repeat induced abortion underscore the need for interventions that extend beyond the clinical setting, reinforcing social support networks and integrating obstetric nurses into sexual and reproductive healthcare.

**Keywords:** nurse midwives; induced abortion; women

### Resumo

**Enquadramento:** A interrupção voluntária da gravidez (IVG) de repetição é um fenómeno complexo que requer análise aprofundada, pois pode refletir fatores que influenciam a decisão da mulher.

**Objetivo:** Identificar fatores associados à realização da IVG de repetição.

**Metodologia:** Estudo quantitativo, analítico e retrospectivo, baseado em registos clínicos de mulheres que recorreram à IVG numa instituição de saúde entre 2022 e 2023.

**Resultados:** Das 182 mulheres incluídas, 32 realizaram IVG de repetição. Verificou-se associação estatisticamente significativa entre a repetição e a situação laboral, bem como com a presença em consulta de planeamento familiar. Observou-se fragilidade social, já que a maioria não vive em casal (54,4%) e é solteira (78%). Foram identificados comportamentos de risco, como ausência em consultas de planeamento familiar (72,8%) e não utilização de métodos contraceptivos (26,1%).

**Conclusão:** Os fatores associados à IVG de repetição evidenciam a necessidade de intervenções para além da esfera clínica, reforçando redes de apoio social e a integração do enfermeiro obstetra nos cuidados de saúde sexual e reprodutiva.

**Palavras-chave:** enfermeiros obstétricos; interrupção voluntária da gravidez; mulheres

### Resumen

**Marco contextual:** La interrupción voluntaria del embarazo (IVE) repetida es un fenómeno complejo que requiere un análisis en profundidad, ya que puede reflejar factores que influyen en la decisión de la mujer.

**Objetivo:** Identificar factores asociados a la realización de IVE repetida.

**Metodología:** Estudio cuantitativo, analítico y retrospectivo, basado en registros clínicos de mujeres que recurrieron a la IVE en una institución sanitaria entre 2022 y 2023.

**Resultados:** De las 182 mujeres incluidas, 32 se sometieron a IVE repetida. Se observó una asociación estadísticamente significativa entre la IVE repetida y la situación laboral, así como con la asistencia a consultas de planificación familiar. Se observó fragilidad social, ya que la mayoría no vive en pareja (54,4 %) y es soltera (78 %). Se identificaron comportamientos de riesgo, como la ausencia en las consultas de planificación familiar (72,8 %) y la no utilización de métodos anticonceptivos (26,1 %).

**Conclusión:** Los factores asociados a la IVE repetida ponen de manifiesto la necesidad de intervenciones más allá del ámbito clínico, que refuerzan las redes de apoyo social y la integración del enfermero obstetra en la atención sanitaria sexual y reproductiva.

**Palabras clave:** enfermeras obstétricas; aborto inducido; mujeres

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## Introduction

Universal access to sexual and reproductive health (SRH) and the fulfillment of all women's reproductive rights are two of the Sustainable Development Goals included in the United Nations (UN) 2030 Agenda for Sustainable Development—a commitment that was recently reaffirmed in a joint UN statement (Organização Mundial da Saúde, 2024).

According to the World Health Organization (WHO, 2021), SRH should encompass self-care interventions; the prevention and treatment of sexually transmitted infections; care for women who are victims of violence; and access to contraception and the voluntary and safe termination of pregnancy.

Santos (2021) notes that an unwanted or unplanned pregnancy is a pressing issue in the field of SRH. Despite the existence of public health policies promoting access to family planning and contraception, unplanned pregnancies still occur, many of which result in IA (IA; Santos, 2021).

IA can have complex and unpredictable consequences. In this context, nurse-midwives (Specialist Nurses in Maternal and Obstetric Health Nursing - EESMO) play a crucial role in preventing and mitigating these impacts by managing and controlling the factors associated with IA from both preventive and therapeutic perspectives. However, no national studies have been identified that evaluate this reality or the associated factors. Therefore, the general objective of this study was to identify the factors associated with repeat IA. The specific objectives were to characterize the reality of IA in a region of Portugal, including both the procedure itself and the profile of the women who use this service, based on a review of their clinical records.

## Background

IA is a woman's decision to safely end a pregnancy involving a viable embryo or fetus that was neither desired nor planned (Sousa, 2021). In Portugal, until 2007, women who wanted to end an unwanted pregnancy of their own accord were legally denied this right. However, with the enactment of Law No. 16/2007 on April 17, IA became legally regulated and accepted, provided that it is "performed at the woman's choice, within the first 10 weeks of pregnancy" (Lei n.º 16/2007, de 17 de abril, p. 2417). There is no legal limit to the number of times a woman may undergo IA; therefore, when the procedure is performed more than once, it is referred to as repeat IA (Behulu et al., 2019). According to the Portuguese Society for Contraception (Sociedade Portuguesa de Contraceção, s.d.), "Abortion is a public health indicator that reflects not only the fertility of the population but also access to contraception" (p. 1). Given its relevance as a health indicator, the practice of IA is monitored and analyzed annually by national and international public health agencies. According to the Portuguese Directorate-General for Health (Direção-Geral da Saúde [DGS],

2023), Portugal consistently reported rates below the European Union average until 2019. However, compared to 2021, there was a 15% increase in IA in 2022, corresponding to a total of 15,870 procedures (DGS, 2023). The same report shows that, regarding repeat IA, 28.5% of women had previously terminated at least one pregnancy (DGS, 2023).

Although IA is a widely recognized procedure, it remains a polarizing issue in society because its existence involves not only health considerations, but also challenges social, moral, and religious norms (Vaz, 2021). In nursing practice, particularly for nurse-midwives, this issue holds special significance. As Palma (2017) notes, nurses "seek to care for, save, and protect the life of the embryo and fetus" while also bearing "an equal responsibility toward women who do not wish to continue the pregnancy" (p. 14). Regardless of their personal beliefs, nurse-midwives are responsible for providing comprehensive care to women and their families. As skilled and competent professionals, they must ensure high-quality, empathetic, and minimally traumatic experiences throughout this transition. Therefore, IA and its implications for women's lives are a central concern for nurse-midwives, who must orient their practice toward this reality. Specifically, as Palma (2017) emphasizes, in the context of IA, nurse-midwives should develop initiatives that promote women's health, facilitate informed and autonomous decision-making, provide guidance on available resources, prevent and assist in managing complications resulting from the procedure, offer support during the post-abortion period, and deliver contraceptive counseling within the scope of family planning. For these interventions to be effective, it is essential to recognize that women's motivations for choosing IA are diverse and multifactorial (Palma & Presado, 2019). These factors may be sociodemographic, reproductive, related to contraceptive use, or associated with the sexual partner (Liu et al., 2023).

## Research question

What are the factors associated with women who undergo repeat IA?

## Methodology

To address the research question and achieve the defined objectives, a quantitative, analytical, retrospective study was conducted.

The sample population included women who underwent IA at the selected local health unit in 2022 or 2023 and whose clinical records were properly completed at the time of the procedure, as established in Article 8 of Portaria n.º 741-A/2007 do Ministério da Saúde (2007). At least 80% of the variables included in the inferential analysis were adequately filled out. Data were obtained by reviewing archived files and outpatient clinic records. In accordance with the ethical principles of research, data collection began only after authorization was obtained

from the Board of Directors and a favorable opinion was received from the Ethics Committee of the local health unit (Doc. 134-2024 CES). All data were processed in aggregate form and fully anonymized, with access restricted to the research team. A data collection guide was developed to facilitate data collection. It was adapted from the aforementioned ordinance and included the following variables: age, nationality, marital status, occupation, contraceptive methods, attendance at family planning consultations, and number of IA performed. Based on these variables obtained from the clinical records of women who underwent IA, research hypotheses were formulated to test the relationship between each variable and the number of IA performed. The data were analyzed using IBM® SPSS® Statistics after being entered into a database created specifically for this study. In the descriptive analysis, absolute and relative frequencies, as well as the mean and standard deviation, were used. For the inferential analysis, the nonparametric chi-square test was applied due to the sample size and because not all variables followed a normal distribution, as verified by the Kolmogorov-Smirnov test. The significance level ( $p$ ) adopted for hypothesis testing was  $\leq 0.05$ .

## Results

The study population consisted of 182 women. Most participants were between 21 and 30 years of age (50.5%), were Portuguese (89%), had completed secondary education (76.8%), were either employed in unskilled occupations or still studying (51.6%), did not live with a partner (54.4%), and were single (78%). Regarding clinical and health surveillance variables, most women had no children (50.5%), had not attended family planning consultations in the previous year (69.8%), and sought abortion care on their own initiative (65.4%). Almost one-fifth of the women (17.6%) had undergone more than one IA. In relation to the IA process, the average waiting time until the preliminary consultation was 2.66 days ( $\pm 3.31$ ), and the average reflection period was 5.95 days ( $\pm 3.76$ ). Among the factors studied, only employment status (Table 5) and attendance at family planning consultations in the previous year (Table 6) showed a statistically significant association with repeat IA. No significant relationships were found between repeat IA and age group (Table 1), nationality (Table 2), cohabitation status (Table 3), educational attainment (Table 4), or contraceptive use (Table 7).

**Table 1**

*Relationship between repeat induced abortion and age group*

		Previously had an induced abortion?						$X^2$	$p$		
		Yes		No		Total					
		<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>				
Age group	15-25 years	9	5.0	67	37.0	76	42.0	4.879	.087		
	26-35 years	19	10.5	57	31.5	76	42.0				
	36-45 years	4	2.2	25	13.8	29	16.0				
Total		32	17.7	149	82.3	181	100.0				

Note.  $n$  = Frequency; % = Percentage;  $X^2$  = Chi-square;  $p$  = Significance value.

**Table 2**

*Relationship between repeat induced abortion and nationality*

		Previously had an induced abortion?						$X^2$	$p$		
		Yes		No		Total					
		<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>				
Nationality	Portuguese	29	16.0	132	73.9	161	89.9	0.111	.739		
	Foreign	3	1.7	17	9.4	20	11.1				
	Total	32	17.7	149	83.3	181	100.0				

Note.  $n$  = Frequency; % = Percentage;  $X^2$  = Chi-square;  $p$  = Significance value.



**Table 3***Relationship between repeat induced abortion and cohabitation status*

		Previously had an induced abortion?						$X^2$	<i>p</i>		
		Yes		No		Total					
		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%				
Living with a partner?	Yes	18	10.0	64	35.6	82	45.6	1.795	.180		
	No	14	7.7	84	46.7	98	54.4				
Total		32	17.7	148	82.3	180	100.0				

Note. *n* = Frequency; % = Percentage;  $X^2$  = Chi-square; *p* = Significance value.**Table 4***Relationship between repeat induced abortion and educational attainment*

<i>n</i>	Previously had an induced abortion?						$X^2$	<i>p</i>		
	Yes		No		Total					
	%	<i>n</i>	%	<i>n</i>	%					
Educational attainment	Primary education	9	5.0	33	18.4	42	23.5			
	Secondary education	17	9.5	62	34.6	79	44.2	3.316		
	Higher education	6	3.4	52	29.1	58	32.4	.191		
Total		32	17.9	147	82.1	179	100.0			

Note. *n* = Frequency; % = Percentage;  $X^2$  = Chi-square; *p* = Significance value.**Table 5***Relationship between repeat induced abortion and employment status*

	Previously had an induced abortion?						$X^2$	<i>p</i>		
	Yes		No		Total					
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%				
Employment status	Employed	21	11.8	93	52.2	114	64.0			
	Adjusted residuals	0.2		- 0.2						
	Unemployed	9	5.1	20	11.2	29	16.3	6.938		
	Adjusted residuals	2		- 2				.031		
	Student	2	1.1	33	18.5	35	19.7			
	Adjusted residuals	- 2.1		2.1						
Total		32	18.0	146	81.9	178	100.0			

Note. *n* = Frequency; % = Percentage;  $X^2$  = Chi-square; *p* = Significance value.

**Table 6***Relationship between repeat induced abortion and attendance at family planning consultations in the previous year*

	Previously had an induced abortion?						<i>X</i> <sup>2</sup>	<i>p</i>		
	Yes		No		Total					
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%				
Have you gone to a consultation about using or managing contraception in the past year?	Yes	15	8.7	32	18.5	47	27.2	9.562 .002		
	No	15	8.7	111	64.1	126	72.8			
Total	30	17.4	143	82.6	173	100.0				

Note. *n* = Frequency; % = Percentage; *X*<sup>2</sup> = Chi-square; *p* = Significance value.**Table 7***Relationship between repeat induced abortion and contraceptive use*

	Relationship between repeat induced abortion and contraceptive use						<i>X</i> <sup>2</sup>	<i>p</i>		
	Yes		No		Total					
	%	<i>n</i>	<i>n</i>	%	<i>n</i>	%				
Contraceptive use	Yes	25	15.5	94	58.4	119	73.9	0.902 .342		
	No	6	3.7	36	22.4	42	26.1			
Total	31	19.2	130	80.8	161	100.0				

Note. *n* = Frequency; % = Percentage; *X*<sup>2</sup> = Chi-square; *p* = Significance value.

## Discussion

A general analysis of the data characterizing women who undergo IA revealed that the sociodemographic and health surveillance variables of the study population are similar to those observed at the national level (DGS, 2023). In contrast, some differences emerged regarding the characteristics of the IA process (average waiting time for the preliminary consultation and for the reflection period), as the women in this study waited less time when compared with national averages. The national average time for the preliminary consultation was 2.88 ( $\pm$  3.65) days, and the national average reflection period was 6.39 ( $\pm$  5.35) days (DGS, 2023). These findings suggest more efficient access, faster service, and better management of available human resources at the local level.

Regarding the formulated hypotheses, some statistically significant relationships were identified. Age does not appear to influence repeat IA, a phenomenon shaped by multiple factors, as suggested by Singh et al. (2018). Unwanted pregnancies among younger women (15-25 years old) may be associated with difficulties in using contraceptive methods, limited access to them, instability in romantic relationships, inexperience in managing them, and high fertility levels (Singh et al., 2018). However, Kortsmid et al. (2021) highlight that although younger women (aged 15-25) are more likely to have an IA, it is women aged 26-35 years who are more frequently associated with repeat procedures. This may reflect women's

tendency to postpone motherhood and desire to have smaller families (Bearak et al., 2022). No statistical relationship was found between nationality and repeat IA. Although Portuguese women represented the largest proportion of the sample (89.9%) and also the group with the highest number of repeat IAs, this value is higher than the national figure reported for 2022 (71.1%; DGS, 2023). This may suggest that the immigrant population is more concentrated in other regions of the country, contributing to this discrepancy. Because immigration increased in Portugal, the proportion of IA among foreign women increased from 16.1% in 2013 to 28.9% in 2022 (DGS, 2023). These data underscore the importance of integrating this population into healthcare systems and promoting health literacy initiatives (Singh et al., 2018). Cohabitation status did not emerge as a determining factor in repeat IA. Although the absence of a stable cohabiting relationship may initially seem central to women's motivations for seeking IA, given its potential association with economic and social factors such as unemployment or the desire to avoid single motherhood (Palma & Presado, 2019), the data from this study reveal a higher proportion of repeat IA among women living with a partner (10%) compared with those not living with one (7.7%). Likewise, no statistically significant relationship was found between educational attainment and repeat IA. Among women who had undergone repeat procedures, educational attainment showed little variation: 5% had completed primary education, 9.5% secondary



education, and 3.4% higher education. According to Palma and Presado (2019), low education levels represent an important factor influencing IA. Similarly, the Portuguese Directorate-General for Health (2021) notes an “increase in the proportion of inadequate health literacy levels...with decreasing levels of education” (p. 9). Two interpretations may be drawn: low health literacy may hinder adequate use of family planning and contraceptive methods, resulting in unwanted pregnancies and, consequently, IA; conversely, high health literacy can provide a comprehensive understanding of available community resources, enabling women to autonomously resort to IA when faced with an unwanted pregnancy.

Finally, the application of statistical tests revealed statistically significant differences between women's employment status and repeat IA. This difference is evident among unemployed women and students, with repeat IA being more frequent among unemployed women than would be expected. At the national level, data show that in 2022 the risk of poverty increased to 17%, with women being unequivocally more affected than men (Instituto Nacional de Estatística, 2024). In absolute terms, based on the results obtained, almost 1 in 3 unemployed women (31.0%) had undergone IA on previous occasions. In this context, economic constraints can be considered one of the main motivating factors for repeat IA, as suggested by Palma and Presado (2019) and Boonstra (2016). Regarding attendance at family planning consultations, statistical analysis also revealed a significant relationship between this variable and repeat IA. Specifically, the data show that among women who had received SRH counseling, 15 (8.7%) had previously undergone an IA, whereas 32 (18.5%) reported that this was their first experience. Furthermore, within the group of women with previous IA, a higher proportion had attended family planning consultations in the previous year (31.9%) compared with those who had not (11.9%). These findings raise concerns about the quality and effectiveness of family planning consultations and suggest that these services may not be meeting women's individual needs. National figures from the Portuguese Directorate-General for Health (DGS, 2023) reveal that 72.3% of women who had an IA had not attended a family planning consultation in the previous year, a pattern closely reflected in this study, where 72.8% of women were in the same situation.

Thus, in line with national data, the results of this study reinforce the importance of regular counseling in this field, highlight the possible shortcomings of current consultation practices, and point to the need for policy reform to strengthen access to SRH services. The findings clearly indicate that the participants in this study require closer follow-up, particularly those who either did not receive any SRH counseling or for whom such counseling was ineffective, ultimately leading to repeat IA. More broadly, and as argued by Santos (2021), it is essential to intensify efforts to improve sexual health education in schools, ensure better access to family planning consultations and contraceptive methods, and promote male responsibility for contraception, thereby contributing to gender equality. This study showed that contraceptive use is not directly

related to repeat IA. Contraception is one of the most cost-effective health interventions; therefore, expanding existing programs and projects, as well as improving the quality of care in this area, is essential (Sully et al., 2020). Cleland's (2020) research supports this perspective, as the author notes that contraceptive use is not always inversely proportional to IA rates, given the influence of other factors—such as increased sexual activity—that can alter or weaken this cause-and-effect relationship. Nevertheless, 70% of unintended pregnancies result from non-use of contraception, and 30% occur despite contraceptive use (Cleland, 2020). Among the participants in our study, this trend appears to be reversed, as approximately 73.9% of the women who underwent IA were using a contraceptive method, whereas 26.1% were not. When these findings are considered alongside earlier data on attendance at family planning consultations, where poor adherence was observed (72.8%), it is possible to infer that many women may be using contraceptive methods without adequate clinical supervision. This scenario can lead to the inappropriate selection of contraceptive methods or incorrect use. A similar pattern is observed in repeat IA, with more women reporting contraceptive use at the time of the repeat IA than those reporting non-use.

These results remain concerning. Although the number of contraceptive users has increased, nearly one-quarter of the women (26.1%) reported not using any method—meaning that one in four sexually active women does not use contraception. It is therefore essential to include both non-users and users in contraceptive counseling. Non-users require greater support to understand the importance of contraception, reduce the risks associated with unprotected or inconsistent sexual practices, and select a method that aligns with their needs and preferences. Users, on the other hand, require adequate follow-up to ensure correct and sustained use of their chosen method, as well as assessment of their satisfaction with it.

Regarding the limitations of this study, it is important to note the restricted sample size (a consequence of the lower population density in the Trás-os-Montes e Alto Douro area covered by this local health unit). More importantly, because this is a retrospective study, direct contact with the population was not possible, and the variables included in the analysis were limited to those recorded in each woman's clinical file, according to the standardized model approved by the Portuguese Directorate-General for Health (Portaria n.º 741-A/2007 do Ministério da Saúde, 2007) for IA consultations.

## Conclusion

Analysis of the factors associated with repeat IA points to the need for interventions that go beyond the clinical sphere. The phenomenon of IA is associated with socio-demographic characteristics, where women's employment status seems to influence repeat IA, particularly among unemployed women. In this context, it is essential to establish social support networks for women and their families, particularly with the involvement of local health,

governance, and social solidarity institutions. In fact, we found some social fragility among users, as most women do not live with a partner and are single.

SRH surveillance can (and should) be improved, particularly in terms of access to family planning consultations and the quality of consultations, since among IA users, the majority did not attend family planning consultations, and surprisingly, repeat IA was proportionally higher among women who attended family planning consultations. A mismatch with women's needs may be at the root of the association between repeat IA and having attended family planning consultations in the previous year. On the other hand, analysis of indicators of access to hospital consultations and waiting times suggests that the IA process is efficient and swift compared to national data, suggesting the existence of a quality service with an adequate response to the needs of women seeking this type of care.

Attendance at family planning consultations seems to impact the decision to resort to IA, both generally, due to the low frequency of these consultations among women who resorted to IA, and particularly, due to the higher number of IA among women who attended these consultations, highlighting the need for more effective strategies in this area of SRH.

To counteract these concerning figures, which highlight risky behavior within this population, it is recommended that nurse-midwives be integrated into family health unit teams rather than being assigned exclusively to community care units. This integration would enable them to play a key role in promoting SRH literacy, providing appropriate counseling, and developing interventions tailored to women's needs—particularly those in vulnerable situations. The specialized training and holistic approach of these professionals can contribute to reducing abortion rates and recurrence, promoting the effective use of contraceptive methods, and improving women's overall quality of life. More specifically, nurse-midwives, through their skills, can conduct family planning consultations designed to invite women and couples to participate, allowing the use of effective tools for comprehensive diagnostic assessment and subsequent counseling on the most suitable contraceptive methods, as well as monitoring of correct use and levels of satisfaction.

### Author contributions

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### Thesis/dissertation

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