





COVID: abortion and contraception – impetus or impediment Kaye Wellings and the SACHA* consortium

***SACHA: Shaping Abortion for Change**



To identify responses to COVID-19, their variability across settings, their impact and duration, and what lessons can be learn

Public health measures aimed at halting the spread of the corona virus impacted on:

- Supply of services: availability, access, mode of delivery, suitability

- **Demand for services:** COVID-19 altered possibilities for safer sex; changed fertility intentions; increased demand for more reliable contraceptive methods; and heightened the risk of IPV and unplanned pregnancy.

Impediment

- Reduced opportunities for in-person services
- Disruptions to supply chain management
- Diversion of health care staff to
 COVID-19
- Re-categorisation of abortion health
 care as non-essential (ostensibly) to
 release resources for COVID

Impetus

- Accelerated trend towards patient autonomy with home management
- Increased the use of telemedicine to provide abortion care and support
- Relaxed regulations to prevent service delays and disruption
- Catalysed novel protocols helping to make remote options possible



Huge variability in response by country

Some countries maintained and facilitated abortion care during the pandemic, others restricted it further.

Evidence from Latin America, Europe and the USA

Europe

Expansion to MA in 13/39 countries (Belgium, Estonia, Ireland, Finland, France, Germany, Norway, Portugal, Switzerland, England Wales Scotland and NI)

Home management of full MA in 6/39: England, Wales, Scotland, Sweden

Home management of misoprostol only in 3/39: Belgium, Portugal, NI

Telemedicine in 7/39: France, Ireland, Sweden, UK (England, Scotland, Wales) + Germany (for counselling),,

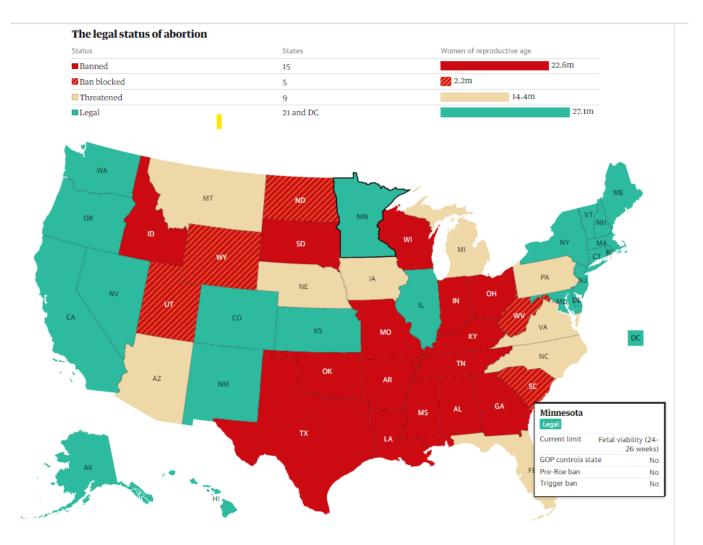
Total ban on elective abortions in: Andorra, Lichtenstein, Malta, Monaco and Poland and Hungary. Surgical abortion less available in many.



Abortion categorised as essential medical service in 14 states—California, Hawaii, Illinois, Maryland, Massachusetts, Michigan, Minnesota, New Jersey, New Mexico, New York, Oregon, Washington and Virginia

Abortion deemed non-essential in 14 states:

Alabama, Alaska, Arkansas, Indiana*, Iowa, Kentucky, Louisiana, Ohio*, Oklahoma, Tennessee*, Texas and West Virginia* (*four states in which other SRHR services categorised as essential)



Maier et al, 2021, Jones et al,

Latin America

Situation examined in nine countries: Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, El Salvador, Peru, and Uruguay.

Abortion deemed non essential and restrictive abortion laws remained in seven.

Only Argentina and Uruguay relaxed restrictions on access to abortion.

Argentina legalised abortion in 2020, permitted use of telemedicine and outpatient abortions at primary care level.



Ramon–Michel, 2022

Impact

What evidence there is shows that

- Positive outcomes in countries in which changes were facilitative. In Belgium and England, eg, home management of MA with telemedical support led to earlier abortions, greater satisfaction and savings to the public purse.
- In countries with more restrictive practices, abortions occurred later (Texas saw a 40% increase in second-trimester procedures) and maternal mortality increased (in Peru by 12%, in Ecuador by 21%, in Brazil by 11%).



I can't see any benefit to going back

to the old way of doing things. It adds more stress going into the clinic. I don't think that's going to be for the greater good at all. children with them I do really think it's changes for The better. If this is a question that's been raised because of COVID to continue then I guess it's done one thing that's good.

"I think, without a doubt, this is the way

forward".

Original research

Should COVID-specific arrangements for abortion continue? The views of women experiencing abortion in Britain during the pandemic

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Comparing clinic based and home management of MA



- Before I'd had to go to the clinic in (City x). I was there for hours, then had to have a scan while I was there and then wait for ages, and then I nearly had to go back again the next day to collect the medication, ... that was ages away, so I had to drive there because they'd managed to get me in last minute And then obviously I had to take everything all at once and then I had to drive home having taken it, thinking oh I wonder if it's going to start now before I get home ... [Whereas] just being home from start to finish... (05)
- I had to go to the doctor and get approved. And then I had to go to the clinic, like the second time and then I had to go again for like the procedure. Whereas this time, I stayed at home and like my boyfriend and I share a house, it was much better, I could just do everything in private. We could do it together, like he looks after me, then I could just stay at home like with the bleeding and cramping and stuff rather than be in hospital and clinic.



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COVID accelerated pre-existing trends, e.g.

- England, Scotland, Wales: home administration of misoprostol allowed 2017-18; Home management of both pills allowed April 2020
- Belgium, abortion removed entirely from Criminal Code<u>de</u>
- Argentina, pre-pandemic, energetic, but unsuccessful, efforts to legalise abortion. Abortion legalised December 2020
- Poland: pre-COVID momentum to impose total leal ban, opportunity taken during 2021 when possibly-protesting population assumed to be at home
- USA???

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COVID as impediment or impetus to advancement in abortion provision?

COVID as natural experiment.

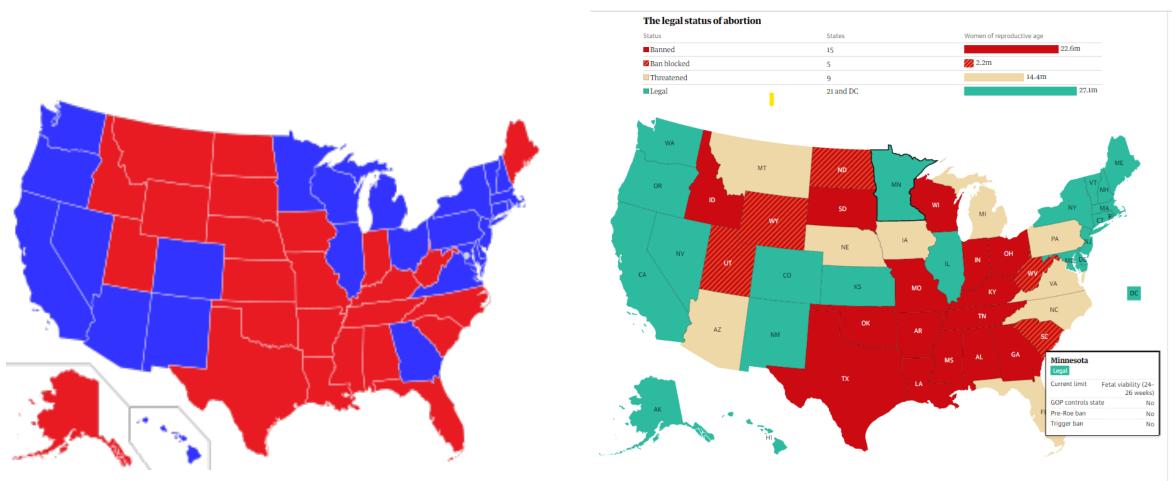
Testing in the real world and diffusion of new technologies brought the to the real world faster than would have been possible.

COVID as opportunity

• ?

But motto 'never waste a crisis' guided both opponents and proponents of abortion reform.

Politics and policies



Map based on last Senate election in each state, 2021

Map showing actual and potential legal status of abortion

We need champions...



"I'd prefer that people didn't have abortions but I am not going to condemn people that do".

BBC

"Abortion law isn't going to change in this country." Sky News

Therese Coffey, Britain's new Health Minister. In 2010 Ms Coffey introduced a motion in Parliament calling for "mental health assessments" for women seeking an abortion.

"Abortion is a fundamental right for all women. We must protect it. I would like to express my solidarity with all those women whose freedoms have today been compromised by the U.S. Supreme Court," Macron's Twitter account



or public health...



"Never forget that and it takes is a political, economic or religious crisis for women's rights to be called into question... These rights are never fully acquired. You must remain vigilant your whole life." Simone de Beauvoir





The International Federation of Abortion and Contraception Professionals (FIAPAC)

welcomes all professionals working in the field of contraception, family planning and/or abortion.

Join us – become a member

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Membership form: https://www.fiapac.org/en/home/membership/

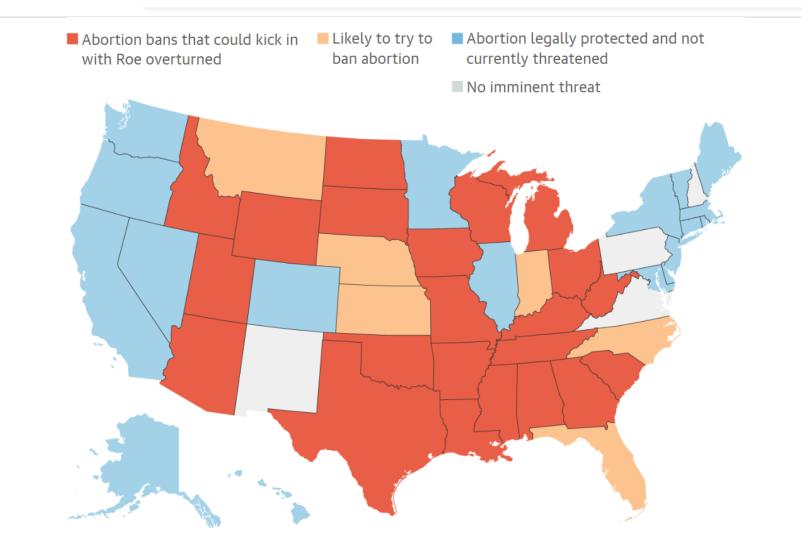
Why join?

- Our members share a common goal. Help us to extend the influence of our ideas and values and to remain solvent.
- Connect with other professionals working in the same field and acquire solutions, share tools, tips and insights for your daily work.
- Access to the FIAPAC webinar(s)
- Members receive substantial discounts on our conference registration fees.
- Access to FIAPAC congress presentations. Update on the latest evidence and trends.
- FIAPAC may support resolutions or may produce statements after consultation of the members.
- Receive the latest news in our regular member e-newsletter.
- Take the opportunity to stand for election to the Board and become actively involved in the daily life of FIAPAC.

Questions? admin@fiapac.org

Agenda Europe





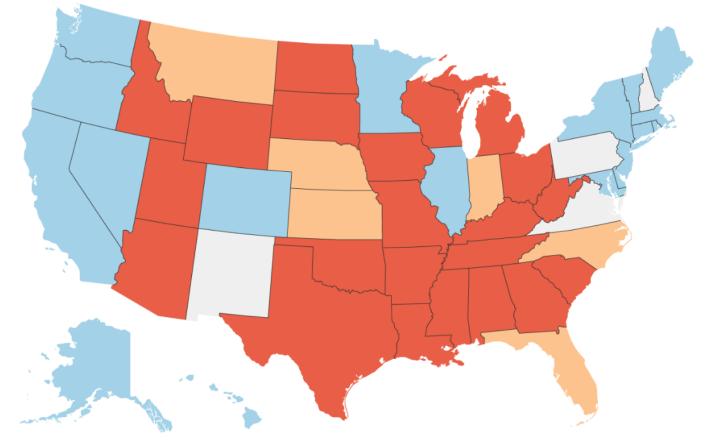
USA

with Roe overturned

Abortion bans that could kick in Likely to try to ban abortion

Abortion legally protected and not currently threatened

No imminent threat



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* States in which other SRHR services were deemed essential

Maier et al, 2021