

THE PRESENT: ABORTION CARE IN SETTINGS WHERE ABORTION IS LEGAL

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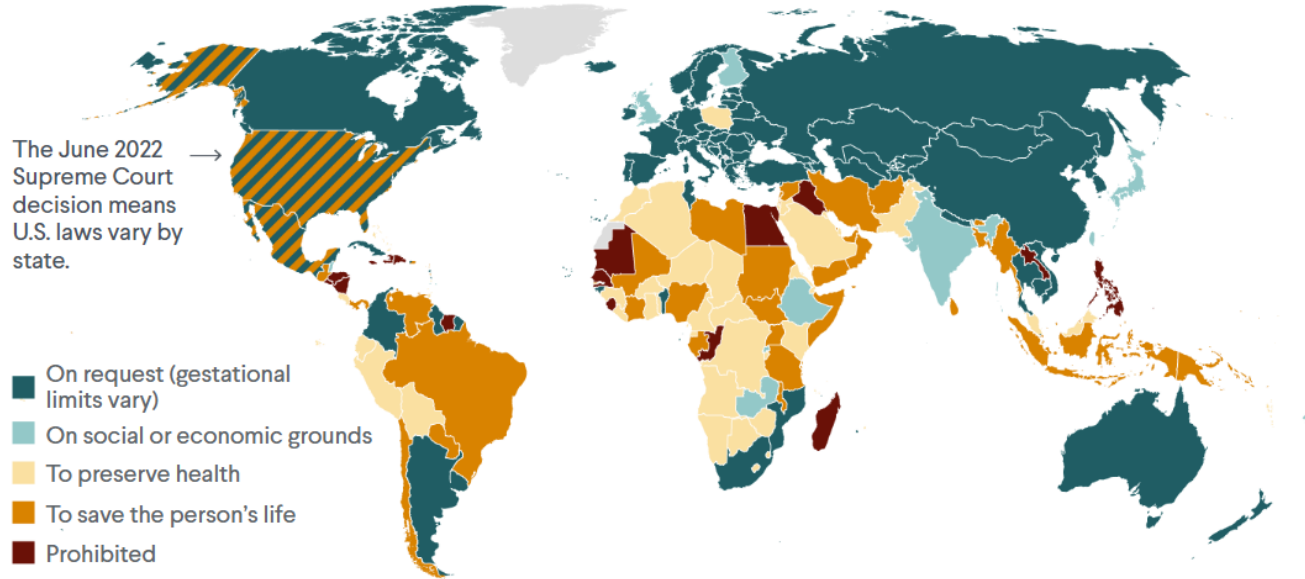
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY SÖDERSJUKHUSET, STOCKHOLM

Topics



- Legality and access
- How to measure access
- The effect of crisis
- Trends in abortion care in legal settings

What does legality mean?

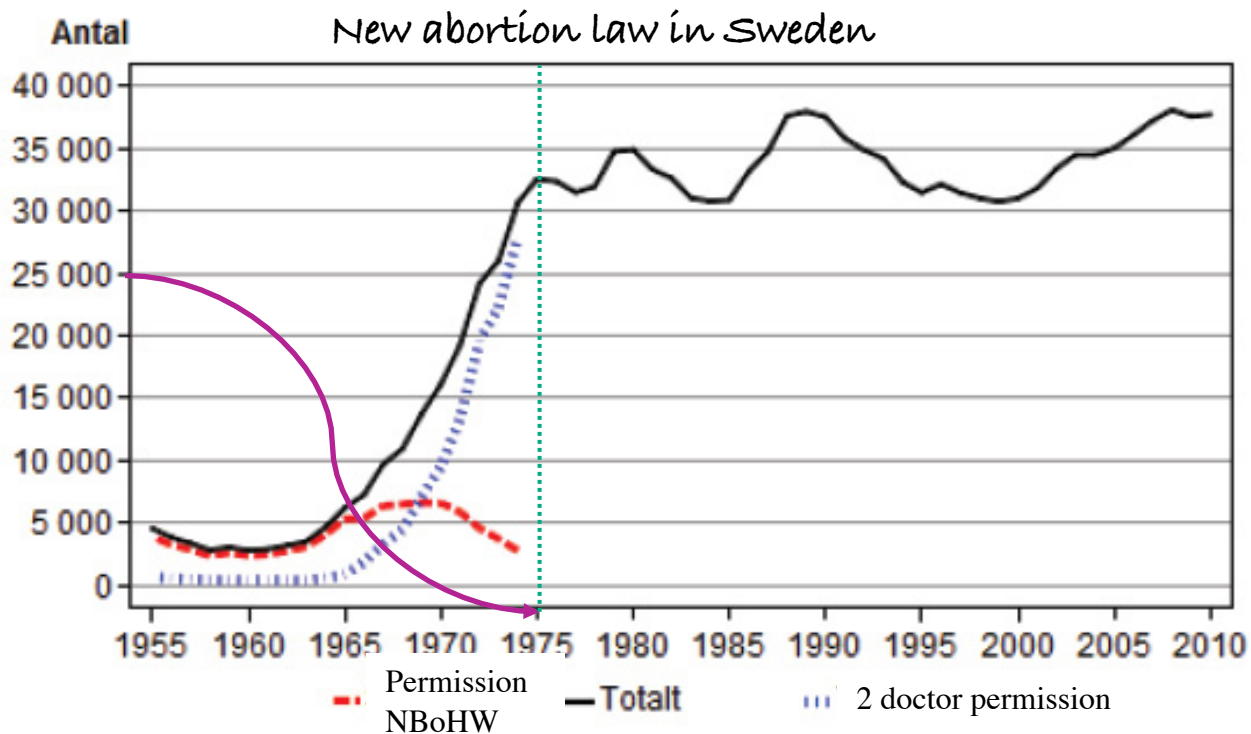


Notes: Abortion laws vary by state in the United States and Mexico. Some countries that permit abortion to save the person's life, to preserve health, or on social or economic grounds also permit it in cases of rape, incest, or fetal impairment.

Source: Center for Reproductive Rights.

COUNCIL *on*
FOREIGN
RELATIONS

Practice before policy

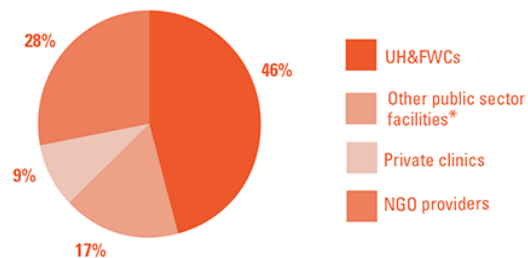


Pragmatism in Bangladesh

Figure 2

Distribution of MRs by Source

The public sector provides nearly two-thirds of all MRs.



Percent distribution of MRs, Bangladesh, 2010

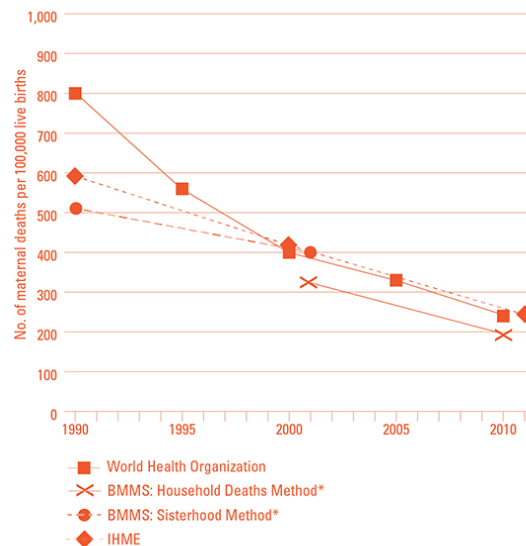
*District hospitals, Mother and Child Welfare Centres (MCWCs), Upazila Health Complexes (UHCs) and all medical college hospitals, both public and private. We group public and private medical college hospitals together because they are similar in terms of cost and access. *Notes:* MR=menstrual regulation. UH&FWC=Union Health and Family Welfare Centre. NGO=nongovernmental organization. *Source:* reference 22.

www.guttmacher.org

Figure 1

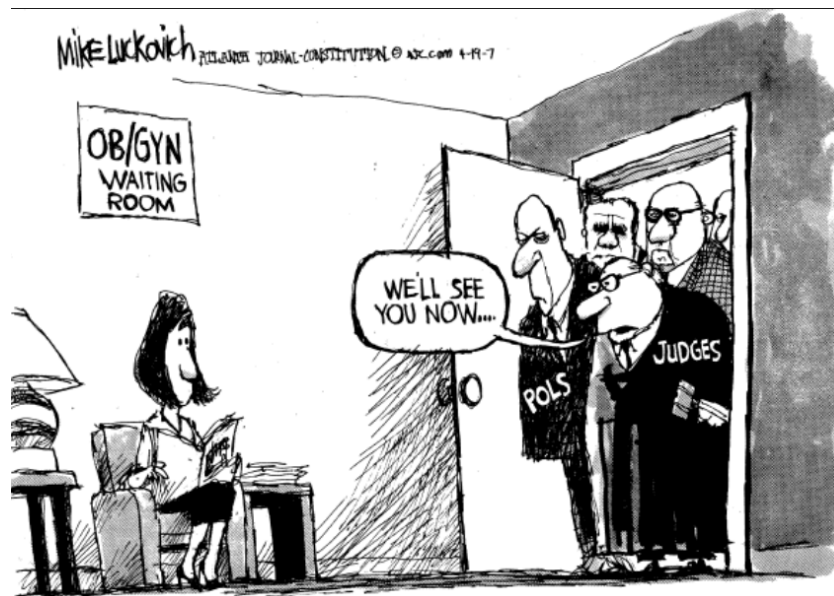
Maternal Mortality

Maternal mortality declined steadily and substantially between 1990 and 2011 in Bangladesh.



Notes: The 2011 Bangladesh Maternal Mortality Survey (BMMS) estimated maternal deaths using two methods, the sisterhood method and the household deaths method, and provided a retrospective estimate for 1990 using the former. The 2010 BMMS presented estimates for 2010 using the household deaths method only. *Sources:* World Health Organization—reference 3; BMMS 2001—reference 4; BMMS 2010—reference 5; and Institute for Health Metrics and Evaluation (IHME)—reference 2.

Pregnancy and politics

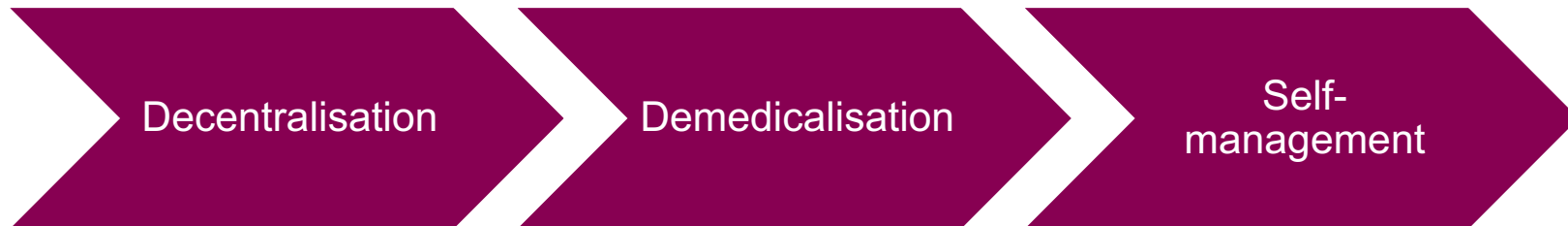


What reflects real access?

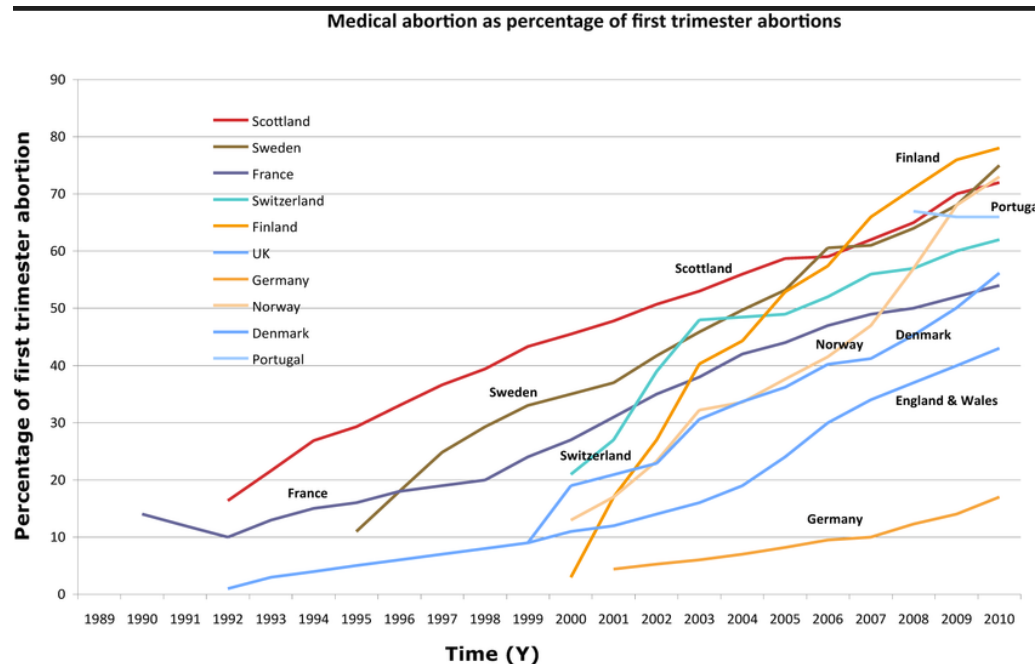
- When is the abortion performed?
- How is the abortion performed?
- Where is the abortion performed?
- Rate of postabortion complications



Trends in abortion care in legal settings

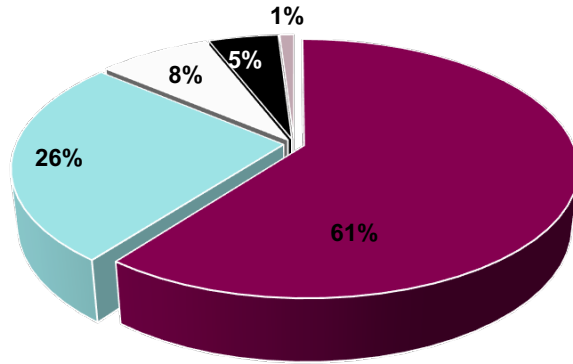


How?



When?

Abortions in Sweden at various gestational ages

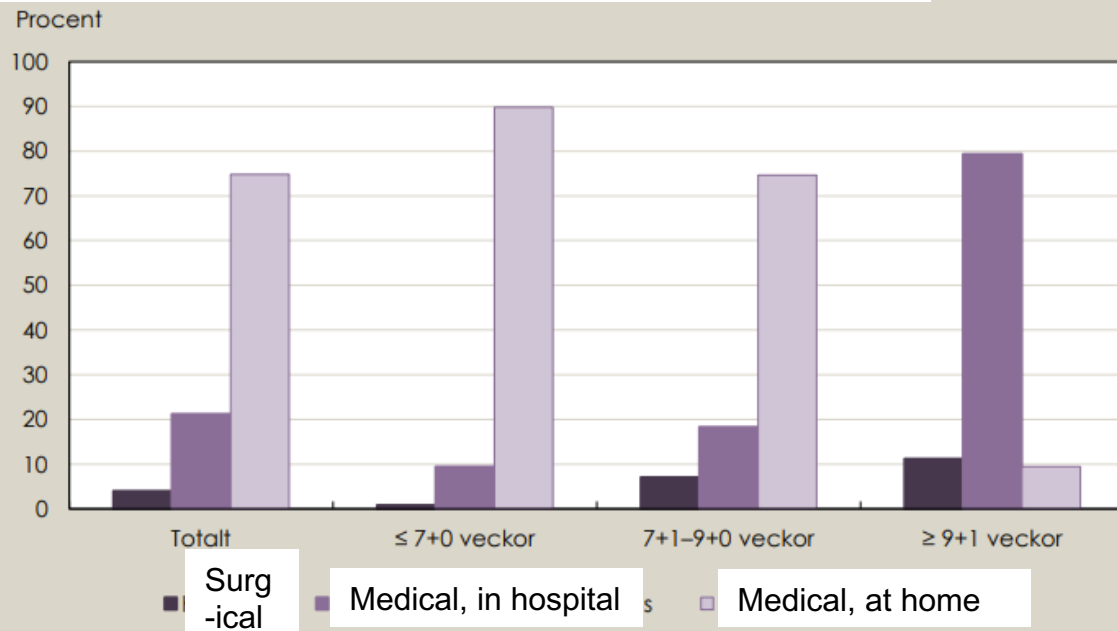


95% < 12 weeks

- Until 7w0d
- 7w1d-9w0d
- 9w1d-12w0d
- 12w1d-18w0d
- 18w1d-22w0d

Where?

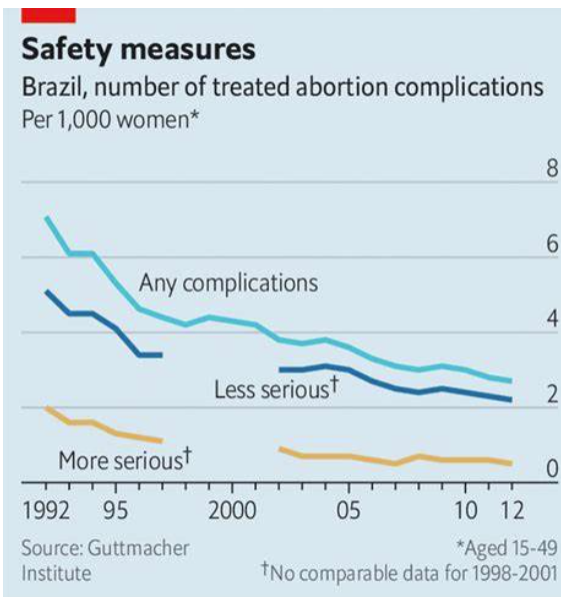
Abortion method by gestational age, Sweden 2021



Källa: Statistik om aborter, Socialstyrelsen.

75% at home

Costs and complications related to PAC





How can crisis affect access?

Ripples on the water

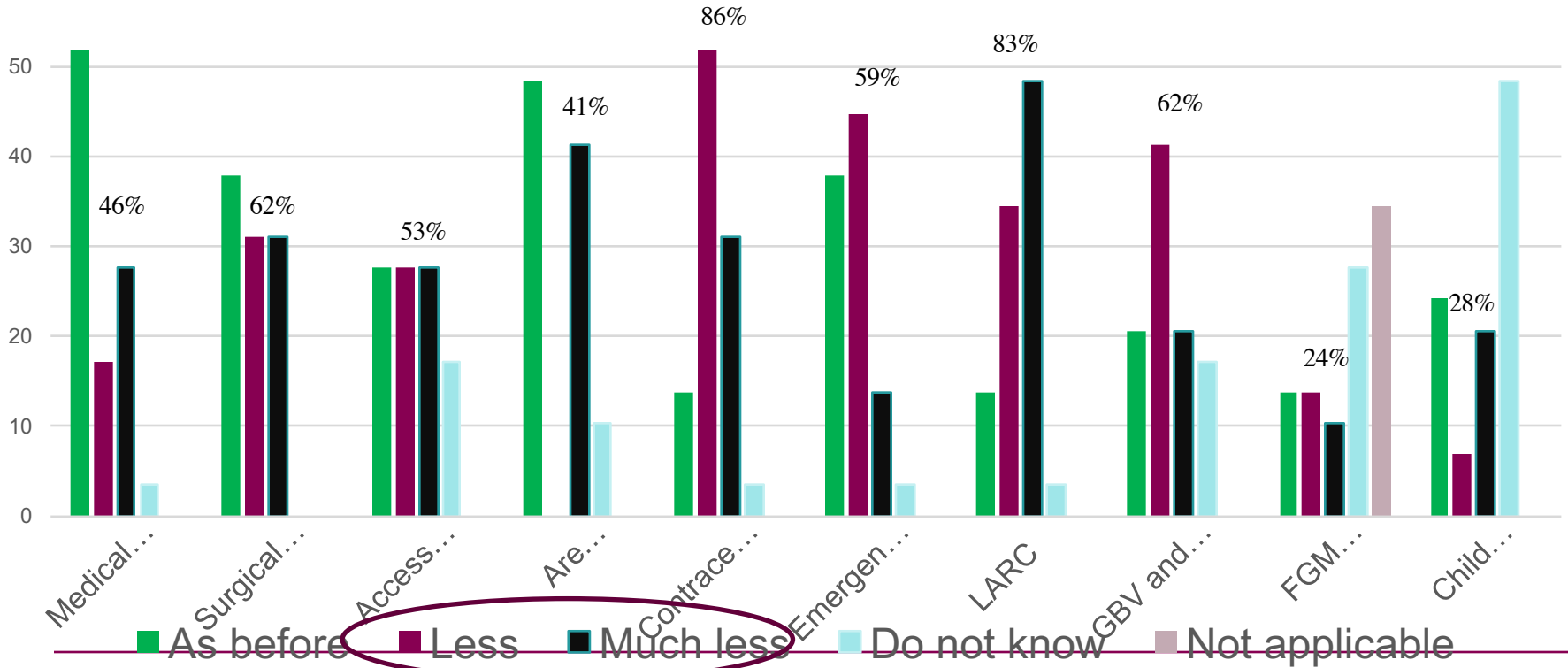
TABLE 1. Potential annual impacts of a 10% proportional decline in use of sexual and reproductive health care services resulting from COVID-19-related disruptions in 132 low- and middle-income countries

Disruption in essential SRH care	Impact
10% decline in use of short- and long-acting reversible contraceptives	48,558,000 additional women with an unmet need for modern contraceptives 15,401,000 additional unintended pregnancies
10% decline in service coverage of essential pregnancy-related and newborn care*	1,745,000 additional women experiencing major obstetric complications without care 28,000 additional maternal deaths 2,591,000 additional newborns experiencing major complications without care 168,000 additional newborn deaths
10% shift in abortions from safe to unsafe†	3,325,000 additional unsafe abortions 1,000 additional maternal deaths

*The 10% reduction in service coverage encompasses changes in access for some interventions (e.g., delivery in a facility) and changes in the content or quality of care for others (e.g., provision of magnesium sulfate for eclampsia treatment). †Unsafe abortions are those performed by persons lacking the necessary skills, or in an environment that does not conform to minimal medical standards, or both. Notes: Service changes are presumed to be the average change over a year, and impacts are on an annual basis. See footnotes in text for analytic details regarding contraceptive methods, essential pregnancy-related and newborn care, and major complications. SRH=sexual and reproductive health. Source: reference 13.

Impact of the Covid19 pandemic on access to SRHR services

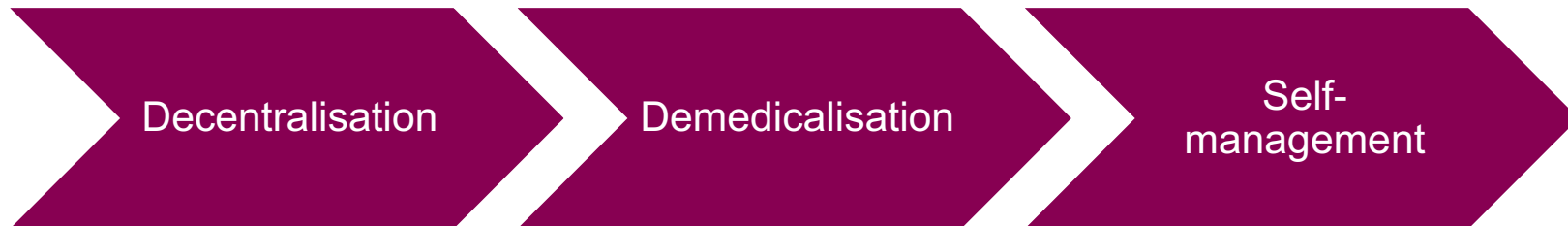
Endler M, Al-Haidari T, Benedetto C, Chowdhury S, Christilaw J, El Kak F, Galimberti D, Garcia-Moreno C, Gutierrez M, Ibrahim S, Kumari S, McNicholas C, Mostajo Flores D, Muganda J, Ramirez-Negrin A, Senanayake H, Sohail R, Temmerman M, Gemzell-Danielsson K. How the coronavirus disease 2019 pandemic is impacting sexual and reproductive health and rights and response: Results from a global survey of providers, researchers, and policy-makers. Acta Obstet Gynecol Scand. 2021 Apr;100(4):571-578.



**Policy changes in
abortion and family
planning services in
response to the Covid-19
pandemic according to
pre-existing restrictions
on abortion**

	Abortion policy		Fisher's Exact test p-value
	Mildly restrictive	Severely restrictive	
	(n=16) number (%)	(n=13) number (%)	
Abortion care			
Yes	11 (68.8)	0 (0)	<0.001
No	5 (31.2)	13 (100)	
Policy change (n=11)			
Number of visits required	6 (37.5)	none	
Gestational age limit increased	4 (25.0)	none	
Home abortion facilitated	6 (37.5)	none	
Dispensation of mifepristone facilitated	4 (25.0)	none	
Telemedicine allowed	8 (50.0)	none	
Contraceptive services			
Yes	14 (87.5)	6 (46.2)	0.023
No	2 (12.5)	7 (53.9)	
Policy change (n=20)			
Telemedicine consultation	13 (81.3)	6 (46.2)	
Over the counter contraceptives	1 (6.3)	2 (15.4)	
Amended in-clinic services	7 (43.8)	2 (15.4)	

Trends in abortion care in legal settings



UK

Aiken A. et al. Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: a national cohort study. BJOG. 2021 Feb 18.

P: 29 984 women <10 weeks

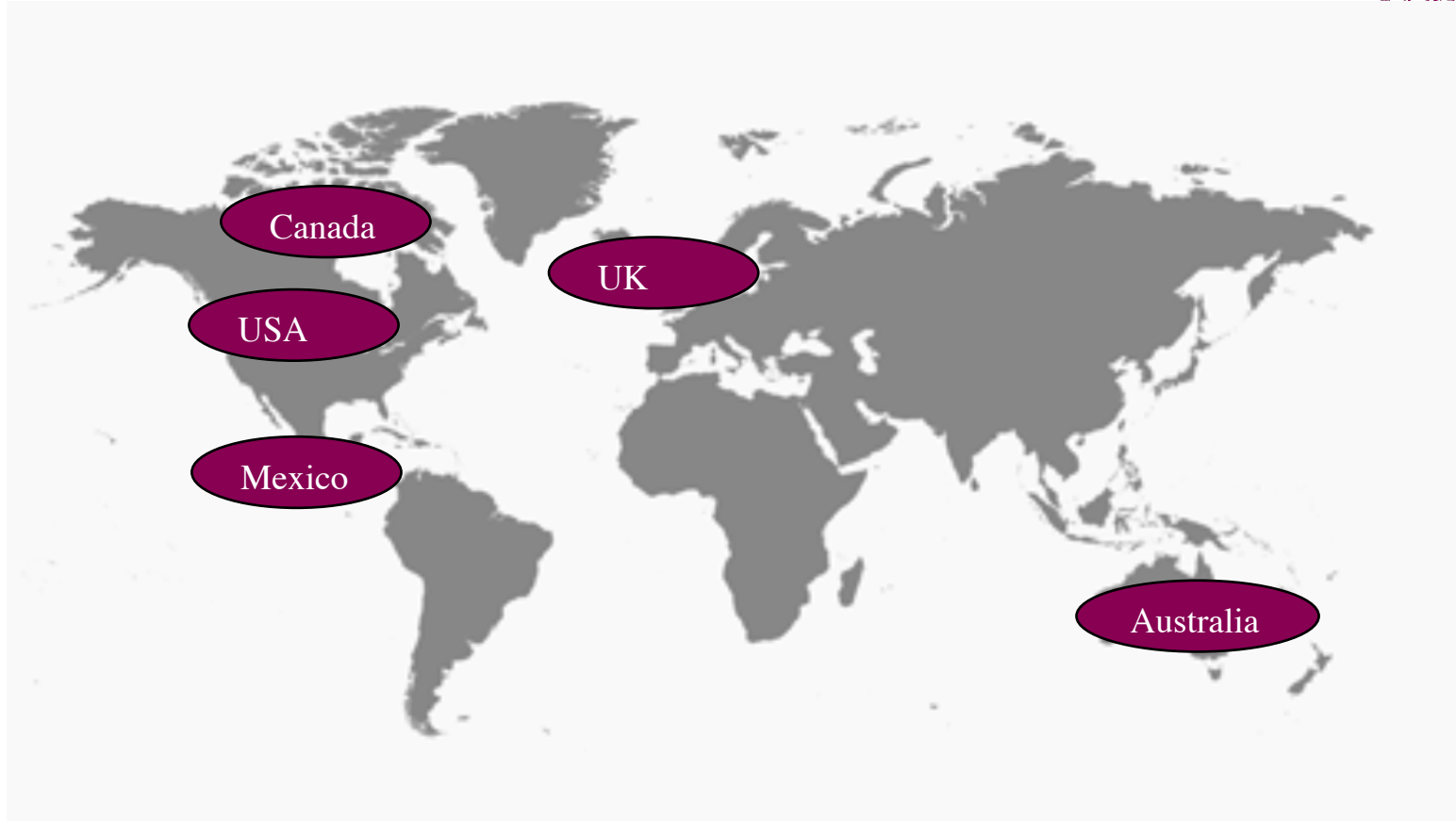
I: Telephone with no routine ultrasound (selection of higher risk women for ultrasound)

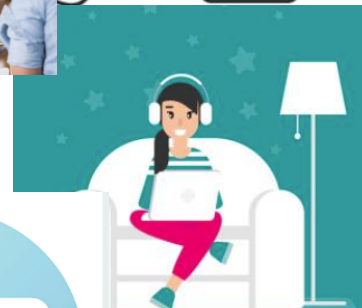
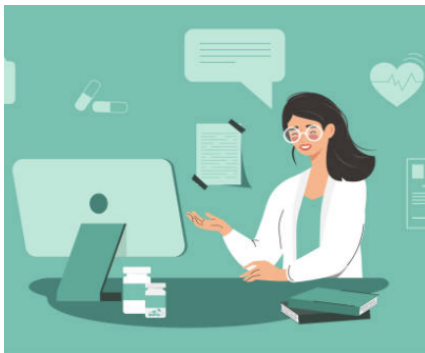
C: 22 158 women prior time period in person care

O:

- Complete abortion= **98% vs 99%**
- Continuing pregnancy= **0.7% vs 0.5%**
- Blood transfusion= **0.08% vs 0.04%**
- Ectopic **0.2% vs 0.2%**
- Needed Ultrasound **39%**

Telemedicine models for abortion





How do telemedicine models in legal settings work?

Provision of medication abortion in Hawai'i during COVID-19: Practical experience with multiple care delivery models

Courtney Kerestes¹, Sarah Murayama², Jasmine Tyson³, Melissa Natavio³, Elisabeth Seamon², Shandhini Raidoo³, Lea Lacar², Emory Bowen³, Reni Soon³, Ingrida Platais⁴, Bliss Kaneshiro³, Paris Stowers³

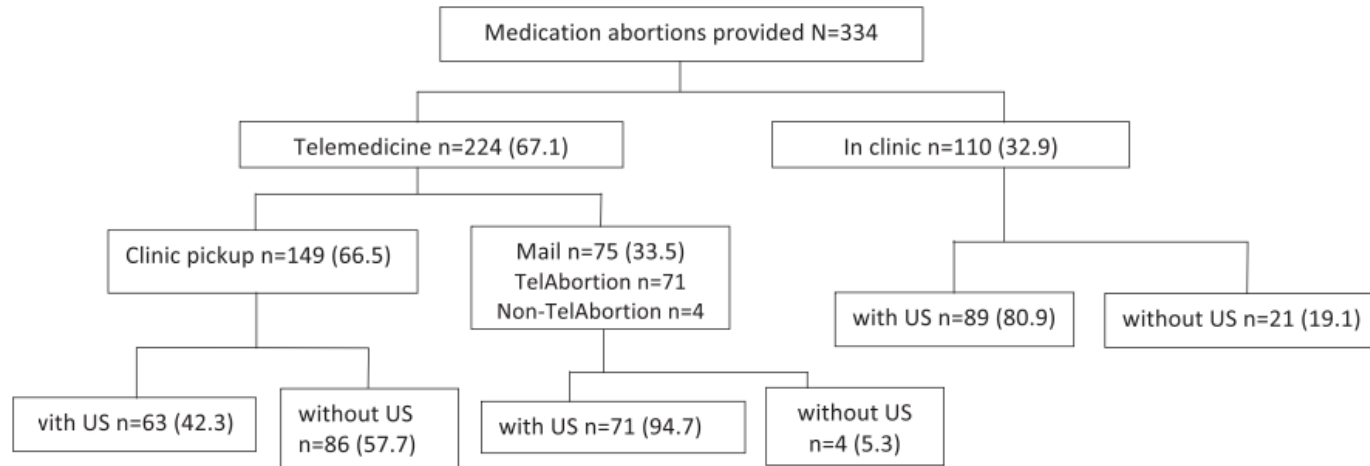


Fig. 1. Methods of providing medication abortion to patients at the University of Hawai'i between April and November 2020. US, ultrasound

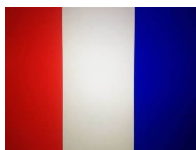
Studies among women who chose informal sector abortion despite legal access



Aiken et al (2018) Motivations and Experiences of People Seeking Medication Abortion Online in the United States



Killinger et al (2020) Why women choose abortion through telemedicine outside the formal health sector in Germany: a mixed-methods study



Atay et al (2021) Why women choose at-home abortion via teleconsultation in France: drivers of telemedicine abortion during and beyond the COVID-19 pandemic

Infrastructure barriers

Distance

Costs

Stigma

Privacy

Convenience

Autonomy

FIGURE 1.3: CONCEPTUAL FRAMEWORK FOR SELF-CARE INTERVENTIONS

Self-management:

“The ability to cope with illness and disability with or without the support of a health-care provider.” (WHO)



Source: adapted from Narasimhan et al., 2019 (12).



Thank you
