JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Population, Family and Reproductive Health

Abortion in D.C., Maryland, and Virginia: Evidence of COVID-19's Uneven Impacts on Service Availability and Disadvantaged Populations

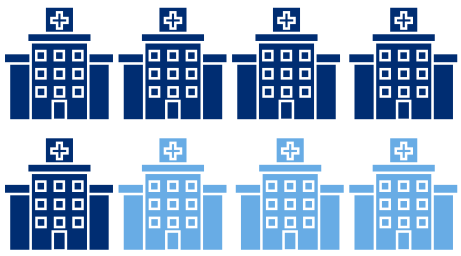
Study Factsheet*

*Results presented are preliminary and currently under peer-review

Disparities in abortion access existed across the United States well before the COVID-19 pandemic.[1] Women with low incomes and Black women are disproportionately represented among abortion patients and also face the most significant barriers to accessing abortion care.[2-4] Ensuring abortion access is critical for protecting reproductive autonomy.

COVID-19 potentially increased inequities in abortion access for marginalized groups through two mechanisms: 1) decreased availability of services and 2) decreased ability to afford care. As healthcare providers pivoted to respond to COVID-19 in the early phases of the pandemic, the availability of some procedures that were deemed "non-essential" decreased, including abortion. During this same period, there were also decreased fertility desires and an unprecedented number of unemployment applications, particularly among low-income populations and people of color.[5] This suggests that COVID-19 may have increased demand for abortion care as patients' capacity to pay for abortion services decreased.

This factsheet presents preliminary findings from a study involving 8 abortion clinics in the D.C., Maryland, and Virginia (DMV) region. Researchers at the Johns Hopkins Bloomberg School of Public Health surveyed these clinics and collected monthly abortion patient data from March 2019 through August 2020. They also conducted phone interviews with 72 patients who requested an abortion at one of the clinics. This study sought to understand how COVID-19 impacted inequities in abortion access and patient care-seeking experiences in the DMV region.



Nearly two-thirds of clinics reported reducing their number of abortion appointments.

While demand for abortion increased at many clinics, the ability to meet demand decreased.

- 63% of clinics reported reducing the number of abortion appointments scheduled. 2 of the 8 clinics canceled as many as 10% of abortion appointments in the early months of the pandemic.
- 57% of clinics reported an increase in requests for abortions in the early phase of the pandemic. At the same time, half the clinics reported a decrease in abortion service availability.
- 38% of clinics initially shifted surgical abortion appointments to medication abortion to try to meet demand; this reduced to 13% of clinics by fall 2020.

Changes in the number of monthly abortions depended on patient, facility, and procedure characteristics.

- Examining the monthly number of abortions by clinic type showed abortions declined steadily in hospital-based facilities during the pandemic but increased for free-standing clinics, which experienced an initial increase in April 2020.
- The ability to meet demand for abortion appears to have been driven by the provision of medication abortion, which increased substantially in April 2020 and remained above expected levels during the early phase of the pandemic. All surgical abortion types declined.
- Abortions among patients who paid out-of-pocket decreased substantially during the pandemic, which was only partially offset by an increase in assistance from abortion funds.

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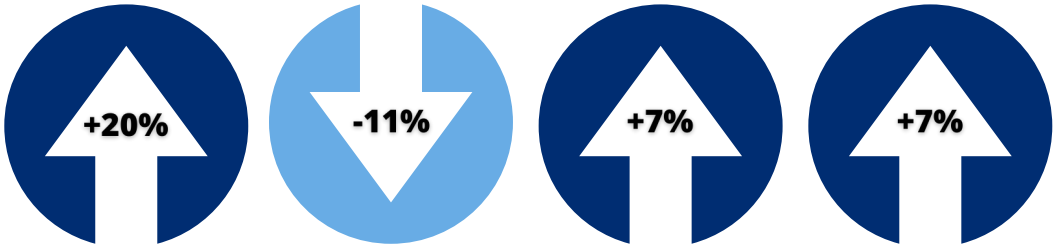
- The monthly number of abortions by race revealed higher-than-expected levels for Black patients in the early months of the pandemic.
- Abortion patients from outside the DMV region increased markedly in April 2020 before later declining, suggesting that clinics in this region may have provided services to clients from more restrictive areas amid early political attempts to categorize abortion as a "non-essential" service.

Percent Change in Patient and Abortion Characteristics from 2019 to 2020*

***April to August of each year**



increase in patients who had a medication abortion

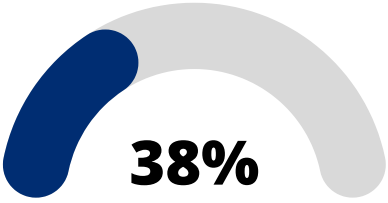
decrease in patients who paid out-of-pocket

increase in Black patients

increase in patients who travelled from outside of the DMV region

COVID-19 influenced many people's abortion decision-making and care-seeking experience.

- Nearly 40% of abortion patients reported COVID-19 influenced their decision to terminate their pregnancy.
- Patients who said COVID-19 influenced their decision to seek abortion were significantly more likely to have experienced money difficulties due to COVID-19 (96% versus 76%) and to report "not financially prepared" as the reason for termination (44% versus 16%) compared to those who did not report COVID-19 as a factor in their decision.
- Those who reported COVID-19 influenced their decision were also more likely to have lost or changed health insurance due to COVID-19 related employment changes (15% versus 2%) and indicated that paying for their abortion was "very difficult" (25% versus 2%).



of abortion patients said that the COVID-19 pandemic influenced their decision to have an abortion.

Overall, shortfalls in abortion service availability amid the pandemic may have disproportionately impacted disadvantaged groups.

- While many clinics reported decreased capacity for service provision coupled with increased requests for abortion appointments early in the pandemic, several also noted more missed appointments compared to pre-pandemic, suggesting more people encountered logistical or other barriers to access care.
- Findings also indicate these changes may have disproportionately impacted low-income populations' access to abortion care, as illustrated by the decline in self-pay abortions amid the pandemic and the longer delay between initial clinic contact and abortion appointment among those who reported COVID-19 related financial difficulties.
- Importantly, it is critical to consider those who were ultimately unable to access care and are thus not represented in our data.[6,7] Existing evidence suggests the negative effect of COVID-19 on abortion access will have short- and long-term social, economic, and health implications that will disproportionately impact marginalized communities.

References

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