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Medical Abortion Care During a Pandemic

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Abstract

In keeping with federal policy, our state's laws do not permit medical abortion via telemedicine, not even during the coronavirus disease 2019 (COVID-19) outbreak, a decision that endangers the lives of women, clinical staff, nurses, and doctors. It also ties dedicated professionals to the clinic instead of being available to emergency rooms, bedsides, and intensive care units, knowing if their clinic doors close vulnerable women may be driven to desperate acts. Instead of 6 feet we could have been 3000 miles apart. Nearly 39% of abortions in the United States are medical abortions. Instructions, medication prescriptions, and routine follow-up can all be safely done remotely. When an examination or ultrasound are necessary, it can be accomplished with minimal staff and patient exposure. Instead, I am caught in a Kafkaesque moment in an already surreal time. Making medical abortion part of telemedicine during the COVID-19 pandemic could save the lives of women, nurses, staff, and doctors. Maybe yours, maybe even mine.

Keywords

COVID-19, telehealth, telemedicine, women's health, medical abortion

With an unfamiliar anxiety I put on scrubs and drove 130 miles across the state to provide care to worried and distressed women during a pandemic. The usual protestors are not outside the gynecology clinic doors. I understand from the staff that most are over age 65 and presumably adhering to the Center for Disease Contro (CDC) stay home advisory.

In keeping with federal policy, our state's laws do not permit medical abortion counseling and prescriptions via telemedicine, not even during the coronavirus disease 2019 outbreak, thereby endangering the lives of young patients, clinical staff, nurses, and doctors. It also ties dedicated professionals to the clinic instead of being available to emergency rooms, bedsides, and intensive care units, knowing if their clinic doors close vulnerable women will be driven to desperate acts. Those of us who grew up pre-Roe v. Wade remember morning radio reports of abortion complications occurring over the previous night. Prior to legalization women died from hemorrhage, sepsis, and suicide in appalling numbers (1,2).

Yesterday, I donned booties, gown, N95 mask, and gloves. I stood across the room from a patient medical chart in hand. After the usual review of the chart, I went over her instructions and understanding of the procedure including risks, benefits, and alternatives. If she had no questions, I instructed her to swallow a pill on the table beside her and recorded the time. Instead of 6 feet we could have been 3000 miles apart. Nothing would have been different.

Nearly 39% of abortions in the United States are medical abortions (3). Instructions, medication prescriptions, and routine follow-up can all be safely done remotely (4). When an examination or ultrasound are necessary, it can be accomplished with minimal staff and patient exposure. Personal protective equipment, which no longer requires a definition, would be conserved. Instead, I am caught in a Kafkaesque moment in an already surreal time.

Before rhetoric heats up to refute abortion in its entirety, I'll point out that the only difference in the per capita numbers of abortions in our country and a country where abortion is illegal, like Brazil, is that in those countries maternal deaths, rapes, hemorrhage, and other harms are far more common (5). Unregulated backstreet abortionists exploit, infect, and damage women too poor to travel for safe legal medical care (6,7).

I am well trained, having begun my residency at The Johns Hopkins Hospital in 1985 knee deep in the HIV outbreak. It

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creates a feeling of déjà vu to watch my oldest daughter prepare to graduate from medical school amid the current pandemic. Early in my career I served as a Lt. Commander in the US Public Health Service. Currently, I work a couple days a month at a Federal Occupational Health (FOH) clinic. Being civic minded, I deployed 3 times to run the FOH clinic for first responders in Puerto Rico during the aftermath of Hurricane Maria. I research and teach at our local medical school. I am also a 63-year-old physician with rheumatoid arthritis.

Making medical abortion part of telemedicine during this crisis may save the lives of women, nurses, staff, and doctors. Maybe even mine. And maybe yours. Meanwhile I'd like to convey my admiration and respect to all the dedicated health care providers on the front lines including those providing frightened women compassionate and safe reproductive health care.

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Author Biography

I Cori Baill is a board certified OB/GYN, USPHS veteran, medical clinicain, educator and researcher. She is also the author of God's Baby-explaining early pregnancy loss to young children; anticipated publication early 2021.