



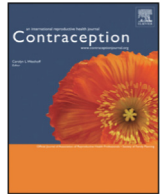
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# Contraception

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## Committed to Care: Research Submitted to the National Abortion Federation's 44th Annual Meeting



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The National Abortion Federation's 44th Annual Meeting was to have taken place in March in Washington, DC. While the Supreme Court, with an unpredictable dedication to precedent, was considering a challenge to abortion access in *June Medical Services LLC v. Russo*, another crisis occurred that halted the meeting and has, so far, reshuffled abortion access in the United States and around the world. Although abortion providers are accustomed to offering care in a rapidly shifting environment, COVID-19 has made us urgently review clinical protocols, patient flow, and staff interactions in an effort to halt the spread of the virus while still providing time-sensitive and essential health services. Some clinics have faced temporary disruptions in service as their staff have been reduced due to travel restrictions, illness, or caregiving, while others are battling with state officials who wrongly assert that abortion is not essential healthcare. Even in this crisis, NAF and its members are committed as ever to ensuring that every person can decide whether and when to continue a pregnancy, and, should they decide to have an abortion, that they get timely, evidence-based, patient-centered, high-quality care.

Although we could not meet, the research that supports abortion access continues. The COVID-19 crisis has led us to lean even more on the research, including studies that have steadily removed requirements from abortion procedures. Although our poster and oral abstract authors did not get to present their work in person, we still want to highlight the research they submitted to NAF.

Abstracts submitted to NAF covered all aspects of abortion care and came from the United States, Canada, Europe, Bolivia, Nigeria, South Africa, Jordan, Ethiopia, and Nepal. Research organizations, academic centers, clinics, and community organizations used a range of research methods to evaluate the safety of abortion practice and elevate the experiences of people seeking abortion.

The Annual Meeting Scientific Committee assessed all submitted abstracts using a juried ranking process. We evaluated the abstracts for their scientific merit as well as their potential impact on the field. This issue of *Contraception* contains the oral abstracts selected for NAF's 44th Annual Meeting.

Refining abortion techniques to increase patient satisfaction while maintaining safety remains a prominent theme. Ashley Brant and colleagues performed a randomized controlled trial comparing pre-operative gabapentin to placebo in patients undergoing abortion at 14–19 weeks to see if they have reduced pain both during and after the procedure. Klaira Lerma and colleagues performed a randomized controlled trial that compared transcutaneous electrical nerve stimulation (TENS) to moderate sedation with fentanyl and versed for patients having aspiration abortion under eleven weeks. Both pain studies showed promising results. Deborah Constant and colleagues compared immediate versus delayed IUD placement after second trimester medication abortion and found that, although the rate of expulsion was higher, overall use rate at six weeks out from the abortion was higher with immediate placement. Sruthi Chandrasekaran and colleagues reviewed records from two NAF clinics that offer one-day procedures for patients at 18–24 weeks. They found a low rate of complications, similar to multi-day procedures.

Expanding the provider pool or service-delivery model increases access without compromising safety. Lauren Porsch and colleagues reviewed over 59,000 medication abortion cases and found that those done by advanced practice clinicians were comparable in their outcomes to those performed by doctors. Ellen Wiebe and colleagues reviewed in-clinic to telemedicine medication abortion and also found an equivalent rate of abortion success.

How and where people access self-managed abortion is a critical question. Ushma Upadhyay and colleagues recruited patients searching for abortion care on Google to a study that assessed whether they had attempted self-managed abortion. Almost a quarter of participants reported taking or trying something to end the pregnancy, with 10% reporting misoprostol use.

Some investigators looked at the interplay between policy and abortion service provision. Abdiasis Yalahow looked at medication abortion uptake in Canadian NAF clinics and found rapid adoption as mifepristone was approved, regulations reduced, and the medications covered by provincial health plans. Elizabeth Witwer and

colleagues from the Guttmacher Institute obtained data from all U. S. abortion clinics and compared service delivery outcomes such as amount charged and number of days abortions were provided in states considered hostile and supportive of abortion rights.

Challenging the narrative of “abortion regret” is critical in fighting back against legislation that seeks to “protect” people from their own decisions. Brenly Rowland and colleagues surveyed a diverse cohort of pregnant patients and found that patients who choose abortion are as sure of their decision as those who plan to carry to term. Their findings challenge the assumption that abortion is an inherently difficult or conflicted decision. Antonia Biggs and colleagues from Advancing Standards in Reproductive Health did multiple interviews that showed that the stress around the

abortion procedure was not related to the abortion decision itself but to barriers people face in accessing abortion care including cost, travel time, and finding a clinic.

Finally, Angel M. Foster and colleagues turned a lens on NAF’s workforce. In interviews with former NAF Hotline workers, they found that the experience of talking with abortion patients was transformative and providing people who work in our field with storytelling skills can lift up and support those who seek care.

Thank you to all the scientists, providers, and patients who continually improve the field with their insights, knowledge, and strength. Thank you for your persistence throughout all the challenges that face our field.