Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Objectives: Scholars are increasingly paying attention to the sexual acceptability of contraception, or how methods impact individuals' sex lives and wellbeing. However, we need more information regarding how acceptability may relate to contraceptive "dealbreakers"—or, characteristics that lead women to categorically refuse certain methods.
Methods: Authors conducted 30 semi-structured qualitative phone interviews with women enrolled in the HER Salt Lake Contraceptive Initiative (Utah, USA). The interview guide covered questions related to the impact of contraceptive methods on women's sex lives. Authors used a process of thematic analysis, including initial open coding as a team followed by double coding interviews to ensure validity and, finally, focused coding to identify relevant themes related to women's refusal to use certain methods (or, women's "dealbreakers").
Results: Women turned away from certain methods under three key circumstances: 1. if methods caused the disruption of a "normal" and regular monthly menstrual cycle, 2. if women interpreted methods as too susceptible to user error to ensure reliable pregnancy prevention, and 3. if methods prevented women from having the kind of sex they wanted. At the same time, women who experienced certain issues when not contracepting—such as unpredictable menstrual bleeding—looked favorably on methods that them helped achieve more predictability.
Conclusions: The disruption of women's sex lives as well as disruption to monthly menstruation expectations caused women to turn away from methods (even those with high efficacy). Method research and development work should thus consider the importance women place on "normal" menstruation and sexual functioning when selecting methods.

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POSTER ABSTRACTS

P1
SAFETY AND EFFECTIVENESS OF A MISOPROSTOL-ALONE MEDICATION ABORTION USING ONLINE TELEMEDICINE

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Objectives: To evaluate self-reported outcomes and adverse events following a self-managed medication abortion using misoprostol-alone.
Methods: We conducted a population-based study of individuals who self-managed an abortion between June 1st and June 30th, 2020 using misoprostol obtained from Aid Access, an online telemedicine organization serving US residents. The main outcomes were the proportion of people who reported ending their pregnancy without surgical intervention and the proportion who received treatment for serious adverse events.
Results: After eligibility was established, medication was mailed to 1,016 people. Follow-up information was obtained from 610 (60%), of whom 568 confirmed use of the medication and 42 confirmed non-use of medication due to miscarriage or having an in-clinic abortion. At the time of taking the medication, 93.8% were 10 or fewer weeks pregnant, and 6.2% were over 10 weeks pregnant. Overall, 86.4% (95% CI: 83.2-89.0) reported successfully ending their pregnancy without surgical intervention. Five people reported receiving oral or IV administered antibiotics (0.88%, 0.32-2.16), three received a blood transfusion (0.52%, 0.13-1.67) and there were no known deaths. Thirty people (5.3%, 3.65-7.54) reported experiencing a symptom for which medical attention was advised.
Conclusions: Self-managed medication abortion using a misoprostol-alone regimen from an online telemedicine service is safe and effective, and outcomes are favorable in comparison to other service models that use misoprostol-alone. As mifepristone continues to be unnecessarily regulated and clinical medication abortion care restricted, a misoprostol-alone regimen delivered using online telemedicine is a promising alternative regimen for self-management in the United States.

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P2
FEASIBILITY, ACCEPTABILITY, AND EFFECTIVENESS OF MAIL-ORDER PHARMACY DISPENSING OF MIFEPRISTONE FOR MEDICATION ABORTION

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Objectives: To estimate feasibility, acceptability, and effectiveness of medication abortion with mifepristone dispensed by mail-order pharmacy.
Methods: We conducted a prospective cohort study at five clinical sites in four states from January 2020 through January 2021. Clinic personnel counseled pregnant patients ≤63 days' gestation and planning to have a medication abortion, then consented those interested in receiving the medications by mail-order pharmacy. Clinicians sent electronic prescriptions to the pharmacy for mifepristone 200 mg orally and misoprostol 800 mcg buccally. Medications were express-shipped to patients' preferred addresses. Participants received web-based surveys about their experience and outcomes on days 3 and 14 after enrollment with routine clinical follow-up. We extracted clinical data from medical records and performed descriptive analyses.
Results: All enrolled participants (N=171) received their medications, usually within 3 days (n=149, 87%, range 1-14 days) of order placement. We obtained clinical outcome information for 162 (95%) participants, of whom 160 took the medications. Among those, 157 (98%) and 152 (89%) completed day 3 and day 14 surveys, respectively. 156 participants (98%, 95% CI 94-99%) had a complete abortion with medication alone; of those, 5 (3%) used a repeat dose of misoprostol. 4 (3%) participants underwent aspiration for ongoing pregnancy. There were 9 confirmed adverse events (all emergency visits, including one reported hospitalization); none were related to mail-order dispensing. Most participants reported being "very" or "somewhat" satisfied with mail-order dispensing (94%, n=151) and with the medication abortion (87%, n=139).
Conclusions: Mail-order pharmacy dispensing of mifepristone for medication abortion is feasible, acceptable to patients, and effective.

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P4
TRANSVAGINAL LIDOCAINE INJECTION TO INDUCE FETAL DEMISE

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Objectives: We perform transvaginal intrafetal lidocaine injections to induce fetal demise at the time of dilator placement prior to induced abortion. We evaluated this method's efficacy by injection location, lidocaine dose, and other factors.
Methods: We reviewed charts of all patients undergoing transvaginal lidocaine injections from January 2018 through June 2020 at the DuPont Clinic, an outpatient ob-gyn clinic in Washington, DC. We recorded data on medical history, gestational age, dose and location of lidocaine injection. We obtained ethical approval from the Stanford IRB. We defined successful intrafetal lidocaine injection as fetal asystole, with absent flow on Doppler ultrasound.
Results: We performed 155 injections with a median gestational age of 25 weeks (range 20-30 weeks). Most injections used 3.5-inch 20- or 22-gauge needles; all were done under direct ultrasound guidance. We used lidocaine 2% in 86 cases (55.5%) and lidocaine 1% in 69 cases (44.5%), though dose was not significantly correlated with outcome. Transvaginal lidocaine successfully induced fetal demise in 104 cases (67.1%). With thoracic, abdominal, intracranial, and other locations, respectively, we found the injections induced demise in 89%, 70%, 70%, and 26% of cases ($p<0.01$). When successful, median time to demise was 4.5 minutes (range 0-83 minutes). Success was not significantly associated with gestational age, BMI, or parity. No patients reported side effects.
Conclusions: Transvaginal intrafetal lidocaine is a safe method of inducing fetal demise and is effective with intra-thoracic, abdominal, or cranial placement. Further research should work towards improving the overall efficacy of transvaginal injections.

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P5
IMPACT OF THE COVID-19 PANDEMIC ON ABORTION SERVICES: PROVIDER PERSPECTIVES

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Objectives: Canada was positioned to transition to telemedicine abortion care during the COVID-19 pandemic because REMs-like mifepristone restrictions were removed previously. We sought to characterize the impact of the pandemic response on Canadian clinical practice and abortion care access from the provider perspective.
Methods: This was a sequential mixed methods study conducted between July 2020 and January 2021. A national sample of abortion providers completed a survey containing an open-ended question about the impact of the pandemic response. We

took an inductive thematic approach to analysis that informed a second, primarily quantitative, survey.
Results: The first survey was completed by 307 participants and the second by 78. Overall, 85% were physicians, 6% were nurse practitioners, and the remainder were pharmacists or administrators. Our thematic analysis identified 3 topics: *access to abortion care*, which was usually maintained despite pandemic-related challenges (eg difficulty obtaining tests, reduced operating time, limited referral pathways, new costs); *change of practice* to low- and no-touch medication abortion care; and *provider perceptions of the patient experience*, including shifting demand, good telemedicine acceptability, and increased rural access. The second survey showed uptake of telemedicine medication abortion among 89% of participants outside the province of Québec, where uptake was 33%. Pandemic-related restrictions did not delay care according to 76% of participants.
Conclusions: The pandemic led to a robust transition to telemedicine abortion care in most of Canada, facilitated by prior removal of mifepristone restrictions and consideration of abortion as essential. Our findings could inform innovation in medication abortion service delivery in the US setting.

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P6
EFFECTIVENESS OF SELF-MANAGED ABORTION WITH MISOPROSTOL-ALONE IN PREGNANCIES UP TO 22 WEEKS GESTATION: RESULTS FROM A PROSPECTIVE STUDY IN ARGENTINA, INDONESIA, AND NIGERIA
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Objectives: Research on misoprostol-alone outside of the clinic setting has found higher levels of abortion completion (95-96%) than established in randomized clinical trials (85%). With less opportunity for surgical intervention and a longer time period to assess completion, studies of misoprostol-alone outside of the clinic context offer an opportunity for a more complete understanding of the effectiveness of misoprostol-alone. To further evaluate effectiveness in out-of-clinic contexts, we undertook a prospective study of the effectiveness of self-managed abortion with misoprostol-alone.
Methods: In 2019-2020, we recruited 1,351 callers to safe-abortion hotlines in Argentina, Indonesia, and Nigeria who were beginning a self-managed medication abortion for pregnancies up to 24 weeks. Via phone, participants completed a baseline survey prior to taking the medications, and up to three follow-up surveys to ascertain abortion completion and potential complications. In descriptive analyses, we calculated the proportion of participants who had a complete abortion without surgical intervention, and the proportion who received healthcare.
Results: Across all sites, 638 participants reported using misoprostol-alone. Three weeks after taking the pills, 604 (94.7%) reported a complete abortion without surgical intervention; 31 reported being unsure or incomplete (4.9%), and 3 (0.5%) were missing. Few participants received antibiotics (n=8) or a manual vacuum aspiration(n=3); none received a blood transfusion or D and E.
Conclusions: The high effectiveness of misoprostol-alone in this study, and in other out-of-clinic studies, warrants renewed attention. As misoprostol is more widely available, less expensive, and less legally restricted than mifepristone, improved understanding of its effectiveness in non-clinical settings could update norms and recommendations around medication abortion.

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P7
COVID-19 IMPACTS ON ABORTION CARE-SEEKING EXPERIENCES IN THE WASHINGTON, DC, MARYLAND, AND VIRGINIA REGION
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Objectives: To examine how the COVID-19 pandemic impacted abortion care-seeking experiences for people requesting abortion appointments in Washington, DC, Maryland, and Virginia (DMV).
Methods: Data come from a cross-sectional survey of people (N=69) contacting a convenience sample of 8 recruitment clinics in the DMV region from September 2020 to March 2021. We invited all people requesting abortion appointments to participate. We conducted univariate and bivariate analyses of sociodemographic and abortion characteristics overall and by whether COVID-19 influenced their decision to terminate; we also assessed whether COVID-19 caused financial difficulties.
Results: All people were able to schedule an appointment, and 93% had received their abortion by the time of the interview. Overall, 32% reported a confirmed or suspected COVID-19 diagnosis, 85% reported at least some financial difficulties due to COVID-19, and unemployment increased by 58% compared to pre-COVID-19 levels. Amid COVID-19, 4% lost their health insurance, and 3% had to change insurance plans. Nearly 40% of people reported COVID-19 influenced their decision to terminate. These individuals were significantly more likely to report "not financially prepared" as a reason for termination (46% versus 16%) and were less likely to report paying out-of-pocket (35% versus 56%) compared to those who reported COVID-19 did not influence their decision to terminate. People reporting COVID-19 related financial difficulties also had greater wait times between initial clinic contact and their abortion appointment compared to those who reported no financial difficulties.
Conclusions: Findings suggest COVID-19 influenced people's decision to terminate and likely exacerbated barriers to abortion access, particularly among financially disadvantaged groups.

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P8
TIMING IS EVERYTHING: DIFFERENCES IN TIMING OF ABORTION CARE BY SEXUAL ORIENTATION
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Objectives: Little is known about the effect of sexual orientation on timing of abortion care. In this study, we examine the association between sexual orientation and time to abortion clinic contact as well as the association between sexual orientation and time to abortion procedure.
Methods: We used survey data of adult abortion patients from Ohio, Kentucky, and West Virginia between May 25, 2020 and February 17, 2021 (n=1,275). We specified unadjusted and adjusted negative binomial regression models to examine associations between sexual orientation and the number of days between pregnancy detection and clinic contact, and between clinic contact and abortion procedure. Preliminary adjusted models controlled for age, race, education, income and previous abortion history.
Results: Sexual minority patients constituted 20% of study participants. The average gestational stage of the pregnancies at time of abortion for sexual minority and heterosexual patients was the same (7.97 and 7.96 weeks, respectively). In adjusted analyses, sexual minority patients waited 6.7 days to contact a clinic after pregnancy, while heterosexual patients waited 8.7 days, a difference of -2.0 days (95% confidence interval [CI]: -3.9, -0.4). However, time between contacting the clinic and abortion procedure was 2.3 days longer (95% [CI]: 0.3, 4.2) for sexual minority vs. heterosexual patients (20.9 day vs. 18.6 days).
Conclusions: Sexual minority patients contacted clinics sooner after discovering a pregnancy, but experienced a longer time before getting an abortion, compared to heterosexual patients. Future research on abortion access by sexual minority patients can inform more equitable access to care.

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P9
"ABSOLUTELY HORRIFIC." ATTITUDES TOWARDS SELF-MANAGED ABORTION LEGALITY AND CRIMINALIZATION: A QUALITATIVE STUDY
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Objectives: Self-managed abortion (SMA, ending one's pregnancy without medical assistance) is criminalized in some states, with some imprisoned for it. We sought to explore the attitudes of people living in these states about legality and criminalization of SMA.
Methods: We recruited participants via advertisements on Facebook targeted toward individuals living in states with multiple restrictive abortion policies. 54 participants of varied genders were purposively selected to participate in semi-structured qualitative interviews. Interviews were transcribed, coded, and analyzed with thematic analysis.
Results: Participants generally did not support outlawing SMA because they believed people are entitled to their bodily autonomy and should not be punished or imprisoned for acting on their own body. They conceptualized someone who ends their own pregnancy as desperate, poor, and lacking abortion/healthcare access, and thus should not be punished by law. They envisioned SMA as unsafe or potentially lethal. Some people who had safety concerns saw outlaw of SMA as an