

Influence of the Coronavirus Disease 2019 (COVID-19) Pandemic on Delays in and Barriers to Abortion

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INTRODUCTION

The coronavirus disease 2019 (COVID-19) pandemic has affected health care delivery across the world. Despite the recognition of abortion as an essential medical service, availability during the pandemic has been threatened by a variety of political influences.^{1–6} The COVID-19 pandemic has highlighted disparities and differential access to abortion based on race and socioeconomic status.⁷ Before the COVID-19 pandemic, women who are young, poor, or identify as Black or Hispanic were more likely to face barriers in access to and delays in abortion.^{8–11} We sought to understand barriers to care during the pandemic and how the pandemic affected participants' decisions about whether and when to seek an abortion.

METHODS

This study is a prospective survey-based assessment of individuals seeking abortion care in Chicago, Illinois. This study was approved by the New England Institutional

Review Board. Enrollment occurred between July and December of 2020 and employed a convenience sample. Patients were excluded if they were younger than 18 years or non-English-speaking. Clinic staff approached patients for recruitment after abortion counseling, before the procedure. Informed consent was obtained, and participants completed an anonymous electronic survey. Participants received a \$5 gift card for survey completion. Race and ethnicity were self-reported and were included to interrogate differential access and barriers to care from a perspective of equity. The outcomes evaluated self-perceived effect of the COVID-19 pandemic on accessing abortion care, gestational age at time of abortion, specific barriers to care, and self-reported wait to access abortion. Descriptive statistics were used to summarize participant characteristics and survey responses. Wilcoxon rank sum tests were performed to assess differences among median gestational ages. All analyses were performed in STATA 15.1. Statistical significance was set at $P < .05$.

RESULTS

Five hundred participants completed the survey. Patient demographics are listed in Table 1. A summary of how the pandemic affected abortion care and specific barriers faced are reported in Table 2. A quarter of the participants noted that the pandemic made a difference in their decision to have an abortion ($n=125$). Thirteen percent of participants reported that they encountered a pandemic-related barrier that made obtaining abortion more difficult ($n=63$). Patients who reported that the pandemic made it more difficult to have an abortion had a median gestational age of 66 days at the time of abortion (interquartile range 48–91 days), compared with a median gestational age of 54 days for individuals who reported no pandemic-related difficulty (interquartile range 47–66 days, $P=.002$).

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Table 1. Patient Demographics (N=500)

Demographic	Value
Age (y)	27.0±5.26 26.0 (23.0–30.0) [18.0, 46.0]
Race–ethnicity	
White	35 (7.0)
Black or African-American	387 (77.4)
Hispanic or Latina	63 (12.6)
Asian, American Indian/Alaska Native, Native Hawaiian or other Pacific Islander, or Other	15 (3.0)
Income (\$ per year)	
Unemployed	207 (41.4)
Less than 30,000	171 (34.2)
30,000 or more	122 (24.4)
Education	
High school or less	376 (75.2)
Advanced degree (Associate, Bachelor, graduate degree)	124 (24.8)
Relationship status	
Single	358 (71.6)
Partnered (married, domestic partnership, or in a relationship)	142 (28.4)
Religion	
Catholic	47 (9.4)
Christian non-Catholic	210 (42.0)
Other	49 (9.8)
None	194 (38.8)
Gestational age (d)	62.8±23.5 55.0 (47.8–71.0) [34.0, 168]
Parity	
0	107 (21.4)
1 or more	393 (78.6)
No. of abortions	
0	158 (31.6)
1 or more	342 (68.4)
Abortion method	
Medical abortion	48 (9.6)
Surgical abortion (D&C and D&E)	451 (90.2)
Missing	1 (0.2)
Time between wanting an abortion and coming to clinic	
Less than 1 wk	176 (35.2)
1–2 wk	151 (30.2)
2–3 wk	62 (12.4)
3–4 wk	45 (9.0)
1–2 mo	45 (9.0)
More than 2 mo	21 (4.2)

Data are mean±SD, median (quartile 1–quartile 3), [minimum, maximum], or n (%).

D&C, dilation and curettage; D&E, dilation and evacuation

The race–ethnicity category of “other” was selected by participants and was provided as an option of for participants who did not self-identify as any of the other listed categories.

Among the study population, 22% of participants reported waiting longer to seek abortion care because of the pandemic (n=110). Among this population, the median gestational age at the time of abortion was 69 days (interquartile range 52–90 days), compared with a median gestational age of 54 days for individuals who did not report waiting longer to seek abortion care (interquartile range 47–64 days, $P<.001$).

DISCUSSION

Among our study population of primarily Black and Hispanic participants, one of every four participants reported that the pandemic influenced their decision to proceed with an abortion. A smaller proportion of participants reported that the COVID-19 pandemic made it more difficult to obtain abortion. Those reporting difficulties accessing care or delaying care



Table 2. Participant Reports of How the Pandemic Affected Abortion Care and Barriers Faced in Seeking Abortion (N=500)

Survey Question	n (%)
Did the COVID-19 pandemic make a difference when you made your decision to have an abortion?	
No	375 (75.0)
Yes	125 (25.0)
Ways in which the COVID-19 pandemic has influenced your decision to have an abortion:	
Financial difficulty	66 (52.8)
Childcare or inability to care for additional children	43 (34.4)
Lost or decreased employment	41 (32.8)
Fear of COVID-19 complications during pregnancy	38 (30)
Fear of delivering in a hospital during a pandemic	65 (52.0)
Fear of getting sick	62 (49.6)
Has the COVID-19 pandemic made it more difficult for you to get an abortion?	
No	437 (87.4)
Yes	63 (12.6)
Ways in which the COVID-19 pandemic has made it more difficult to get an abortion:	
Less money to pay for abortion	34 (54)
Need to arrange childcare	24 (38.1)
Clinic closures or fewer appointments	19 (30.2)
Fear of getting sick going to the clinic	17 (27)
Fear of taking public transportation or rideshare	8 (12.7)
Do you think you waited longer than you would have normally to seek abortion care because of the COVID-19 pandemic?	
No	390 (78.0)
Yes	110 (22.0)

COVID-19, coronavirus disease 2019.

had significantly greater gestational ages at the time of abortion. Our evidence suggests that the COVID-19 pandemic affected some participants in their decision to seek abortion, their ability to obtain an abortion, and the gestational age at which they received abortion care. Our study is limited by an inability to assess patients who declined to participate and an inability to compare participant reports of delayed abortion care with individuals before the pandemic.

Three quarters of the study population is unemployed or earns less than \$30,000 per year, and the vast majority (93%) of our population identifies as a racial or ethnic minority. Abortion restrictions disproportionately affect poor, Black, and Latinx individuals through a variety of mechanisms, including federal funding restrictions and limited geographic availability of abortion clinics.^{12–14} These restrictions delay abortions and create burdensome financial barriers for historically disadvantaged populations.^{15–17} Our data support that the COVID-19 pandemic has affected particular aspects of abortion-related care among a highly socioeconomically vulnerable population with pre-existing disparities in abortion access that are driven by intersectional inequities such as classism and racism.^{8,9} These data corroborate a common refrain during the pandemic: that already socio-

economically vulnerable participants are at risk of becoming further marginalized by the effects of the COVID-19 pandemic. Our findings support continued advocacy for abortion access amidst the COVID-19 pandemic, particularly for historically disadvantaged communities.

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PEER REVIEW HISTORY

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Transparency in Peer Review

The Editors of *Obstetrics & Gynecology* are seeking to increase transparency around the journal's peer-review process, in line with other efforts to do so in international biomedical peer review publishing. The journal has phased in several efforts toward this goal.

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