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level interventions, like LARC methods, as solutions to these structural-level issues.

Conclusions: Alongside enthusiasm for delivering equitable and compassionate care, there coexists bias, centering of healthcare system needs, and narrow views of structural factors impacting patients, suggesting the need to actively address and mitigate the potential for harm in initiatives seeking to enhance access to postpartum contraceptive care.

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O4 IMPACT OF THE COVID-19 PANDEMIC ON PREGNANCY PREFERENCES: A LONGITUDINAL INTERRUPTED TIME-SERIES STUDY

CH Rocca

University of California, San Francisco, ANSIRH, Oakland, CA, US
M Parra, I Munoz, DG Foster, WJ Boscardin, L Ralph

Objectives: Research on how major disruptive events – pandemics, wars, and economic recessions – influence people's pregnancy intentions and fertility yields mixed findings. Experts have speculated about the impact of the COVID-19 pandemic on pregnancy desires, but existing research has major limitations, including being cross-sectional, relying on people's perceptions of their preference changes (rather than documenting actual changes), and lacking valid measures.

Methods: Using longitudinal data collected from March 2019 to March 2021, we assessed changes in trajectories of pregnancy preferences among women aged 15–34 in Arizona, New Mexico, and Texas (N=630, n=2,860). At baseline and quarterly for one year, participants responded to a validated measure of feelings and desires around pregnancy within 3 months (Desire to Avoid Pregnancy [DAP] scale, range 0–4, 4=higher preference to avoid pregnancy). We used multivariable mixed effects segmented regression to examine changes in pregnancy preferences before and during the pandemic.

Results: Over the 12-months prior to the first shelter-in-place order (April 2020), marginal DAP scores decreased steadily over time (coefficient=−0.24/year [95% CI: −0.31– −0.17], $p<0.001$). When shelter-in-place went into effect, DAP scores stopped declining and became flat (coefficient=0/year, change in slope: $p<0.001$). Scores remained flat until the resurgence in COVID-19 cases in November 2020, when DAP scores started to increase, but insignificantly (coefficient=0.25/year). Time-by-socioeconomic status interactions were insignificant.

Conclusions: Pandemic onset was associated with changes in people's preference to avoid pregnancy, stalling a general trend toward greater openness to pregnancy over time. Understanding how COVID-19 affected people's pregnancy preferences is essential for evaluating pandemic effects on contraception and abortion.

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O5 PUBLIC PERCEPTIONS OF ABORTION COMPLICATIONS: A NATIONAL SURVEY

SR Chaiken

Oregon Health & Science University, Portland, OR, US
M Schenck, BG Darney, L Han

Objectives: Widespread misinformation has contributed to belief that abortion has substantial risks, despite the known safety of medication and aspiration abortion. Information is lacking on which complications concern the public most. Our objective was to better understand public perception of short and long-term risks of abortion.

Methods: We conducted a cross-sectional survey using Amazon Mechanical Turk (MTurk). Eligible participants were US residents, 18 years and older. We collected information regarding participant demographics, reproductive history, and political/abortion stance. We provided participants with a list of 11 short-term and 15 long-term complications and asked them to indicate whether they occurred never (0%), very rarely (<1%), rarely (1–5%), occasionally (5–20%), or frequently (>20%).

Results: For all 26 complications, respondent (n=1,057) estimates of risk were higher than true known risks. Respondents believed depression and anxiety were the most frequent short-term (67.3% and 65.4% answering occasionally or frequently) and long-term (64.8% and 63.8%) complications. A large proportion of respondents believed that short-term bleeding and infection occurred occasionally or frequently (40.2% and 40.8%). Many complications not associated with abortion including hair loss, future pregnancy complications, breast cancer, and cosmetic disfigurement were also thought to be possible complications. On multivariable analysis, perception of long-term depression as a complication was higher among those who were older, more conservative, less educated, rural, identified as a woman, Hispanic/LatinX, anti-choice, or had no personal history of abortion.

Conclusions: The general public believes that abortion is riskier than medical evidence demonstrates. This information can be used to develop targeted evidence-based information about abortion.

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O6 THE IMPACT OF SHOUTING YOUR ABORTION: A RANDOMIZED TRIAL OF THE EFFECT OF FIRST-PERSON VIDEO STORIES ON COMMUNITY-LEVEL ABORTION STIGMA

AS Cutler

Yale University School of Medicine, New Haven, CT, US
LS Lundsberg, MA White, NL Stanwood, AM Garipey

Objectives: To assess the impact of first-person abortion video stories on community-level abortion stigma among US adults.

Methods: We randomized participants from a nationally representative, probability-based online panel of US adults to watch three first-person abortion video stories (intervention) or three narrated nature videos (control). We measured community-level abortion stigma using the Community Abortion Attitudes Scale (CAAS) (primary outcome), the Reproductive Experiences and Events Scale (REES), and Community Level Abortion Stigma Scale (CLASS) at baseline, immediately after video exposure, and three months later. Dichotomized change scores were classified as reduction in stigma between time periods, compared to no change or increased stigma. Bivariate and logistic regression modeling accounted for complex survey methodology and sample weighting.

Results: We randomized 886 participants to intervention (n=460) or control videos (n=426). Sample demographics reflected US census benchmarks (51% female, 68% white, 47% ages 18–44). Most (83.1%) completed 3-month follow-up. Exposure to the intervention was not associated with reduced stigma measured by CAAS or CLASS, either immediately (OR 0.80, 95% CI 0.59–1.09 and OR=1.28, 95%CI 0.93–1.75, respectively) or at follow-up (OR=0.86, 95% CI 0.62–1.19 and OR=0.98, 95%CI 0.70–1.37, respectively) compared to controls. Intervention exposure was associated with reduced stigma as measured by REES immediately post (OR=1.74, 95%CI 1.23–2.46); however, this association was not observed at follow-up (OR=0.98, 95%CI 0.70–1.37).

Conclusions: Exposure to first-person abortion video stories did not reduce community-level abortion stigma as measured by the CAAS and CLASS. Observed stigma reduction measured by REES immediately following intervention was not sustained at 3-month follow-up.

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O7 PERSON-CENTERED, HIGH-QUALITY CARE FROM A DISTANCE: A QUALITATIVE STUDY OF PATIENT EXPERIENCES OF MEDICATION ABORTION BY MAIL THROUGH TELABORTION

CA Kerestes

University of Hawaii, Honolulu, HI, US
R Delafield, J Elia, E Chong, B Kaneshiro, R Soon

Objectives: To describe participants' process and experience with finding and undergoing a medication abortion by mail with TelAbortion. Findings will be used to understand how to improve this model of care for patients.

Methods: This is a qualitative study using semi-structured telephone interviews with people who completed a medication abortion by mail through the Gynuity TelAbortion study. Participants were asked how they found out about TelAbortion, their reasons for choosing this method, their experience with TelAbortion, and suggestions for improvement. Interviews were transcribed, coded, and analyzed using a qualitative content analysis approach.

Results: 45 participants were interviewed for this study from January to July 2020. Participants described TelAbortion as a positive experience and one that exceeded their expectations for abortion care. They noted that it was convenient and comfortable to undergo the full medication abortion process at home and they felt safe in doing so. Many participants felt empowered by taking this process into their own hands, while also being well supported by TelAbortion providers. Participants identified concerns with fragmentation of care both in being referred to and obtaining testing for TelAbortion. In particular, obtaining an ultrasound was difficult due to logistical hurdles, uncomfortable interactions, or feeling judged. Perceived, internalized, and enacted abortion stigma all played roles in participants' experiences. Beyond TelAbortion, participants were open to other methods of medication abortion delivery, such as pharmacy provision.