



Abortion is a Public Health Issue

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Learning Objectives

By the end of this training, participants will be able to....




- Provide patients medically accurate information about abortion.
- Dispel misinformation about abortion.
- Explain the difference between emergency contraception and medication abortion, and how these pills work.
- Discuss the public health benefits of legal and accessible abortion and the harms of abortion criminalization.
- Report increased confidence in referring patients to abortion information, care, and related resources.

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Welcome

- Thank you for being here
- Abortion can be a sensitive topic
- Free CME credit available
 - Please complete the questionnaire at the end of the webinar to be eligible.




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Acknowledging Gender Diversity

- Gender inclusivity acknowledges that there are many gender expressions, not just two, "binary," male and female identities
- People who identify as any gender can become pregnant and have an abortion
- In this presentation we use gender specific term of "women" in data & research studies




1. United Nations. (n.d.). UNITED NATIONS Gender-inclusive language. www.un.org. Retrieved May 17, 2023, from <https://www.un.org/gender-inclusive-language/>
 2. Mowson, M., Pitt, L., Bagnall, S., Farnberg, H., Hasbarg, J., Claffier, A., Lunn, M. R., Peltis, A., Carroll, M. R., Lubinski, M. E., & Chou-Mohr, J. (2021). Abortion experiences and preferences of transgender, nonbinary, and gender-nonconforming people in the United States. *American Journal of Obstetrics and Gynecology*, 224(4), 316.e1-316.e11. <https://doi.org/10.1016/j.ajog.2020.08.028>

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Agenda

- Learning objectives
- Let's talk about abortion
- Abortion facts & myth busting
- Abortion counseling for physicians
- Abortion Safe Haven Project in LA County
- Additional resources



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"It's important that LA County be a safe haven for women seeking abortion services. It's our duty, particularly to those who have been historically underserved in Black and brown communities."



Holly Mitchell, Los Angeles County Board of Supervisors, 2nd District

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Reproductive health, reproductive rights and reproductive justice

- **Reproductive health** is a state of complete physical, mental and social well-being- not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes
- **Reproductive rights** encompass the freedom of people to make their own decisions about their bodies, have a right to accurate information about their health, have access to reproductive services, and decide if they want children or not
- **Reproductive justice** is the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities. It is contextually informed by past reproductive injustices- particularly against marginalized groups

1. World Health Organization. WHO (2016, August 27). Reproductive health. <https://www.who.int/teams/global-reproductive-health-and-family-planning>
2. Amnesty International. (2024, November 15). Sexual and reproductive rights - Amnesty International. <https://www.amnesty.org/en/latest/news/2024/11/sexual-reproductive-rights/>
3. Reproductive Justice - Sister Song (n.d.). Sister Song. <https://www.sistersong.org/what-is-reproductive-justice/>

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Abortion is fundamental to healthcare

- **Access to safe abortion is critical for the health of women and girls**
- **Fundamental to the health of individuals, families, and communities**
 - Abortion has existed throughout human history in all regions and cultures
 - Restrictions on abortion do not eliminate it but do make it less safe



1. Lesarone Beth-Belline-Rose. WSP Part de Philosophie? (2022, August 30). Guttmacher Institute. <https://www.guttmacher.org/issue/philosophy>
2. World Health Organization. WHO (2024, May 17). Abortion. <https://www.who.int/news-room/fact-sheets/detail/abortion>
3. Photo Credits: Sherry Ross + 130-century historical art. <https://www.shutterstock.com>

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Let's talk about abortion

Abortion Basics and Frequently Asked Questions



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Abortion is safe


- Risks of complications associated with abortion are **14x lower** than risks associated with carrying a pregnancy to term
- **Early abortions extraordinarily safe**
- Most abortions occur early in pregnancy:
 - **80.8% in first 9 weeks**
 - **93.5% in first trimester**

1. Abortion Care (14-6-6). ACOG. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/06/14/abortion-care>
2. Kowalek, C., Nguyen, A., T. Nanda, M. D. Heller, L. M. Rafter, S. Rottenhauer, J. B. Williams, M. K. (2023). Abortion: Surveillance - United States, 2011-2019. MMWR Surveillance Summaries, 72(5), 1-26. <https://www.cdc.gov/mmwr/preview/mmwrhtml/ss7205a1.htm>
3. World Health Organization. WHO (2024, May 17). Abortion. <https://www.who.int/news-room/fact-sheets/detail/abortion>

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What is abortion?

- Abortion is the **ending of an existing pregnancy**
- **Spontaneous abortion** or pregnancy loss happens when a pregnancy ends on its own
- **Induced abortion** is when a person takes action to end a pregnancy



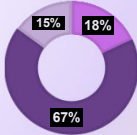
1. National Library of Medicine. (n.d.). Abortion: Medical Overview. <https://pubmed.ncbi.nlm.nih.gov/26800000/>
2. <https://www.cdc.gov/od/oc/media/press-releases/2014/s011401.htm>

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How common is abortion in the U.S.?

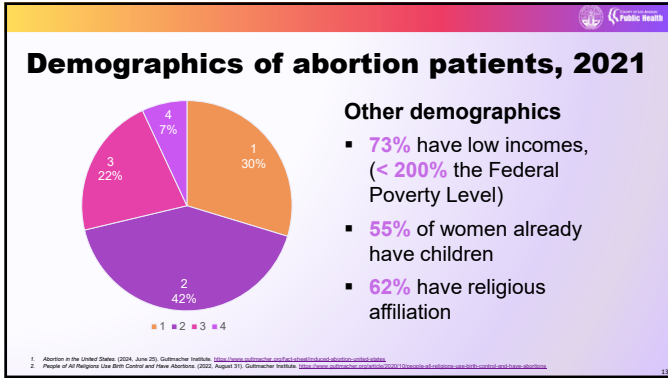
In the U.S., by age 45, nearly **1 in 4** women will have terminated a pregnancy

Approximately **18%** of pregnancies end in abortion

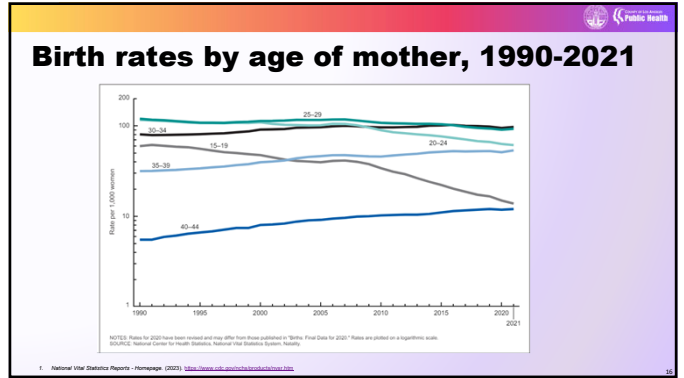


1. Abortion is a Common Experience for U.S. Women, Despite Dramatic Declines in Rates. (2023, October 5). Guttmacher Institute. <https://www.guttmacher.org/issue/abortion>
2. Abortion in the United States (2024, June 21). Guttmacher Institute. <https://www.guttmacher.org/issue/abortion>

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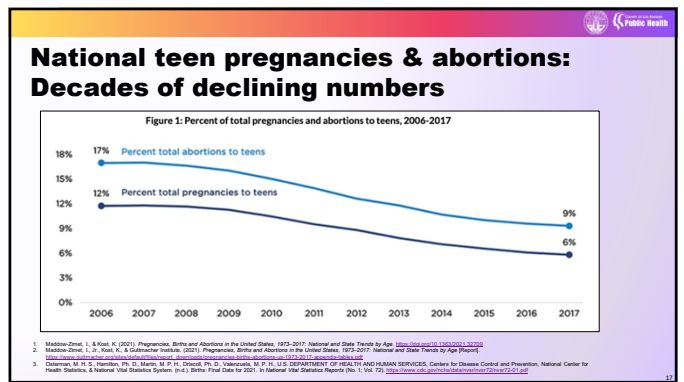
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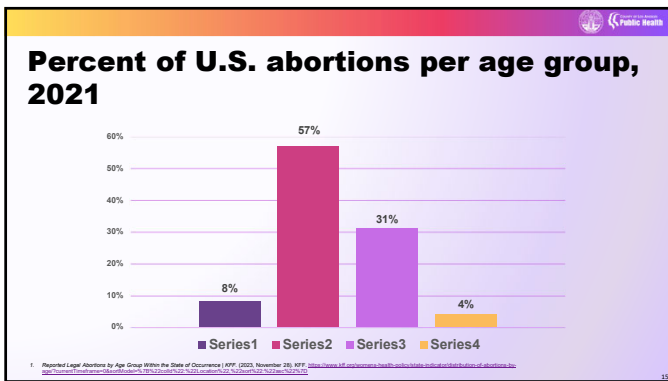
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Telemedicine Abortion is Safe and Effective

- The study found that no-test telemedicine abortion (NTTA) care is similarly safe and as effective as in-person care (94.4% vs. 93.3% effective, respectively)
- Complications occurred in 1% of all cases across all groups.
- NTTA met noninferiority criteria for safe and effective abortion care

1. Peikin, L. J., Bala, C. F., Riggs, M. A., McNicholas, C., Miler, A. H., & Grossman, D. (2024). Comparison of No-Test Telehealth and In-Person Medication Abortion. *JAMA*. <https://doi.org/10.1001/jama.2024.12048>

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Most common methods for abortion care

Medication abortion	Procedural abortion
<ul style="list-style-type: none"> Ends an existing pregnancy with abortifacient medications (mifepristone and misoprostol) Mifepristone <ul style="list-style-type: none"> blocks progesterone needed for the pregnancy to continue Misoprostol <ul style="list-style-type: none"> Induces uterine cramping to expel the pregnancy tissue Used outside medical office (tele/mail) 	<ul style="list-style-type: none"> This is an in-clinic procedure Dilation and Curettage (D&C) or Dilation and Evacuation (D&E) Ends an existing pregnancy when a healthcare provider removes pregnancy tissue from the uterus via vacuum aspiration Pain control and moderate sedation are ideally offered for patient comfort

1. Abortion Care. (2022, August). ACOG. <https://www.womenshealth.gov/abortion/abortion-care>

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What is self-managed abortion?

- A **self-managed abortion (SMA)** refers to any action taken to end a pregnancy outside of the formal healthcare system
 - We distinguish self-managed abortion here from telehealth/telemedicine
- When self-managed abortion is conducted using mifepristone and misoprostol, and accurate instructions are followed, it is safe & effective
- Greatest risk** to people using medicine to self-manage abortion is **criminalization**

1. Varma, N., & Grossman, D. (2023). Self-Managed Abortion in the United States: Current Statistics and Gynecology Reports. *F2023-70-75*. <https://doi.org/10.1001/2023.70.75>
Photo credit: iStockphoto.com/2018/04/10/328202208/Stock-Photo-Image.com

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No-test Telemedicine

- NTTA, or No-test Telemedicine Abortion, is a medication abortion completed without ultrasound pregnancy confirmation.
 - It gained popularity early in the COVID-19 pandemic as a way to expedite non-emergency care and limit contact/exposure for patients and providers.
- In an NTTA, the patient confirms their pregnancy and dating via a pregnancy test and date of last menstrual period. They are either mailed their medication or pick up at a doctor's office.

1. Peikin, L. J., Bala, C. F., Riggs, M. A., McNicholas, C., Miler, A. H., & Grossman, D. (2024). Comparison of No-Test Telehealth and In-Person Medication Abortion. *JAMA*. <https://doi.org/10.1001/jama.2024.12048>
2. Medication Abortion Available by 5PM, All US Abortions in 2023—An Increase from 82% in 2020 (2024, November 13). Guttmacher Institute. <https://www.guttmacher.org/2024/11/13/medication-abortion-availability>

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Self-managed abortion is increasing

- Numbers of self-managed abortion are hard to capture from a research perspective
- A study published in JAMA last year found provision of medications for self-managed abortion outside healthcare system increased by an estimated 27,838 in the 6 months after Dobbs (July-December 2022) compared to expected level
- Suggests that a substantial number of abortion seekers accessed services despite the implementation of state-level bans and restrictions

1. Akbar, A. R. A., Wells, E. S., Conroy, R., & Scott, J. G. (2024). Provision of Medications for Self-Managed Abortion Before and After the Dobbs v. Jackson Women's Health Organization Decision. *JAMA*, 331(16). <https://doi.org/10.1001/jama.2024.4246>
2. Photo credit: iStockphoto.com/2018/04/10/328202208/Stock-Photo-Image.com

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Many reasons why someone may prefer a self-managed abortion:

- Main reason now is due to abortions bans and restrictive policies in various states across the U.S.
- General mistrust of the medical system
- Unable to afford care or live far from clinics
- Lack of transportation
- Inability to take time off work, child-care barriers
- Immigration status increases vulnerability accessing in-clinic abortions
- Self-managed abortions may also feel safer for people experiencing abuse or who've experienced sexual trauma

1. Verma, N., & Goswami, D. (2023). Self-Managed Abortion in the United States. *Current Obstetrics and Gynecology Reports*, 12(2), 70-75. <https://doi.org/10.1007/s13655-023-00164-z>

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When a pregnancy test is positive: Providing referral for options counseling

- Offer test results in a neutral, non-judgmental manner
- Refer for options counseling, emphasizing that covers all options: parenting, adoption, abortion
- Highlight that counseling is confidential and patient-centered
- Provide specific referral (clinics that get Title X funding should be able to provide this service: <https://opa-fpclinicdb.hhs.gov/>)
- All-Options Talk-line: <https://www.all-options.org/find-support/talkline/>
- Encourage patient to ask questions and voice any concerns

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The physician's role in SMA

- **Provide information and guidance**
 - Physicians play a crucial role in offering accurate and comprehensive information
 - This includes educating patients about safe, validated websites to source their pills, how to calculate their gestational age, and gestational age cutoffs for medication abortion effectiveness
- **Support and monitoring**
 - Even in self-managing scenarios, physicians can offer support and monitoring to ensure the health and safety of their patients

1. Verma, N., & Goswami, D. (2023). Self-Managed Abortion in the United States. *Current Obstetrics and Gynecology Reports*, 12(2), 70-75. <https://doi.org/10.1007/s13655-023-00164-z>

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Medication abortion protocol

Time since last period	Day 1	Day 2 (24-48 hours after taking mifepristone)			
≤8 weeks	Take mifepristone 200mg	Take pain medication	Wait one hour	Take 4 tabs (200mcg) misoprostol	
9-11 weeks	Take mifepristone 200 mg	Take pain medication	Wait one hour	Take 4 tabs (200mcg) misoprostol	Wait 4 more hours, then take 4 more tabs (200mcg) misoprostol

Note: While patients take mifepristone orally, misoprostol is administered buccally or vaginally for efficacy and side effects.

1. Reproductive Health Access Project. (2024, June 25). How To Use Abortion Pills Fact Sheet - (EN) | <https://www.reproductivehealthaccessproject.org/abortion>

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Providing patient-centered reproductive health care

- **Defining Patient-centered care**
 - Focuses on treating the patient as a whole person, not just their medical condition
 - Involves considering the patient's unique needs, preferences, values, and circumstances in all decisions related to their care
 - Respect for the patient's values, needs, and motivations
 - Utilizes open communication and shared clinical-decision making with the patient

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Sam's medication abortion

- An info zine for patients
- Provides visual instructions for medication abortion in a narrative format
- Available in print versions, English and Spanish
- <https://www.reproductiveaccess.org/resource/sams-medication-abortion-zine/>



Artist: KJ Mills, Reproductive Health Access Project

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Counseling on abortion methods: supporting patient choice

Medication Abortion (MAB)	Procedural Abortion (D&C, D&E)
<ul style="list-style-type: none"> FDA approved 70 days, effective < 11wks GA Telehealth option Can be done privately at home Medication taken over 1-2 days (actual cramping can last 4-6 hours) Misoprostol can also cause fever, chills, GI upset Pregnancy test needed several weeks post-abortion to confirm patient is no longer pregnant (in-clinic patients can receive ultrasound) Some medical contraindications (porphyria, bleeding disorders, IUD in place) Social contraindications 	<ul style="list-style-type: none"> Accommodate pregnancies of later gestational ages Option for patients with unstable housing, home privacy concerns, medical contraindications to MAB, pain management concerns Patient knows they are no longer pregnant immediately post-procedure Shorter duration Can be done under moderate sedation If patient is awake, cramping can be intense May require pre-op visits, long procedure day Less accessible than medication abortion

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Abortion does NOT increase the risk of breast cancer or other cancers

FACT

ACOG and the National Cancer Institute agree there is no causal link between abortion and cancer risk

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Legal and Ethical Responsibility for Physicians in California

Legal Responsibility	Ethical Responsibility
<ul style="list-style-type: none"> Abortion remains legal in California under the Reproductive Privacy Act Physicians can provide abortion services up to viability After viability, abortion permitted only for life/health of patient Physicians cannot be disciplined or discouraged from providing legal abortion services in California 	<ul style="list-style-type: none"> Respect patient autonomy in reproductive decisions Provide full info on all options, risks/benefits to enable informed consent Conscience laws allow physicians to opt-out of procedures they morally object to But must provide emergency care, referrals, and transfer of care

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Induced abortion does NOT increase risk of future infertility

FACT

This has been extensively studied and there is no evidence to suggest that abortion, if done safely, is linked to future infertility

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Abortion Facts
Dispelling misinformation and myths about abortion

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Emergency Contraception Pills (ECP) do NOT end an existing pregnancy.

FACT

ECP works by inhibiting ovulation. It will not harm an existing pregnancy (i.e. once embryo implantation has occurred)

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How do these different pills work?

Emergency Contraception Pills

- Also known as “the morning after pill”
- Stops the ovary from releasing an egg
- Needs to be taken after unprotected sex before a pregnancy occurs**

Medication Abortion (Abortion Pills)

- Mifepristone** stops the pregnancy from continuing to grow
- Misoprostol** causes cramping and emptying of the uterus
- Ends an early existing pregnancy** (up to 11 weeks)

1. Emergency Contraception (EC) Methods Table (2022). In: Emergency Contraception Facts for Family Planning Staff Job Aid (Revised). <https://www.cdc.gov/od/oc/ohrt/factsheets/EC-methods-table.pdf>
2. Abortion Care (n.d.). <https://www.abortioncare.org/what-is-abortion/>

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Abortion Policy & Health Impacts

How abortion policies impact reproductive health



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Emergency contraception



EC Method	Evidence based usage	Access	Effectiveness	Considerations
Levonorgestrel (Plan B/ Next Choice)	Single dose pill taken up to 3 days after intercourse	Available over the counter	81-90% reduced pregnancy risk	Levonorgestrel pills may be less effective at preventing pregnancy in persons over 165 pounds or body mass index (BMI) over 30
Ulipristal acetate (Ella)	Single dose pill taken up to 5 days after intercourse	Available by Rx	85% reduced pregnancy risk	UPA pills may be less effective in persons over 194 pounds
Copper IUD (Paragard)	Place up to 5 days after intercourse.	Trained health care provider visit required.	99% reduced pregnancy risk	May remain in place for up to 12 years following insertion.
Hormonal LNG IUD (Mirena, Liletta)	Place up to 5 days after intercourse.	Trained health care provider visit required.	99% reduced pregnancy risk	May remain in place for up to 8 years following insertion.

1. Emergency Contraception (EC) Methods Table (2022). In: Emergency Contraception Facts for Family Planning Staff Job Aid (Revised). <https://www.cdc.gov/od/oc/ohrt/factsheets/EC-methods-table.pdf>

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History of Abortion in the U.S.

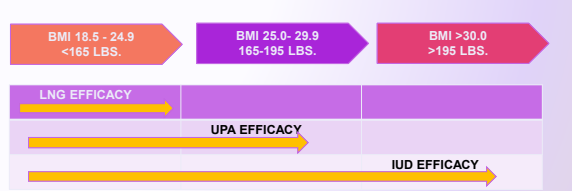
- Abortion was commonly practiced during colonial era and first half of 19th century by Indigenous Americans and White settlers
- Used by enslaved women as a form of resistance
- Plant medicine, home remedies, and eventually commercial products

1. Aneshko, C. (1975). Abortion in Early America. *Women & Health*, 4(2), 155-157. <https://doi.org/10.1080/00187177508234262>
2. Rayner, L. J. (2022). When abortion was a crime: Women, Medicine, and Law in the United States, 1867-1972, with a New Preface. Univ of California Press.
3. PHD: Case Western Reserve University

41

ECP may lose efficacy with increased BMI



1. Efficacy of Emergency Contraception and Body Weight: Current Understanding and Recommendations (2022) <https://www.cdc.gov/od/oc/ohrt/factsheets/EC-methods-table.pdf>
2. Parisi, M. P., Peregason, A., Shaw, A., Korte, S., & Femeniano, M. (2016). Effect of BMI and body weight on pregnancy rates with LNG as emergency contraception: analysis of four WHO/HRP studies. *Contraception*, 93(1), 50-54. <https://doi.org/10.1016/j.contraception.2015.06.006>
3. Baird, D. T., Ghosh, J., Li, J., Garsuch, C., Korte, S., Auer, A., Sarkis, D., B. Y. Liu, P. A., Venulik, P., Yildiz, B. G., Demigiani, G., Chalk, D., Conigrave, P. G., Gianani, L., La Vecchia, C., Ray, E., & Vella, A. (2012). Family planning: 2011: better choice of existing methods, new strategies and more informed choices for family construction. *Global Reproductive Health*, 1(6), 670-681. <https://doi.org/10.1016/j.grh.2012.04.001>
4. Dhillon, R. K., Gaba, A., Shetty, S. C., Kaiser, J. E., Stubbart, G. J., Scahill, C. D., Gorman, L. M., & Saitkin, J. B. (2021). Levonorgestrel or Copper Intrauterine Devices for Emergency Contraception. *New England Journal of Medicine*, 384(6), 530-544. <https://doi.org/10.1056/NEJMoa2020724>

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Inequities in abortion access in the US between the 1800s - 1970s

- Abortion was criminalized in the US from the mid 1800s to the late 1960's – early 1970's
- Suffering and death were experienced by women of all backgrounds, but women of color and poor women were disproportionately impacted
- Abortion was the **main cause of maternal death** until it was legal in some states in the late 1960's

42

Between 1972-74, the illegal abortion mortality rate for women of color in the U.S. was **12 times higher** than that for White women

1. Fain DM, Hahn-Velazco L, Peltis MF. The Impact of Legal Abortion on Maternal Mortality. *IZA Institute of Labor Economics*. October 2022. <https://www.iza.org/publications/p13977>

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Abortion Legalization: Impacts on the Lives of Women

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Roe v. Wade (1973)

- Roe v. Wade was a decision by the Supreme Court of the United States on January 22, 1973
- Established constitutional right to abortion nationwide
- States could not create laws that restricted abortion within the first trimester
- Roe allowed states to regulate abortion in the 2nd and 3rd trimester

1. Varela, M. V., Cohen, N., Cohen, N., & Wilton, C. (2020). The State of Reproductive Health in the United States. In *Zaretsky* (Ed.), *European Organization for Nuclear Research*. https://doi.org/10.1007/978-1-4939-9820-0_10
2. The United States Supreme Court Study the Constitutional Right to Abortion. (2022, June 27). <https://www.supremecourt.gov/about/1973-74-term.html>
3. Photo Credit: National Center for Constitutional Studies

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Significance of Roe v. Wade on the lives of women

- Abortion became more accessible and expanded safer abortion care nationwide
- Improvements in socioeconomic status & gender equality:
 - Plan & control if & when to start a family
 - Participate more fully in society
 - Attain higher levels of education, employment, and economic security

1. Benson-Gale, R. (2020, March 1). *Lessons from Before Roe: Why Planned Parenthood Matters*. Guttmacher Institute. <https://www.guttmacher.org/roev30thanniversary/roev30thanniversary-why-planned-parenthood-matters>
2. Varela, M. V., Cohen, N., Cohen, N., & Wilton, C. (2020). The State of Reproductive Health in the United States. In *Zaretsky* (Ed.), *European Organization for Nuclear Research*. https://doi.org/10.1007/978-1-4939-9820-0_10

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Maternal deaths from abortion declined dramatically with reform of abortion laws

Maternal mortality **declined** more than **8x** between **1973** and **1985**

1. Benson-Gale, R. (2020, March 1). *Lessons from Before Roe: Why Planned Parenthood Matters*. Guttmacher Institute. <https://www.guttmacher.org/roev30thanniversary/roev30thanniversary-why-planned-parenthood-matters>
2. Calkins, V. D. (1995). *Inherent: Termination of Pregnancy Before and After Roe v. Wade*. *JAMA*, 273(1), 2011-2012. <https://doi.org/10.1001/jama.273.11.2011>

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Women who sought & received an abortion (vs. those denied): (Findings from the Turnaway Study)


- More financially stable
- Set more ambitious life goals
- Raised children under more stable conditions
- More likely to have a wanted child later
- 95%** reported that having the abortion was the right decision for them

1. Paul, D. (2022, June 23). *UCSF Turnaway Study Shows Impact of Abortion Access on Well-Being* | UCSF San Francisco. *UCSF Turnaway Study Shows Impact of Abortion Access on Well-Being* | UCSF San Francisco. <https://www.ucsf.edu/news/2022/06/514441-ucsf-turnaway-study-shows-impact-abortion-access-well-being>
2. *Turnaway Study*. San Francisco (2018). *The Turnaway Study: Impact of Having—or Being Denied—an Abortion*. ADVANCING NEW STANDARDS IN REPRODUCTIVE HEALTH. <https://www.turnawaystudy.org/turnaway-study>

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Barriers to abortion during *Roe* era

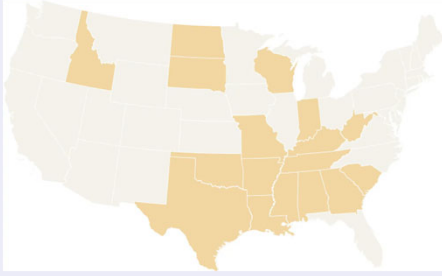
- Access varied significantly from state to state
- Worsened significantly since 2010
- Restrictions countered scientific evidence
- Restrictions difficult or impossible to overcome for people who were under-resourced, vulnerable or marginalized



1. Bowen-Gale, R. (2002, March 1). Lessons from Before Roe: Will Paid for Phthalates? Guttmacher Institute. <https://www.guttmacher.org/press-releases/2002/03/01/roes-lessons>
 2. Vanita, N. V., Cohen, N., Cooper, N., & Wilner, C. (2022b). The State of Reproductive Health in the United States. In Zanetti (Ed.), *European Organization for Nuclear Research*. <https://www.euro.who.org/en/health-topics/communicable-diseases/sexual-reproduction-and-family-planning/sexual-reproduction-and-family-planning>

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Abortion care travel has increased since 2019



Picture credit: New York Times

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Dobbs v. Jackson Women's Health Organization (2022)



- U.S. Supreme Court overturned *Roe v. Wade* on June 24th, 2022
- Immediately eliminated the constitutional right to abortion
- Abortion policy is left up to each state
- More states continue to criminalize and restrict access

1. Vanita, N. V., Cohen, N., Cooper, N., & Wilner, C. (2022b). The State of Reproductive Health in the United States. In Zanetti (Ed.), *European Organization for Nuclear Research*. <https://www.euro.who.org/en/health-topics/communicable-diseases/sexual-reproduction-and-family-planning/sexual-reproduction-and-family-planning>
 2. The *Dobbs* State Supreme Court Ends the Constitutional Right to Abortion. (2022, July 27). <https://www.reproductivejustice.org/2022/07/27/dobbs-state-supreme-court-ends-the-constitutional-right-to-abortion/>

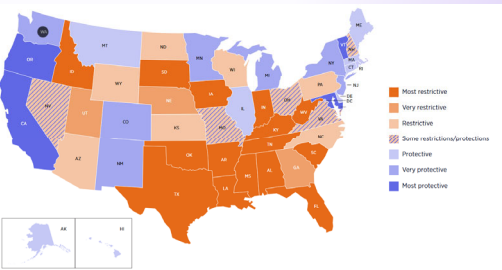
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Harms of abortion criminalization in health care settings

- Laws criminalizing abortion pose a threat to the privacy and safety of all pregnant people
- Medical treatment for pregnancy loss and abortion are the same
 - Natural pregnancy loss **occurs in 15-31% of pregnancies**
 - Providers may hesitate to treat patients with pregnancy loss out of confusion and fear of legal liability
 - Many medical training programs for these procedures have stopped

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Map of Abortion Restrictions in the U.S.



The map reflects state policies in effect as of 2/19/25

Picture credit: Guttmacher Institute <https://www.guttmacher.org/roesmap/>

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Abortion criminalization harms women with pregnancy complications: Recent research

- Researchers in 2 Dallas hospitals examined impact of new Texas state laws
 - SB8: banned abortion once fetal cardiac activity identified
 - SB4: criminalized physicians administering medicine to end pregnancy even in the setting of a maternal medical emergency
- Current national standard of care of women not in labor presenting with rupture of membranes before neonatal viability **allows options following shared decision making:**
 - Expectant management
 - Immediate delivery (aka abortion)

1. Nambiar, A., Patel, S., Santiago-Manero, P., Spang, C. Y., & Nelson, D. B. (2022). Maternal mortality and fetal outcomes among pregnant women at 22 weeks' gestation or less with complications in 2 Texas hospitals after legislation on abortion. *American Journal of Obstetrics and Gynecology*, 227(4), 648-650.e1. <https://doi.org/10.1016/j.ajog.2022.02.002>

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Abortion criminalization harms women with pregnancy complications: Texas study

- Women presenting <22 weeks EGA without preterm labor and with a medical indication for delivery
- Expectant management for all under state law restrictions
- Outcomes examined:
 - Fetal or neonatal demise
 - Maternal morbidities

1. Nambiar, A., Patel, S., Santiago-Munoz, P., Spring, C. Y., & Nelson, D. B. (2022). Maternal morbidity and fetal outcomes among pregnant women at 22 weeks' gestation or less with complications in 2 Texas hospitals after legislation on abortion. *American Journal of Obstetrics and Gynecology*, 237(4), 664-670. <https://doi.org/10.1016/j.ajog.2022.02.028>.

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Real life impact of *Dobbs* on health and access

Traveling out of state for an abortion: A nightmarish journey that some Massachusetts women face, too

By Shikhy Leung *Online Columnist*, Updated May 25, 2022, 4:28 p.m.

South Carolina woman's arrest draws attention to criminalization of self-managed abortions

Christine Fernandez *USA TODAY*
Published 5:17 p.m. ET March 3, 2023 | Updated 6:38 p.m. ET March 3, 2023

She had 'a baby dying inside' her. Under Missouri's abortion ban, doctors could do nothing.

Abortion

Texas Woman Who Sought Exception to Abortion Ban Decides to Leave State

Hours later, the Texas Supreme Court ruled against woman with fatal fetal abnormality who sought in-state procedure

By *Associated Press* <https://www.foxnews.com/health/2022/03/23/texas-abortion-exception/>
Continental News, Inc. <https://www.foxnews.com/health/2022/03/23/texas-abortion-exception/>

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Abortion criminalization harms women with pregnancy complications: 2022 Texas study

Expectant management vs abortion care:

- Resulted in **57% of patients having a serious maternal morbidity compared with 33%** who elected immediate pregnancy interruption under similar clinical circumstances reported in states without such legislation
 - Complications due to hemorrhage, ICU admission, uterine rupture, sepsis
- No preservation of fetal life** as a result of withholding abortion care (96% fetal death rate)

1. Nambiar, A., Patel, S., Santiago-Munoz, P., Spring, C. Y., & Nelson, D. B. (2022). Maternal morbidity and fetal outcomes among pregnant women at 22 weeks' gestation or less with complications in 2 Texas hospitals after legislation on abortion. *American Journal of Obstetrics and Gynecology*, 237(4), 664-670. <https://doi.org/10.1016/j.ajog.2022.02.028>.

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Real life impact of *Dobbs* on mortality

Life of the Mother

How Abortion Bans Lead to Preventable Deaths

A Pregnant Teenager Died After Trying to Get Care in Three Visits to Texas Emergency Rooms

Georgia fires entire maternal mortality panel after reporting on abortion ban deaths

Abortion Bans Have Delayed Emergency Medical Care. In Georgia, Experts Say This Mother's Death Was Preventable.

Afraid to Seek Care Amid Georgia's Abortion Ban, She Stayed at Home and Died

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Abortion criminalization harms infants, too

- Texas passed SB8 in 2021: prohibited abortion at 6 weeks EGA
- Systematic evaluation of infant mortality post - SB8
 - 12.9% increase** in infant mortality in Texas from 2021 to 2022, vs. **1.8%** increase observed in all other US states and Washington, DC
 - 22.9% increase** in infant deaths attributable to **congenital anomalies** in Texas vs. **3.1% decrease** in rest of U.S.

1. Gerrold A. Meigsman, CE, Stuart EA, Bell SD. (2024, August 1) Infant Deaths After Texas' 2021 Ban on Abortion in Early Pregnancy. *JAMA Pediatrics*, 178(8):754-761. doi: 10.1001/jama.2024.0885.
2. Mayslett, G., Chertok, A., & Koychev, A. (2024). Abortion Bans Harm Not Just Pregnant People—They Harm Infants and Infants Too. *JAMA Pediatrics*, 178(8), 748. <https://doi.org/10.1001/jama.2024.1732>

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People denied abortions suffered from more economic hardship:

- Struggled to cover basic living expenses (food, housing and transportation)
- Mothers and their children
 - Had **~4 times** higher risk of living in poverty
 - Were **3 times** more likely to be unemployed
- Some were forced to stay connected to their abusive/violent partner(s)



1. Miller, S., Wilhens, L., & Fisher, D. S. (2020). The Economic Consequences of Being Denied an Abortion. <https://www.foxnews.com/health/2020/03/23/texas-abortion-exception/>
2. Park, G. (2022). *Anti-23A SCOTUS Survey Study Shows Impact of Abortion Access on Well-Being* | UC San Francisco. <https://www.ucsf.edu/news/2022/03/513488>
3. Varda, N. V., Cohen, S., Opper, M., & Walker, C. (2023). The Burden of Reproductive Health in the United States. In *Zenodo*. <https://zenodo.org/record/7448480>
4. University of California, San Francisco. (2019). *The Health Trust: Paths of Healing in a Changing World*. <https://www.ucsf.edu/news/2019/03/513488>
5. Roberts, S. C., Singh, M. A., Chohan, K. S., Ghosh, H., Rocco, C. H., & Kramer, D. D. (2019). Risk of Infants from the Mom Involved in the Pregnancy After Seeking or Being Denied an Abortion. *BMC Medicine*, 17(1). <https://doi.org/10.1186/s12916-019-0174-4>

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Denying abortions & health complications

Inability to end a pregnancy may lead to more health complications such as:

- Chronic conditions (migraines, joint pain)
- Infections
- Gestational diabetes
- Preeclampsia & eclampsia
- Other serious pregnancy-related complications
- Death

RISK

1. Patel, D. (2022, June 23). UCSF Turnaway Study Shows Impact of Abortion Access on Well-Being | UC San Francisco. UCSF Turnaway Study Shows Impact of Abortion Access on Well-Being | UC San Francisco. <https://www.ucsf.edu/news/2022/06/2310442-turnaway-study-shows-impact-abortion-access-well-being>

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Abortion Safe Haven Project in Los Angeles County

Improving abortion care services for our communities

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Denying & criminalizing abortion increases maternal and pregnancy related mortality

- U.S. has extremely high rates of maternal mortality
- Black and Indigenous women disproportionately impacted
- Disparities in maternal death exist due to structural racism; variations in access to quality health care, underlying chronic conditions, disinvestment in Black and Brown communities, and implicit bias

1. Maternal Mortality Rates in the United States, 2020 (2022, February 23). <https://www.cdc.gov/nchs/data/infodiv/maternal-mortality-rates-in-the-united-states-2020.html>

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California protects reproductive healthcare

- Rich history of laws that protect and enable access to reproductive health care
- Proposition 1 established a right to reproductive freedom
- Defined to **include a right to an abortion and to choose or refuse contraceptives**

Photo credit: <http://www.fairhous.com/us-ca/govcollection/1073archive/1073-constitution.pdf>

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Maternal Mortality by Race/Ethnicity in the U.S.

In 2022, the maternal mortality rate for Black women was 49.5 deaths per 100,000 live births and was significantly higher than rates for White (19.0), Hispanic (16.9), and Asian (13.2) women

Race/Ethnicity	2021	2022
Asian	16.9	13.2
Black Non-Hispanic	65.9	49.5
White	26.6	19.0
Hispanic ¹	28.0	16.9

1. Maternal Mortality Rates in the United States, 2022. <https://www.cdc.gov/nchs/data/infodiv/maternal-mortality-rates-in-the-united-states-2022.html>

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LA County Board Motion January 2022

- Motion passed by LA County Board of Supervisors to fund and **ensure people's access to quality reproductive health care services, including abortion**
- Reduce and address health disparities by **expanding reproductive and sexual health services, supplies and education** to communities most in need and historically marginalized

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"Other states are shrinking the rights of pregnant women, girls, and other birthing people — but not here in Los Angeles County. We welcome those who live outside of California to travel here to receive reproductive health services. It is our collective responsibility to uphold abortion and reproductive healthcare services as a fundamental right"



Hilda Solis, LA County Board of Supervisors, 1st District

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Main categories of resources on website

1. Providers in LA County
2. Information on local to national in-clinic & medical abortion sites
3. Abortion funding
4. Birth control & other contraceptives
5. Mental health support
6. Abortion & contraceptive rights in California
7. Doula support
8. Beware of Misleading Information

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CA appropriated \$20,000,000 to the County of Los Angeles to fund the program

Pilot project that aims to create a sustainable network of:

- County agencies
- Nonprofit organizations
- Businesses
- Reproductive health/rights/justice advocates
- Health care providers



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Multi-lingual Tools on Safe Haven website

<http://abortionsafehaven.ph.lacounty.gov/>

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Abortion Safe Haven Website

<http://abortionsafehaven.ph.lacounty.gov/>

- Committed to expanding and ensuring safe access to reproductive care for anyone seeking services in Los Angeles County
- "One stop shop" for family planning and abortion resources

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What California laws help with abortion access?

- How do people pay for abortion?**
 - Covered by Medi-Cal, private insurance
 - No out-of-pocket medical costs
 - Abortion Funds are grassroots organizations that can help cover transportation, lodging, and childcare costs
- Does my information stay private?**
 - Strong confidentiality laws for sexual and reproductive health & special protections for abortion records
- Can minors get an abortion without their parents' consent?**
 - Minors DO NOT need parental consent
 - No age restriction for abortion services


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Additional resources for physicians

- **RHEDI.org**
 - Abortion education + resources + training for family physicians
- **CA Reproductive Health Service Corps**
 - State initiative to provide and expand abortion training for all health professions
- **Innovating-Education.org** (formerly the Ryan Program)
 - Free curricula and learning tools for MD residents on sexual and reproductive health including abortion



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What are Crisis Pregnancy Centers?

- Crisis Pregnancy Centers (CPCs), are privately run places that look like health care clinics but are often not staffed by medical providers
- Deceive patients to be legitimate clinics
- Misinformation about abortion and birth control, including medication abortion reversal


1. Abortion Care (2022, August). American College of Obstetrics and Gynecologists. <https://www.acog.org/clinical/clinical-guidance/patient-education>

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We would like to hear from you in **3 months** from the time you took this training!

- 3-month post- test survey will be sent to your email
- Purpose is to understand if and how you are using the information you learned today
- Those who complete the 3-month survey will have an option to enter an opportunity drawing

Your feedback is important!



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Crisis Pregnancy Center Factsheet


- Available on our Abortion Safe Haven website
- Available in multiple languages

1. Abortion Care (2022, August). American College of Obstetrics and Gynecologists. <https://www.acog.org/clinical/clinical-guidance/patient-education>

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Thank you!

Contact: DPH AbortionLAC: AbortionLAC@ph.lacounty.gov

To request a CME certificate or certificate of attendance, complete the evaluation form. Visit this link or scan the QR code 

<https://forms.office.com/g/wraTmm0ZB3>

For slides, resources, and more information, visit ph.lacounty.gov/CME/AbortionFactsAndResourcesWebinar



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