What self-managed abortion evidence do we need in the changing US landscape?

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A very brief overview of the legal and policy landscape for abortion since 1973

1973

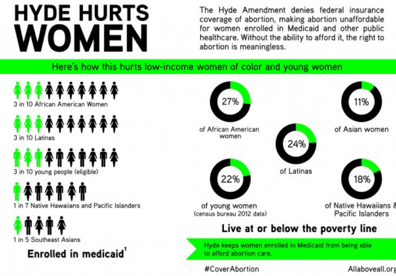
1977

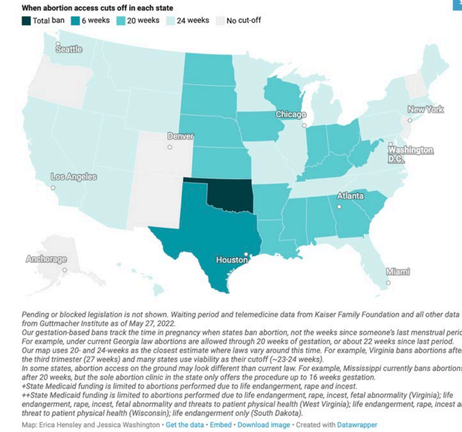
2022

Hyde Amendment
/hīd ə'men(d)mənt/ *proper noun*

1. A 40-year-old ban on federal fu… for abortion except in cases of r… incest, or threat to a woman's li…
2. A restriction we must repeal to … abortion care available to all—… just those who can afford it.

See also: Reproductive justice



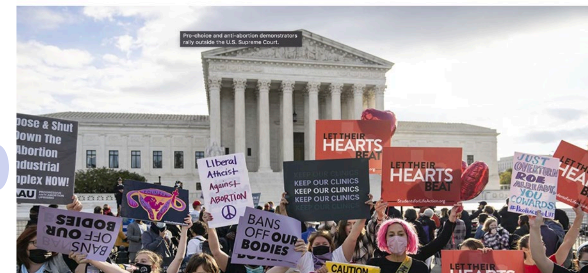


Pending or blocked legislation is not shown. Waiting period and telemedicine data from Kaiser Family Foundation and all other data from Guttmacher Institute as of May 27, 2022.
Our gestation-based bans track the time in pregnancy when states ban abortion, not the weeks since someone's last menstrual period. For example, under current Georgia law abortions are allowed through 20 weeks of gestation, or about 22 weeks since last period.
Our map uses 20- and 24-weeks as the closest estimate where laws vary around this time. For example, Virginia bans abortions after the third trimester (27 weeks) and many states use viability as their cutoff (~23-24 weeks).
In some states, abortion access on the ground may look different than current law. For example, Mississippi currently bans abortions after 20 weeks, but the sole abortion clinic in the state only offers the procedure up to 16 weeks gestation.
+State Medicaid funding is limited to abortions performed due to life endangerment, rape and incest.
++State Medicaid funding is limited to abortions performed due to life endangerment, rape, incest, fetal abnormality (West Virginia); life endangerment, rape, incest, fetal abnormality and threats to patient physical health (Wisconsin); life endangerment only (South Dakota).
Map: Erica Hensley and Jessica Washington • Get the data • Embed • Download image • Created with Datawrapper

EXCLUSIVE

Supreme Court has voted to overturn abortion rights, draft opinion shows

"We hold that Roe and Casey must be overruled," Justice Alito writes in an initial majority draft circulated inside the court.



Potential SCOTUS Decisions for *Dobbs v. Jackson Women's Health*

- Supreme Court overturns *Roe v. Wade* and allows states to ban abortion before viability. 18 states immediately ban abortion & 13 states and DC protect abortion. 22 states would pass new laws addressing abortion access.
- Supreme Court allows states to ban abortion pre-viability when the ban does not burden a substantial number of people seeking abortion care. This could potentially lead to new cases to review each state's ban and the facts of how many people are burdened in that state.
- The Supreme Court upholds *Roe v. Wade* and does not permit states to ban abortion pre-viability. The Court might establish a new standard on how to evaluate undue burden.

States considering a total ban on abortion pills

State	House (Party control)	Senate (Party control)	Governor (Party control)	Legislation status
South Dakota	R	R	R	Passed one chamber
Wyoming	R	R	R	
Alabama	R	R	R	Introduced
Arizona	R	R	R	
Illinois	D	D	D	
Iowa	R	R	R	
Missouri	R	R	R	
Washington	D	D	D	

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Broad areas about which evidence is needed now and, in the future.

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Evidence from the legal and policy space

- The legal status of abortion makes no difference to a persons need for an abortion, but it dramatically affects their access to safe abortion. Bearak et al 2020
- Expert recommendations advice that states should repeal laws criminalizing pregnancy outcomes (particularly pregnancy loss), AND pass legislation to protects individuals from prosecution for suspected self-managed abortions. APHA 2021

We need evidence that:

- Collates publicly available data from states on facility and community level surveillance, and reporting of people who have obtained abortions, arrests, court cases and outcomes to law enforcement etc.
- Continues to track all States abortion laws and policies and court proceedings particularly those related to SMA, regulation of mifepristone and misoprostol prescription and availability, financing of services, criminalization/protection of out of state abortion, postal mail tracking etc.
- Restrictions on other medications that could potentially terminate pregnancies e.g., methotrexate

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Providers readiness to provide high quality comprehensive abortion care and their experiences doing or not doing so in these times

- "If *Roe v Wade* is overturned, at least 43.9% of U.S. obstetrics and gynecology residents are predicted to lack abortion training." Vinekar et al 2022

We need evidence on:

- Numbers and distribution of clinical providers trained to provide abortion care including management of complications in medical schools and the numbers subsequently practicing in each state
- Clinician's knowledge of evolving state laws and policies, experiences with people requesting abortion care, fear of liability and decision-making about prescribing medication, referral and refusal
- Perceived impact of changing landscape on admissions for postabortion care, morbidity associated with such admissions.
- The experiences of doula's accompaniment providers and other support groups offering services to women.

People’s access to high quality comprehensive abortion care

- Comprehensive abortion care includes- safe abortion care, postabortion care, provision of contraceptive counselling and linkages to other essential reproductive health services where possible.
- “For people to safely undergo self management of abortions, they need access to: Scientifically accurate, information; Quality-assured medicines; Back-up referral support if desired or needed; Linkages to an appropriate choice of contraceptive services.” WHO 2022

We need evidence on:

- The sources of information peopl ... nd how they ultimately access care, time to reach care, and how
- Delays in treatment for especially
- Access to and use of the mifepris ... ɔstol alone
- The best ways to provide clear gu ... ally in low-literacy populations and to young people
- Experience of care if additional fa ... for care seeking, and treatment by providers and other hospital st
- Stigma associated with abortions
- When and how people confirm pr ... ɔregnancy confirmation can improve the self management exp

RESULTS:

We interviewed 851 people (of 1,507 people scheduled); responses from 844 were eligible for analysis, and 35.7% (n=301) of participants were aged 12–17 years. The overall sample met performance criteria for 10 of the 11 primary communication objectives (93–99% correct) related to indications for use, eligibility for use, the dosing regimen, and contraindications; young people met nine and people with limited literacy met eight of the 11 performance criteria. Only 79% (95% CI 0.76–0.82) of the overall sample understood to contact a health care professional if little or no bleeding occurred soon after taking misoprostol, not meeting the prespecified threshold of 85.0%.

CONCLUSION:

Overall, high levels of comprehension suggest that people can understand most key drug facts label concepts for a medication abortion product without clinical supervision and recommend minor modifications.

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Outcomes and population level measurement

- "Gaps in the evidence base pose substantial challenges for developing abortion estimates for most countries. Abortion is highly restricted in a large number of countries, and many countries where abortion is broadly legal lack robust systems for collecting abortion data……Self-reports of abortions are conservatively biased, which has necessitated the development of indirect approaches to estimate abortion incidence in settings which lack robust data collection systems." Bearak et al 2022

- Provision of post-abortion care is a core obligation of States under the right to SRH. Regardless of whether abortion is legal or restricted, States are required to ensure access to post-abortion care. Such care must be available on a confidential basis, without discrimination, and without the threat of criminal prosecution or other punitive measures. States must also ensure access to a wide range of modern, safe and affordable contraceptive methods. WHO 2022

We need evidence on:

- Outcomes of self-managed abortions by source, type of medication, characteristics of people obtaining service, access to information and support, proximity to supportive health services.
- How women assess completeness of their abortions and the utility of providing urine pregnancy tests to improve certainty
- Requests for and experiences receiving postabortion care (quality and satisfaction).
- Patterns of morbidity in post abortion care admissions
- Prospective studies like the Turnaway type study examining the impact of having a delayed abortion or being denied an abortion
- Alternative indirect approaches to estimate the prevalence of abortion and abortion-related outcomes and examine trends over time in a broadly restrictive context

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Equity in abortion access, quality and outcomes

- "In this study, clinic access barriers were the most common reason for accessing self-managed medication abortion, and both distance to an abortion clinic and living below the federal poverty level were associated with higher demand for self-management." Aiken et al 2021
- 37 states require some type of parental involvement in a minor's decision to have an abortion. 27 states require one or both parents to consent to the procedure, while 10 require that one or both parents be notified. Guttmacher Institute 2022

We need evidence on :

- Pregnancy confirmation and abortion trajectories/experiences of marginalized people- adolescents, black and Hispanic people, lower-income people, rural populations, sexual and gender minorities, people living with disabilities. Adolescents are a particularly high-risk group due to parental notification/consent, insurance status and financial capability.
- Cost burden of abortion care and adverse abortion outcomes and/or unintended births
- Maternal mortality and morbidity due abortion-related complications, and high-risk pregnancies
- How to produce accessible and convey accurate, high-quality information on obtaining abortions to these sub-groups.
- Expenditure on abortion support from individuals, by abortion funds, pro bono providers, etc.
- Explore how state restrictions influence access to SMA at school-based clinics and university health providers and the impact on out-of-state students

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