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Dobbs Decision Overreach: Post-abortion Contraception

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Power to Decide

Youth Advisory Board

Our Funders

No Disclosures

Contraceptive Access & Equity Post-Abortion

- Ongoing challenges to accessing contraception in abortion care
- New hurdles post-*Dobbs*
- Promising pathways in both restrictive & protective contexts

Contraception should be accessible at all points of care for people desiring it

- Many people in the U.S. don't have equitable access to contraception today, and certainly not to their preferred method

Long-standing challenges

- Specific policies to isolate abortion care from health insurance programs
- Patients face higher **costs**
- Funding for contraception and for abortion affect patients' ability to initiate contraception at abortion care

Rocca et al. Am J Obstet Gynecol 2016, 2018

Nielsen et al. J Womens Health 2019

Jerman et al. Sex Reprod Health 2019

Kavanaugh et al. Popul Res Policy Rev 2022

Long-standing challenges

- Strained clinic resources, and **clinic staff lack time and specific training** for contraceptive care
- **Limited range of methods**
- **Contraceptive coercion** can occur in these ‘hurry up’ contexts where patients don’t have a chance to fully explore methods or their preferences
- Patients may **prefer to get contraception elsewhere** rather than during abortion care

Brandi et al. Contraception 2018

Cannon et al. Contraception 2021

White et al. Womens Health Issues 2020

Iyer et al. Patient Education Couns 2022



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New challenges post-*Dobbs*

New challenges post-*Dobbs*

- Travel has increased, so many patients are separated from usual source of care, or don't have a usual source.
- In protective states, difficulties scheduling, delays in care, higher patient volumes.
- Counselors & clinicians facing burnout.

Smith et al. Lancet Reg'l Health-Americas, 2022
Rader et al. JAMA, 2022; Aiken et al, JAMA 2022
[AHRQ.gov/prevention/clinician](https://www.ahrq.gov/prevention/clinician) 2024

New challenges post-*Dobbs*

- People are relying more on telemedicine abortion, mailed abortion pills, or advance provision.
- Misinformation, confusion and stress among public and providers have shot up.
- Searches for contraception soared post-*Dobbs*, especially in abortion ban states.

Aiken et al, JAMA Intern Med 2024

Sabbath et al. JAMA Open Netw 2024

Gupta et al. JAMA Health Forum, 2023

Swanson et al. J Med Internet Res, 2023

Provider interviews on contraceptive care post-Dobbs

I've seen a lot of people bringing in adolescents because they're worried that birth control is going to be outlawed...so they want to get it now.

–Nurse in abortion ban state

Research with young people

I feel much more scared about the future of my birth control options now that Roe v Wade has been overturned.

My OBGYN closed down recently due to new abortion laws here. It's been difficult to find someone who will remove my IUD and replace it

-Students in abortion ban state



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Promising Pathways Forward

Can now offer wide range of methods

Medication abortion (*over half of abortions*)

- CHCs, DMPA, implants safe for immediate use
- IUDs safe when abortion complete

Surgical abortion

- Most methods generally safe

Jones et al. Guttmacher abortion provider census 2022

Shapiro et al. Clin Obstet Gynecol 2023

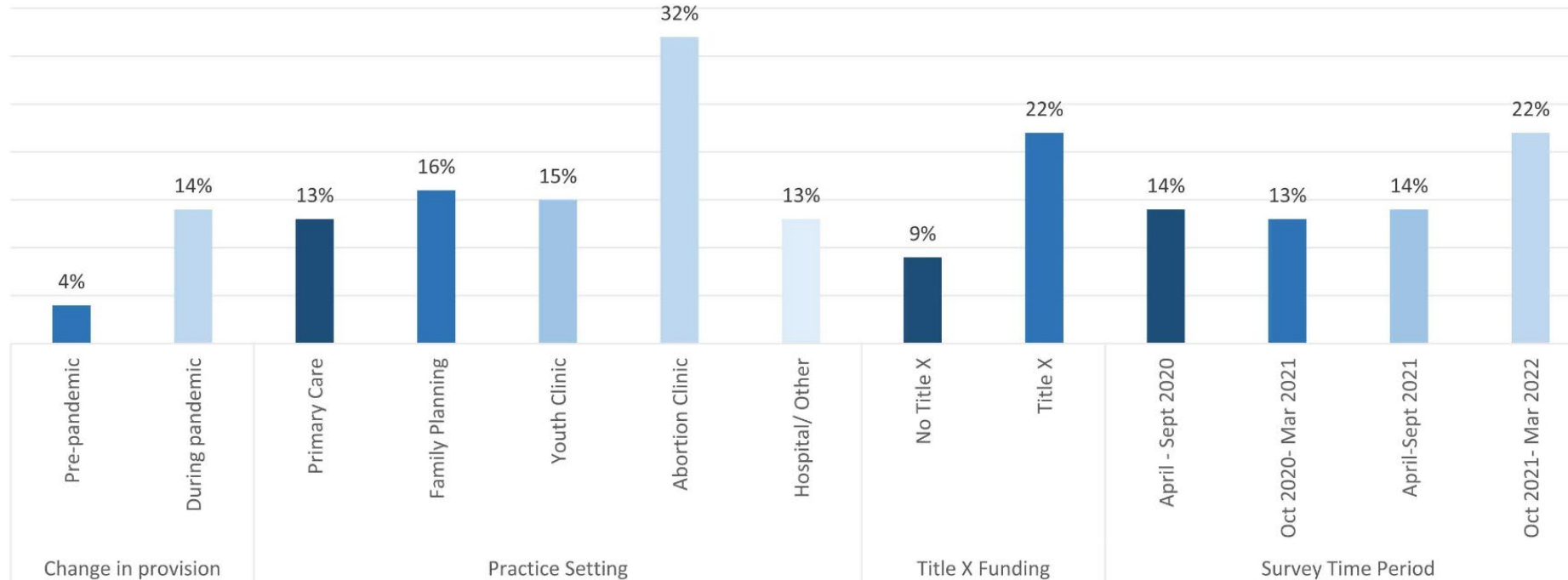
Hogmark et al. Am J Obstet Gynecol 2023

Kim et al. Contraception 2021

Roe & Bartz, SFP Clinical Recommendations, 2019

Include methods for patient autonomy

DMPA-SC provision during pandemic by characteristics among
US providers in 2020-2022



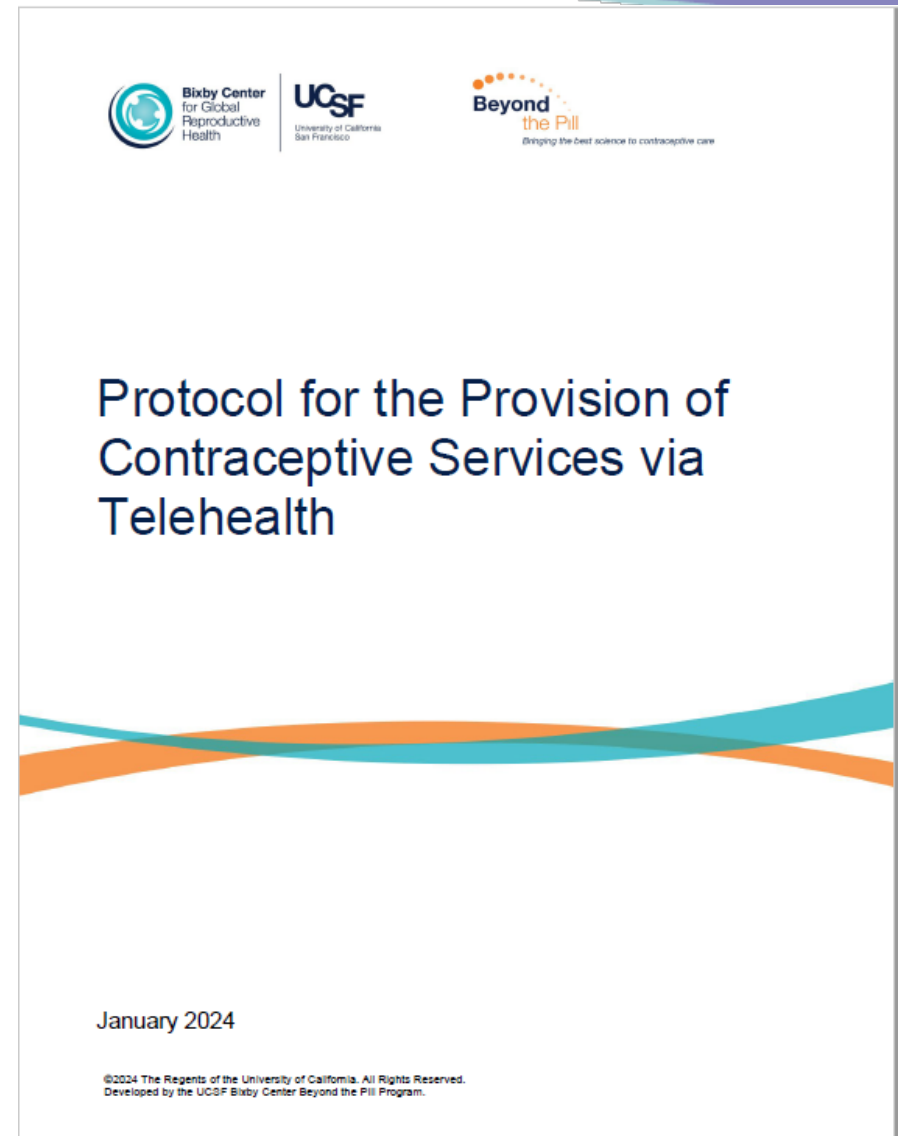
Increase points of access

- Three-quarters (73%) surveyed wanted to obtain contraception from several sources
- Connect people to online pharmacies, and make pharmacy OTC methods universally known
- Give patients supplies to take home: multiple refills, advanced provision
- Teach telemedicine skills to providers and inform people to access contraception via telemedicine

Kavanaugh & Zolna. J Womens Health 2023
Yarger et al. J Gen Intern Med 2023

Post-Abortion Contraception Telehealth Tips

- Many patients do not want contraceptive counseling on the day of an abortion, raising telehealth opportunities.
- Advance notice of method availability provides abortion patients more time and knowledge for decision-making.
- After telehealth medication abortion, implant can be provided in person.



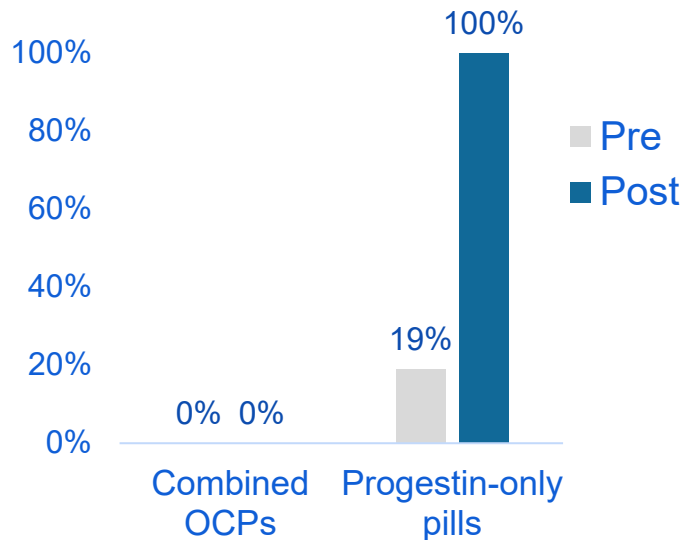
Contraceptive pilot for abortion patients



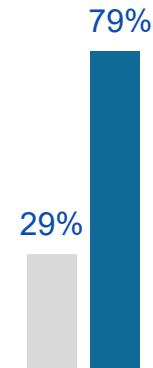
- **Broad Reach:** Clinics in protective states serving travel patients
- **Range of Methods:** Training & TA onsite on all methods
- **Counseling training:** Addressing bias, coercion, and misinformation
- **Affordability:** Partner with abortion funds to provide free access to contraceptives, including donated supplies
- **New modes:** Partner with mail order pharmacies for travel patients and patients preferring to get method afterwards

Increasing access and range of choices in abortion care

Pills for patients with migraines w/aura?

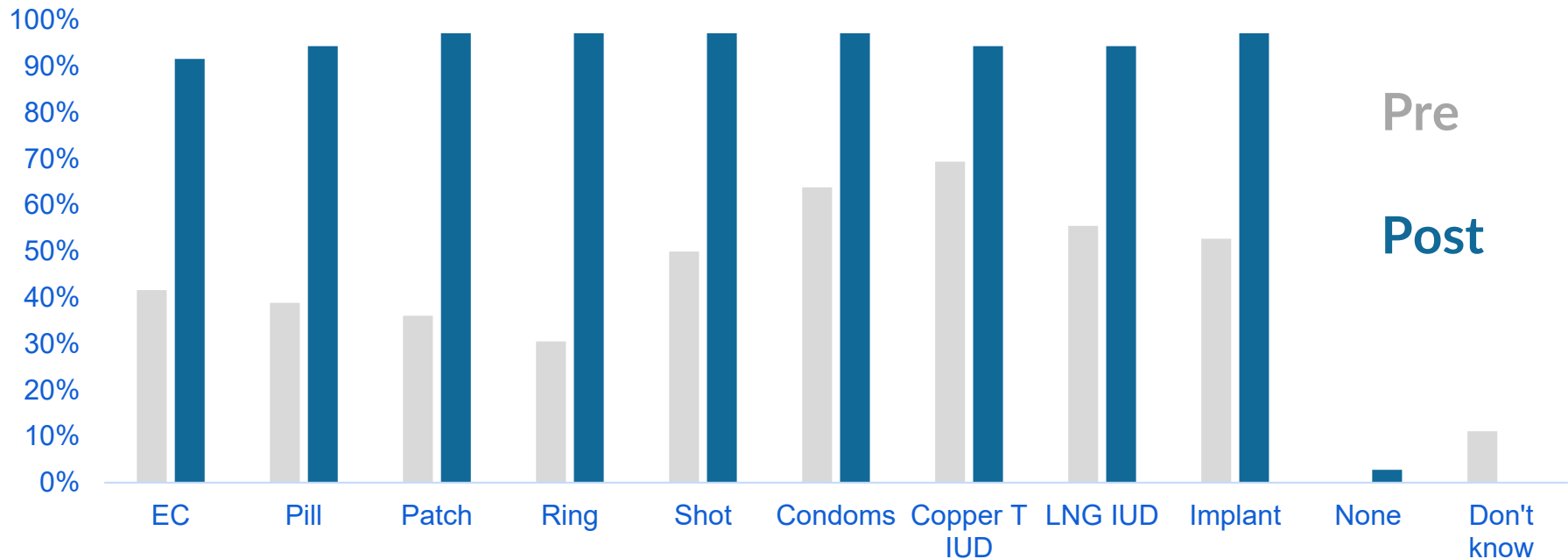


Eligible patients could start implant day of medication abortion



Contraception for gender expansive patients

Which methods would you consider for a patient with ovaries and a uterus who is **using testosterone therapy**?

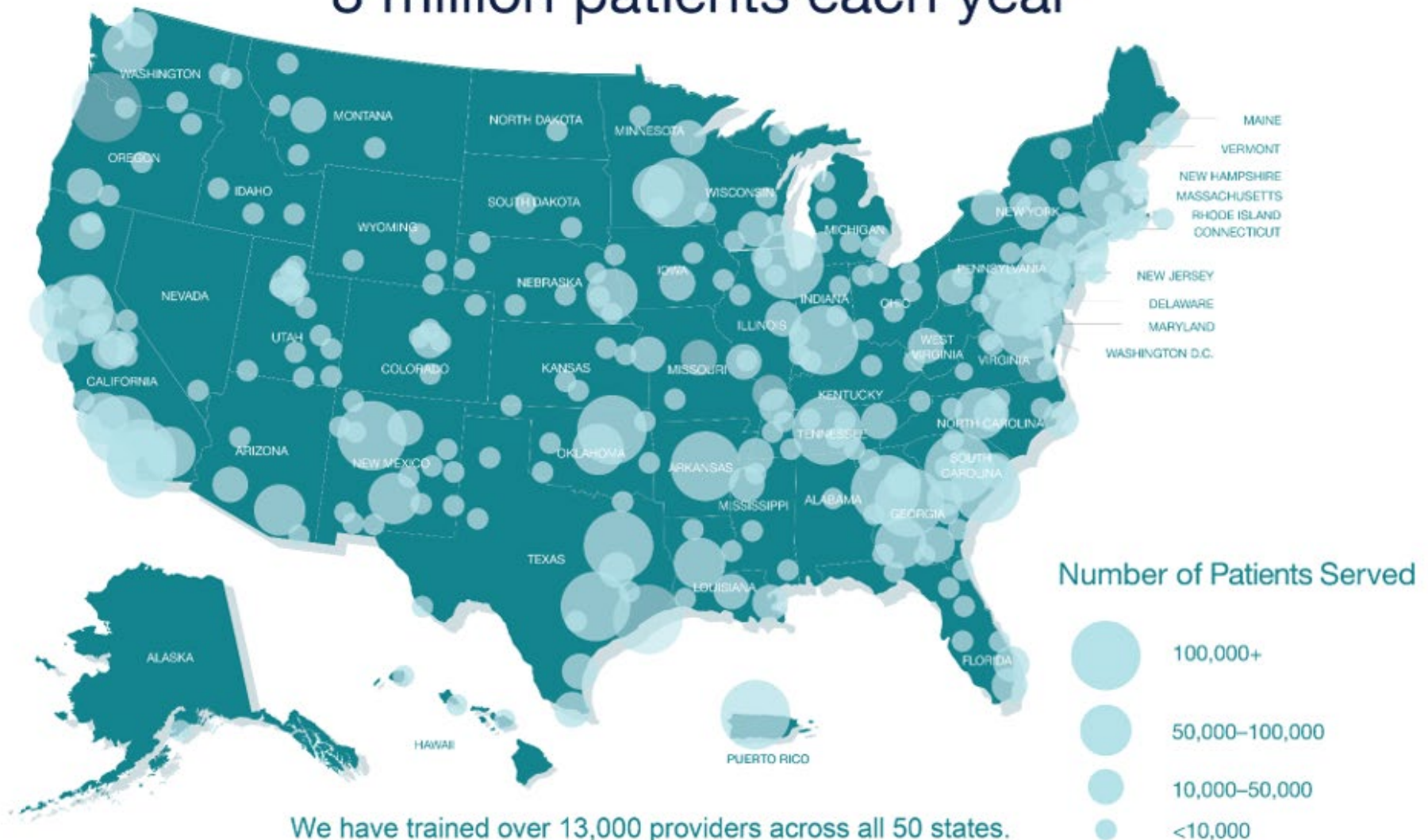


Train broader set of health providers to meet patients' contraceptive needs

- Training in primary care, FQHCs, school health, to offer comprehensive contraceptive care
- Teaching providers how to combat misinformation and confusion (*i.e. are ECPs the same as abortion pills?*)
- Counseling to reduce patient experiences of bias or coercion

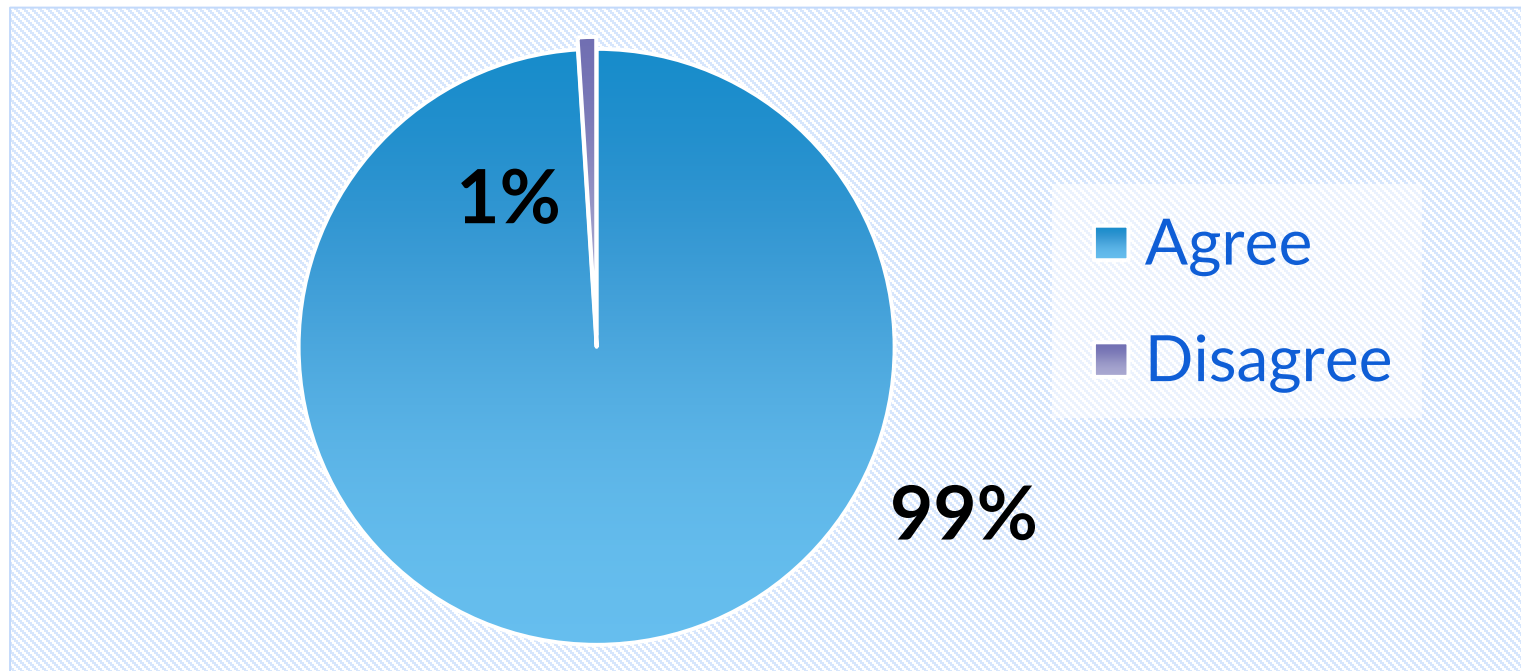
Harper et al. J Gen Intern Med 2023
Kavanaugh et al. Contracep X 2022

Improved access to contraception for more than 8 million patients each year



Getting the word out: Science-based education

My patients would benefit from easy-to-understand EC education



Youth Advisory Board

The biggest thing for where I live is that people don't know the resources where to get birth control. When I was younger, I wasn't informed when I was in school.

-Youth Advisory Board member

BIRTH CONTROL: WHAT'S IMPORTANT TO YOU?

Look inside to learn about your options.

Youth interventions to address access broadly in community & clinic settings

- Design interventions to address inequities in access
- Disseminate science-based education & measure the impact on misinformation
- Utilize new metrics to assess to non-coercive services

Yarger et al. J Womens Health 2022

Harper et al. J Adolesc Health 2023

Harper et al. J Gen Intern Med 2023

In a post-*Dobbs* world

- Scaling interventions should be a priority goal.
- We can increase reproductive autonomy with interventions that leverage partnerships and engage communities across contexts.



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Thank you

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