Research Letter

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, \( P = .002 \)).
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...
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. These restrictions delay abortions and create burdensome financial barriers for historically disadvantaged populations. Our data support that the COVID-19 pandemic has made it more difficult for you to get an abortion because 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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