COVID-19 impacts on abortion care-seeking experiences in the Washington, DC, Maryland, and Virginia regions of the United States

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Abstract

Context: Many people wanted to avoid or delay childbearing during the COVID-19 pandemic. This study sought to examine the extent COVID-19 influenced abortion care-seeking in a region that did not enact policy restricting abortion due to the pandemic, has high service availability, and few abortion-restrictive policies.

Methodology: We conducted telephone surveys with adults (n=72) requesting abortion appointments between September 2020 and March 2021 at five clinics in Washington, DC, Maryland, and Virginia. We used χ² tests to compare sociodemographic, reproductive history, service delivery characteristics, and pandemic-related life changes by whether COVID-19 influenced abortion care-seeking.

Results: Most respondents (93%) had an abortion at the time of the survey, 4% were awaiting their scheduled appointment, and 3% did not have an appointment scheduled. Nearly 40% of people reported COVID-19 influenced their decision to have an abortion. These individuals were significantly more likely to report “not financially prepared” (44% vs. 16%) as a reason for termination compared to people reporting no influence of COVID-19. They were also more likely to have lost or changed their health insurance due to pandemic-related employment changes (15% vs. 2%), report substantial money difficulties due to COVID-19 (59% vs. 33%), and report that paying for their abortion was “very difficult” (25% vs. 2%).

Conclusion: COVID-19 influenced many people to have an abortion, particularly those financially disadvantaged by the pandemic. Expansion of Medicaid abortion coverage in Washington, DC and Virginia could reduce financial barriers to care and help people to better meet their reproductive needs amid future crises.

INTRODUCTION

Since the World Health Organization declared COVID-19 a pandemic in March 2020, the continued spread of the coronavirus has magnified health system, economic, and social disruption worldwide. In addition to impacts on morbidity and mortality in the United States (US), the pandemic likely exacerbated existing inequities in contraception and abortion access, further constraining reproductive autonomy by limiting people’s power to decide and control contraceptive use, pregnancy, and childbearing. Research has shown critical impacts of COVID-19 on sexual and reproductive healthcare, including service disruptions, increased healthcare expenses, and decreased patient ability to pay for care. At the same time, pandemic-induced financial uncertainty influenced desires to delay or...
avoid pregnancies, underscoring the need to strengthen access to contraception and abortion care. Moreover, not obtaining a wanted abortion is associated with adverse outcomes after delivery, including increased household poverty, increased food and housing instability, and an increased likelihood of staying in an abusive relationship compared to people who can obtain an abortion. Yet long before COVID-19, many people faced significant barriers to care due to difficulties coordinating travel, raising funds, and locating a provider. Disproportionate pandemic-related financial impacts on people experiencing existing systemic inequities, including those with low incomes and racial/ethnic minorities who have experienced the most substantial job losses, likely compound these existing barriers.

At the height of COVID-19 restrictions, some states instituted policies to restrict procedures deemed “elective and non-essential,” effectively impeding time-sensitive abortion care and focusing legislative attention and social science research on states considered most hostile to abortion access. Consequently, scant evidence exists regarding abortion care-seeking during heightened pandemic restrictions, economic instability, and health service disruptions in regions comparatively more supportive of abortion access. COVID-19 may have nevertheless posed significant barriers to abortion care-seeking in supportive policy contexts. This study aimed to examine the extent COVID-19 influenced people’s abortion decisions and investigate the factors associated with terminating a pregnancy due to COVID-19 by surveying patients seeking abortion care in Washington, DC, Maryland, and Virginia, a setting less constrained by access to abortion services.

METHODS

Study setting

Legislators in Washington, DC, Maryland, and Virginia did not use COVID-19 as an opportunity to enact further abortion policy restrictions like many other states. Instead, Washington, DC, Maryland, and Virginia had existing abortion-supportive laws and introduced others during the pandemic. Maryland had the most supportive abortion laws among the three study settings, including Medicaid coverage and 44 facilities providing abortion services. Both Washington, DC and Virginia had limited Medicaid coverage for abortion, but eight and 32 facilities providing abortion care, respectively.

Recruitment

We recruited patients from five abortion clinics in Washington, DC, Maryland, and Virginia—one Washington, DC clinic, two Maryland clinics, and two Virginia clinics. Two of the recruitment clinics were hospital-based, and three were free-standing clinics. The clinics that agreed to participate in the study came from a pool of 11 regional clinics that, at the outset of COVID-19, were participating, along with two study investigators, in weekly regional abortion service strategy calls.

All English-speaking adults ages 18 and older who contacted study clinics for abortion care between September 2020 and March 2021 to schedule an abortion appointment were eligible to participate. People who had considered self-inducing and abortion or had attempted to self-induce and asked, “What are the reasons that you decided to have an abortion?” Respondents answered “yes,” “no,” or “I don’t know.” Due to the small number (n = 1) reporting “I don’t know,” we combined this response with “no,” resulting in a dichotomous variable. We measured COVID-19-related financial strain on a 5-point scale (1 = no money difficulties to 5 = significant difficulties); we grouped responses in analysis (1 = none; 2–3 = some; 4–5 = significant). Additional variables included binary measures of any loss/change in insurance coverage due to COVID-19 related employment changes and any diagnosed/suspected coronavirus infection.

COVID-19 factors

We measured COVID-19’s influence on abortion care-seeking using the question, “Did the COVID-19 pandemic influence your decision to have an abortion?” Respondents answered “yes,” “no,” or “I don’t know.” The Johns Hopkins Bloomberg School of Public Health Institutional Review Board at Johns Hopkins University approved study procedures.

Sociodemographic, reproductive, and service-delivery characteristics

Sociodemographic variables included age, gender identity, race/ethnicity, sexual orientation, education, change in respondent’s and partner’s employment since February 2020, relationship status, residence, number of children, and prior abortion. We also asked respondents whether they had considered self-inducing abortion or had attempted to self-induce and asked, “What are the reasons that you decided to have an abortion?” Interviewers selected from a list of response options informed by previous research or selected “Other.” Surveys also captured several characteristics about the clinic encounter, including clinic location, number of clinics respondents called, ability to schedule an appointment at the study clinic, and gestational age at initial clinic contact and appointment. Additionally, people who had an abortion reported abortion type, time between initial clinic contact and appointment, payment method, level of payment difficulty, and satisfaction with care.
TABLE 1 Sociodemographic and reproductive characteristics of respondents seeking an abortion in the Washington, DC, Maryland, and Virginia region overall and by whether COVID-19 influenced their decision to have an abortion (N = 72)

| Characteristic                                      | Overall N = 72; n (col %) | Yes (n = 27) | No (n = 45) | p value* |
|-----------------------------------------------------|----------------------------|--------------|-------------|----------|
| Age (in years)                                      |                            |              |             |          |
| 18–20                                               | 10 (14)                    | 3 (11)       | 7 (16)      | 0.84     |
| 20–29                                               | 32 (44)                    | 11 (41)      | 21 (47)     |          |
| 30–39                                               | 28 (39)                    | 12 (44)      | 16 (36)     |          |
| ≥40                                                 | 2 (3)                      | 1 (4)        | 1 (2)       |          |
| Gender identity                                     |                            |              |             |          |
| Woman                                               | 72 (100)                   | 27 (100)     | 45 (100)    |          |
| Race/ethnicity                                      |                            |              |             | 0.82     |
| White, non-Hispanic                                 | 29 (40)                    | 10 (37)      | 19 (42)     |          |
| Black, non-Hispanic                                 | 28 (39)                    | 11 (41)      | 17 (38)     |          |
| Asian/Pacific Islander                              | 5 (7)                      | 3 (11)       | 2 (4)       |          |
| Hispanic/Latinx                                     | 4 (6)                      | 1 (4)        | 3 (7)       |          |
| Other/multiracial                                   | 6 (8)                      | 2 (7)        | 4 (9)       |          |
| Sexual orientation                                  |                            |              |             | 0.18     |
| Heterosexual or straight                            | 65 (90)                    | 26 (96)      | 39 (87)     |          |
| Homosexual, gay, or lesbian                         | 0 (0)                      | -            | -           |          |
| Bisexual                                            | 7 (10)                     | 1 (4)        | 6 (13)      |          |
| Highest level of education                          |                            |              |             | 0.15     |
| Less than a 4-year degree                           | 50 (69)                    | 16 (59)      | 34 (76)     |          |
| 4-year degree and above                             | 22 (31)                    | 11 (41)      | 11 (24)     |          |
| Employment Status                                   |                            |              |             | 0.46     |
| Unemployed                                          | 28 (29)                    | 13 (48)      | 15 (33)     |          |
| Part-time                                           | 10 (14)                    | 3 (11)       | 7 (16)      |          |
| Full-time                                           | 34 (47)                    | 11 (41)      | 23 (51)     |          |
| Currently attending school                          | 25 (35)                    | 12 (44)      | 13 (29)     | 0.18     |
| Change in employment since February 2020           |                            |              |             | 0.50     |
| No change                                           | 45 (63)                    | 16 (59)      | 29 (64)     |          |
| Lost job or reduced hours                           | 19 (26)                    | 9 (33)       | 10 (22)     |          |
| Increase in employment hours                        | 8 (11)                     | 2 (7)        | 6 (13)      |          |
| Relationship status at initial clinic contact        |                            |              |             | 0.56     |
| Single                                              | 28 (39)                    | 10 (37)      | 18 (40)     |          |
| In a relationship, not cohabitating                 | 10 (14)                    | 2 (7)        | 8 (18)      |          |
| Cohabiting                                          | 20 (28)                    | 10 (37)      | 10 (22)     |          |
| Married                                             | 12 (17)                    | 4 (15)       | 8 (18)      |          |
| Other/prefer not to say                             | 2 (3)                      | 1 (4)        | 1 (2)       |          |
| Partner's employment status*                        |                            |              |             | 0.56     |
| Unemployed                                          | 8 (19)                     | 3 (19)       | 5 (19)      |          |
| Part-time                                           | 5 (12)                     | 3 (19)       | 2 (8)       |          |
| Full-time                                           | 29 (69)                    | 10 (63)      | 19 (73)     |          |
| Partner's change in employment since February 2020 |                            |              |             | 0.96     |
| No change                                           | 33 (83)                    | 13 (81)      | 20 (83)     |          |
| Lost job or reduced hours                           | 5 (13)                     | 2 (13)       | 3 (13)      |          |
| Increase in employment hours                        | 2 (5.0)                    | 1 (4)        | 1 (4)       |          |

(Continues)
TABLE 1 (Continued)

| Characteristic                  | Overall N = 72; n (col %) | COVID-19 influenced respondent’s decision to have an abortion n (%) | p valuea |
|---------------------------------|---------------------------|------------------------------------------------------------------|----------|
| Number of children              |                           | Yes (n = 27) | No (n = 45) |                                  |
| None                            | 36 (50)                   | 12 (44)       | 24 (53)     | 0.76                              |
| 1-2 children                    | 26 (36)                   | 11 (41)       | 15 (33)     |                                   |
| 3-5 children                    | 10 (14)                   | 4 (15)        | 6 (13)      |                                   |
| Had a previous abortion prior to March 2020 | 21 (29) | 10 (37) | 11 (24) | 0.26 |
| Residence                       |                           |                  | 0.34 |                  |
| Washington, DC                  | 0 (0)                     | 0 (0)         | 0 (0)       |                                   |
| Maryland                        | 28 (39)                   | 10 (37)       | 18 (40)     |                                   |
| Virginia                        | 37 (51)                   | 16 (59)       | 21 (47)     |                                   |
| Otherd                          | 7 (10)                    | 1 (4)         | 6 (13)      |                                   |

*aBased on Chi-squared tests.

*bBased on data from n = 42 respondents who reported being in a relationship at initial clinic contact.

Based on N = 40 respondents who reported on the characteristics.

dOther residence includes West Virginia, North Carolina, Florida, Pennsylvania, Nebraska, and Ontario.

**Analysis**

We conducted descriptive analyses to examine sample characteristics and reported COVID-19 related impacts on abortion decision-making. We used $\chi^2$ tests to examine differences between those who did and those who did not report COVID-19 influenced their decision to terminate by sociodemographic, reproductive, and abortion service characteristics. In supplementary analyses, we examined select abortion and COVID-19 characteristics by race. We conducted all analyses in Stata version 16.1.

**RESULTS**

**Sample**

Clinic staff approached a total of 412 people and 35% (n = 144) indicated an initial interest in participation; we were unable to contact 31% (n = 42) of this group. Among the 102 people the study team could contact, 71% (n = 72) agreed to participate (Table 1). The final sample included 13% (n = 9) recruited from the Washington, DC study clinic, 35% (n = 25) from Maryland clinics, and 53% (n = 38) from Virginia clinics (Table 2). Over half of respondents (n = 37) resided in Virginia, 40% (n = 28) lived in Maryland, and none lived in Washington, DC. Most respondents (n = 67, 93%) had an abortion at the time of the survey, 4% (n = 3) were awaiting their scheduled appointment, and 3% (n = 2) did not have an appointment scheduled (Table 2).

Approximately 10% (n = 7) of respondents who had an abortion came from outside the region, including other US states and Canada. None of these characteristics differed significantly by whether COVID-19 influenced the respondent’s decision to have an abortion (Table 1). Of people who paid out-of-pocket for their abortion, the majority were white (p < 0.01; Table B1) and 85% of respondents who used public insurance to pay were Black (p < 0.01; Table B1). Forty-three percent of people who reported paying for their abortion was “very difficult” identified as Black compared to 29% white, although results did not differ significantly by race (p = 0.19; Table B1).

**COVID-19 impacts**

Overall, 38% (n = 27) of people reported the COVID-19 pandemic influenced their decision to have an abortion (Table 1). In addition, one in four respondents lost their job or were forced to reduce hours compared to pre-COVID levels in February 2020; 13% (n = 5) reported their partner lost their job or reduced hours during the same time. Nearly 40% (n = 26) reported payment was somewhat or very difficult. This was significantly more common among those who said COVID-19 influenced their decision to have an abortion than among people whose decisions were not affected by COVID-19 (50% vs. 32%; p = 0.03). While approximately one in four respondents indicated financial unpreparedness as a reason for terminating, this reason was significantly more common among those who reported COVID-19 influenced their decision to have an abortion (44% versus 16%, p = 0.1); Similarly, 19% (n = 14) indicated the pregnancy would interfere with future opportunities. This was not significantly more common among those for whom COVID-19 was a factor in their termination decision than those for whom it was not (30% versus 13%, p = 0.09). No respondents indicated “Other” reasons for having an abortion not listed on the survey.

Overall, 7% (n = 5) lost or changed insurance coverage, but those who reported COVID-19 influenced their decision to terminate were significantly more likely to have experienced insurance changes than those who did not report COVID-19 influenced their decision.
In addition, while 43% (n = 31) of respondents reported significant COVID-19-related money difficulties, those who said COVID-19 influenced their decision to seek abortion were significantly more likely to experience financial issues (59% vs. 33%, p = 0.03). Thirty-two percent of respondents (n = 23) reported diagnosed or suspected COVID-19 at any point during the pandemic, which was not different by whether COVID-19 influenced the decision to terminate.

**Table 2** Abortion trajectory and abortion characteristics of respondents seeking an abortion during COVID-19 in the Washington, DC, Maryland, and Virginia region overall and by whether COVID-19 influenced their decision to have an abortion (N = 72)

|                           | Overall N (col %) | COVID-19 influenced the respondent's decision to have an abortion n (%) or mean (SE) | p valuea |
|---------------------------|------------------|--------------------------------------------------------------------------------------|----------|
| Had abortion              |                  |                                                                                      | 0.52     |
| Yes                       | 67 (93)          | Yes 27                                                                                 |          |
| Not yet, but appointment scheduled | 3 (4) | 2 (7)                                                                                 |          |
| No appointment scheduled at time of survey | 2 (3) | 1 (4)                                                                                 |          |
| Type of abortionb         |                  |                                                                                      | 0.72     |
| Medication                | 26 (39)          | Yes 10                                                                                 |          |
| Aspiration/surgical       | 41 (61)          | No 14                                                                                 |          |
| Received preferred type of abortionb | Yes/no preference | 60 (90)                                | 0.21     |
| No                        | 7 (11)           | 4 (17)                                                                                |          |
| Satisfaction with care received (5 = fully satisfied)b | 4.90 (0.24) | 4.95 (0.21)                             | 0.91     |
| Abortion paymentb         |                  |                                                                                      |          |
| Out-of-pocket with own money | 35 (52) | Yes 10                                                                                 | 0.20     |
| Out-of-pocket with money from family and/or friends | 6 (9) | 2 (8)                                                                                 | 0.89     |
| Private insurance         | 14 (21)          | 5 (21)                                                                                | 0.99     |
| Public insurance          | 13 (19)          | 4 (17)                                                                                | 0.67     |
| Assistance from an abortion fund | 20 (30) | 8 (33)                                                                                 | 0.64     |
| Difficulty paying for abortionb |                  |                                                                                      | 0.03     |
| Not at all difficult       | 24 (36)          | 6 (25)                                                                                |          |
| Not very difficult         | 17 (25)          | 6 (25)                                                                                |          |
| Somewhat difficult         | 19 (28)          | 6 (25)                                                                                |          |
| Very difficult             | 7 (11)           | 6 (25)                                                                                |          |
| Recruitment clinic location|                  |                                                                                      | 0.21     |
| Washington, DC             | 9 (13)           | 1 (4)                                                                                 |          |
| Maryland                  | 25 (35)          | 10 (37)                                                                               |          |
| Virginia                  | 38 (53)          | 16 (59)                                                                               |          |
| Reasons for seeking abortion (select multiple) |                  |                                                                                        |          |
| Not financially prepared   | 19 (26)          | 12 (44)                                                                               | 0.01     |
| Not the right time for a baby | 38 (53)          | 16 (59)                                                                               | 0.39     |
| Partner-related reasons    | 13 (18)          | 6 (22)                                                                                | 0.48     |
| Need to focus on other children | 15 (21)          | 8 (30)                                                                                | 0.16     |
| Interferes with future opportunities (e.g., work, school) | 14 (19) | 8 (30)                                                                                 | 0.09     |
| Not emotionally or mentally prepared | 11 (15)          | 5 (19)                                                                                | 0.55     |
| Health-related reasons (pregnant person or fetus) | 20 (28) | 5 (19)                                                                                 | 0.17     |
| Wanted a better life for the baby than could provide | 2 (3) | 1 (4)                                                                                 | 0.71     |
| Considered self-inducing an abortion | 5 (7) | 3 (11)                                                                                 | 0.28     |
| Attempt to self-induce an abortion | 1 (1) | 1 (100)                                                                                |          |

aBased on Chi-squared tests for categorical variables and Wilcoxon Rank Sum Test for satisfaction with care.
bBased on respondents who received an abortion at time of survey (n = 67).
TABLE 3  COVID-19-related impacts on people seeking abortion in the Washington, DC, Maryland, and Virginia region overall and by whether the pandemic influenced respondent’s decision to have an abortion (N = 72)

| Lost insurance coverage/changed plans due to COVID-19-related changes in employment | Overall N (col %) | Yes (N = 27) | No (N = 45) | p value\(^a\) |
|---|---|---|---|---|---|
| Yes | 5 (7) | 4 (15) | 1 (2) | 0.04 |
| No | 67 (93) | 23 (85) | 44 (98) | |

| COVID-19 caused money difficulties for self and immediate family | Overall N (col %) | Yes (N = 27) | No (N = 45) | p value\(^a\) |
|---|---|---|---|---|---|
| No difficulties | 12 (17) | 1 (4) | 11 (24) | 0.03 |
| Some difficulties | 29 (40) | 10 (37) | 19 (42) | |
| Significant difficulties | 31 (43) | 16 (59) | 15 (33) | |

| Diagnosed or suspected COVID-19 infection at any point | Overall N (col %) | Yes (N = 27) | No (N = 45) | p value\(^a\) |
|---|---|---|---|---|---|
| Yes | 23 (32) | 11 (41) | 12 (27) | 0.47 |
| No | 49 (68) | 16 (59) | 33 (73) | |

\(^a\)Based on Chi-squared tests.

DISCUSSION

The reasons people sought abortion care mainly were consistent with reasons described in pre-pandemic US studies\(^{6,29}\); however, nearly two in five respondents indicated COVID-19 influenced their decision to have an abortion. Over half of respondents paid out-of-pocket for their abortion; however, those who COVID-19 influenced to have an abortion experienced the most difficulty paying for care, more frequently sought abortion due to financial constraints, and reported more significant loss or change in insurance coverage compared to those for whom COVID-19 was not a factor in their decision. These findings suggest people who said that COVID-19 influenced their decision to have an abortion were more disadvantaged by pandemic economic constraints and experienced the most money difficulties. Thus, COVID-19 likely intensified financial limitations preventing people from feeling they could continue a pregnancy. The ability to decide whether and when to give birth is inextricably linked to economic stability and empowerment.\(^{31,32}\) Thus, lack of accessible abortion care, particularly during times of large-scale economic disruption, threatens people’s lives and futures.\(^{9,33,34}\)

Our findings suggest economic challenges may have influenced people’s decision to have an abortion when faced with an unintended pregnancy during COVID-19 and align with previous research. Studies show disproportionate pandemic disadvantages contributed to changes in fertility desires and access to reproductive healthcare, especially among groups already experiencing systematic economic and racial inequities.\(^{6,7,16}\) People financially disadvantaged in early 2020 reported wanting to avoid or delay childbearing because of COVID-19.\(^{7,35}\) In one study, 40% of respondents changed their plans about the timing and number of children desired due to COVID-19, with the greatest change in preferences seen among Black, Hispanic, and low-income respondents.\(^7\) Another study suggests Black and Hispanic women experienced greater food, transportation, and housing insecurity during COVID-19 compared to white women, which was associated with an increased desire to avoid pregnancy.\(^{35}\) At the same time, pandemic job and income losses diminished people’s ability to meet their contraceptive needs,\(^6\) likely influencing abortion care-seeking. Expansion of Medicaid support for abortion in Washington, DC and Virginia could reduce financial barriers to care and help people to better meet their reproductive needs amid future crises. Finally, continuing research on the impacts of COVID-19 on abortion care-seeking in both restrictive and supportive policy environments is necessary for informed care and policymaking.

Readers should interpret these findings with caution. Results may not represent all abortion patients at Washington, DC, Maryland, and Virginia clinics or outside the region; those experiencing the most substantial COVID-19 financial and health impacts may have been less likely to have the time to participate. Alternatively, they may have been more motivated to participate given the small financial incentive. Thus, the direction of the bias our selective sample includes is difficult to determine. Additionally, only a small number of people unable to schedule an appointment are included in this study, potentially underestimating the association and impact of COVID-19 on abortion care-seeking experience. It is possible that people who were unable to access a wanted abortion and those unable to contact an abortion clinic experienced insurmountable barriers to accessing care. Finally, the small sample size limits our power to detect statistically significant differences in sample sociodemographic characteristics we might anticipate given previous research\(^{6,7,35}\) on pandemic exacerbated racial and socioeconomic inequities.

This study nevertheless contributes to emerging evidence on the impacts of COVID-19 on sexual and reproductive health. We provide timely data from an area with high abortion service availability and few policies restricting abortion access. Findings support an association between financial instability and having an abortion due to pandemic-induced conditions, which researchers should explore further in studies.
of abortion access, demand, and care-seeking. Qualitative work could help elucidate the myriad factors and potential confounders that motivate people to seek abortion due to pandemic-related financial stresses not captured in this study, such as childcare challenges, increasing debt, difficulty affording food, and housing insecurity.36,37

In conclusion, while faced with heightened existing barriers to abortion care, the pandemic economic environment likely impacted reproductive trajectories, specifically abortion care-seeking among financially disadvantaged people.

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APPENDIX A

COVID-19 Impacts on Abortion Access and Health Equity
Patient Phone Survey
Interviewer name: ______
Received informed oral consent from the respondent:

• Yes
• No

Section 1. Abortion Experience

The following questions are about the reason you called [clinic name] and your subsequent abortion-related experience.

1. At the time you called [clinic name], approximately how many weeks along was your pregnancy?

2. Was this the only clinic you called to schedule an abortion appointment?
   • Yes
   • No

3. [If no] How many other clinics did you contact in total?
   • ______

4. Were you able to schedule an abortion appointment at [clinic name]?
   • Yes
   • No

5. [If received abortion appointment] Did you have an abortion at [clinic name]?
   • Yes
   • Not yet but appointment scheduled
   • No

6. Approximately how many weeks along was your pregnancy when you had the abortion?
   • ______

7. [If obtained abortion] What type of abortion did you have?
   • Surgical/D&C/procedure
   • Pill/medication

8. Was this the type of abortion you wanted?
   • Yes
   • No
   • Did not have a preference

9. How did this clinic deliver the pre-abortion counseling? In-person, on the phone, or on a video call?
   • In person
   • Telephone
   • Video call

10. [If received pill/medication abortion] How did you get the medication abortion pills? Was it in-person in the clinic or through a low or no contact pill pick-up?
    • In person
    • No/low contact

11. How did this clinic deliver the post-abortion counseling? In-person, on the phone, or on a video call?
    • In person
    • Telephone
    • Video call
    • No follow-up

12. On a scale of 1 to 5, how satisfied were you with the care you received from the clinic, with 1 being not at all satisfied and 5 being fully satisfied?
    • _____

13. How did you pay for the abortion? Did you use any other form of payment? Select all that apply.
    • Entirely out-of-pocket with my own money
    • Entirely out-of-pocket with money from family and/or friends
    • Private insurance covered part or all of my abortion
    • Public insurance covered part or all of my abortion
    • With money from an abortion fund
Over time with clinic’s payment plan

14. Did you consider paying for the abortion to be very difficult, somewhat difficult, not very difficult, or not at all difficult?
   - Very difficult
   - Somewhat difficult
   - Not very difficult
   - Not at all difficult

15. [If did not received abortion appointment from recruitment clinic] Did you receive an abortion appointment from another clinic after you contacted [clinic name]?
   - Yes
   - No

16. [If received abortion appointment] Did you have an abortion at another clinic?
   - Yes
   - Not yet but appointment scheduled
   - No

17. Approximately how many weeks along was your pregnancy when you had the abortion?
   - ______

18. [If received abortion elsewhere] What type of abortion did you have?
   - Surgical/D&C/procedure
   - Pill/medication

19. Was this the type of abortion you wanted?
   - Yes
   - No
   - Did not have preference

20. How did this clinic deliver the pre-abortion counseling? In-person, on the phone, or on a video call?
   - In person
   - Telephone
   - Video call

21. [If received pill/medication abortion] How did you get the medication abortion pills? Was it in-person in the clinic or through a low or no contact pill pick-up?
   - In person
   - No/low contact

22. How did this clinic deliver the post-abortion counseling? In-person, on the phone, or on a video call?
   - In person
   - Telephone
   - Video call
   - No follow-up

23. On a scale of 1 to 5, how satisfied were you with the care you received from the clinic, with 1 being not at all satisfied and 5 being fully satisfied?
   - ______

24. How did you pay for the abortion? Did you use any other form of payment? Select all that apply.
   - Out-of-pocket with my own money
   - Out-of-pocket with money from family and/or friends
   - Insurance covered part or all of my abortion
   - With money from an abortion fund
   - Used clinic’s payment plan

25. Did you consider paying for the abortion to be very difficult, somewhat difficult, not very difficult, or not at all difficult?
   - Very difficult
   - Somewhat difficult
   - Not very difficult
   - Not at all difficult

26. [For all respondents] At any point did you consider trying to end the pregnancy on your own? This could involve ordering abortion pills online, taking other medicines or remedies, or trying to injure yourself to cause an abortion.
   - Yes
   - No
   - Do not know

27. [If yes] Did you do anything to try to end the pregnancy yourself?
   - Yes
   - No

28. [If yes] What did you do? Select all that apply.
   - Took abortion pills that were ordered online
   - Took birth control pills
   - Took other pills (specify)
   - Took other medicines (specify)
   - Tried to physically harm self (specify)
   - Other (specify)

29. What are the reasons that you decided to have / seek an abortion? Did you have any other reasons?
   - Not financially prepared
   - Not the right time for a baby
   - Partner related reasons
   - Need to focus on other children
   - Interferes with future opportunities (e.g. work, school)
   - Not emotionally or mentally prepared
   - Health related reasons
   - Wanted a better life for the baby than respondent could provide
   - Don’t want any/any more children
   - Other (describe)

30. Did the COVID-9 pandemic influence your decision to have/seek an abortion?
   - Yes
   - No
   - I Don’t Know

Section 2. COVID-19 Impacts

The next questions are about how COVID-19 has impacted you.

31. Have you been diagnosed with COVID-19?
   - Yes
   - No

32. [If no] Do you think you had COVID-19?
33. Were you employed full-time, part-time, or not employed in February prior to the COVID-19 pandemic?
   - Full-time
   - Part-time
   - Not employed

34. Are you currently employed full-time, part-time, or not employed?
   - Full-time
   - Part-time
   - Not employed

35. What was your relationship status at the time you began calling about an abortion services?
   - Not in relationship
   - Had a partner but did not live with them
   - Living together with partner
   - Married
   - Divorced
   - Widowed
   - Other

36. [If dating, cohabiting or married] Was your partner employed full-time, part-time, or not employed in February prior to the COVID-19 pandemic?
   - Full-time
   - Part-time
   - Not employed
   - Do not know

37. [If dating, cohabiting or married] Is your partner currently employed full-time, part-time, or not employed?
   - Full-time
   - Part-time
   - Not employed

38. Have you lost your insurance coverage or been forced to change insurance plans due to COVID-19 related changes in employment?
   - Yes, lost coverage
   - Yes, changed plans
   - No

39. [If yes] Did this change in insurance make it more difficult to find a place where you could get an abortion or your ability to pay? Select all that apply.
   - Yes, impacted place
   - Yes, impacted payment
   - No

40. On a scale of 1 to 5, how much has COVID-19 caused money difficulties for you and your immediate family, with 1 being no money difficulties and 5 being a significant money difficulties?
   - _____

Section 3. Respondent Characteristics

The final questions are about your personal characteristics.

41. What is your age?
   - _____

42. What race and ethnicity do you identify as? Select all that apply.
   - White
   - Black
   - Asian
   - Hispanic/LatinX
   - Other (specify)
   - Prefer not to say

43. What gender do you identify as?
   - Woman
   - Man
   - Genderqueer/gender non-conforming/non-binary
   - Prefer to self-describe (specify)
   - Prefer not to say

44. Do you think of yourself as:
   - Heterosexual or straight
   - Homosexual, gay, or lesbian
   - Bisexual
   - Something else (specify)

45. Are you currently enrolled in school or pursuing a degree? If classes were temporarily cancelled due to COVID-19 or you are on a temporary leave but you plan to continue, you can respond “Yes”.
   - Yes
   - No

46. [If yes] What level of school are you attending?
   - GED
   - High school
   - Associate's degree
   - College (bachelor's degree)
   - Graduate school
   - Other (specify)

47. [If no] What is the highest level of education you have completed?
   - GED
   - High school
   - Associate's degree
   - College (bachelor's degree)
   - Graduate school
   - Other (specify)

48. Zip code
   - _____

49. Do you have any children you are the primary care giver for?
   - Yes
   - No

50. [If has children] How many children do you care for?
   - _____

51. Before March 2020, had you previously had an abortion?
   - Yes
   - No

52. Do you have anything else about yourself, the abortion, or your experience accessing care amid the COVID-19 pandemic that you would like to share with me?
53. Survey result
   - Complete
   - Partially complete
   - Refused to participate
   - Unable to reach

Section 4. Payment Details

54. To receive your gift of $10 as a thank you for your participation, we can send the payment using Venmo or an Amazon gift card. Which would you prefer?
   - Venmo
   - Amazon

55. [If Venmo] What is your Venmo ID?
    - ______

56. [If Venmo] For payment verification, what are the last four digits of the phone number associated with your Venmo account?
    - ______

57. [If Amazon] Would you prefer to receive your Amazon gift card in the mail or by e-mail?
   - Mail
   - E-mail

58. [If Mail] What address should we send the Amazon gift card to?
    - __________

59. [If E-mail] What email address should we send the Amazon gift card to?
    - __________
### TABLE B1  Select characteristics of respondents who sought abortion care during COVID-19 by race, Washington, DC, Maryland, and Virginia (N = 72)

| Characteristic n (row %) | White n (row%) | Black n (row%) | Multiracial/other n (row%) | p value<sup>a</sup> |
|--------------------------|---------------|---------------|---------------------------|-------------------|
| Recruitment clinic location |               |               |                           | <0.01             |
| Washington, DC           | 5 (56)        | 2 (22)        | 2 (22)                    |                   |
| Maryland                 | 3 (12)        | 19 (76)       | 3 (12)                    |                   |
| Virginia                 | 21 (55)       | 7 (18)        | 10 (26)                   |                   |
| Had abortion             |               |               |                           | 0.55              |
| Yes                      | 28 (42)       | 25 (37)       | 14 (21)                   |                   |
| Not yet, but appointment scheduled | 1 (33) | 2 (66) | 0 (0) | |
| No appointment scheduled at time of survey | 2 (67) | 1 (33) | 0 (0) | |
| Type of abortion<sup>b</sup> |               |               |                           | 0.54              |
| Medication               | 13 (50)       | 8 (31)        | 5 (19)                    |                   |
| Surgical                 | 15 (37)       | 17 (41)       | 9 (22)                    |                   |
| Received preferred type of abortion<sup>b</sup> |               |               |                           | 0.29              |
| Yes/no preference        | 27 (45)       | 21 (35)       | 12 (20)                   |                   |
| No                       | 1 (14)        | 4 (57)        | 2 (29)                    |                   |
| Abortion payment<sup>b</sup> |               |               |                           |                   |
| Out-of-pocket with own money | 20 (57) | 7 (20) | 8 (23) | <0.01 |
| Out-of-pocket with money from family and/or friends | 3 (50) | 1 (17) | 2 (33) | 0.48 |
| Private insurance        | 6 (43)        | 5 (36)        | 3 (21)                    | 0.96              |
| Public insurance         | 1 (8)         | 11 (85)       | 1 (8)                     | <0.01             |
| Assistance from an abortion fund | 8 (40) | 7 (35) | 5 (25) | 0.84 |
| Difficulty paying for abortion<sup>b</sup> |               |               |                           | 0.19              |
| Not at all difficult     | 7 (29)        | 14 (58)       | 3 (13)                    |                   |
| Not very difficult       | 9 (53)        | 4 (24)        | 4 (24)                    |                   |
| Somewhat difficult       | 10 (53)       | 4 (21)        | 5 (26)                    |                   |
| Very difficult           | 2 (29)        | 3 (43)        | 2 (29)                    |                   |
| Diagnosed or suspected COVID-19 infection at any point |               |               |                           | 0.67              |
| Yes                      | 11 (48)       | 8 (35)        | 4 (17)                    |                   |
| No                       | 18 (37)       | 20 (41)       | 11 (22)                   |                   |
| Lost insurance coverage/changed plans due to COVID-19-related changes in employment |               |               |                           | 0.49              |
| Yes                      | 2 (40)        | 1 (20)        | 2 (40)                    |                   |
| No                       | 27 (40)       | 27 (40)       | 13 (19)                   |                   |
| COVID-19 caused money difficulties for self and immediate family |               |               |                           | 0.44              |
| No difficulties          | 6 (50)        | 3 (25)        | 3 (25)                    |                   |
| Some difficulties        | 14 (48)       | 11 (38)       | 4 (14)                    |                   |
| Significant difficulties | 9 (29)        | 14 (45)       | 8 (26)                    |                   |

<sup>a</sup>Based on Chi-squared tests.  
<sup>b</sup>Based on respondents who received an abortion at time of survey (n = 67).  

COVID-19 IMPACTS ON ABORTION CARE-SEEKING