



Compilation of research related to

COVID & REPRODUCTIVE FREEDOM

Overview

This is a non-exhaustive compilation of current, ongoing, and past research related to COVID and reproductive health, rights, and justice. We hope that it can offer a broad landscape of research and resources related to the impact of COVID on individuals and their families and communities.

This has been an unprecedented year. Although we want to believe that resiliency is an attribute of our communities, the reality is that resiliency results from overcoming trauma and the decisions made during difficult times. As organizations seek to advance policies and programs that foster innovative systems to address emerging needs, we hope that this research can support you in creating new tools to support communities, and expand your analysis of what is needed. There is research here that is looking at how COVID is exasperating disparities, as well as resources that offer immediate support and information. Special thanks to Sachiko Ragosta (IBIS) who closely collaborated with CCRF and collected most of the research! Thank you, also to Rebecca Griffin contributing CA specific research.

Using this document: Our intention is to keep this simple. We have created three categories: Research that was **Completed this year**, **On-going**, and **PAST Research**

Completed this year - This research was conducted as a response to COVID (2020). Some of the resources are research projects, while some are tools that were created in response to COVID to address a specific issue.

On-going - This research was initiated this year and will be completed next year. Here, we are informing you of the topic, presenting the basic question and expected timeline, however the analysis is not complete.

Past - this section was compiled by partners at *Society for Family Planning* as a tool focused on abortion access in the context of the pandemic and white supremacy/political uprising. The research spans the Great Recession (2008) to this year (2020). It also applies an additional lens of the impact of the economic and health crisis on reproductive freedom.

**There is more research out there, we know it.
If you have an addition, just send us an email - we will gladly add it.**

2020 Research Projects

Ibis Reproductive Health and Abortion Care Network

The impact of COVID on Independent Abortion Clinic Sustainability and Abortion Access. Terri-Ann Thompson (tthompson@ibisreproductivehealth.org)

This study, conducted in April 2020, aimed to understand the impact of Covid-19 and related restrictions, changes to abortion policy and clinic closures on independent abortion clinics and abortion clients through interviews with 12 independent providers and two abortion funds. This study found that the adjustments clinics have had to make to ensure clients safety have incurred financial loss. The impact of legislative changes, border and clinic closures has resulted in more patients crossing state borders to access abortion, more abortions at higher gestational ages, while changes to clinics and increased demand due to clinic closures with lower capacity due to financial costs and capacity limits have created long waitlists and ultimately complicated abortion access. These changes are not sustainable, and even shifts to telehealth are not guaranteed to be reimbursed by health insurance and thus not a perfect solution, these clinics need long term support to remain open.

Guttmacher

COVID-19 and Immigrant's Access to Sexual and Reproductive Health Services in the United States. Sheila Desai (sdesai@guttmacher.org) and Goleen Samari

Immigrants may be further impacted by pandemic restrictions as many are low income, uninsured. Increased racism and xenophobia and threat of raids may also deter immigrants from seeking care. The Public Charge rule may cause individuals to drop Medicaid coverage or forgo care-seeking to avoid threatening their status. The conditions of detention centers even before the pandemic included many human rights abuses, but now the added risk of rapid spread of covid-19 puts detainees at further health risks. These threats to immigrants' health stresses the importance of policy that guarantees health coverage for immigrants, a comprehensive approach to addressing the pandemic, and community engagement to continue to engage and prioritize immigrant communities.

Early Impacts of the COVID-19 Pandemic: Findings from the 2020 Guttmacher Survey of Reproductive Health Experiences. Laura D. Lindberg, Alicia VandeVusse, Jennifer Mueller, and Marielle Kirstein

This survey tracked the impact of the COVID-19 pandemic on SRH care in the beginning of the shelter-in-place ordinances. Many women faced cancellations or delays in SRH care, felt increased anxiety about their ability to pay for care, experienced intimate partner violence and had trouble seeking support. Many women's views on contraception shifted in favor of more effective methods because of the pandemic.

Gynuity/ANSIRH

No-Test Medication Abortion: A Sample Protocol for Increasing Access During a Pandemic and Beyond. Beth Raymond, Gynuity; Dan Grossman (ANSIRH), A. Mark

The COVID-19 epidemic has triggered an acute need to minimize the time that patients spend in medical facilities and to reduce physical contact between patients and providers. In response to this need, Gynuity recently led the collaborative development of a [sample protocol](#) for providing medication abortion without any routine facility-based tests either before or after treatment. The protocol includes recommendations for patient selection, Rh status evaluation and management, the treatment regimen, and follow-up without facility-based tests. We also provide guidance on counseling

patients using this approach. We expect that the no-test approach will continue to be beneficial after the epidemic ends, by decreasing cost and enhancing convenience and comfort of medical abortion and by facilitating new service delivery approaches that can increase access to this essential health care.

Univ of Ottawa

Two large-scale national qualitative studies on pregnant people's experiences with mifepristone, understanding what are pregnant people's experiences seeking and obtaining abortion care in the COVID-19 era.

The gold standard of medication abortion, mifepristone and misoprostol, became available in Canada in 2017 as a combination pack under the trade name Mifegymiso®. We aimed to document people's experiences deciding to use and accessing medication abortion and generate insights for how information and services could be improved. The overwhelming majority of participants reflected positively on their experience with mifepristone/misoprostol for early abortion. Most people reported that medication abortion offered increased autonomy, privacy, and convenience compared with instrumentation procedures and especially liked being able to have the abortion in a comfortable and familiar environment. Researchers: Angel Foster- University of Ottawa (Angel.Foster@uottawa.ca).

More research coming from Dr. Foster:

https://www.eurekalert.org/pub_releases/2020-09/uoo-nfe091820.php

Resources

Bixby Center

[This is How I Teach: Telemedicine for Medication Abortion](#)

[This is How I Teach: Self-Injection DMPA-SC](#)

State legislators can use their power to expand or allow telemedicine for medication abortion. Patients can safely inject their own depo shot.

IBIS

[Free the Pill Policy Agenda in the Time of COVID-19: Policy Recommendations to Expand Contraceptive Access.](#)

The COVID-19 pandemic has exacerbated the systemic inequalities in the country, making clear the importance of policy change to protect the most vulnerable among us. This policy agenda includes demands to make all health insurance plans cover over-the-counter contraception, expanding what contraceptive methods are covered by insurance and eliminating out-of-pocket costs, expanding coverage to include immigrants and improving health infrastructure so it is better suited to meet our diverse SRH needs. Britt Wahlin (bwahlin@ibisreproductivehealth.org).

UCSF School of Nursing, the California Black Infant Health Program, and California Breastfeeding Coalition.

[COVID-19 Birth Worker Relief Fund](#)

To date, they have provided 141 one-time, small grants in the amounts of \$500-2500 to **BIPOC birth workers** and **BIPOC led public health programs** and **community based organizations** providing services during the pandemic. Application is currently closed, but they are looking into creating an

ongoing program. Home delivery of locally grown produce and virtual group medical visits at community health centers in Alameda County. They are seeking additional support to expand this work, ranging from funding for ongoing research to more land in Alameda County for farming partners to grow more food. They're interested in sharing this work with policymakers, media and potential funders.

National Health Law Program

[Telehealth in Medi-Cal: Lessons Learned During COVID That Should Continue.](#)

NHELP - Although California's existing policies already enabled the use of telehealth among Medi-Cal beneficiaries, the state (along with the federal government) instituted various flexibilities during the PHE in order to expand telehealth access. This issue brief describes what flexibilities should or should not remain after the pandemic and what other changes are needed that are not currently in place.

[Coronavirus Resources](#)

NHELP Top Ten Lists; Health Equity; Medicaid Authorities Legislation; Eligibility and Enrollment; Due Process; Private Insurance Coverage; Reproductive and Sexual Health; Disability and Long-Term Services; Mental Health and Substance Use Disorder; Telehealth Services and Prescription Drugs; Communities of Color; Immigration and Xenophobia; California Medicaid (Medi-Cal); Social Determinants of Health; Medicaid Managed Care

On-going (2020 research that is still in the works)

UCSF

PRIORITY (Pregnancy CoRonavirus Outcomes RegIsTrY)

A nationwide study of pregnant and recently pregnant women who are either under investigation for Coronavirus infection (COVID-19) or have been confirmed to have COVID-19. Launched as The Reproductive Health Equity and Birth Justice Core to focus on the impact of COVID-19 on Black, Indigenous, People of Color (BIPOC) communities. We aim to understand how racism and other factors impact pregnant people with COVID-19 and work with BIPOC and queer communities to prioritize COVID-19 research that is most important to them.

Contact: prioritycovid19@ucsf.edu or by phone at 415-476-2850

Timeline: Ongoing

Researchers: UCSF. Ifeyinwa V. Asiodu PhD, RN, IBCLC.; Brittany D. Chambers PhD, MPH, Assistant Professor.; Monica R. McLemore, PhD, MPH, RN, FAAN.; Karen A. Scott MD, MPH, FACOG; Andrea Jackson MD, MAS; Judy Young MPH; Kia Skrine Jeffers, PhD, RN, UCLA

ANSIRH, Bixby Center

Facebook and Instagram survey of women on COVID and reproductive health

Findings: Black and Latinx women are facing the biggest economic burden. Influenced by that, they are less likely to want to become pregnant, but are having a harder time getting access to birth control. There is qualitative data as well from open-ended questions. Read a summary of the findings here.

Timeline: Publicly available late 2020/early 2021

Researchers: Tracy Lin and Diana Greene Foster (Bixby Center)

ANSIRH, Bixby Center

How COVID-19 prompted rapid changes in clinical practices at abortion clinics

Findings: 87% of clinics had made changes to their protocols in response to the pandemic. 71% reported moving to telehealth for follow-up; 41% started or increased telehealth for patient consultations and screening; 43% reduced Rh testing and 42% reduced other tests; 15% began omitting pre-abortion ultrasound; 20% reported allowing quick pick-up of medication abortion pills; 4% began mailing medications directly to patients after a telehealth consultation. Many clinics, particularly those in the South, have been unable to make these changes.

Timeline: Paper under review; hopefully public in late 2020.

Researchers: Ushma Upadhyay, Sarah Roberts, Rosalyn Schroeder (ANSIRH/Bixby Center)

ANSIRH, Bixby Center

South

Assessment of whether COVID-19 has led to changes in abortion service availability in the

Summary: While most independent abortion providers continued to provide abortion care during the first months of the pandemic, providers in all regions of the country experienced challenges navigating the pandemic itself and the general public health response. Providers in the South and Midwest, however, also had to navigate designations of abortion as a non-essential service, and more providers in the South and Midwest had to temporarily close their clinics as well as cancel or postpone abortion services in particular. Most abortion providers in the South continued to provide care in the first three months of the pandemic, but there was variation across states. Fewer Louisiana providers were open and scheduling appointments and there were longer wait times in Louisiana than in other states. There was about a 30% reduction in abortions per month in March - May 2020 as compared to previous years.

Timeline: hopefully publicly available in late 2020

Researchers: Sarah Roberts, Dan Grossman, Nancy Berglas, Rosalyn Schroeder (ANSIRH/Bixby Center), Kari White (UT Austin)

ANSIRH, Bixby Center

Nationwide mystery calls to abortion facilities about service availability and changes due to COVID

Summary: Still analyzing data, but around 20 facilities were closed or temporarily closed due to COVID. Many facilities providing telehealth such as phone or video consultations. Some provide “no test” medication abortion, others will mail abortion pills directly to patients.

Timeline: public in 2021

Researchers: Ushma Upadhyay, Shelly Kaller (ANSIRH/Bixby Center)

Beyond the Pill, Bixby Center, UT Austin

Impact of COVID on community college students in California and Texas

Summary: For the community college students, they have been hard-hit economically, with health insurance, dropping off from education, and confused about how to access care including telemedicine.

Timeline: TBD

Researches: Cynthia Harper, Alison Comfort, Suzan Goodman, Jennifer Yarger (Beyond the Pill/Bixby Center) and UT Austin

Institute for Health Policy Studies, Bixby Center

Impact of COVID on young people in Fresno

Summary: Young people are following social distancing, worried about their families losing jobs and getting sick. Many are working as essential workers. There are also findings on how it's impacting romantic relationships, access to sexual and reproductive health care and online classes.

Timeline: public late 2020/early 20201

Researchers: Mara Decker, Jen Yarger (Institute for Health Policy Studies/Bixby Center)

Past research related to reproductive freedom during “crisis”

Colleagues from *Society of Family Planning* compiled the following section as a tool focused on abortion access in the context of the pandemic and white supremacy/ political uprising. They applied additional sub headings “Economic and Health Crisis” to further distinguish how specific traumas impact reproductive freedoms.

Domain	Impacts of economic and health crises, and state-sanctioned violence	Emerging research
Fertility	<p>Economic crisis</p> <ul style="list-style-type: none"> During the Great Recession stronger fertility declines were seen among adolescents and young women than older women.¹ One study found 11% overall decline in fertility among women in the US during this period.¹ The intended pregnancy rate declined to 51 per 1000 women ages 15 to 44 years during TGR, but unintended pregnancy increased by 10%; younger people and people with lower incomes had greater shifts from intended to unintended pregnancy.² Fertility declines are consistent with economic downturns in general, as there were fewer births/pregnancies during The Great Depression and the 1970s energy crisis.³ Of three race/ethnicity groups (White, Black, Hispanic/Latino), birth rates declined most in Hispanic/Latino populations, who were hardest hit by the economic downturn.⁴ More people reported wanting to delay or reduce childbearing; over half of women with annual family incomes under \$25,000 reported a desire to delay or reduce childbearing.⁵ <p>Health crises</p> <ul style="list-style-type: none"> During the Zika health crisis in Brazil, delay of intended pregnancy was greater among higher-SES individuals. In Colombia, the birth rate decreased by 10% during 2019, with no differences observed in teenage pregnancy or by education level.⁶ Of U.S. women surveyed about the impact of COVID on their reproductive health experiences, over 40% reported their fertility plans changed due to the pandemic.² Across all women, 1/3 wanted to delay or have fewer children due to COVID. A larger proportion of Black and Latinx survey respondents reported this change in intention as compared to white women. This shift was also reported more often among participants reporting lower income, and among queer women.² Seventeen percent of all women surveyed reported that they wanted children sooner or a greater number of children.² <p>State sanctioned violence</p>	TBD

	<ul style="list-style-type: none"> • Anecdotal reports of spontaneous menstruation following exposure to tear gas have been documented during the 2020 uprisings in the United States,⁸ as well as during the 2021 Quebec City anti-globalization protests,⁹ though formal research on these potential links is lacking. 	
Birth outcomes	<p>Economic crisis</p> <ul style="list-style-type: none"> • Economic downturn (rise in unemployment) is generally associated with higher odds of preterm birth (PTB) in the first trimester but lower odds of PTB in the second trimester of pregnancy, and this association was stronger during TGR than before or after.¹⁰ • An association with similar directionality was found in odds of low birthweight (LBW) during The Great Recession (TGR).¹⁰ • There is an association with lower education and odds of preterm birth during this time.¹¹ • During TGR, unemployment during pregnancy had larger effects on odds of PTB for women fewer years of education and for Black women than for women with higher educational attainment and for white women, respectively.¹² • The pregnancy-related mortality ratio increased from 15.5 to 17.8 pregnancy-related deaths/100,000 live births per year during TGR.¹³ • Economists predict a decrease in births, between 300,000-500,000 fewer in the next year, as a consequence of the economic recession sparked by the COVID-19 pandemic.¹⁴ <p>Health crises</p> <ul style="list-style-type: none"> • In 2016, during the Zika outbreak, the U.S. general fertility rate fell 1% and the rate of low birthweight increased by one percent. The rate of preterm birth in the United States also rose during that period.¹⁵ <p>State sanctioned violence</p> <ul style="list-style-type: none"> • Limited data exist on the impacts of tear gas on pregnancy. In one small study of 30 pregnant people exposed to tear gas, no adverse outcomes were recorded. However, concentration levels and duration of exposure were not reported.¹⁶ • Physicians for Human Rights has recommended additional research on tear gas impacts after documenting seven miscarriages among pregnant women who were exposed to chemical agents in Bahrain. Local physicians in Bahrain also reported increased rates of miscarriages in the region potentially linked to such exposure.¹⁷ • In 2011, the Chilean government temporarily banned the use of tear gas after publication of a University of Chile study pointed to potential impacts on pregnancy and birth outcomes.¹⁸ • Limited research on police violence and birth outcomes exist; however, preliminary findings suggest that there may be some association with police violence, low birth weight and preterm births.¹⁹ 	<p>Pregnancy Coronavirus Outcomes Registry (PRIORITY) Prospective study of pregnant people suspected or confirmed to have COVID</p> <p>International Registry of Coronavirus Exposure in Pregnancy (IRCEP): registry of pregnant women with suspected or confirmed COVID exposure</p> <p>Maternal-Fetal Medicine Units (MFMU) Network evaluation of pregnancy outcomes in the context of COVID-related healthcare service delivery changes</p> <p>Cochrane Gynaecology and Fertility birth outcomes case-tracking (data aggregator)</p> <p>The Impact of Police Violence and Prolonged Sociopolitical Conflict on Birth Outcomes</p>
Contraceptive use	<p>Economic crises</p> <ul style="list-style-type: none"> • Better contraceptive use, more effective contraceptive use associated with decline in fertility, esp. among teens and young adults during TGR.²⁰ • However during TGR, more people reported difficulties being able to afford contraception and many reported delaying health visits during this time because of cost.⁵ <p>Health crises</p> <ul style="list-style-type: none"> • No significant differences in the purchase of contraceptive methods in Brazil during the Zika health crisis (2014-2016).²¹ • Over ¼ of women report fearing their ability to obtain or afford contraception due to the circumstances resulting from COVID.⁷ Among respondent groups, Latinx and Queer respondents were more likely to report these concerns. Women with lower income were more likely to report concerns about affording a contraceptive method.⁷ • Twenty-four percent of survey respondents indicated switching to telemedicine appointments to obtain contraception.⁷ 	<p>Abortion Clinical Research Network: Family planning visits during the COVID-19 pandemic Study of impacts on service delivery and uptake between Apr – Dec 2020</p>

<p>Abortion rates</p>	<p>Economic crises</p> <ul style="list-style-type: none"> Abortion rate decreased slightly from 15.8 to 15.0 from 2007-2009.²² The abortion ratio was 1% higher in 2008 than at the start of TGR.²³ From 2007-2011, the abortion ratio increased 8.3% among minors under 15 years of age and 3.6% among people aged 20-24.²² <p>Health crises</p> <ul style="list-style-type: none"> Therapeutic abortion rates rose during the 1960's U.S. measles outbreak, more than doubling in one metropolitan hospital.²⁴ Requests for abortion outside of the formal health system increased "dramatically" in Latin America during the Zika crisis.²⁵ During COVID-19, Women on Web reported that requests have doubled.²⁶ In the first several weeks after COVID-related business closure orders in the US, Aid Access saw a 27% increase in requests for self-managed abortion.²⁷ Independent abortion providers reported that during the COVID-19 pandemic, they saw an influx of patients at some clinics due to closures at other sites, or due to limits on travel out-of-state.²⁸ Independent abortion providers also reported delays in care for patients due to clinic closures, confusion amongst patients about the availability of abortion, longer wait times, increased travel distance, and cost due to such closures.²⁸ Twelve states attempted to restrict abortion during COVID-19, leading to increased barriers to care in some states even when such restrictions were later rolled back or failed to be enacted.²⁹ 	<p>Abortion Clinical Research Network: Family planning visits during the COVID-19 pandemic Study of impacts on service delivery and uptake between Apr – Dec 2020</p> <p>ANSIRH: Mixed methods study to document impact of COVID-19, resulting public health responses, and targeted and politicized policy responses impact providers.</p> <p>Ohio Policy Evaluation Network (OPEN): Adding COVID questions to existing abortion studies in Ohio & Kentucky; working with local abortion funds to track travel out-of-state.</p> <p>Gynuity TelAbortion Study: Direct-to-patient medical abortion study <10 weeks GA.</p> <p>TxPEP: Tracking the impact of state-level policy restrictions on access during the pandemic.</p>
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