

Panel on Research and Policy





Care Post-Roe: Documenting poor-quality care since Dobbs

Daniel Grossman, MD

October 13, 2023

Medical Impact of Roe Reversal Goes Well Beyond Abortion Clinics, Doctors Say

State abortion bans carry narrow but sometimes vague exceptions, and years of prison time. That's forcing doctors to think like lawyers, and hospitals to create new protocols.

Research Letter

Maternal morbidity and fetal outcomes among pregnant women at 22 weeks' gestation or less with complications in 2 Texas hospitals after legislation on abortion

Nambiar, et al., AJOG 2022

BS EVENING NEWS >

Abortion bans restrict medications women need for chronic conditions

Confusion post-Roe spurs delays, denials for some lifesaving pregnancy care

Miscarriages, ectopic pregnancies and other common complications are now scrutinized, jeopardizing maternal health

Louisiana woman forced to carry fetus missing skull to term or travel to Florida for abortion

A new Louisiana law has outlawed abortion with very few exceptions



CarePostRoe.com: Documenting stories of poorquality care post-*Dobbs*



Care Post Roe



1 of 1





Care Post-Roe report on preliminary findings





Care Post-Roe: Documenting cases of poor-quality care since the *Dobbs* decision

Preliminary findings, May 2023

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The Washington Post

POLITICS

Democracy Dies in Darkness

Abortion laws triggered dozens of health complications, new report says

The research is an effort to capture an expansive picture of how health care has been affected by abortion bans



By Caroline Kitchener

May 16, 2023 at 6:00 a.m. EDT

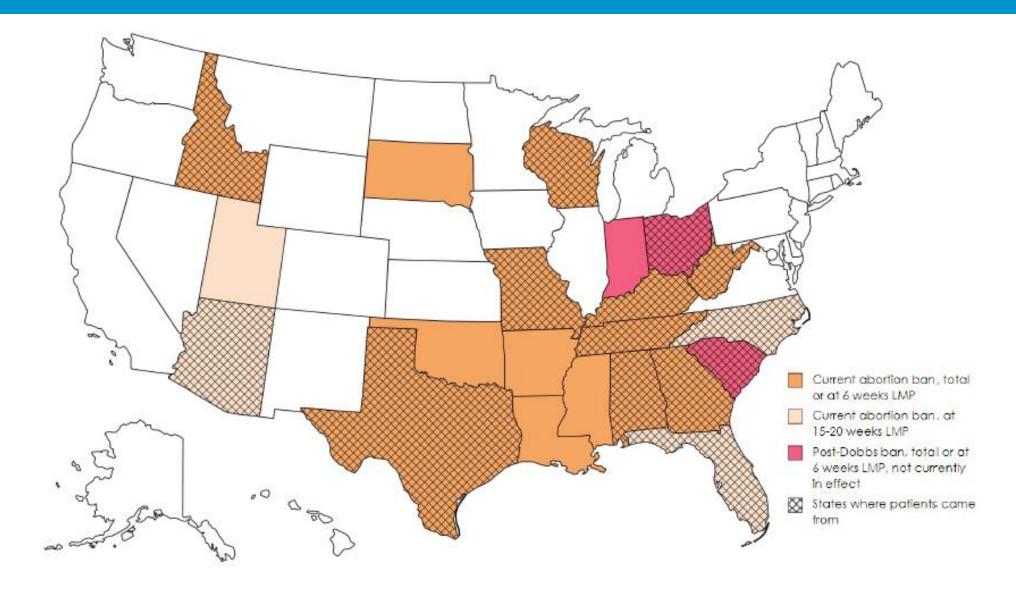


(The Washington Post)





States where patients came from





Scenarios described in narratives

- → Obstetric complications in the second trimester prior to fetal viability, including preterm prelabor rupture of membranes, hemorrhage, cervical dilation, and hypertension
- → Ectopic pregnancy, including cesarean scar ectopic
- → Underlying medical conditions that made continuing a pregnancy dangerous
- → Severe fetal anomalies
- → Early miscarriage
- → Extreme delays in obtaining abortion care
- → Delays obtaining medical care unrelated to abortion



Demographic profile of patients in narratives

Race/ethnicity	
Asian	1 (2%)
Black	11 (22%)
Latina/Latinx/Hispanic	12 (24%)
White	18 (36%)
White and Latina/Latinx/Hispanic	1 (2%)
Missing/not known	7 (14%)
Primary language	
English	44 (88%)
Spanish	6 (12%)



Limitations

- → Primarily qualitative: study describes the range of scenarios, but cannot estimate the incidence of these deviations from standard of care
- → Scenarios focus on short-term effects; there are likely long-term effects that we cannot yet document (infertility, chronic pelvic pain, mental health, etc.)
- → Relatively small sample and cannot draw conclusions about changes over time



Conclusions

- → Study documents wide range of harm occurring among people with capacity for pregnancy related to new abortion bans
- → Notable that half of cases involved patients described as Black or Latinx/Latine, suggesting disproportionate harm to BIPOC individuals
- → Bans also having impact on providers, including moral distress due to feeling like they cannot provide evidence-based care
 - → Some considering moving to state with legal abortion



Next steps

- → Continuing to collect data, perform interviews at least through September
- → Disseminating report findings with media
- → How we hope data will be used:
 - → To plan additional research to quantitatively measure incidence of these harmful scenarios
 - → To inform hospital and health system policies to reduce delays and denials of care
 - → To assist with public education about impact of laws







THANK YOU!

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Internet Searches for Self-Managed Abortion After Roe v Wade Overturned

Sean D. Young, PhD, MS
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Professor, UC Irvine Emergency Medicine and Informatics





Conflict of Interest Statement

Funding to University

NCCIH He

NINDS

NIAID

NIDA

NIMH

NCATS

NSF

University of California

Wholistic

IEEE

Intel

NIMHHD

Advising/Consulting

Health technology companies

Book Royalties

HarperCollins Publishers

Penguin Books

Cheers Publishing

Sextante

Toyo Keizai

MIF

Book21

Commonwealth Publishing

Group



Syllabus

NOTE: Where it is feasible, a syllabus (headnote) will be released, as is being done in connection with this case, at the time the opinion is issued. The syllabus constitutes no part of the opinion of the Court but has been prepared by the Reporter of Decisions for the convenience of the reader. See *United States* v. *Detroit Timber & Lumber Co.*, 200 U. S. 321, 337.

SUPREME COURT OF THE UNITED STATES

Syllabus

DOBBS, STATE HEALTH OFFICER OF THE MISSISSIPPI DEPARTMENT OF HEALTH, ET AL. v. JACKSON WOMEN'S HEALTH ORGANIZATION ET AL.

CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE FIFTH CIRCUIT

No. 19–1392. Argued December 1, 2021—Decided June 24, 2022

Mississippi's Gestational Age Act provides that "[e]xcept in a medical emergency or in the case of a severe fetal abnormality, a person shall not intentionally or knowingly perform . . . or induce an abortion of an unborn human being if the probable gestational age of the unborn human being has been determined to be greater than fifteen (15) weeks." Miss. Code Ann. §41–41–191. Respondents—Jackson Women's Health Organization, an abortion clinic, and one of its doctors—challenged the Act in Federal District Court, alleging that it violated this Court's precedents establishing a constitutional right to abortion, in particular Roe v. Wade, 410 U.S. 113, and Planned Parenthood of Southeastern Pa. v. Casey, 505 U.S. 833. The District Court granted summary judgment in favor of respondents and permanently enjoined enforcement of the Act, reasoning that Mississippi's 15-week restriction on abortion violates this Court's cases forbidding States to ban abortion pre-viability. The Fifth Circuit affirmed. Before this Court, petitioners defend the Act on the grounds that Roe and Casey were wrongly decided and that the Act is constitutional because it satisfies rational-basis review.

Held: The Constitution does not confer a right to abortion; *Roe* and *Casey* are overruled; and the authority to regulate abortion is returned to the people and their elected representatives. Pp. 8–79.



Potential Impact on Public Health





Google

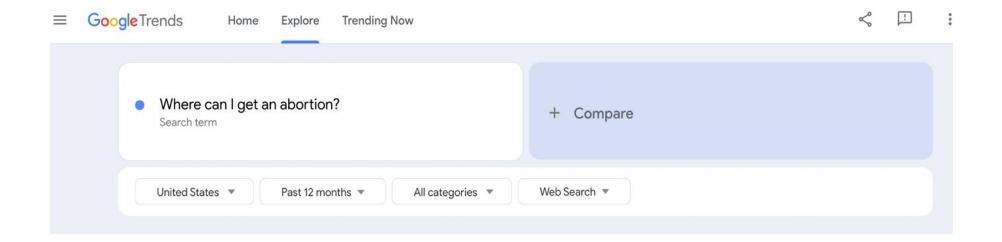
8,000,000,000

searches each day

Source: Oberlo.com, 2022



Monitoring Public Interest





Methods

- Complex and rapidly evolving laws across states.
- Our team evaluated public interest in states where abortion is legal vs illegal, data on abortion legality across states were collected on August 1st, 2022.
- Keyword searches: how to miscarriage, how to do an abortion, where can I get an abortion, how to get rid of pregnancy, and abortion clinics near me.
- Control searches: how to take Tylenol (Johnson & Johnson), how to lower blood pressure, how to get rid of headache, and primary care doctors near me.
- Google Trends searches were collected between June 24th, 2022 and September 8th, 2022.



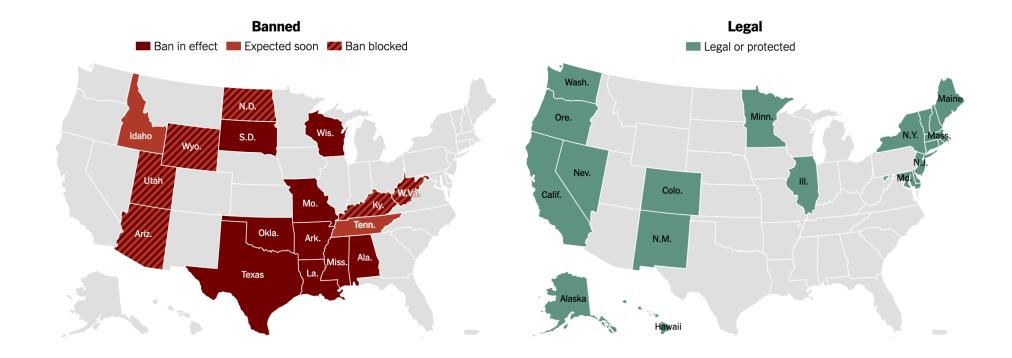
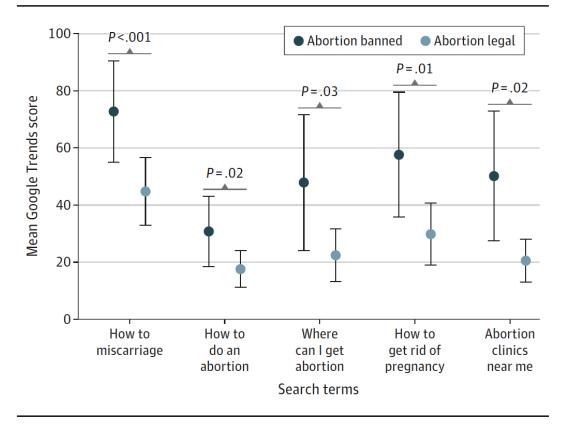




Figure. Internet Searches in States Where Abortion is Illegal vs Legal and Protected



This study used the Google Trends relative popularity scale, in which each data point for a keyword search is divided by the total number of searches performed at that location and time. Resulting numbers are then scaled from 0 to 100 based on a topic's proportion to all searches on all topics at that location and time. For example, a score of 50 indicates that the search topic was 50% as popular as the topic with the most searches. States that did not have sufficient search data were not included. The error bars represent SEs.



Conclusion

- Greater number of searches for abortion-related phrases in states where abortion is illegal
 vs legal. Might be an early warning sign for health departments.
- Searches for "how to miscarriage" in states where abortion is illegal: 72.72 (95% CI, 60.21-85.25). Searches for this phrase in legal states: 44.76 (95% CI, 37.33-52.21).
- Commonly used self-managed abortion practices (e.g., herbal remedies, infliction of blunt trauma) may cause harm to women. Potential concerns of these methods include overdoses, poisonings, risk of infection, adverse effects of herbal remedies, or pelvic injuries from blunt trauma.
- Need for exploring the future potential clinical impact in states where abortion is illegal.
- Policymakers should consider external consequences when determining policy.



Limitations

- Data used were not representative of the general population, potentially excluding individuals with limited online literacy and internet access.
- Identifying data on individuals may have unintended harms for women. Essential to ensure <u>anonymity and safeguarding of data</u>.
- Clinical impact was not assessed.



Future Directions

- Future research on the use of search engine data as early warning tool.
- Collaboration with industry partners to refine strategies.
- Assess clinical impact of these approaches and future demands for emergency contraception in the ED setting.
- Inform policy reform.





Thank you!

Funder: NIH

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Reproductive Health & Pharmacy Access

Orange County Women's Health Summit October 13, 2023

Sally Rafie, PharmD, BCPS, APh, NCMP, FCCP, FCPhA



Affiliations

- Founder, Birth Control Pharmacist
- Pharmacist Specialist, UC San Diego Health

About Birth Control Pharmacist

Birth Control Pharmacist provides education and training, implementation assistance, resources, and clinical updates to pharmacists prescribing contraception and key stakeholders, as well as leading and stimulating advocacy, research, and policy efforts to expand the role and realize the potential of pharmacists in reproductive health and justice.

Why Pharmacy Access

Pharmacists

- Health care providers
- Education and training
- Expertise in medication use
- Services provided
 - Counseling and education
 - OTC recommendations
 - Immunizations
 - Referrals

Pharmacies

- Locations
- Hours
- High traffic
- Confidential



 OTC medications and self-care products



AND many other settings where pharmacists practice!

Pharmacists' Roles



Contraception Care

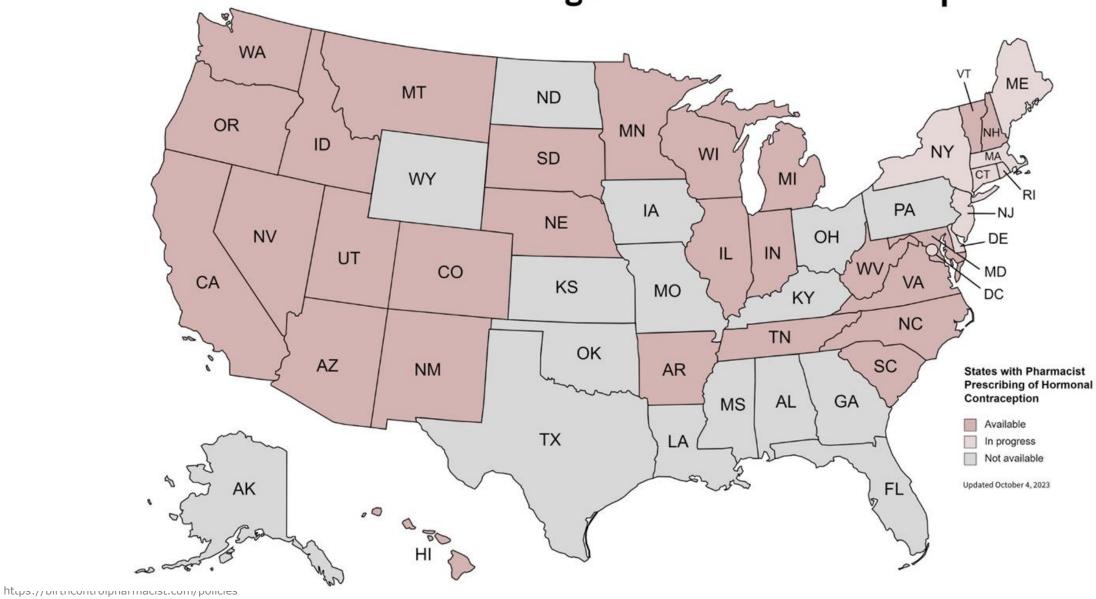
Pharmacist Prescribing vs OTC

	Pharmacist Prescribing	Over-the-Counter (OTC)
Approval	State law or regulation	FDA
Methods	Pill, patch, ring, shot, emergency contraception	Condoms, spermicides, emergence contraception
Availability	Participating pharmacies in selected states	Pharmacies, other stores, and online
Prescription	Prescribed by a pharmacist after reviewing your health history and measuring your blood pressure	No prescription required
Doctor Visit	No visit or physical exam required	No visit or physical exam required
Age Restriction	Depends on state	None
Birth Control Costs	Covered by Insurance	Depends on state and insurance may require a prescription for coverage
Visit Costs	Depends on state and insurance; may cost up to \$50 without coverage	None
Time	5-20 minutes for visit	<5 minutes for purchase

https://birthcontrolpharmacies.com

Learn more about birth control pharmacies or find a participating pharmacy near you: https://www.birthcontrolpharmacies.com/

Pharmacist Prescribing of Hormonal Contraception



Why pharmacy access to birth control prescriptions is good policy

The Plan For Getting Plan B: Not Every Store Has Over-The-Counter Emergency Contraception

What Should You Do If A Pharmacist Denies You A Prescription?

How to Find a Pharmacy That Can Prescribe Birth Control

Here's Why You Might Not Be Able To Find Emergency Contraception On The Shelf

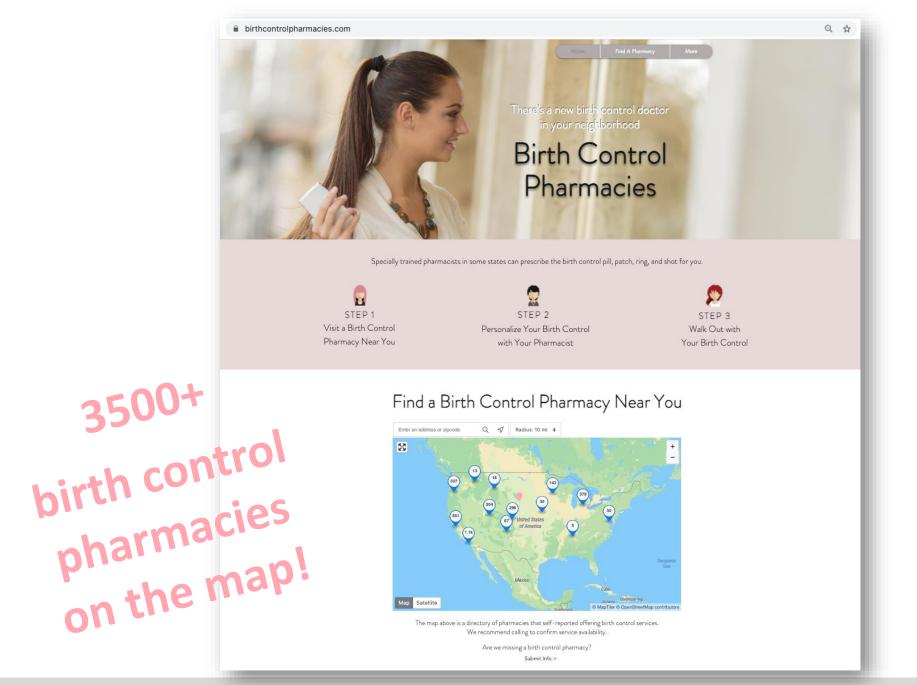
You can obtain birth control without a doctor's visit — here's how

Pharmacists Aren't Using Contraceptive Powers

A new law expands pharmacists' abilities to include prescribing birth control methods, but few do so, research shows.

From Policy to Practice







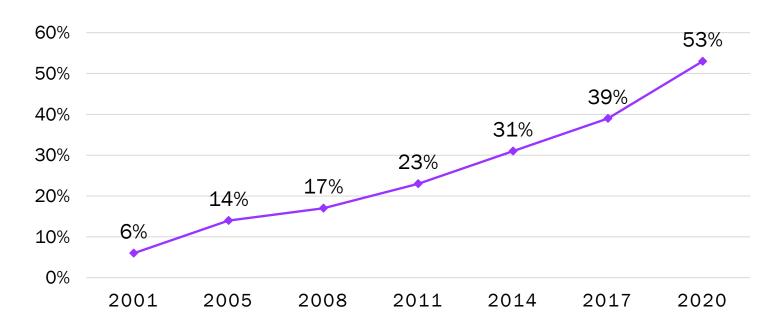
Over-the-Counter Pill Coming Soon



Abortion Care

Increasing Proportion of Medication Abortions

Medication abortion as proportion of all nonhospital abortions in the US



Mifepristone approved in 2000

Guttmacher Institute. October 2019.

Available Pharmacist Authorities: Medication Abortion

Current state: Pharmacies can dispense

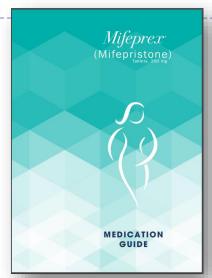
- As of January 2023, mifepristone can now be dispensed in certified community pharmacies
- Certified pharmacies are authorized to dispense the medication after receiving a prescription from a certified prescriber under the mifepristone REMS program

Future goal: Pharmacists can provide (screen, prescribe, and dispense)

FDA REMS Program for Mifepristone

FDA Risk Evaluation and Mitigation Strategy (REMS) limits who can dispense mifepristone and where

- Prescribers must complete the "Prescriber Agreement Form" and give patient Medication Guide
 - Physicians
 - Nurse midwives
 - Physician Assistants
 - Nurse Practitioners
- Patients must sign "Patient Agreement Form"
- Pharmacies must sign the "Pharmacy Agreement Form" in order to become certified to dispense





Exploring future pharmacist roles in the US



Connect



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Connect on social media or send an email!



@birthcontrolpharmacist



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