Society of Family Planning & SFP RESEARCH FUND

Family Planning Visits During the COVID-19 Pandemic: Phase 1 Results

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Background

The global COVID-19 pandemic presented challenges never before faced by the global healthcare community. As cases continued to surge in the early months of 2020, family planning clinicians rapidly adapted their practices in order to best meet the needs of their patients and staff. These adjustments occurred within the context of limited evidence, scarce resources, and evolving professional recommendations and government directives.

The Society of Family Planning and the Society of Family Planning Research Fund (the Society) recognized the pandemic had the potential to greatly influence the way family planning care is provided in the US. The Society sought to document the pandemic's impact on family planning services and to create a data source that the family planning community could use for further research.

The Society developed a longitudinal descriptive study, comprised of three online surveys and one in-depth interview, to capture family planning clinical practice changes in response to the pandemic. Clinics that provide abortion and/or contraception were recruited to participate via the Abortion Clinical Research Network and through partner organizations, including the Abortion Care Network, National Abortion Federation, and Planned Parenthood Federation of America. Sites were recruited to participate between April 13th and May 1st, 2020 and opted in to study participation by completing a brief intake form. Respondents received the first survey (T1) on a rolling basis after opting into participation.

The T1 survey focused on pre-pandemic routine practices and changes to those practices in response to COVID-19. Respondents also reported volume of abortion and contraception visits in February 2020 (presumed to be pre-pandemic) and during the full month of service delivery prior to the date they submitted their response. Questions from T1 can be found here.

We compiled descriptive statistics about the characteristics of responding clinics, frequency of routine practices prior to the pandemic and during the first months of the pandemic, and volume of abortion and contraception visits during February 2020 and the full month prior to survey submission. We used paired t-tests to compare changes in mean visit volume and Chi-square tests to compare clinical practice changes by region and clinic type.

Subsequent surveys will capture more details about the impacts of the pandemic, including the use of telemedicine, changes to medication abortion protocols, and impacts on clinical revenue and staffing. The Society is committed to supporting further research into the impacts of COVID-19 on family planning service delivery. Investigators interested in using the data from this study for their own research may read more about the data and complete a request form here.

Results

Between April 16th and May 1st 2020, 74 sites opted in to participate in the study. Of these, 66 (89%) completed the T1 survey. Characteristics of the respondent clinics are reported in Table 1. Sites are distributed throughout the US, are primarily urban, and include academic/hospital-affiliated practices, independent clinics, and Planned Parenthood affiliates.

- Among the sites that reported providing any type of abortion (64 sites, 97%), the majority provide an average of 200 or fewer abortions per month.
- Nearly all sites provide contraception (63 sites, 95%), medication abortion (62 sites, 94%), and first-trimester procedural abortion (63 sites, 95%).
- A large percentage (57 sites, 86%) provide second-trimester abortion.

Volume of each type of abortion procedure differed significantly between February 2020 and the following full month of service delivery.

- The average number of medication abortions provided in a month increased by 19 ($p = .003$).
- The average number of first-trimester procedural abortions provided in a month decreased by 13 ($p = .047$).
- The average number of second-trimester abortions provided in a month decreased by one ($p = .455$).

A small number of sites (ten sites, 16%) reported the pandemic resulted in the cessation of some abortion services. This occurred across all geographic areas and clinic types.

Innovations in service delivery were also reported in open-ended responses across sites.

- Sites frequently reported use of telehealth to conduct pre-abortion counseling and post-abortion follow up.
- Sites described curbside delivery of medication abortion or pre-abortion counseling conducted by telephone in the patient's car immediately before the visit.

Among the 62 sites that provide medication abortion, there were reports of modifications to standard medication abortion protocols spurred by the pandemic. These reported changes are shown in Table 2.

- Prior to the pandemic, 58 sites (94%) indicated Rh testing was routine prior to a medication abortion. In response to the pandemic, 20 of these 58 sites (34%) reported that they provided medication abortion without Rh testing.
- Prior to the pandemic, 62 sites (100%) indicated that an ultrasound was routine prior to a medication abortion. In response to the pandemic, 15 of these 62 sites (24%) reported that they provided medication abortion without an ultrasound.
- To confirm medication abortion success, 38 sites (61%) reported newly using at home high-sensitivity urine pregnancy tests and 33 sites (53%) reported newly using patient report of symptoms and bleeding.

Among respondent sites, 63 (95%) indicated providing contraceptive services, including 61 sites (92%) that indicated providing LARC insertion and removal and 57 sites (86%) that indicated providing LARC replacement. Contraceptive service delivery interruptions were common at these sites, with 35 (56%) indicating that at least one service was interrupted in response to COVID-19. These interruptions occurred across all regions.

- LARC insertion postponed:
  - Postponed for all patients – 21 sites (34%)
  - Postponed for COVID+ patients – ten sites (16%)
- LARC removal postponed:
  - Postponed for all patients – 24 sites (39%)
  - Postponed for COVID+ patients – eight sites (13%)
- LARC replacement postponed:
  - Postponed for all patients – 21 sites (37%)
  - Postponed for COVID+ patients – ten sites (18%)
- DMPA administration postponed:
  - Postponed for all patients – five sites (8%)
  - Postponed for COVID+ patients – eight sites (13%)

Sites also reported contraceptive innovations in response to COVID-19.

- Prior to the pandemic, five sites (8%), indicated routinely counseling patients about IUD self-removal. In response to COVID-19, 13 sites (21%) indicated they routinely counseled about IUD self-removal.
- In response to open-ended questions, 27 sites described using telehealth to provide contraceptive counseling, including counseling on extended use of LARC and DMPA.
- To reduce barriers to care during the pandemic, 39 sites (62%) offered increased supply of methods or extended prescriptions.
- In response to COVID-19, 17 sites (27%) began offering or recommending self-administered DMPA.

Table 1: Characteristics of respondent clinics (n=66)

Characteristics	n (%)
Region	
Northeast	21 (32%)
West	20 (30%)
Midwest	12 (18%)
South/Southeast	12 (18%)
Canada	1 (2%)
County size	
Urban	64 (97%)
Rural	2 (3%)
Clinic type	
Academic/hospital affiliated	33 (50%)
Independent	17 (26%)
Planned Parenthood affiliate	16 (24%)
Monthly average abortion volume (Feb 2020)	
0-100	33 (50%)
101-200	15 (23%)
201-500	8 (12%)
501-1000	4 (6%)
1000+	3 (5%)
Services provided	
Contraception	63 (95%)
Medication abortion	62 (94%)
First-trimester procedural abortion	63 (95%)
Second-trimester abortion	57 (86%)
Induction abortion	21 (32%)

Table 2: Reported changes in medication abortion protocols in response to COVID-19

Region	Rh testing routinely done prior to COVID-19 n (%)	Rh testing routinely done during COVID-19* n (%)
Northeast (n=21)	18 (86%)	11 (52%)
West (n=18)	17 (94%)	9 (50%)
Midwest (n=10)	10 (100%)	7 (70%)
South/Southeast (n=12)	12 (100%)	11 (92%)
Canada (n=1)	1 (100%)	1 (100%)
Total (n=62)	58 (94%)	39 (63%)
Region	**Ultrasound routinely done pre-COVID-19 n (%)**	**Ultrasound routinely done during COVID-19^ n (%)**
Northeast (n=21)	21 (100%)	16 (76%)
West (n=18)	18 (100%)	11 (61%)
Midwest (n=10)	10 (100%)	9 (90%)
South/Southeast (n=12)	12 (100%)	11 (92%)
Canada (n=1)	1 (100%)	1 (100%)
Total (n=62)	62 (100%)	48 (77%)

*Chi-square test for between-region difference p = .338
^Chi-square test for between-region difference p = .110