Society of Family Planning & SFP RESEARCH FUND

# Family planning visits during the COVID-19 pandemic: Phase 2 results

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## Background

When the global COVID-19 pandemic began, family planning clinicians adapted rapidly to provide ongoing access to essential care. The Society of Family Planning and the Society of Family Planning Research Fund (the Society) began documenting these adaptations in our first survey conducted in the spring of 2020. That survey found that sites had pivoted to remote administration of family planning care by leaning heavily on telemedicine and embracing protocols that reduced face-to-face interactions with patients. Sites made these innovations quickly to provide their patients the fullest breadth of care that their circumstances would allow. In our second survey, reported here, we focused on documenting how these adaptations have evolved.

## Methods

We 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. Advarra IRB reviewed this study and granted exempt status. We recruited clinics that provide abortion and/or contraception 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 opted in to study participation by completing a brief intake form. Respondents completed the first survey between April and May 2020, and the second survey in early August 2020. We report here on the results from the second survey.

The second survey captured frequency of specific practice changes in response to the pandemic, derived iteratively from responses to the first survey. Respondents continued to report volume of abortion and contraception visits in May, June, and July 2020. The survey also added new questions about financial implications of the pandemic, including staffing costs and insurance reimbursement for modified services. Questions from the first and second surveys can be found here.

We compiled descriptive statistics about the characteristics of responding clinics, frequency of various practice changes, and volume of abortion and contraception visits.

Our upcoming survey and in-depth interviews 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. We are 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 16 and May 1, 2020, 74 sites opted in to participate in the study. Of these, 62 (84%) completed the second survey between August 3 and August 22, 2020. Characteristics of the respondent clinics can be found in Table 1.

- The majority of sites provide at least one type of abortion service (61 sites, 98%).
- Half of the respondent clinics (31 sites) are academic or hospital-affiliated abortion providers.
- Some clinics (11 sites, 18%) reported an increase in the number of patients traveling from another state, while others (9 sites, 15%) reported a decrease in patients traveling from another state.
- Almost all clinics (60 sites, 97%) are located in an urban area.

Table 1. Characteristics of respondent clinics

| Characteristic | n (%) |
|---|---|
| **Region** | |
| Northeast | 21 (34%) |
| West | 18 (29%) |
| South/Southeast | 13 (21%) |
| Midwest | 10 (16%) |
| **County Size** | |
| Urban | 60 (97%) |
| Rural | 2 (3%) |
| **Clinic Type** | |
| Academic/hospital-affiliated | 31 (50%) |
| Independent | 16 (26%) |
| Planned Parenthood affiliate | 15 (24%) |

Measures to reduce exposure to the virus were adopted quickly and broadly among respondent sites.

- By the end of June, all sites required patients to wear masks (62 sites, 100%).
- By the end of May, almost all sites screened patients for symptoms by phone prior to the visit (60 sites, 97%) and all sites screened patients for symptoms upon arrival (62 sites, 100%).
- Patient temperature checks upon arrival were widely reported, with 60 sites (97%) adopting this practice, the vast majority doing so before May.
- The majority of sites prohibited companions during visits at some point prior to July 2020 (57 sites, 92%), although by the end of July, eight of these sites (14%) had resumed allowing companions during visits.

Changes to abortion practice have also been common, and reflect the need to reduce risk for virus transmission while maintaining access to service.

- Nearly three-quarters of sites (44 sites, 73%) started or expanded telehealth for medication abortion follow-up visits.
- Of the 60 sites that provide medication abortion, 19 sites (32%) adopted a low- or no-test medication abortion protocol in response to the pandemic.
- More than a quarter of sites adjusted their pre-abortion testing protocols to reduce in-person visits, with 24 sites (39%) changing Rh testing protocols and 17 sites (28%) changing ultrasound policies.
- More than a quarter of sites described increasing their gestational age limit for specific procedures, with 13 sites (21%) increasing medication abortion to 11 weeks gestation, and three sites (5%) increasing their procedural abortion limit from 15 weeks to 16 or 17 weeks.
- A small number of sites (6 sites, 10%) began curbside dispensing of medication abortion.
- Additionally, three sites (5%) began offering same-day dilation and evacuation.

Of the 60 sites (97%) in this survey that provide contraception, a wide variety of modifications were made to reduce the need for in-person care.

- Telemedicine was widely adopted, with 49 sites (82%) adding or expanding telehealth for contraceptive counseling.
- Nearly half of sites (26 sites, 43%) began accepting patient report of blood pressure before initiating estrogen-containing methods, rather than requiring in-clinic blood pressure measurements.
- Fourteen sites (23%) routinely began offering patients prescriptions for self-administered DMPA instead of in-clinic administration.
- Sites modified their counseling and practices around LARC, with 27 sites (45%) routinely counseling patients about extended use of LARC, and seven sites (12%) routinely counseling patients about IUD self-removal.
- Clinics innovated in their delivery of contraception to patients, with nine sites (15%) offering curbside pickup and nine sites (15%) mailing contraception to patients.

Sites reported financial and staffing implications from the pandemic, including decreased revenue and increased costs associated with cleaning services and supplies, personal protective equipment, and staffing.

- Over half of sites (37 sites, 60%) reported a change in staffing. The majority of changes reflected reductions in staff (ie, furloughs and lay-offs) although a small proportion of sites also reported increasing staffing.

- Sites incurred costs to better support their staff, including 19 sites (31%) that provided hazard pay and 18 sites (29%) which increased paid leave.
- Eleven sites (18%) reported that their clinics were closed for an average of 26 days (range 1-84 days) at some point since the start of the pandemic.
- A small number of sites (3 sites, 5%) indicated reductions in the amount of payment received from insurance for abortion services.

Medians for abortion visit volume by abortion type between February and July 2020 are shown in Table 2 and Figure 1. In the first survey, respondents reported volume for February (presumed to be pre-pandemic) and either March or April, depending on the date of their response. The median number of abortions reported at each time point across all sites remained relatively stable, although the average number of abortions provided at each site varied widely. Since the beginning of the pandemic, medication abortion volume increased slightly while first-trimester procedural abortion volume decreased, however as of July the volumes for both are similar. Volume of second-trimester abortion has remained steady throughout. Notably, six sites (10%) indicated that they had to stop at least one abortion service in response to the pandemic, but all of these clinics had reinstated their services by the end of July 2020.

Table 2. Median total volume of all abortion visit types between February and July 2020

| Month | Median | Interquartile range | Total range |
|---|---|---|---|
| February | 82 | 174 | 0-1,129 |
| March/April | 90 | 225 | 0-1,605 |
| May | 72 | 195 | 9-1,330 |
| June | 76 | 197 | 5-902 |
| July | 77 | 171 | 1-1,215 |

Figure 1. Median volume of overall abortion visits and by abortion type