Society of Family Planning & SFP RESEARCH FUND

Family planning visits during the COVID-19 pandemic: Phase 3 results

Mary Tschann, PhD, MPH; Hannah Lange, MPH, CCRP; Elizabeth Ly, MPH; Sara Hilliard, MA, LPC

January 2021
https://doi.org/10.46621/KNUB8934

Background

The global COVID-19 pandemic has had enormous impacts on family planning healthcare delivery. The Society of Family Planning and the Society of Family Planning Research Fund (the Society) initiated a longitudinal survey to document how the family planning community was modifying and innovating to ensure ongoing access to abortion and contraception care during the pandemic. Our first two surveys, conducted in the spring and summer of 2020, found that clinics were steadfast in providing care, quickly implementing protocols to reduce risk of infection to patients or staff while also ensuring that family planning care was available to any patient who needed it. In this update, which shares data collected approximately 11 months after the first documented case of COVID-19 in the US, we capture the enduring nature of these adaptations and new modifications developed as the pandemic continued. Collectively, these findings demonstrate the tenacity and ingenuity of family planning providers and their commitment to be available to patients no matter the circumstances.

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. The Society 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, the second survey in early August 2020, and the final survey in November 2020. These surveys were collected 5, 8, and 11 months after the first confirmed case of COVID-19 was reported in the US. This timeline allowed us to track what, if any, changes in health service delivery occurred as the pandemic evolved. We report here on the results from the third survey.

The third survey captured frequency of specific practice changes in response to the pandemic with questions derived iteratively from responses to the first and second survey. Respondents also reported volume of abortion and contraception visits in August, September, and November 2020, as well as information about financial impacts of the pandemic on their clinical sites. Questions from all three 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.

These results represent the final of our three planned surveys. In addition to surveys, one respondent from each participating site completed an in-depth-interview to add narrative details to our findings. We will share summary results from those interviews in the coming months. We remain 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, 61 (82%) completed the third survey between November 2 and December 4. The clinics are located throughout the US, although primarily in urban areas, and the majority are affiliated with an academic institution or hospital (see Table 1).

Table 1: Characteristics of respondent clinics (N=61)

Characteristics	n (%)
Region	
Northeast	20 (33%)
West	18 (30%)
South	12 (20%)
Midwest	11 (18%)
County Size	
Urban	59 (97%)
Rural	2 (3%)
Clinic Type	
Academic/hospital affiliated	31 (51%)
Planned Parenthood affiliate	16 (26%)
Independent	14 (23%)

Sites continued to implement protocols to reduce the risk of SARS-CoV-2 viral transmission. As of October 31, 2020, sites reported the following:

- The majority of sites still required patients to wear masks (58 sites, 97%).
- A large proportion of sites (49 sites, 80%) did not allow companions for visits, although 9 sites (15%) reported that after implementing this policy for a period they had begun to allow companions again.
- Patient temperature checks upon arrival were still common (53 sites, 87%), although 4 sites (7%) reported stopping this practice.

Medians for abortion visit volume by abortion type between February and October 2020 are shown in 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 has been relatively stable throughout the reporting period, although the average number of abortions provided at each site varied widely.

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

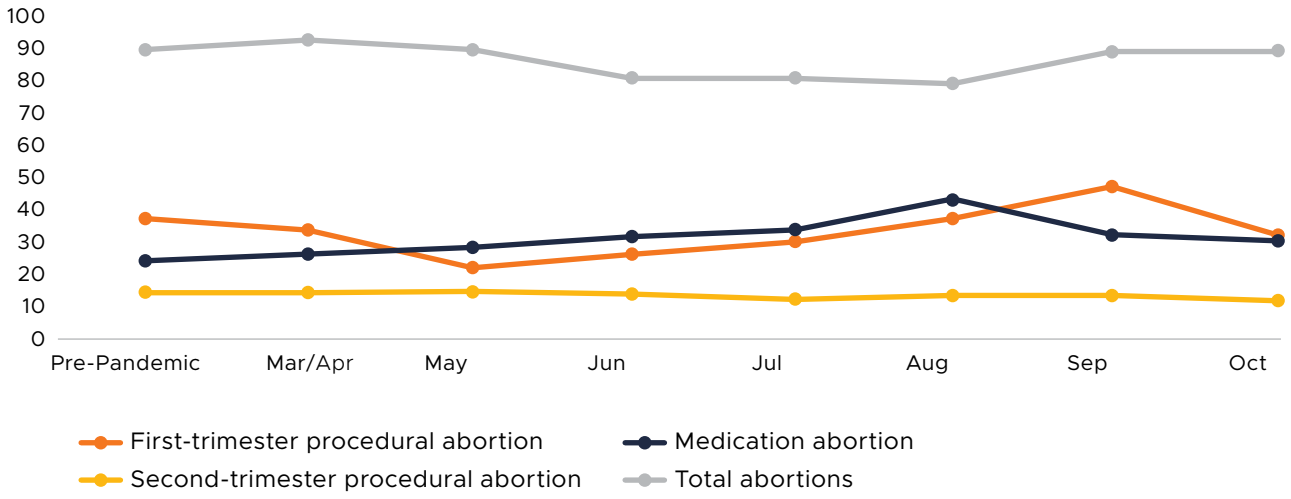

Table 2: Median total volume of abortion visits between February and October 2020

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
August	78	161	5-1,349
September	85	176	3-1,309
October	81	179	2-1,404

Among the 59 sites that provide abortion, 58 reported their perception of the availability of abortion services in their clinic since the start of the pandemic. Of these, 36 sites (62%) reported that availability of abortion services has remained the same, while 12 sites (21%) reported that availability has decreased, and 10 sites (17%) reported that availability has increased. One site in the Northeast that provides abortion did not provide data on service availability. Regionally, there were differences in the perceived availability of services, as shown in Table 3 below.

Table 3: Reported availability of abortion services by region (n=58)

Region	Availability decreased	Availability increased	Availability unchanged
Northeast (n=19)	3 (16%)	3 (16%)	13 (68%)
Midwest (n=11)	2 (20%)	2 (20%)	7 (64%)
South (n=12)	7 (58%)	1 (8%)	4 (33%)
West (n=16)	0 (0%)	4 (25%)	12 (75%)

Since the beginning of the pandemic, 2 sites (3%) stopped providing medication abortion, 6 sites (10%) stopped providing first-trimester procedural abortion, and 6 sites (10%) stopped providing D&E. These appear to almost universally have been temporary changes in service; as of October 31, 2020, all but one site had reinstated all abortion services.

Contraceptive services were similarly (and temporarily) disrupted by the pandemic, with 35 sites (59%) reporting interruption to at least one service. By October 31, 2020 all sites that had paused LARC insertions and removals had reinstated the service, as had all sites that had paused in-person dispensing of contraception and administration of DMPA.

Telemedicine and adoption of protocols that reduced face-to-face interactions with patients continued to be popular as the pandemic persisted. These services were newly introduced or expanded by clinics in response to COVID-19.

- 33 sites (56%) initiated or expanded telehealth for pre-abortion counseling.
- 42 sites (74%) initiated or expanded telehealth for medication abortion follow-up.
- 20 sites (34%) initiated or expanded telehealth for follow-up after procedural abortion.
- 48 sites (79%) initiated or expanded telehealth for contraceptive counseling.
- 8 sites (13%) offered curb-side pickup of contraception and 4 sites (7%) mailed contraception to patients.

Despite an injunction of the FDA REMS that allowed for mailing mifepristone to patients where permitted by state law, only 4 sites (7%) reported doing so as of October 31, 2020.

The majority of sites (47 sites, 77%) reported financial burdens associated with the pandemic. These included:

- 39 sites (64%) reported increased costs for cleaning.
- 19 sites (31%) reported increased expenditures associated with equipment for telemedicine.
- 40 sites (66%) reported purchasing more personal protective equipment and/or purchasing personal protective equipment at higher prices (26 sites, 43%).
- 13 sites (21%) reported offering hazard pay to staff and 20 sites (33%) increased paid leave.