Society of Family Planning & SFP RESEARCH FUND

Family planning visits during the COVID-19 pandemic: In-depth interview results

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April 2021
https://doi.org/10.46621/WRRE7198

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 study to document clinical modifications and innovations made by the family planning community to ensure ongoing access to care during the pandemic. 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. The three surveys found that clinics were steadfast in providing care, and implementing protocols to reduce risk of COVID-19 infection to patients or staff while also ensuring that family planning care was available to any patient who needed it. The surveys also captured the enduring nature of adaptations and new modifications clinics developed as the pandemic continued. The in-depth interviews, reported here, provide a narrative expansion about clinics' experience in adapting and providing care during the pandemic.

Methods

The study was comprised of three online surveys and one in-depth interview. 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. Sites completed the first survey between April and May 2020, the second survey in early August 2020, and the final survey in November 2020; more detail about the survey methods can be found here.

To expand on the data from the surveys, we conducted in-depth interviews between November 2020 and January 2021. Interviewees were staff members or clinicians who were familiar with the site's clinical services and policies. During the interview, we asked about the impacts of the pandemic on clinical operations, their decision-making processes for adopting clinical practice changes, and interpersonal and professional challenges and opportunities brought about by this global health crisis. The in-depth interview guide can be found here. Interviews were recorded and professionally transcribed. For this summary, we reviewed each interview transcript with particular focus on several specific questions in the interview guide. We documented resonant concepts across interviews and then reviewed these to find recurring themes.

Below is a summary of these themes from select questions in the interview. The Society is committed to supporting further research into the impacts of COVID-19 on family planning service delivery. Investigators interested in exploring 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, 64 (86%) completed the in-depth interview between November 16, 2020 and January 29, 2021. As with our surveys, we had broad geographic representation, and the largest percentage of our respondent sites were academic or hospital-based, with the remaining evenly split between Planned Parenthood affiliates and independent clinics. We detail themes from interviews below, describing impacts on staffing and finances, detailing the experiences of changing contraception and abortion services, and bringing forward unanticipated challenges and opportunities.

Staffing

The COVID-19 pandemic affected family planning clinics' ability to adequately staff their clinics. Over half of interviewees (56%) reported a decrease in staffing availability at their sites. These decreases were due to elimination of staff positions, furloughing staff, and staff turnover. Sites also struggled to maintain adequate personnel when staff became ill, were required to quarantine, or redeployed to other healthcare units.

> "The most significant impact was regularly losing some of our nurses to cover the units." – Academic or hospital-based site

> "We've had a few clinics where if somebody was exposed or somebody was positive [for COVID-19], and the other folks had to quarantine, and we actually had to shutter the clinic for about a week or two based on needing to quarantine those staff members." – Planned Parenthood affiliate

Sites addressed staffing needs by moving staff to new roles, such as telehealth positions, and hiring new, and sometimes part-time, employees such as greeters and screeners. Other staff had to be flexible in assuming new roles that were not previously their responsibility.

> "We were working really short-staffed, and we were also hiring quickly for fill-in, temporary staff that we could get as quickly as possible… We actually hired a bunch of medical students temporarily that had done rotations at the clinics…we did everything we could to be scrappy. But working short staffed was really hard at the beginning." – Independent clinic

Finances

The pandemic had varied impacts on sites' finances. For nearly half of sites (48%), the pandemic negatively affected finances, whereas others experienced only a temporary financial dip that has since rebounded (21% of sites). For a handful of clinics (13%), finances remained stable, largely due to consistent family planning visit volume throughout the pandemic. Interviewees also described increased costs for cleaning supplies and services, personal protective equipment (PPE), and for adding and training new positions.

> "It's been tough. We're spending a lot more money on PPE supplies and a lot of the regular drugs that we use are in short supply because of the pandemic. So, we have to pay higher prices to get those… our business has gone down a little bit, too. We don't know if that's because of the pandemic or who knows? There's so many issues going on. So, we haven't had as much coming in."
> – Independent clinic

> "For a variety of reasons, overall, I don't think there has been a significant impact [to our finances]. The months of April and May, if you just look at those alone, there was a significant impact. But then, if you look at it more in just the entire year of 2020, we were able to adapt."
> – Independent clinic

Contraception services modifications

As reported previously in our surveys, sites made a variety of rapid and significant changes to their contraceptive practices in response to the pandemic. During the interviews, we asked interviewees to focus on changes that they felt were most significant for both the staff and patient experience. Interviewees described how the changes made contraceptive services more accessible, more patient-centered and evidence-based, and safer by reducing potential transmission of COVID-19.

Over half of interviewees (54%) stated that adding telehealth to their contraceptive services was the most significant change they made to contraceptive care. Other innovations cited as particularly significant were extending contraceptive prescriptions during the pandemic without requiring an in-person visit (25% of sites) and counseling patients on extended LARC use (25% of sites). Sites also described new services such as curbside depot medroxyprogesterone acetate (DMPA) and contraceptive pickup services, mailing contraception, and providing yearlong prescriptions. Interviewees described how these changes not only ensured that their patients were able to access contraception during the pandemic but also improved contraceptive access overall.

> Now like nearly all birth control visits happen over telehealth, and then only if they want a LARC are they scheduled in center. Even like now Depo, we do drive through Depo."
> – Planned Parenthood affiliate

> "[We're] starting patients on pills via telehealth, even if we don't have a blood pressure for them but they have no risk factors…[and] extending IUDs to the evidence-based rather than FDA limits.
> – Independent clinic

Despite these instances of expanded access, a number of sites had to temporarily stop providing some contraceptive services, which interviewees described as troubling. Some sites stopped or limited contraceptive services for all patients for a period during the pandemic (27% of sites) while others only paused contraceptive services for new patients (27% of sites).

> I think the biggest [change] was when we weren't able to book our LARC patients for even removal [that] felt like the worst. These people want to get their LARC out and we can't even see them. It just feels really horrible. I know it's not patient-controlled birth control, but it shouldn't be pandemic-controlled birth control.
> - Academic or hospital-based site

Some interviewees also reported that there were additional changes to contraception services that they wanted to make but could not. These changes reflected a common desire to provide patients with more options, particularly subcutaneous DMPA (DMPA-SC). Alternatively, many interviewees stated that they were focused on meeting the demands of each day or did not have capacity or time to consider any additional changes (57% of sites).

> It's the SubQ Depo, definitely. I would've loved to have that. And I like didn't even know where to start. Like I feel like I didn't even have the bandwidth … [and] there aren't a ton of people who were on Depo to begin with. Admittedly, that wasn't like my main thing that I was doing [I] was trying to keep the abortion service running."
> – Academic or hospital-based site

> "I don't know… honestly, I wasn't in a mind frame to be looking for the next best thing to do, we were just in a survival mode.
> – Academic or hospital-based site

Abortion services modifications

Modifications and innovations in abortion care were widely reported by sites in both the surveys and interviews. In the in-depth interviews, we asked interviewees to describe the changes in abortion care that they felt were most significant for the staff and patient experience. The changes described by the interviewees ensured that abortion remained accessible during a pandemic, became more patient-centered, and provided increased safety to patients and clinicians by reducing potential transmission of COVID-19.

Over half of interviewees (54%) considered incorporating telehealth into their abortion services the most significant change they made to abortion care. Many of these sites utilized telehealth specifically for medication abortion follow up. Interviewees also cited incorporating some element of "no/low-test" medication abortion (30% of sites) and increasing the gestational age of their abortion services in response to the pandemic (16% of sites) as the most significant change they made.

> "The one big thing that I was actually really proud of was getting rid of post-op appointments in person…We transitioned all of those appointments to e-health visits, which I think helped patients. Especially since we care for abortion patients from across our state, so it helped with that travel [and] childcare issues."
> – Academic or hospital-based site

> "We have recently adopted a lower touch policy, so we are not checking hemoglobins on every patient. We're checking hemoglobins on only patients with history of anemia or who measure 12 weeks or above. We also recently adopted the NAF guidelines for RhoGAM in early pregnancy. I think a little bit less poking and prodding for most people is always a good thing for the patient experience."
> – Independent clinic

Other innovations that sites reported as significant to the experience of providing abortion care during the pandemic included reducing the number of visits associated with an abortion or transitioning to same day services, consolidating and streamlining the patient experience, and curbside delivery of medication abortion. Interviewees highlighted that these changes reduced barriers to care, were evidence-based, and helped ensure that patients were still receiving quality essential care during a pandemic.

> A termination would be three visits and now it's one, and that is a huge barrier lost… We've made some changes to our surgical preparation for our second trimester termination. And they're not earth shattering, but we just took the situation of COVID-19 to kind of reevaluate all of our practices and update them… And that also, in terms of patient experience, is met with huge satisfaction, of course.
> – Academic or hospital-based site

While many sites adopted innovative policies and practices that ensured access to care, other interviewees described being unable to make changes despite an aspiration to do so. The changes that sites most frequently wanted to adopt but could not included "no/low-test" medication abortion procedures (30% of sites) or incorporating telehealth into abortion care services (16% of sites). However, adoption of innovations were not universally available or possible for all sites. Some barriers included limited resources for implementing change and state laws and policies that made adopting certain innovations impossible, such as telehealth bans for abortion.

> And so, you know, the telehealth and all those other great things that people are able to do to make innovative changes in the way that they provide abortions, those are definitely no easy feat. But the fact that it's not even an option for us, a lot of people forget that we are in such a hostile state… because of the laws, again, that's possible for other clinics, but not for us.
> – Independent clinic

Under-recognized challenges

Interviewees also reflected on the biggest challenge they faced that they felt had been under-recognized during the pandemic. Most commonly, interviewees described the fear, anxiety, and stress from COVID-19 that permeated their lives as they managed the safety and well-being of themselves and their families while providing essential care during a deadly pandemic. The unknown characteristics of the disease and the evolving nature of the pandemic also contributed to interviewees feeling increased pressure, stress, fatigue, and burnout.

> I think the biggest challenge has been staff burnout… it's very easy to recognize there's a huge emotional toll on the staff… I think definitely if we're feeling pressure to see patients still, and keep the doors open, and our staff is under just extreme pressure… we focus a lot on the patients, and we don't necessarily put the staff first.
> – Planned Parenthood affiliate

> I think the biggest challenge we faced was the fear and anxiety that people were living with on a day to day basis…There was a lot of, I think, fear. Every time somebody or a family member would get sick, tremendous anxiety how they were going to do, what was going to happen.
> – Academic or hospital-based site

Interviewees also cited the challenge of modifying clinical care often and with limited or frequently changing guidance. Statewide policies that targeted abortion providers and restricted their capacity to provide care also added to the frustration and difficulty of managing their clinical practices during the pandemic.

> I think that it's the legal impediments to doing what we know is right, is one of the biggest frustrations we ever encounter in this work.
> – Independent clinic

Sites also faced challenges around managing clinical logistics such as balancing financial concerns with providing patient-centered care, logistics for managing and purchasing PPE, changing the use of their physical space, retraining staff to fill new roles, and a lack of training opportunities for residents.

Opportunities from the crisis

Despite all of the challenges and hardships that the pandemic brought to clinics, there were also many opportunities and positive outcomes that interviewees reflected on during the interviews.

Over half of interviewees cited an increased sense of camaraderie and support, as well as improved communication among their staff and teams. Staff members worked more closely together, relied on each other more, and showed more care and understanding for their fellow teammates. Communication within staff and from leadership were also improved during this time.

> I think staff have felt more connected because…for most of us, we don't really go anywhere other than home and work. So I think it's kind of fostered some relationships and just built a sense of, like, camaraderie among staff… [and] staff that might not work together are working more closely together […and] I think that that's kind of bridged some gaps that might have been there but kind of unintentionally, and staff feels a little bit more united because we're all working so closely and [that] these are our people.
> – Independent clinic

Many sites also reported that innovations in family planning care were not only made possible but also quickly developed and adopted due to pressures from the pandemic. Many sites specifically noted that telehealth was rolled out quickly even when faced with resistance prior to the pandemic. Innovations cited specifically included utilization of telehealth and "no/low-test" medication abortion.

> We were really efficient at standing up telemedicine. We'd been told for years that we couldn't do telemedicine. It was never going to get reimbursed. It wasn't real. And then all of a sudden, the hospital had set up a telemedicine protocol and billing in like 48 hours. And so, I think that we took advantage of that.
> – Academic or hospital-based site

Overall, sites were proud to continue providing essential care during the pandemic. They not only provided essential care but also improved their existing services and efficiency, resulting in better and more patient-centered practices. Sites mentioned that this shift also improved their relationship with both the community and the patients that they serve. These in-depth interviews continue to demonstrate the tenacity, ingenuity, and heart of family planning providers.

> I feel that there were a fair number of people who felt like it's just a different – to be part of something that's so historical, I know that my team was so proud to be able to come to work…My small team absolutely… [was] proud to be coming to work and to be able to show bravery with the requisite caution and precaution, but to be able to show that that bravery from the first minute on and to show that dedication to service from the first moment that we knew something was going on really instilled pride in people.
> – Academic or hospital-based site