



Reproductive Health Care in the Post-Roe Era: A Guide for Rural Entities

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Objectives

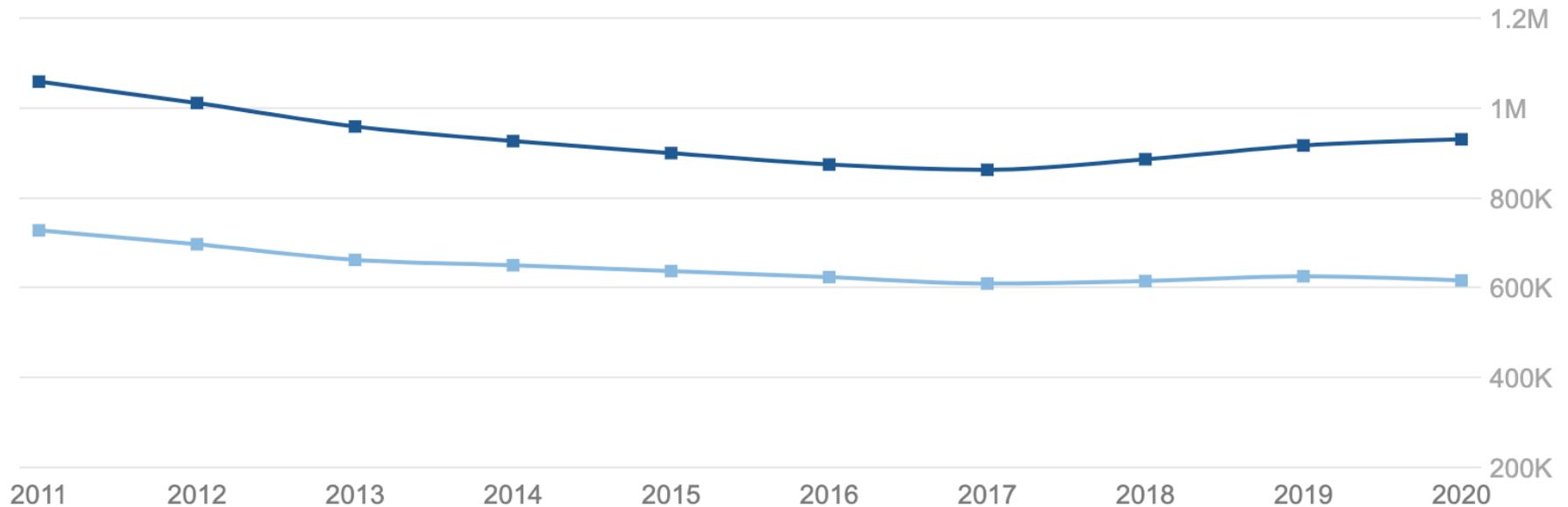
- Provide an overview of the epidemiology of abortion
- Describe the current landscape of abortion care in Oregon and surrounding states
- Outline what clinical entities in rural areas can do to promote safe care

Before the *Dobbs* Decision, the Number of Abortions Had Started to Rise Slightly Following a Decade-Long Decline

Abortion number

Abortion rate

— CDC Reported Data — Guttmacher Estimated Data

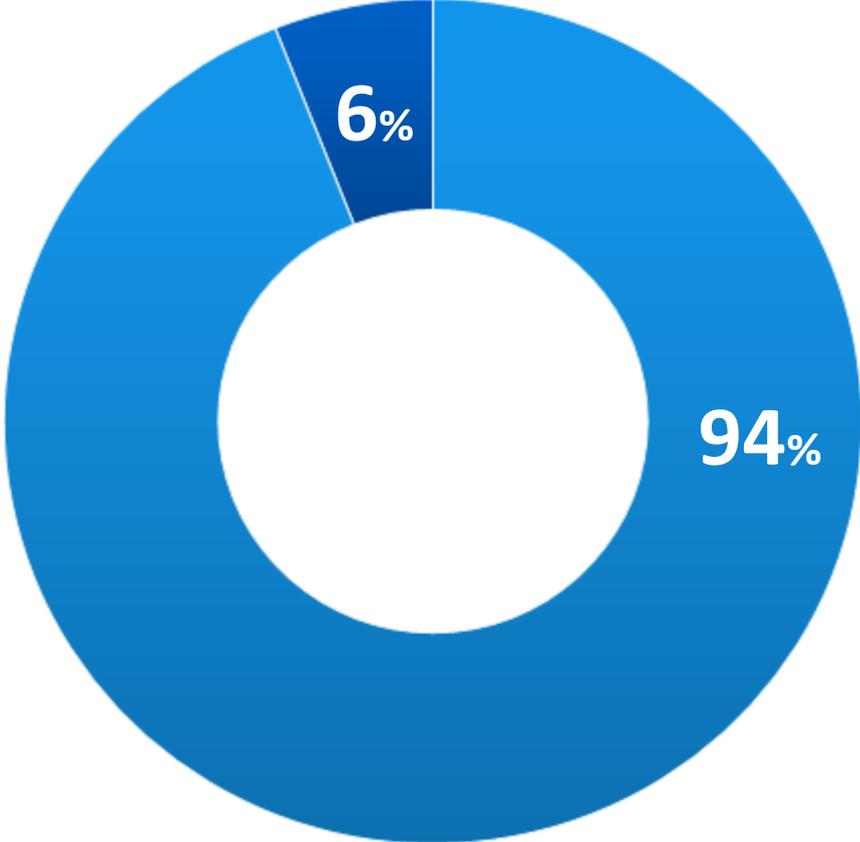


NOTE: CDC data excludes reporting areas that did not report abortion numbers every year during the analysis period: CA, DC, MD, and NH. Guttmacher data for 2012, 2015, and 2018 are estimated by interpolation.

SOURCE: CDC. Abortion Surveillance - United States, 2020; Guttmacher Institute. Abortion Incidence and Service Availability in the United States, 2020. • [PNG](#)

KFF

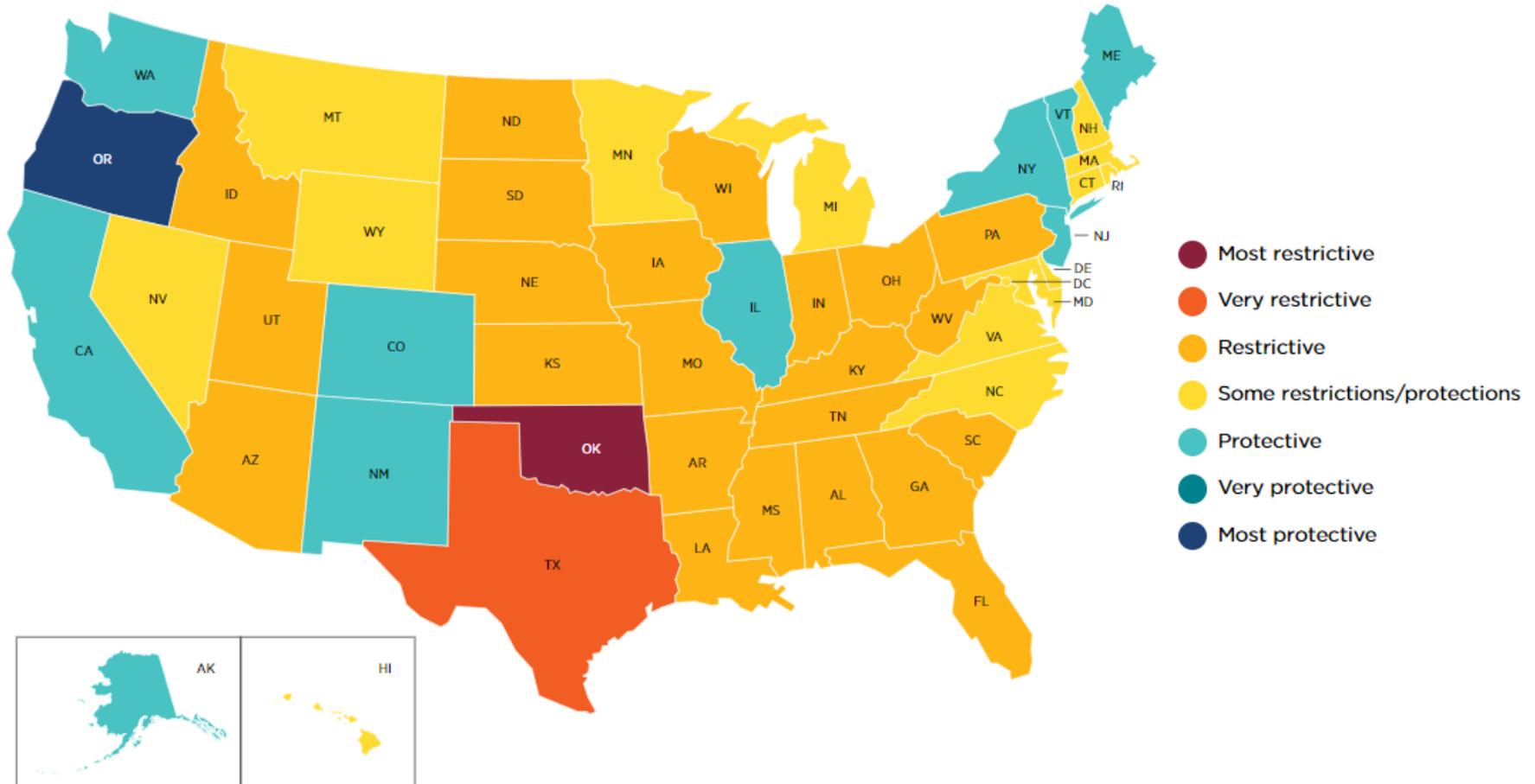
Pre-Dobbs: Most Abortions Occur Early



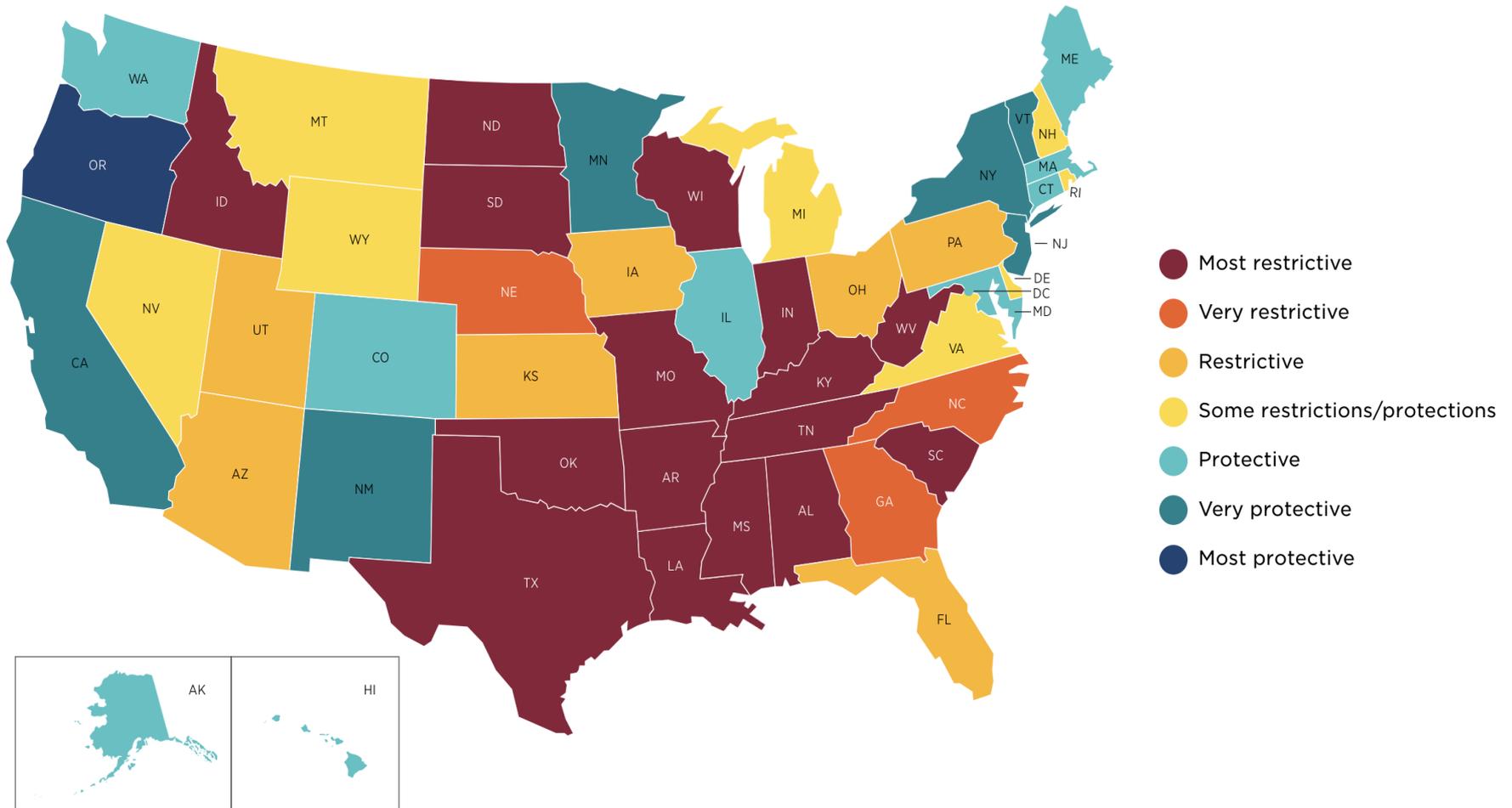
■ <= 13 weeks ■ > 13 weeks



Legal Landscape June 2022



Legal Landscape August 2023



Reproductive Health Equity Fund

\$15 million to help with abortion care

Abortion Legalized

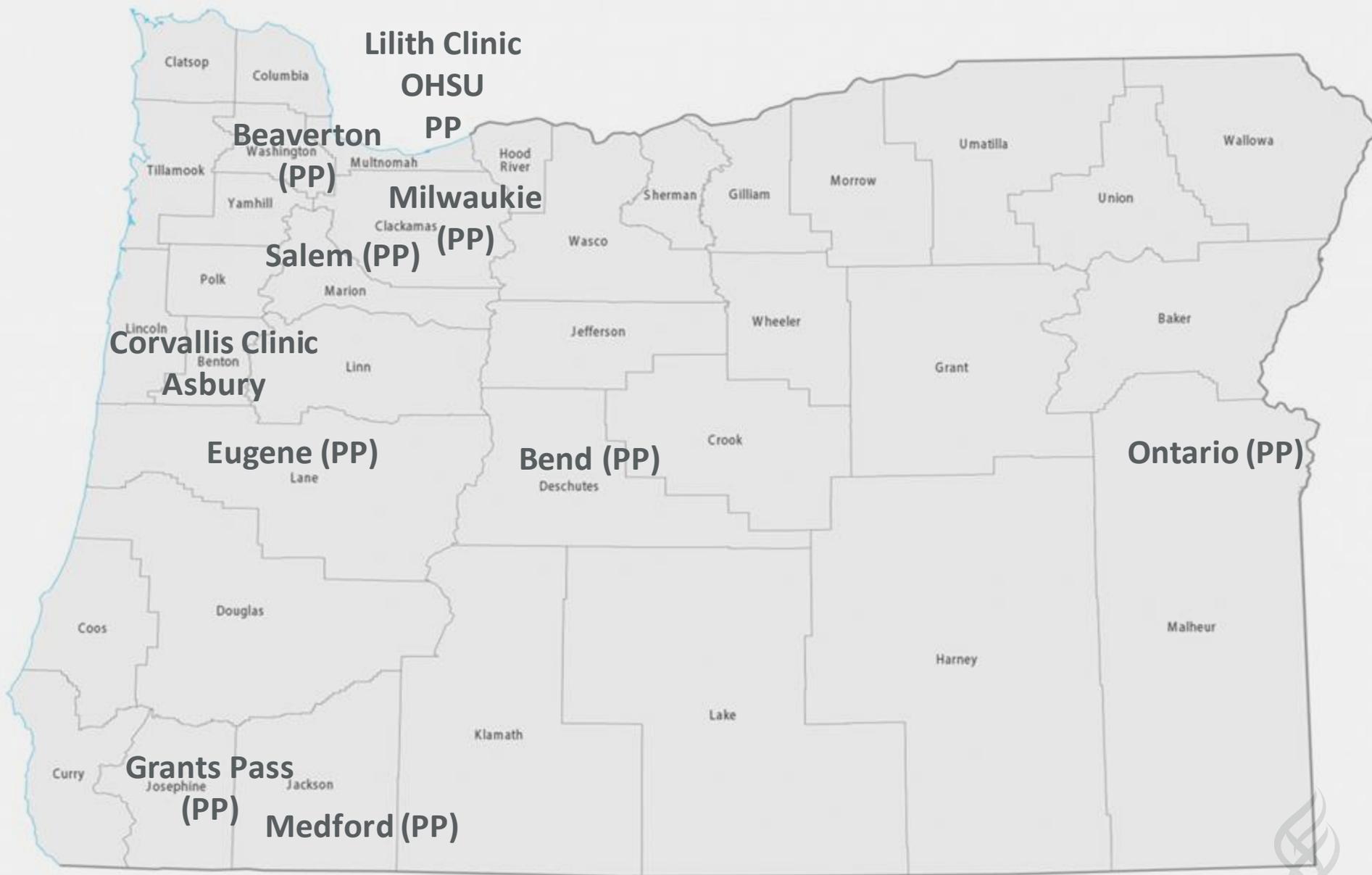
'69

'17

'22

Reproductive Health Equity Act

Codifies right to abortion
Bans discrimination
Ensures coverage for abortion and contraception



PP = Planned Parenthood



Restrictions in Neighboring States

- Illegal –complete ban
- Provision for rape/incest if reported to the law or to save life
- Criminal charges
 - Felony 2-5 years
- Trafficking of minors
 - Civil enforcement: biological relatives of pre-born
 - 2-5 years

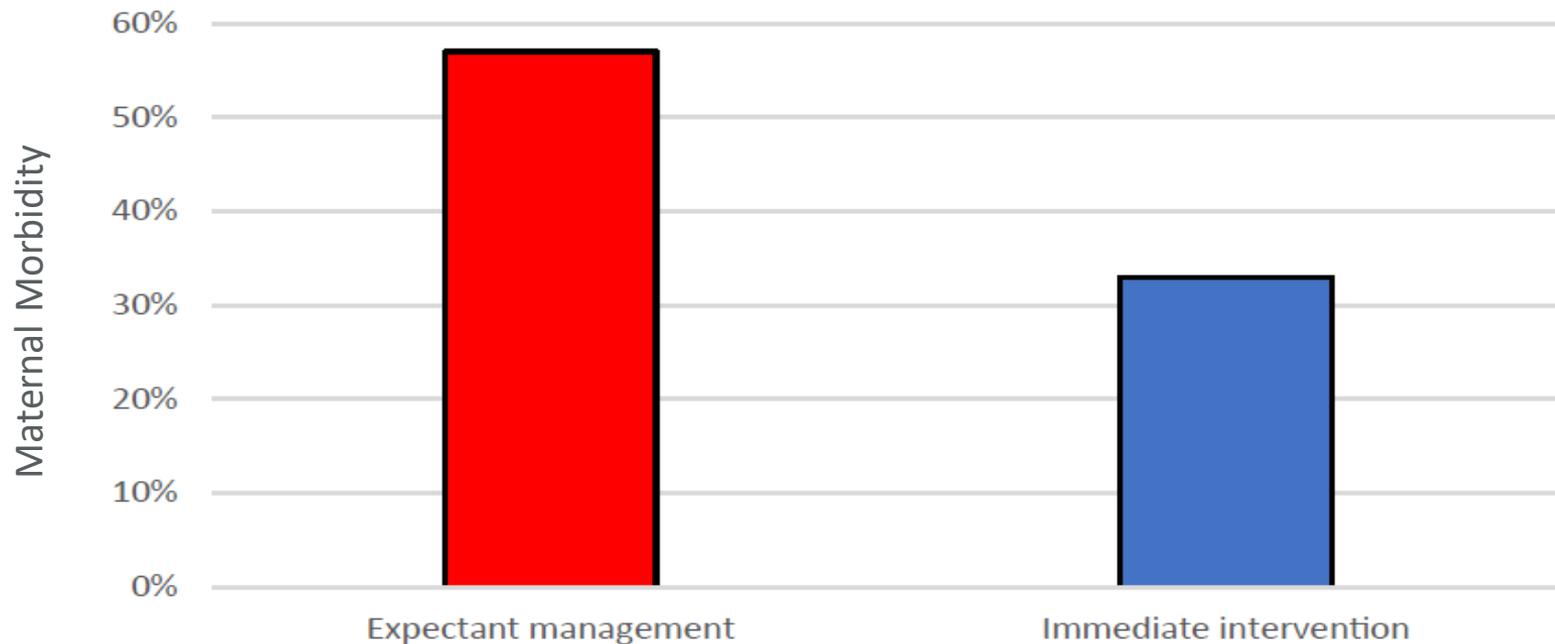


The Impact of Abortion Restrictions

- Do not decrease the rates of abortion
- Increase the proportion of later abortion
- Increase the proportion of unsafe abortion
- Exacerbate disparities in maternal health

Texas Outcomes

Post-criminalization of Abortion (Sept 2021-May 2022)



Access to Pregnancy Care Impacted



A recent survey shows that **more than 45% of OBGYN physicians** are currently considering or exploring relocation out of Idaho. In the last six months, three of the maternal fetal medicine physicians (high risk pregnancy specialists) in the state have decided to leave Idaho.

[“I came to provide care for complicated pregnancies; I’m leaving because of Idaho’s abortion bans”](#) March 2023

Post-Roe Patient Presentations

Obstetric Complications

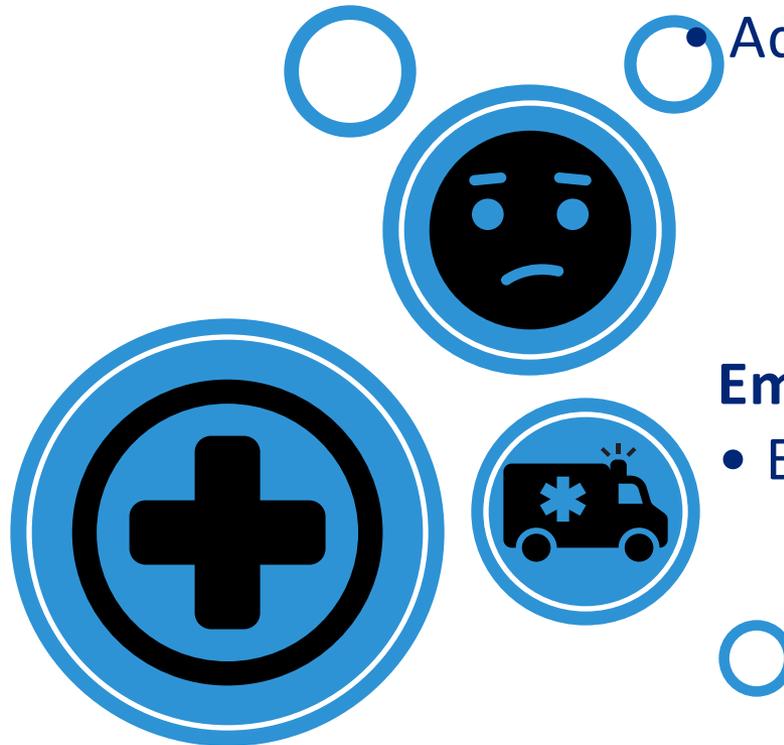
- Unsafe care
- Denial of routine care

Fear & anxiety

- Self managed abortions
- Sterilization & LARC
- Advance medication

Emergency transfers

- EMTALA violations

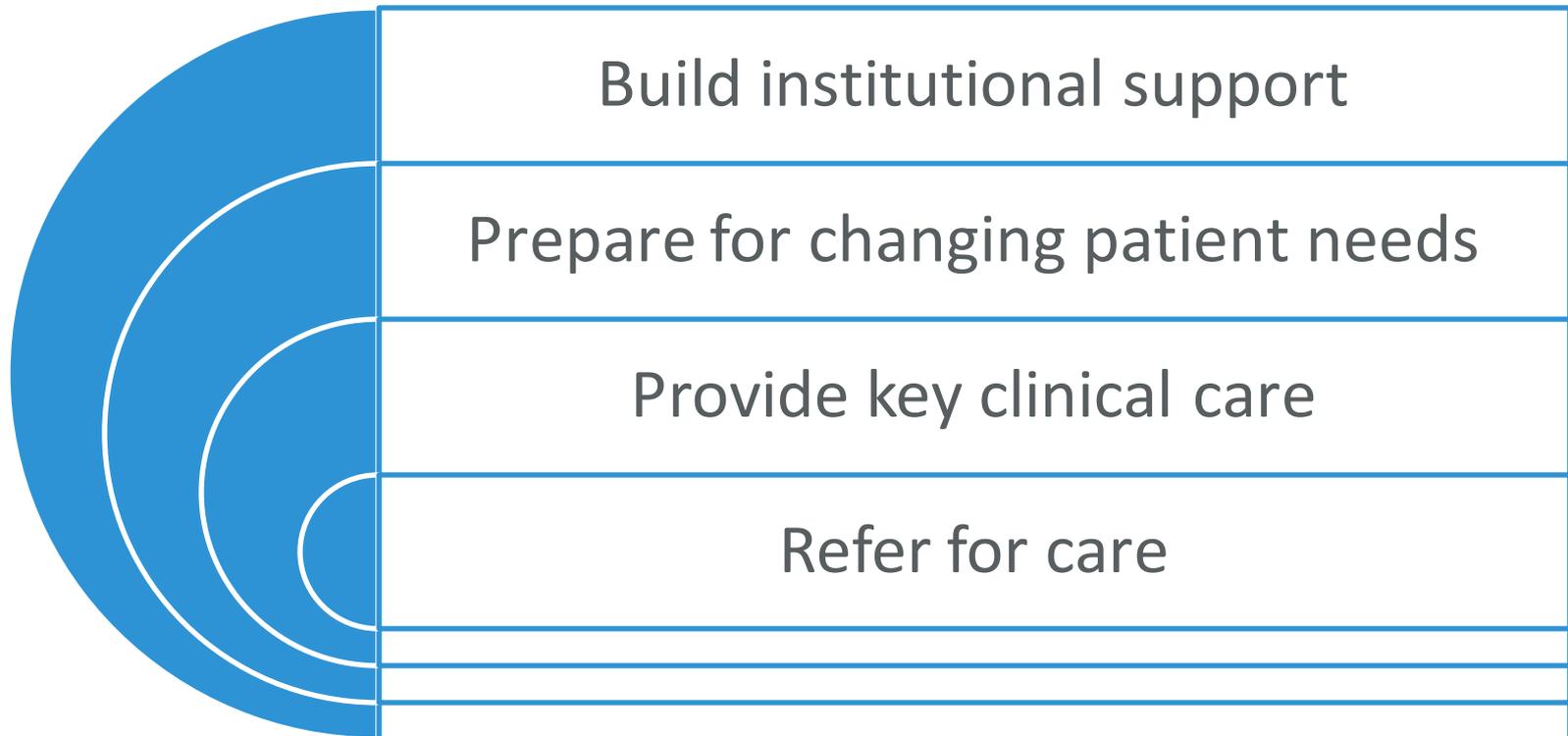


EMTALA and Abortion

- EMTALA was enacted to ensure that everyone can receive the care they need
- Abortion can be a stabilizing, medically necessary procedure
- Violations occur related to abortion care



Institutional Actions



Institutional Support

- Abortion care = obstetric care
 - No special privileges are needed
- Legal risk
 - No precedent for out of state laws being enforced
- EMTALA requirements

Prepare for Patients' Changing Needs

**Permanent
contraception requests**

31/100,000 patients →
64/100,000 patients

Liang 2023

**Long Acting
Reversible
Contraception**

- 21% increase in birth control appointments
- 41% increase in IUD appointments

Law 2022

**Emergency
Contraception**

- 60% of rx for birth control also had EC

Aiken 2022

Key Clinical Care Components



Creating a Safe Space

- Consider how to be welcoming/non-judgmental when it comes to stigmatized care
- Patient-centered care:
 - Treat patient with respect, shared decision making, empathetic communication
 - Improves patient satisfaction
 - Reflect the language that the patient uses

Creating a Safe Space



Abortion Finder Palm Card

A helpful little card that offers all the essential information for anyone seeking abortion access. Each card shares a description of Abortion Finder, QR code, text support, and our social media handles. An informative resource for those seeking abortion care, all in the palm of your hand! Sold in packs of 50

Using Pregnancy Tests

- Don't make assumptions regarding amenorrhea
- Adolescents can have challenges obtaining home UPTs
- Delays to care can occur despite multiple visits to providers



Developing Clinical Knowledge

Contraception

Miscarriage
management

Post Abortion Care

- Medication abortion
- Post-procedure care
- Self managed abortion

Who has self-managed abortion?

- SMA is global, and not new
- Prior to Dobbs- ~7% of individuals in US attempt SMA at some point in their life
- Rates higher among people experiencing barriers to abortion care

Harm Reduction Model

- Medical risks of SMA are low, legal risks for patients may be high
- Half of all states have a law in place that could be used to criminalize SMA
 - No requirement to report suspected SMA



REPRODUCTIVE HEALTH IN PRIMARY CARE

Purpose: Building the capacity of primary care clinicians and their teammembers to provide culturally responsive and equitable reproductive health care to their patients.

Audience: Prescribing clinicians, nurses, social workers, pharmacists, nurse care managers, behavioral health specialists, administrators, and quality improvement specialists. Registrants are encouraged to participate with members of their team. Due to our funding, Oregon registrants will be prioritized

Sample topics: Patient centered counseling; Contraception myths and misperceptions; Best practices in contraception and LARC update; Medical abortion provision in primary care

Schedule: 8 sessions. Tuesdays, noon - 1 p.m. PT, January 9 - February 27, 2024

Faculty

- Jessica Reid, MD, *Assistant Professor, Center for Women's Health, OHSU*
- Maria I. Rodriguez, MD, MPH, *Professor, Center for Women's Health, OHSU*
- Carrie Pierce, MD, *Assistant Professor of Family Medicine, OHSU; Faculty at Cascades East Family Medicine*
- Andrea Daube, NP, *Planned Parenthood of the Columbia Willamette*



Refer for Care

Online resources

Funding and
support services

OHSU

[Abortionfinder.org](https://abortionfinder.org)

[IneedanA.com](https://www.needanA.com)

Cascades Abortion
Supportive
Collective (CASC)

Northwest
Abortion Access
Fund (NWAAF)

Consult complex
family planning



Questions?
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