Abortion Access and COVID-19: "Essential" or "Non-essential" Procedure?

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The first whispers of the coronavirus (COVID-19) were heard in Wuhan, China in late 2019 [1]. Since then, the virus has migrated across the world, directly and indirectly affecting the lives of every individual, pushing the World Health Organization to officially declare the disease a pandemic on March 11, 2020 [2]. As of June 16, 2020, there are 7.94 million confirmed cases and 434,796 deaths related to COVID-19 worldwide [3]. Of those numbers, 2.01 million cases and 115,484 deaths originate in the United States [3]. Since COVID-19's inception in the U.S., our government has taken deliberate precautions to slow its rate of prevalence by increasing the use of personal protective equipment (PPE) and sanitation measures, enforcing social distancing, and discontinuing non-essential medical procedures.

In the U.S., state legislatures are given the power to define and mandate precautions deemed necessary against the coronavirus, as suited for their state. Because of this, states have taken different approaches to defining guidelines for "non-essential/elective" procedures, with the majority agreeing that "elective" procedures are those that are scheduled, rather than a result of an emergency. Unfortunately, states such as Texas, Louisiana, and Mississippi have slated abortion into this "non-essential" category. While some states have directed the halt of only surgical abortions, others have ordered the termination of all methods of abortions, surgical and medication-based [4].

In response to the states' abortion bans, the American College of Obstetrics and Gynecology, in conjunction with other national organizations, provided a joint statement urging for the retraction of abortions as "non-essential" procedures and supporting abortions as a crucial element of women's health care that must be maintained, despite the suspension of non-urgent/elective procedures [5]. Arguments supporting abortions as "non-essential" procedures state that restricting abortions will protect expectant mothers against exposure, spare PPE, and clinical staffing needed with the rise of COVID-19 cases, all while declining the risk of clinicians acting as vectors of the virus [6]. However, categorizing abortions as "elective" procedures acts to curb the jurisdiction of women nationwide. Reproductive rights, such as that of abortions, are an "essential component of comprehensive health care" [5], and should always be deemed as such, regardless of current events. The cessation of reproductive rights can lead to an increased incidence of unintended pregnancies and declining mental health for participants, ultimately exacerbating inequalities within our healthcare system and society.

Governors, such as Mississippi Gov. Tate Reeves (R), are adamant that by curbing abortions and other non-essential procedures, states will be able to "protect personal protective equipment for those impacted by the virus" [6]. While I agree that measures sparing PPE are essential, I do not believe that abortions utilize enough resources to be considered a threat to our limited supply. Though some abortions require surgical and hospital use, medication/prescription-based methodologies are now the bulk of abortions occurring in the U.S. [5]. Prescription-based abortions can be performed by patients independently, though some states require that patients have clinical supervision over the first few doses [7]. Politicians have cited concern for

further exposing clinicians to COVID-19 in this setting, possibly aiding in clinicians' role as a disease vector [8]. However, these efforts can be curbed by expanding our use of telemedicine, allowing for virtual clinical instruction. Additionally, cessation of abortions to spare PPE, staffing, etc. may actually end up fueling the use of these resources. Women who are unable to terminate their pregnancy as wanted will remain pregnant, which ultimately requires more appointments and support during prenatal care and delivery. On the other hand, some women may be driven to abort their pregnancies independently, most likely using unsafe methods [4]. Both scenarios would give way to increased use of PPE and clinical staffing, negating the original purpose of abortion's "non-essential" restriction.

For all women, especially women with unintended pregnancies, restriction to abortion may greatly impact their health and overall well-being [5]. Limitations on abortions could plunge women into desperation, prompting them to find other ways to terminate unwanted pregnancies. Such unsafe abortions allow for the development of post-traumatic stress disorder, depression, and suicide attempts, all of which increase the risk of maternal and fetal mortality [9]. Sexual reproduction is a prominent facet of women's health; the choice of whether to have or when to have a child is often paramount and considered to be a woman's right. These decisions contribute to her image of self-worth, her responsibilities to herself and loved ones, and lastly, her ability to participate in society as she wishes [4]. Regrettably, new regulations have the potential to impede that choice for women as the rate of unintended pregnancies rises. Stay-at-home orders provide partners more time for sexual activity and intimate partner violence, some of which result in sexual coercion, both situations promoting an increase in unintended pregnancies [4]. The accumulation of these scenarios is just one of the reasons why it is imperative that abortions remain classified as "essential".

What largely prompts my hesitance to label abortion as "non-essential" procedures is the fact that abortions are a time-sensitive "service for which a delay of several weeks, or in some cases days, may ... make it completely inaccessible" [5]. With each passing day, the risks of terminating pregnancy increases, leading to unnecessary physical health risks to the mothers and fetuses. Late abortions increase the risk of maternal complications such as heavy bleeding, sepsis, and infection/injury to the womb. In cases where abortion occurs after fourteen weeks, women will need additional surgery to remove parts of the pregnancy that were unsuccessfully removed during the abortion procedure [10]. Due to its time-sensitive nature, it is essential that we ensure abortion access is not compromised during this time [5]. Additionally, I concur with the necessity of protecting vulnerable members of our society, however, when we look back at previous respiratory epidemics such as Severe acute respiratory syndrome (SARS) and the Middle East respiratory syndrome (MERS), both commonly compared to COVID-19, there is no evidence suggesting pregnant women were more susceptible. Until further research is conducted and published on the matter, the same conclusion can be made for pregnant women's susceptibility to COVID-19 [1]. On the other hand, SARS and MERS have been known to be associated with increased risk of pregnancy complications such as miscarriages, fetal growth restrictions, and preterm births [1] all of which are known to increase the mortality rate for mother and fetus [9]. Limiting abortions would require women to carry the pregnancy to full term, allowing these adverse effects to manifest. Though data on this is currently limited for COVID-19, I suspect future research will shine more clarity on this and when it does, proper protocols to protect the expectant mothers and fetuses will be crucial.

Deeming abortions as non-essential procedures during the pandemic seems conveniently opportunistic, especially because this topic has always been such a controversial one with extremists on both sides. Deputy Attorney General Jonathan Fulkerson of Ohio enacted the ban against abortions roughly a week prior to state-wide stay at home orders [11]. Similarly, Gov. Greg Abbott (R) of Texas postponed abortions on March 22, two weeks before his state-wide stay at home order on April 2, 2020 [6]. While both leaders touted termination of abortions as a safety measure, they neglected to take more comprehensive measures earlier on as the U.S. approached the peak of the pandemic. These actions considering abortions as "non-essential" procedures support the assertions that they were politically charged rather than driven by public health initiatives.

The cessation of abortions has notably dwindled opportunities available to already marginalized groups.

Current restrictions to abortion access will push women to travel further distances for new providers [7]. Women of higher socioeconomic status (SES) will have more resources to travel to another state for abortion services compared to women of lower SES. Women who cannot afford to travel for an abortion will encounter more monetary burdens related to delivery and support of the newborn, adding strain to an already financially vulnerable population. Women comprise about 70% of the health and social care workforce [2] and people of color encompass the majority of service-oriented occupations [12]; these individuals do not have the privilege of "staying at home", their professions deemed essential during the pandemic. Historically, African Americans and other minority groups have more underlying health conditions, leading to disproportionate mortality and hospitalization rates of COVID-19 compared to the majority population [12]. Banning abortions will only contribute to these complications or create new predicaments during gestation, especially to a population already vulnerable to increased rates of maternal and infant mortality [12]. For these reasons, restricting abortion access will continue to put immigrants, minority women, and women living in rural areas or of lower economic status at a disadvantage [9].

Today, COVID-19 has effectively infiltrated almost every country, its impact growing each day. We have learned that through the use of PPE, social distancing, and other precautionary measures have worked to flatten the curve, but it must not stop here. As we continue to navigate the COVID-19 pandemic, new knowledge and evidence-based research will help us maneuver the trials regarding coronavirus prevention and implications for all populations, including expecting mothers. Regardless of time, abortion services are a prominent part of women's health and its absence is detrimental. Allowing for abortion access will not dwindle our resources towards these pandemic efforts; instead, it will make certain that our government will provide comprehensive health care to protect the safety of all citizens. COVID-19 has illuminated striking restrictions to women's rights and created an environment for inequalities between gender, race, and social-economic status to further manifest. The conversation about abortion rights will continue beyond today's current events and when it does, these disparities should be kept in consideration to "ensure that health is not a byproduct of privilege" [12], but instead given to all in equity. As we move forward in this pandemic, it will take all our politicians, community leaders, and each and every citizen to stand in solidarity and protect expectant mothers, women, men, non-binary, and all our loved ones, equally.

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