

How the pandemic is transforming abortion access

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The COVID-19 pandemic has been a catalyst for more accessible abortion care in Canada, even as other countries report increasing barriers to the service.

Until recently, most people seeking abortions in Canada had to travel to clinics or hospitals — and sometimes out of the province or country — leading to major gaps in access.

The approval in 2015 of the abortion pill, mifepristone, raised hopes that some of these gaps could be closed, but it was another two years before people could take the medication at home.

Making mifepristone available as a normal prescription increased the proportion of medical abortions in Canada from roughly 2% to 31% without any change in complications or the overall abortion rate.

But according to a study of more than 300 Canadian abortion providers published in *Family Practice*, fewer than one in five had any experience providing medical abortions by telemedicine before the pandemic.

By January 2021, however, nearly nine in 10 reported providing some or all aspects of abortion care virtually — from counselling and prescribing to follow up and emergency care.

According to Madeleine Ennis and coauthors, most providers reported maintaining or increasing access to abortion while making a “seamless switch” to virtual care, except in Quebec, where restrictions on mifepristone remained a barrier.

“This contrasts to the experiences reported in some jurisdictions internationally,” Ennis and colleagues noted.

“For example, a rapid response survey of independent abortion clinics in the USA showed that 51% of clinics, clinicians or staff had been unable to work because of the pandemic or public health response.”

Updated guidelines for abortion care during the pandemic — which waived the need for routine ultrasounds and other in-person tests — were key to Canada’s rapid transition to telemedicine.

Some providers also reported that extending the window for second trimester abortions meant that patients who would normally travel to the United States for late procedures were able to receive care closer to home.

Last year, health advocates in Ontario noted a decrease in travel to the United States for abortions, although the reasons for this drop are unclear.

According to Ennis and colleagues, Canada’s experience with telemedicine abortion charts a course for more accessible care beyond the pandemic.

Their research also adds to a growing body of evidence supporting low-touch or no-touch telemedicine abortion.

One analysis of more than 52 000 medical abortions in the United Kingdom found that a telemedicine hybrid model adopted during the pandemic was more accessible and just as safe and effective as conventional care.

However, important questions remain about how to reach patients who don’t have Internet access or the technology for telemedicine, and how to integrate other sexual health care, including screening for abuse and testing for sexually transmitted infections.

Meanwhile, new criminal sanctions against intimidating health professionals and patients may expand protections for those providing and seeking abortions at clinics.

Previously, only a handful of provinces and cities across Canada had established no-protest zones around abortion clinics to protect patients and staff from picketers.

In a recent study in *Contraception*, 12 abortion facilities across Canada reported 571 instances of picketing and harassment in a given year.

Bill C-3, which came into force this January in the wake of unruly anti-vaccination protests, makes it illegal to obstruct access to health facilities or intimidate people to impede them from providing or accessing health services.

During the second reading of the bill, Liberal MP Marc Serré noted the ongoing barriers Canadians face accessing abortion including “aggressive, intimidating, disturbing and even violent anti-abortion protest activity.”

“The amendments will support and protect women in making their decisions for their own bodies without obstruction, intimidation or fear,” he said.

Lauren Vogel with files from **Greg Basky**

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