

Abortion is Essential Healthcare

Access is Imperative During COVID-19



Abortion
Access

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Comprehensive reproductive health care, including abortion care, is essential and time-sensitive health care.

The American College of Obstetricians and Gynecologists (ACOG) has affirmed that comprehensive reproductive health care, including abortion, is essential care that should not be restricted. The World Health Organization (WHO) and the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) have established that, even in emergencies, abortion care is essential for preventing maternal mortality and morbidity and protecting the right to life with dignity and thus should remain available. Lack of adequate reproductive health services can have profound impacts, including financial insecurity, increased risk of intimate partner violence, and maternal and neonatal deaths. These impacts are disproportionately felt by marginalized communities in the U.S who have long faced systemic barriers to health care—including low-income people, rural populations, people of color, LGBTQI people, people with disabilities, and immigrants.

During the COVID-19 pandemic, government officials should ensure continued, timely access to abortion care.

There is an emerging consensus among medical and health organizations in the U.S. and globally, including IAWG, the International Federation of Gynecology and Obstetrics, and the Royal College of Obstetricians and Gynaecologists, that abortion continues to be essential during the COVID-19 crisis

and therefore must remain available. ACOG, the Society for Maternal-Fetal Medicine, and other prominent medical organizations in the U.S. assert that “to the extent that hospital systems or ambulatory surgical facilities are categorizing procedures that can be delayed during the COVID-19 pandemic, abortion should not be categorized as such a procedure.” As such, officials should ensure that COVID-19 responses maintain sexual and reproductive health services and center the health and rights of pregnant individuals.

Contrary to public health and medical consensus, some elected officials have exploited the COVID-19 pandemic to deny fundamental rights and block access to essential abortion services.

On March 22, Texas’s Governor Greg Abbott issued an Executive Order prohibiting all surgeries and procedures that are not immediately medically necessary. In an effort to push an anti-abortion agenda, Attorney General Ken Paxton interpreted the Executive Order to classify abortion care as nonessential health care, threatening that “any type of abortion that is not medically necessary to preserve the life or health of the mother” is a violation of the Executive Order and “will be met with the full force of the law.” This enforcement threat and the serious criminal and civil penalties specified in the Executive Order resulted in more than 150 canceled appointments at clinics across Texas.

Officials in several states including Alabama, Iowa, Ohio, and Oklahoma have likewise exploited the COVID-19 pandemic to effectively ban abortion in their state. In response, the [American Medical Association](#) issued a statement opposing restrictions on reproductive health care and asserted that decisions about which medical procedures are “non-urgent” should continue to be made by physicians and their patients, not by politicians. After the Center and partners sought emergency relief to ensure that abortion care could continue in these states, judges temporarily blocked bans in certain states. Emergency litigation cannot fully reverse the damage of harmful policies—officials should follow the lead of states such as [Illinois](#) and [Massachusetts](#), and proactively ensure that responses to COVID-19 align with public health evidence and guidelines.

By denying access to time-sensitive abortion care, officials are placing the health and economic security of pregnant people and families at risk, exacerbating systemic inequities.

For many pregnant people in the U.S., bans on abortion during the COVID-19 pandemic will delay abortion care to later gestational ages or render abortion services completely inaccessible. Forcing individuals to remain pregnant and carry to term deprives them of their [constitutional right](#) to determine if, when, and how to have a child and exposes them to multiple health risks. Although abortion is a very safe medical procedure, the health risks associated with it [increase](#) with gestational age. Denying abortion care can pose a risk to physical, mental, and emotional [health](#) and safety, risks that are heightened during a pandemic. The risk of mortality in childbirth is [14 times](#) higher than for abortion, and pregnant people may face additional health [risks](#) due to COVID-19. Research also shows that women denied an abortion are

nearly four times [more likely](#) than women who received an abortion to experience economic hardship and insecurity. With the widespread and increasing unemployment and uninsured rates resulting from the COVID-19 pandemic, family members, including children, will experience adverse health and social consequences due to the increased financial burden.

Patients seeking abortion care already face numerous barriers which delay care, including medically unnecessary mandatory waiting periods and restrictions on medication abortion. Marginalized communities in the United States have long experienced the disproportionate impact of restricted access to comprehensive reproductive health care. The current crisis exacerbates these inequities. The state and federal governments should ensure the rights of all people to access reproductive health care, including abortion care, and respect people’s rights to make decisions about their bodily autonomy.

Restrictions on essential health care services such as abortion undermine public health efforts to respond to COVID-19.

Access to essential sexual and reproductive health services during a pandemic is crucial for averting maternal morbidity and mortality and avoiding further burdening of health systems. Were bans on abortion to go into effect, forced continuation of pregnancies for people seeking abortion care would further strain the health care system. State Executive Orders would compel some patients to travel out of state to obtain abortion services, which undermines public health guidelines to stay at home and shelter-in-place.

It is not just outright bans on abortion that impede the COVID-19 response. Other medically unnecessary restrictions on

abortion, including requirements for multiple visits to abortion providers, unnecessary limits on medication abortion, and prohibitions on the use of telemedicine, further undermine public health efforts to reduce COVID-19 transmission by requiring close contact between providers and patients without any medical benefit. Rather than impeding access to time-sensitive abortion care, government officials should ease unnecessary restrictions on reproductive health services by lifting FDA requirements to allow mifepristone to be sent by mail and expanding medication abortion provision through telemedicine. These measures are essential to guarantee safe access to abortion care while minimizing contact with health care personnel.