

Open clinics aren't enough to ensure abortion access in Ohio

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Michelle McGowan, PhD, research associate professor in the Department of Pediatrics in the University of Cincinnati College of Medicine and the Department of Women's, Gender, and Sexuality Studies in UC's College of Arts and Sciences. Credit: University of Cincinnati

The number of abortion clinics in a state is not the only way to judge access to abortion care, says new research conducted by a consortium of research scholars from across Ohio, the Ohio Policy Evaluation Network (OPEN), which includes scholars from the University of Cincinnati.

In the study, published in the *New England Journal of Medicine*, researchers assessed abortion access in Ohio by examining what OPEN scholars call "[abortion care](#) churn," defined as clinic-level instability of abortion care services and chronic uncertainty about the potential for closure or service delivery changes. According to the study, abortion care churn is highly disruptive to clinics, creates barriers for patients and is disorienting to the public.

"Measuring abortion care churn and the consistency of access to comprehensive abortion services contributes to better understanding of the

effects of restrictions and non-regulatory factors on abortion clinics, clinicians who provide abortion, and the populations they serve," says lead author Michelle McGowan, Ph.D., research associate professor in the Department of Pediatrics in the University of Cincinnati College of Medicine and the Department of Women's, Gender, and Sexuality Studies in UC's College of Arts and Sciences.

To measure abortion care churn, OPEN researchers assessed the stability and changes in services offered (such as medication, telemedicine, or surgical abortions), as well as the gestational limit to which facilities can perform the procedure. These gestational limits are either imposed by the state or the clinic itself. Other factors, such as the cost for procedures and available financial aid for patients, wait times, and the number of days that clinics are open per week, were also used to measure abortion care churn.

Researchers used the example of the sole remaining [abortion clinic](#) in Toledo, Ohio, to illustrate the impact of abortion care churn. In 2013, one of two abortion clinics in the city closed because it was unable to establish a state-mandated written transfer agreement (WTA) with a local hospital. Since 2013, the remaining Toledo clinic has experienced multiple changes in its services, including [legal challenges](#) to obtain WTAs, staffing changes, shifts in ownership, and licensing restrictions. While the Toledo clinic has remained continuously open since obtaining a surgical license in 2005, these variations in the availability of services compromised abortion access in Northwest Ohio.

"After several years of legal uncertainty and changes in clinic licensing and staffing, the Toledo clinic limited its services to medication abortion in 2019, and patients now have to travel across the state or out of state for surgical abortions," says McGowan.

As seen in the case of Toledo, while abortion policies and clinic practices may not result in closures, they can still affect a patient's ability to obtain the procedure they seek in a timely manner with minimal burden—or to access care at all. While restrictions imposed by state legislatures, executive actions, and public health orders directly impact access, fluctuations in clinic service delivery and the accompanying public perception of clinic status also stymie patients' access to abortion care.

"The number of abortion clinics in a state ought not to be the only way we judge access to abortion care," says McGowan, adding that abortion care churn needs to be integrated into evaluations of abortion access.

"By capturing the burden of abortion care churn, we hope policymakers, advocacy organizations, and those [health care workers](#) who do not provide abortion care will consider the multifaceted impacts of political and institutional compromises that chip away at [abortion](#) access," she says.

Provided by University of Cincinnati

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