

Access to Abortion during the Pandemic – a Fundamental Right

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INTRODUCTION

Amid the ramifications of the COVID-19 pandemic, women are encountering issues when seeking timely access to abortion. In the United States and Canada, abortion has been legal for decades, and a woman's decision whether and when to have a child has been respected by the health care system.¹ While laws vary among states, in most US states, abortion must occur in a timely manner prior to a certain point in a woman's pregnancy.² Accommodating abortion requests within the permissible or advisable timeframe has been challenging for health organizations despite abortion being an essential health service. In certain cases, women face an undue burden in violation of the law when they are unable to find timely access to abortion.³ The effects of the pandemic which include reduced socioeconomic status and lack of access to contraception may amplify these cases.⁴ This paper will discuss the impact of COVID-19 on abortion rights. It will argue that abortion should remain an essential service during the pandemic because it strengthens justice and women's autonomy in health care.

BACKGROUND

During April 2020, several states in the US attempted to ban healthcare providers from performing abortion, deeming it to be a non-essential surgical procedure.⁵ These regulations instated during the peak phase of the pandemic contradicted the recommendations of the American College of Obstetrics and Gynecology (ACOG), which emphasized that delaying an abortion would render it inaccessible to a woman altogether.⁶ The impact of the restrictions has been detrimental to the health, psychology, and well-being of American women. With

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further progression in pregnancy, the risk of complication increases. In low-income populations, women are likely to resort to dangerous alternatives when not given timely access to abortion.⁷

ANALYSIS

Unrestricted, time-sensitive access to abortion for all women can prevent the complications and risks associated with late abortion and with unsafe alternatives. Furthermore, not all states have practicing gynecologists who are equipped to handle late abortion cases safely, posing a risk of complication and even death for pregnant women.⁸ When a woman is forced to undergo pregnancy and deliver a child against her will, she has 14 times the regular risk of maternal death.⁹ Access to early abortion is vital for women and prevents relying on later, more dangerous abortions.

Lack of access to timely abortion may impose difficulties beyond physical health.¹⁰ These include unforeseen financial costs such as prolonged medications and a need for psychological treatment for postpartum depression. Postpartum depression can emerge for various reasons including a lack of care during unintentional pregnancies. A lack of proper medical care during the pandemic may lead to varying pregnancy outcomes, fetal health, and maternal health. Those outcomes often determine financial and mental stability. Some women face additional challenges such as becoming pregnant due to sexual abuse, growing up in a lower socioeconomic condition, or being a member of a marginalized group.¹¹ In these scenarios, the magnitude of trauma faced by women increases drastically, especially if not offered the option to have an abortion. In Canada, the state is obligated to provide the medical care necessary for a woman's psychological and mental well-being. This is essential for all Americans, even when resolving COVID-19 cases remains a priority for the government. A state government must value the emotional burden a lack of access to abortion can impose on a woman.

Many American women are continuing to pursue pregnancies willingly during the pandemic. The ACOG recommends cautioning them and encouraging them to follow protocols to avoid COVID-19.¹² The data so far indicates that pregnant women are at less risk of death from COVID-19 than they were from the H1N1 flu. The risk of severe illness also seems to increase for those with other preexisting conditions as it does for the general population. According to data from the Centers for Disease Control and Prevention (CDC), pregnant women are more likely to be hospitalized and taken to the ICU following a positive COVID-19 test, along with being at a higher risk for complications such as giving birth to a premature infant.¹³ While many women choose to continue pregnancies, pregnant women with preexisting health conditions may be more susceptible to complications if they were to catch the coronavirus or a similar viral infection.¹⁴ The ACOG advisory strongly recommends pregnant women follow the same strict protocols of masks and social distancing that everyone should be following. The healthcare system in the US must accommodate for timely access to the best quality of care for patients undergoing pregnancies. The protocol for pregnancies does not alleviate the need for access to safe abortion during the pandemic. Women with preexisting conditions may weigh the harm of continuing pregnancy and find they need to access abortion services. Regardless of the dangers of COVID-19 to the pregnant, the government should not use the pandemic as an excuse to limit rights.

To use the pandemic as an excuse to limit access to reproductive health services can lead women to carry on pregnancies against their will. To strengthen women's autonomy, governments should acknowledge the necessity of abortion accessibility during COVID-19, and address barriers such as a lack of funding towards women's health.¹⁵ These changes can positively affect the growth of the healthcare system in the US where health providers are equipped to combat the effects of a pandemic while ensuring reproductive justice to

women. Telemedicine is an alternative that may be used by hospital organizations to provide women with advice in the realm of reproductive ethics and abortion. Through telemedicine, physicians in remote areas may also be able to receive advice from researchers and other experts in the medical field to make informed decisions when providing patient care. Early advice may reduce the negative effects of delayed care.

CONCLUSION

Abortion is a fundamental human right in North America, and its presence is essential to a woman's autonomy. However, restrictions on abortion due to COVID-19 have specifically affected women in restrictive states and disproportionately affects those without the resources to travel for healthcare. The pandemic shines a light on inequitable access to timely abortions, an injustice. While prioritizing COVID-19 cases is crucial for the government, abortion must remain an essential service.

¹ Bayefsky, Michelle J., Bartz, Deborah, Watson, Katie L, "Abortion during the Covid-19 Pandemic - Ensuring Access to an Essential Health Service" *New England Journal of Medicine* 382 (May 2020):e47, www.nejm.org/doi/full/10.1056/NEJMp2008006.

² Roe v. Wade, 410 U.S. 113 (1973).

³ Planned Parenthood of Southeastern Pa. v. Casey, 505 U.S. 833 (1992).

⁴ Center for Reproductive Rights, Press Release, "In the Face of COVID-19 pandemic, sexual and reproductive health services are essential," June 4, 2020. <https://reproductiverights.org/press-room/face-covid-19-pandemic-sexual-and-reproductive-health-services-are-essential>

⁵ Erica Turret, Sara Tannenbaum, Blake, Shultz, Katherine, Kraschel. "COVID-19 Does Not Change The Right To Abortion." *Health Affairs*, 17 April 2020, www.healthaffairs.org/doi/10.1377/hblog20200416.799146/full/.

⁶ Bayefsky, Michelle J., Bartz, Deborah, Watson, Katie L., "Abortion during the Covid-19 Pandemic - Ensuring Access to an Essential Health Service" *New England Journal of Medicine* 382 (May 2020):e47,www.nejm.org/doi/full/10.1056/NEJMp2008006.

⁷ Erica Turret, et al.

⁸ Erica Turret, et al.

⁹ Erica Turret, et al. www.healthaffairs.org/doi/10.1377/hblog20200416.799146/full/.

¹⁰ Erica Turret, et al.

¹¹ Centre for Reproductive Rights. "Press Release: In the face of COVID-19 pandemic, sexual and reproductive health services are essential", 4 June 2020, <https://reproductiverights.org/press-room/face-covid-19-pandemic-sexual-and-reproductive-health-services-are-essential>.

¹² <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019>

¹³ "Data on COVID-19 during Pregnancy." Centers for Disease Control and Prevention, 25 September 2020, <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/special-populations/pregnancy-data-on-covid-19.html>

¹⁴ Erica Turret, et al. World Health Organization. "New research helps to increase understanding of the impact of covid-19 for pregnant women and babies." September 1, 2020, <https://www.who.int/news-room/detail/01-09-2020-new-research-helps-to-increase-understanding-of-the-impact-of-covid-19-for-pregnant-women-and-their-babies#:~:text=According%20to%20the%20findings%20published,to%20COVID%2D19>.

¹⁵ Rajeshni, Naidu-Ghelani, "Abortions amid COVID-19: How Women's Rights Are Being Impacted by the Pandemic." *Ipsos*, 18 August 2020, www.ipsos.com/en-ca/news-polls/abortions-amid-covid-19-how-womens-rights-are-being-impacted-pandemic.