



## Editor's Choice

# The Longest Wait: Examining the Impact of Utah's 72-Hour Waiting Period for Abortion



Jessica N. Sanders, PhD, MSPH<sup>a,\*</sup>, Hilary Conway, MD<sup>a</sup>, Janet Jacobson, MD<sup>b</sup>, Leah Torres, MD, MSCI<sup>a</sup>, David K. Turok, MD, MPH<sup>a</sup>

<sup>a</sup>Department of Obstetrics and Gynecology, University of Utah, Salt Lake City, Utah

<sup>b</sup>Planned Parenthood of Orange and San Bernardino Counties, Orange, California

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## A B S T R A C T

**Purpose:** To assess the impact of Utah's 2012 law increasing the mandatory abortion waiting period from 24 to 72 hours.

**Methods:** This paper includes two assessments of this change: (1) Comparison of the proportion of women returning for an abortion after counseling before and after the introduction of the 72-hour law and (2) self-reported wait times between abortion and procedure, distance traveled, financial expenditures, and perceived impact of the law in a subset of women who were surveyed.

**Main Findings:** Aggregate counseling and procedural data were available at three Utah clinics; 2,793 of 3,618 women (77%) returned for abortion procedures under the 72-hour law, compared with 2,513 of 3,130 (80%) in the previous year ( $p < .05$ ). Among 307 women surveyed, 63% reported more than 7 days between signing the consent form and their procedure, and women frequently had to travel further to get their procedure than they did for the counseling. Close to two-thirds (62%) reported the 72-hour wait affected them negatively in some way, including the lost wages of needing to take extra time off work (47%), increased transportation cost (30%), lost wages by family or friend(s) (27%), and having to disclose their abortion to someone they would not had told without the waiting period (33%).

**Conclusion:** Utah's extended waiting period showed a small reduction in the proportion of counseled women who returned for their abortion procedure statewide. Women who had abortions after the law was enacted reported several burdensome aspects of the law.

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Utah is 1 of 28 states that require a waiting period between a state-mandated abortion information visit and obtaining an abortion ([Guttmacher Institute, 2015](#)). The majority of these states require 24 hours to pass between counseling and the procedure ([Guttmacher Institute, 2015](#)). On May 8, 2012, Utah became the first state to enact a mandatory 72-hour waiting period between abortion counseling and procedure. Utah House Bill 461 modified the required waiting period from 24 hours to 72 hours, except in cases of rape or incest, maternal life endangerment, or uniformly diagnosable lethal fetal anomalies ([Abortion Waiting Period, 2012](#)).

Utah was the first of the now five states that have passed or enacted a 72-hour waiting period to obtain an abortion. Utah's legal decision was followed by South Dakota (2013), Missouri (2014), North Carolina (2015), and Oklahoma (2015). These states all have different legal specifications, but all require a minimum of 72 hours between consent and an abortion procedure. Utah requires voluntary and informed consent to be obtained during a "face-to-face" abortion information consultation at "any location within the state" at least 72 hours before an abortion ([Abortion Waiting Period, 2012](#)). The counseling requires the use of state-issued material, which has been shown to contain medically inaccurate and out-of-date information regarding the mental and physical health consequences of having an abortion ([Richardson & Nash, 2006](#)).

In addition to the patient and provider side restrictions, the number of abortion clinics and providers has decreased over the last 5 years. In 2011, there were four abortion clinics and nine providers in the state of Utah, all located in Salt Lake City ([Jones & Jerman, 2014](#)). At that time, two-thirds of residents lived in

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\* Correspondence to: Jessica N. Sanders, PhD, MSPH, Department of Obstetrics and Gynecology, University of Utah, 30 N 1900 E Room 2B200, Salt Lake City, UT 84132. Phone: 801-518-2143; fax: 801-585-5146.

E-mail address: [Jessica.sanders@utah.edu](mailto:Jessica.sanders@utah.edu) (J.N. Sanders).

counties without abortion services. In addition, the limited abortion services in surrounding states require many women to travel considerable distances to neighboring states to obtain a wanted abortion (Jones & Jerman, 2014). The largest clinic in the state and the only one providing second trimester services in 2011 closed permanently in August of 2013. Another clinic has increased its service capacity and options to compensate for this closure. A timeline of events can be seen in Figure 1. Currently, there are seven providers in two clinics operating in Utah. Both are located in Salt Lake County.

This study examines the impact of the increase from a 24-hour mandatory waiting period to a 72-hour waiting period on the proportion of women who obtain an abortion among those who completed the abortion information consultation and consent at the three largest family planning clinics in Utah. At the time the law was enacted, these three clinics served more than 90% of women obtaining procedures in the state. Additional information was collected directly from patients accessing abortion services at one clinic. Collectively, these findings provide insight into the impact of this legislative change on women seeking and receiving an abortion within the state of Utah.

## Methods

This study presents findings from two assessments. Assessment 1 is a retrospective chart review of three abortion clinics and eight associated clinic locations that offer abortion counseling and consent within the state of Utah. These data were used to compare the proportion of women returning for abortion procedures between two time periods: May 8, 2011, to May 7, 2012, which required a 24-hour waiting period; and May 8, 2012 to May 7, 2013, after the law requiring a 72-hour waiting period was enforced. We used  $\chi^2$  tests to assess differences in patient characteristics of women who received abortions in the state of Utah during the two time periods. Demographic information was obtained through the Utah Department of Health abortion registry.

Assessment 2 consists of data collected directly from patients while waiting for their abortion procedure after the 72-hour law went into effect. Trained study staff approached abortion patients at a single clinic at the time of appointment check-in. All abortion patients were eligible for participation. Staff did not track the number of women who were offered participation or the number who declined. If women agreed to participate, they were provided an iPad to complete a brief anonymous survey via REDCap, a secure web-based electronic data capture system. We used consent language in the survey cover letter explaining the risks and benefits and that completion of the survey served as implied consent for participation in the study. We assessed questions regarding lost

wages, childcare costs, school days missed, distance traveled for counseling, distance traveled for procedure, transportation costs, and the ability to keep their abortion confidential. We also asked women about their perception of the benefit or harm of the 72-hour wait, using a 100-mm visual analog scale, with contextual anchors of “very helpful” at 0, “neither helpful, nor harmful” at 50, and “very harmful” at 100. In addition, for each participant we assessed the number of days between initially calling the clinic and attending the abortion information session, as well as the number of days between attending the abortion information session and undergoing the procedure. We also asked participants about prior awareness of the law and perceived value of the counseling visit. We described these data with one-way tabulation. We conducted all data analysis with Stata 13 statistical software (StataCorp LP, College Station, TX). The University of Utah Institutional Review Board approved this investigational protocol.

## Results

### Assessment 1

Using clinic-reported data, we determined that under the 72-hour law, 2,793 of 3,618 women (77%) returned for abortion procedures compared with 2,513 of 3,130 (80%) in the previous year ( $p < .05$ ) for the three clinics for which we had both counseling and abortion data available (Figure 2). Using Utah Department of Health data, we examined demographic characteristics of women obtaining abortions at the three Utah clinics under the 24-hour law and the 72-hour law (Table 1). Bivariate analysis indicated statistical differences in age, marital status, race, and the proportion of women having their procedures during their second trimester of pregnancy ( $p < .05$ ); however, these differences are not substantive.

### Assessment 2

A total of 307 women completed the patient questionnaire while waiting for their procedure at one Utah family planning clinic. Forty-three percent of the women surveyed were pregnant for the first time. Most women (80%) contacted the clinic for consent before 8 weeks after their last menstrual period. Although 72% of the women visited the clinic for the abortion information session within the first 3 days of calling the clinic,

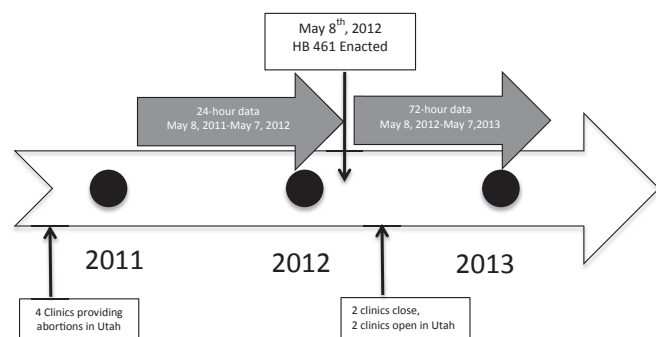


Figure 1. Timeline of clinical changes.

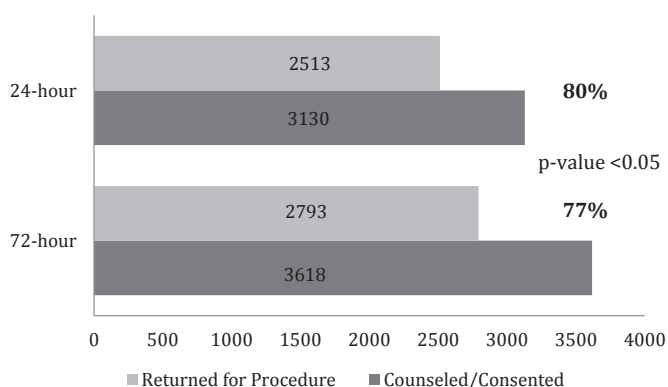


Figure 2. Proportion of women returning for procedure after completing counseling at three clinics in Utah (serving 90% of women in Utah).

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