# PROCEDURAL CHANGE: LESSONS FROM ABROAD CRAFT A NEW ABORTION CARE MODEL IN THE U.S.

*By* CHRISTOPHER PURDY AND MELISSA GRANT

*President and CEO, carafem Abortion Care Provider; Vice President of Health Services, carafem Abortion Care Provider*

One of every three women in the United States will have an abortion in her lifetime. Despite the fact that abortions are a common experience, women are increasingly unable to obtain these services due to restrictions that areclosing abortion clinicsand making abortion care harder to find.

Changes in the way medical care is provided have been driven bytechnology and innovation as well as the expectations of consumers requesting care that is more personalized, convenient, comfortable, and digital. Medical practitioners have adapted to provide faster, more convenient basic services to customers – as evidenced by the advent of urgent-care and walk-in clinics at pharmacies and retail chain stores.

In addition, medicine is no longer the rarified domain of universities and hospitals. It has exploded into everyday life through advertising and promotions – from TV commercials for medications, to print ads for cancer treatment centers, to billboards for mammography suites.

It seems perfectly logical, therefore, that the field of reproductive health should equally adapt to these new expectations and methodologies in the way we provide services. Just as health care in general has changed, so should abortion care.

In other countries, access to abortion products and services is easier than in the United States. In India and Ethiopia, for example, the abortion pill is available at pharmacies and with a prescription from a health-care provider. In Ghana and Mozambique, access to these drugs does not require the multiple time-consuming visits with a provider before, during, and after the abortion procedure that are mandatory in the United States. In some countries, midwives safely provide abortions.

In many countries overseas, abortion pills come with directions that sufficiently guide the user through their abortion on their own terms. Lengthy appointments are not the norm. And the cost for these pills can be as low as $10 – far below what women in the United States must pay. While controversial, abortion is simply not as politically charged in these countries as it is in the United States.

In recent years, abortion policy has become more restricted in the United States, even while it has become less restricted in other countries. The connection between liberal abortion policies and improved maternal health and safety is undeniable. Nepal broadened its abortion policies in 2002 to allow abortion upon request during the first 12 weeks of pregnancy. A recent studyfound that since this liberalization, there have been fewer facility-treated maternal illnesses resulting from abortion-related complications.

In Sweden, where abortion is legal on all grounds until 18 weeks, the maternal mortality rate is one of the lowest in the world. In Canada, liberal policies support abortion to the extent that Canadian Medicare covers the cost of an abortion in most provinces.

Through our experiences working in family planning both in the United States and abroad, we became particularly aware of the discrepancy between what happens overseas and what is common in the United States. We have seen women in rural communities across the United States become confused by the morass of restrictions on the way abortion is offered from state to state, and how, coupled with the stigma of getting an abortion, it has misled some women to think abortion must be illegal and dangerous in the United States.

Working to change this reality, we launchedcarafem, a network of abortion-care centers offering same-day and next-day appointments with a clinician.

Abroad, we have seen that abortion can be affordable, easily available, and without bureaucracy. It is easier to seek out an abortion in countries like Ethiopia than in some American states. Knowing that high-quality, safe abortions are provided differently overseas helped us understand that abortion services can be provided in new, more customer-focused ways in the United States.



*Christopher is the President and CEO of carafem, an abortion clinic in the United States that aims to de-*

*stigmatize the medical procedure. He is also the President and CEO of DKT International, a nonprofit organization that promotes family planning and HIV/AIDS prevention through social marketing in 19 countries. Melissa S. Grant is the Vice President of Health Services for carafem. Melissa has been working in reproductive health care since 1990 and, for the last 15 years, has held leadership positions in non-profit health care settings.*