

Results: 7,016 people assigned female and 360 assigned male at birth completed the survey. Most females (79%) and males (59%) did not agree/strongly agree that it should be against the law to end a pregnancy on your own without medical assistance, including those living in states with laws that criminalize self-managed abortion (64% of females and 62% of males). Similarly, most did not agree/strongly agree that people who self-manage an abortion should be reported to the police (72% and 57%), reported to child protective services (67% and 54%) or go to jail (81% and 68%, respectively). In multivariable analyses, factors associated with supporting self-managed abortion legality or criminalization included sex, age, educational attainment, political party, and religious affiliation, but not residence in a state that criminalized self-managed abortion.

Conclusions: There is a general lack of public support for making self-managed abortion illegal and punishing the people involved, although support varied.

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P022 GROWING NATIONAL INTEREST AND SUPPORT FOR ADVANCE PROVISION AND OVER-THE-COUNTER ACCESS TO MEDICATION ABORTION

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Objectives: In 2017, we estimated that more than one-third of women support advance provision (44%) and over-the counter (OTC, 37%) access to medication abortion. We assess any changes in national interest and support for these models of abortion care.

Methods: From December 2021 to January 2022, we administered a national probability-based online survey of English- and Spanish-speaking people assigned female at birth regarding their interest and support for accessing medication abortion in advance from a doctor for future use and OTC without a prescription, using Ipsos KnowledgePanel. We estimated weighted frequencies and conducted bivariate analyses to identify participant characteristics associated with interest and support for each model.

Results: 7,016 people assigned female at birth completed the survey. Nearly half stated they were in favor of advance provision (49%) and OTC (49%) access to medication abortion. The most common advantages of each model included privacy (51% and 44%), convenience (48% and 50%) and earlier access to care (45% and 44%); the most common disadvantages included taking the pills incorrectly (57% and 53%), unanswered questions (45% and 46%) and being forced to take the medications (43% and 41%). Experiencing barriers accessing reproductive healthcare, mistreatment by healthcare providers and identifying as a sexual and gender minority were associated with greater support for these models of care.

Conclusions: There is growing national support for streamlined access to medication abortion, particularly among those who have experienced challenges accessing healthcare. As legal restrictions proliferate, these models of care have the potential to increase access to abortion.

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P023 ADAPTATIONS TO COVID: ANALYSIS OF NATIONAL ABORTION CLINIC SURVEY DATA

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Objectives: To analyze changes in national abortion clinic practices and telehealth utilization during the COVID-19 pandemic.

Methods: We conducted descriptive analyses of nationwide abortion service trends utilizing a longitudinal survey distributed by the Society of Family Planning. The dataset comprised three surveys: T1 (February–March 2020), T2 (May–July 2020), and T3 (August–October 2020). Demographic characteristics including region (Northeast, Midwest, South, Midwest, and West) and type of clinic site (academic/hospital-affiliated, Planned Parenthood, and independent) were provided in the survey data. Wilcoxon rank sum and Kruskal-Wallis tests were utilized for statistical analysis.

Results: There was no difference in the volume of abortion services provided nationwide over T1–T3. However, there was a significant increase in the proportion of medical abortions compared to procedural abortions from T1 to T3 (26.7% to 40.0%, $p < 0.05$). Planned Parenthood/independent sites performed a significantly greater proportion of medication abortions than academic/hospital-affiliated clinic sites ($p < 0.05$) across all three time periods. There was no difference in utilization of telehealth across the time periods, even when controlling for type of site and region. Sites offering telehealth services did not experience changes in volume of

abortions or in distribution of abortion services provided (medication vs. procedural).

Conclusions: An increase in the proportion of medication abortions compared with procedural abortions may suggest increasing access to medication abortion as clinics adapted to limitations of the COVID-19 pandemic. Utilization of telehealth did not appear to decrease the availability of operative procedures or volume of services, suggesting that telemedicine is a favorable care delivery option for clinics hoping to limit face-to-face interaction as the pandemic continues.

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P024

“DOULAS DO NEED TO BE THERE TO SUPPORT IF THEY CHOOSE TO HAVE AN ABORTION”: FAMILY PLANNING ATTITUDES AND STIGMA AMONG DOULAS IN GEORGIA

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Objectives: This community-engaged study examines abortion and family planning doula services, attitudes toward these services, abortion stigma faced by abortion doulas, and doulas' recommendations to improve access to care.

Methods: From October 2020 to February 2022, academic researchers and a community-based maternal-child health organization conducted a cross-sectional, mixed-methods study with full-spectrum doulas in Georgia, where maternal mortality is high but abortion and contraceptive access are restricted. We interviewed and surveyed 20 doulas about their scope of abortion and contraceptive care, their personal attitudes toward family planning, and experiences with abortion stigma.

Results: Our sample was diverse by race/ethnicity (45% Black/African American, 40% White, 5% Latinx, 10% other) and services provided (85% birth, 60% postpartum, 40% full-spectrum, 35% abortion, 45% family planning). Participants reported positive attitudes toward abortion and contraception (Stigmatizing Attitudes and Beliefs=22.29 on an 18–40 scale; adapted Sexual and Reproductive Health Stigma Scale=8.6 on a 6–13 scale). Among abortion doulas, abortion provider stigma was moderate to high (average Abortion Provider Stigma Survey (APSS) score=24 on a 17–27 scale), and resilience was moderate (average resilience score=7 on a 4–11 scale).

Conclusions: This study contributes two main findings: first, family planning and abortion care training are needed and desired by doulas of all kinds. Second, abortion stigma is being experienced by abortion doulas. As contraceptive and abortion care is further restricted, doulas may serve as a vital link to family planning services. Increasing doulas' capacity to provide contraceptive counseling and abortion care is feasible and imperative.

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P025

MAIL-ORDER PHARMACY DISPENSING OF MIFEPRISTONE FOR MEDICATION ABORTION AFTER IN-PERSON CLINICAL ASSESSMENT

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Objectives: To investigate the acceptability, feasibility, and effectiveness of dispensing medications for abortion using a mail-order pharmacy following an in-person assessment.

Methods: We conducted a prospective cohort study of patients seeking medication abortion services at 11 sites in seven states. Patients interested in and eligible for medication abortion provided consent. Clinicians electronically sent prescribed mifepristone and misoprostol to the mail-order pharmacy, which shipped these medications to participants' preferred addresses. Participants completed web-based surveys about their experience and outcomes three days and 14 days post-enrollment and had routine clinical follow-up. Clinic staff extracted clinical data from medical records. We performed descriptive analyses to assess outcomes of interest.

Results: Between January 2020 and April 2022, 408 participants enrolled, of which three enrolled for two abortions (total sample: 411 pregnancies among 408 participants). Among the 94% (388/411) who took the medications and for whom clinical outcome data were obtained, 85% (329/388) received the medications within three days, 0.8% (3/388) took mifepristone beyond 70 days' gestation, and 1.6% (6/388) did not take misoprostol as indicated. Complete medication abortion occurred in 380 cases (97.9%, CI, 96.0–99.1); among the others, 1.8% (7/388) were treated with aspiration and one continued the pregnancy. Almost all, 98% (380/388) and 94%