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Barriers to accessing second-trimester abortion care: Pre-*Dobbs* case study from Illinois

Background

A myriad of logistical challenges make it difficult to access abortion care in the United States. Challenges include federal and state-level restrictions on abortion provision,[1,2] limited number of available providers,[3] complex systems for insurance coverage of abortion procedures,[4] and the need, often, to travel long distances to care.[5] Barriers to obtaining abortion care after the first trimester are often exacerbated as the number of available providers decreases and the cost of the abortion increases with each week of pregnancy.[4] Previous studies have showed that patients who obtained abortion in the second trimester were more likely to report having trouble finding a provider and paying for the procedure than patients who obtained their abortion in the first trimester.[6,7]

In June 2022, the Supreme Court decision in *Dobbs v. Jackson Women's Health Organization* overturned the constitutional protections of the right to abortion care,[8] paving the way for states to outlaw abortion. Currently, 16 states have enacted total or near-total abortion bans.[9] Clinic closures across the country have resulted in more people being forced to travel long distances for care, and long wait times at clinics in states where abortion is still legal.[10] As more people are forced to delay care to travel to available clinics, it is likely that more people will need abortion care later in pregnancy.

To better understand the factors impacting access to abortion later in pregnancy, we analyzed the pathways to care among survey respondents at an independent abortion clinic in Illinois between 2017 and 2018. In this brief, we describe the distance traveled as well as the emotional, logistical, and economic barriers respondents faced when traveling for and accessing second-trimester abortion care. It is likely that the barriers described in this brief have become exacerbated by current restrictions on abortion. Given the increased number of people traveling due to abortion restrictions post-*Dobbs*, these findings offer timely and valuable insight into the experiences of people seeking abortion care after the first trimester.

Methods

Respondents were recruited from Hope Clinic for Women (Hope Clinic) in Illinois, near the border of Missouri, between March 2017 and June 2018. Patients were eligible to participate in the study if they spoke English, were at least 18 years old, and presented to the clinic with viable, singleton pregnancies between 16 weeks and 0 days to 23 weeks and 6 days.

The self-administered two-part survey consisted of a pre-procedure questionnaire and a post-procedure questionnaire. The pre-procedure questionnaire asked respondents to report their demographic characteristics, pregnancy history, home zip code, any contact with other providers, insurance coverage and payment intentions, and abortion decision making. The post-procedure questionnaire asked respondents to describe their experience with the abortion procedure and clinic interactions. Survey respondents were remunerated for their participation.

This brief primarily examines data from the pre-procedure questionnaire, but includes the variable of gestational age, which was collected in the post-procedure survey. We performed descriptive analyses using Stata 15 to examine respondents' sociodemographic data, pathways to abortion care, barriers encountered when accessing care, and travel experiences. In our analysis, we generated distance traveled to care in miles from the clinic by linking respondents' zip codes to latitude and longitude measurements using the georoute module in Stata 15. We generated Figure 1 in Tableau (Seattle, WA).

Results

Sociodemographic characteristics

A total of 145 patients completed the pre-procedure section of the questionnaire. Respondents ranged from aged 18-43 with a median age of 25. About half of the respondents identified as Black or African American (53.1%, n=77) and most of the respondents identified as non-Hispanic (88.3%, n=128). Most respondents had a high school diploma or higher (84.1%, n=122).

About half of the respondents were unemployed (50.3%, n=73) at the time of their abortion, and nearly three-quarters of respondents lived in households with an annual income of less than $35,000 (72.3%, n=105). Forty-two point one percent of respondents lived in households with an annual income of less than $15,000, below the 2017 federal poverty level of $24,000 for a household of four.[11] Sixty-five percent of respondents lived outside of Illinois, with the majority traveling from Missouri, and 35% of respondents lived in Illinois. The majority of respondents (81%, n=118) intended to cover the cost of their abortion as an out-of-pocket expense. Of those who had health insurance (57.2%, n=83), over half (58.5%, n=48) reported that their plans would not cover their abortion.

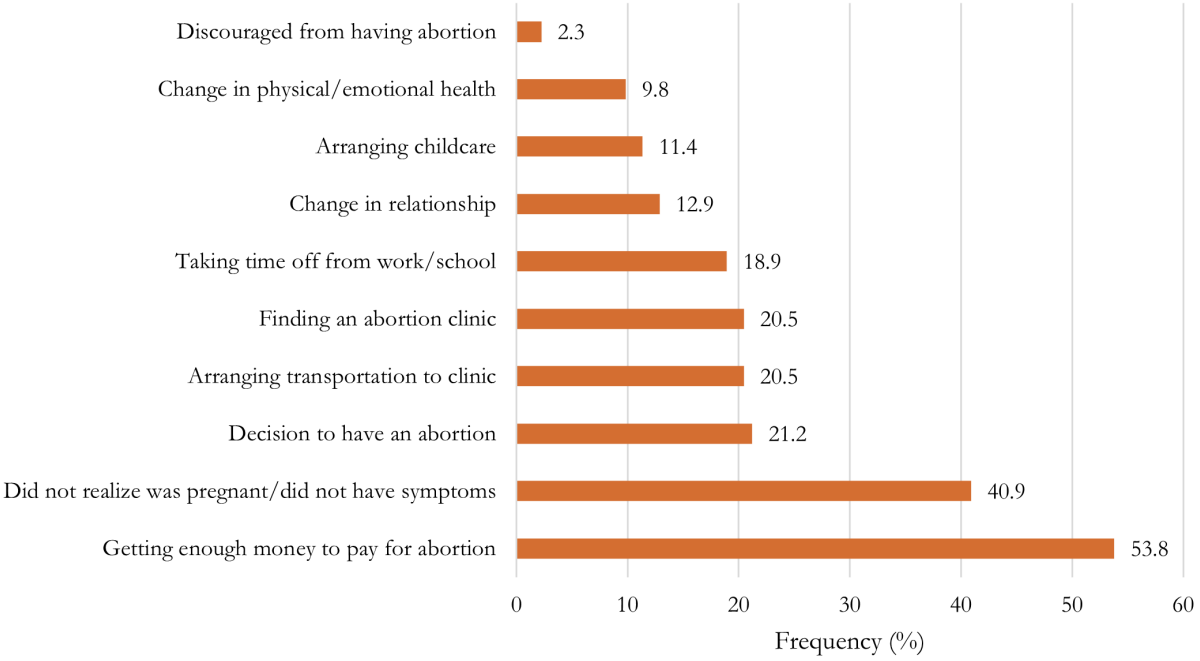
Due to response attrition for the post-procedure survey, we were only able to assess gestational age for 89 (61.5%) respondents; however as part of the inclusion criteria, all participants were

between 16 weeks and 0 days and 23 weeks and 6 days at the time of their abortion. Of those who responded, 25.8% (n=23) reported a gestational age between 16 to 17.6 weeks, 47.2% (n=42) between 18 to 20.6 weeks, and 27.0% (n=24) at or over 20.6 weeks.

Barriers to accessing abortion care and impact of travel

When asked about difficulties faced when seeking abortion care, the vast majority of respondents (n=132, 91.0%) reported at least one barrier and 53.1% (n=77) reported two or more barriers (Table 1). The most commonly reported barriers were difficulty obtaining enough money to pay for their abortion (53.8%, n=71), and delayed recognition of pregnancy and/or not having pregnancy symptoms (40.9%, n=54). Other reported barriers included making the decision to have an abortion (21.2%, n=28), arranging transportation to the clinic (20.5%, n=27), finding an abortion clinic (20.5%, n=27), and taking time off from work or school (18.9%, n=25).

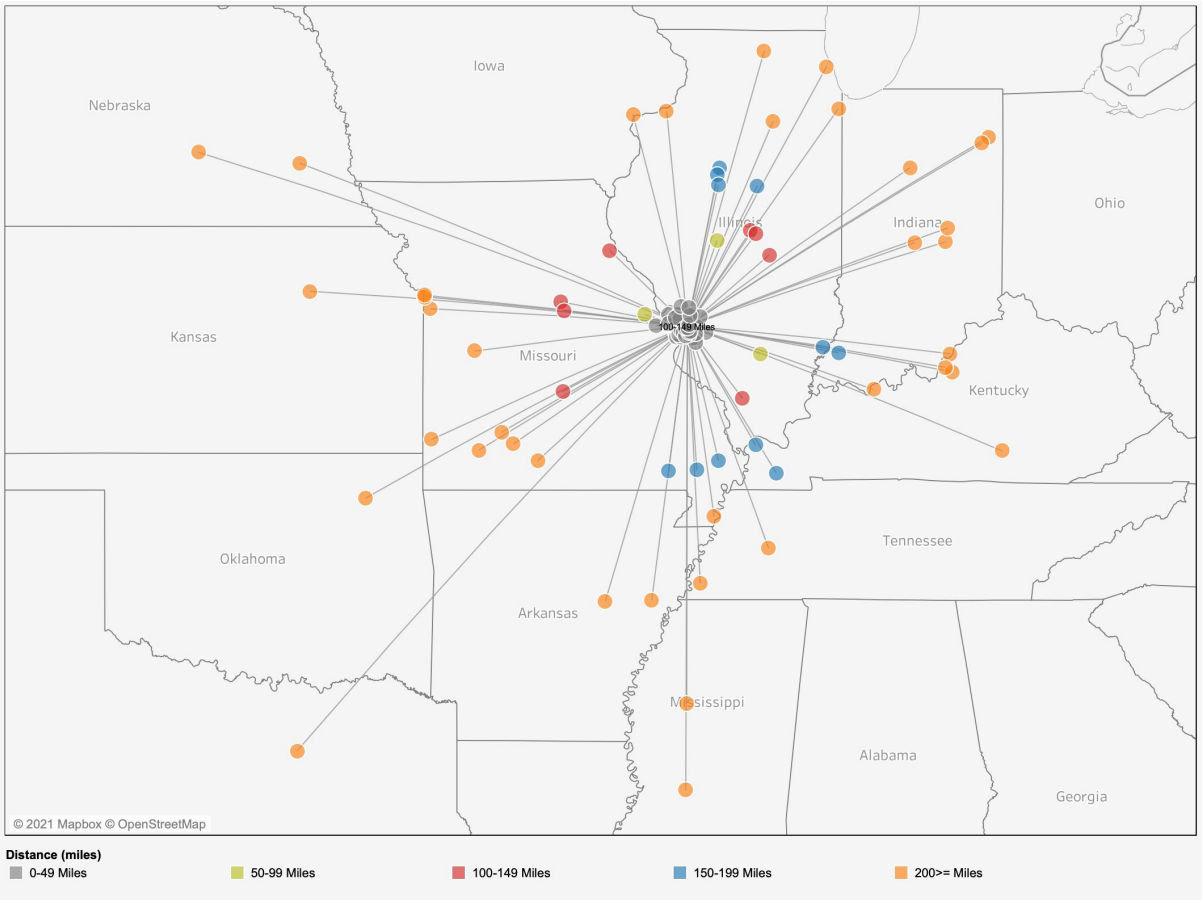
FIGURE 1 Barriers faced when accessing abortion care (n=132)



We also asked if respondents had to delay or forgo the payments of necessities to afford abortion care. Of the respondents who reported delayed payments, 20.7% (n=30) reported having to delay or forgo paying rent or mortgage, 20% (n=29) reported utilities, 31% (n=45) reported other bills, and 17.2% (n=25) reported groceries. Additionally, 35.9% (n=52) respondents reported delaying or forgoing other necessities not listed, including car-related payments (i.e., car payments or gas) and payments related to their children's needs. One respondent also reported having to borrow money instead of delaying payments of necessities.

Respondents primarily traveled from states in the Midwest and the South. Respondents traveled a median of 22.4 miles (IQR 14.04;122.7) to get to the clinic, with the maximum distance traveled 654 miles (Figure 1). Half of respondents (56.1%, n=78) traveled less than 50 miles, 16.5% (n=23) traveled between 50 and 199 miles, and 27.3% (n=38) traveled more than 200 miles to the clinic (Table 2). We found that those who traveled greater distances were more likely to report the pathway to abortion care as tiring or stressful, difficulty affording travel and/or childcare expenses, arranging transportation, and associated fatigue and stress (Table 2).

FIGURE 2 **Map showing distance traveled for respondents seeking later abortion at the Illinois clinic (n=145)**



Discussion

This case study of abortion patients in Illinois between 16 to 23 weeks' gestation provides additional evidence for understanding the challenges of travel and seeking abortion care after the first trimester. Similarly to other studies conducted in the United States before and after *Dobbs*, we found that respondents faced multiple complex financial and logistical barriers, as well as delays in pregnancy recognition that impeded their access to abortion care.[12–16] The vast majority of our sample lived outside of Illinois, and many traveled at least 100 miles to reach the clinic. We found those traveling long distances were more likely to report additional emotional burdens, such as finding the experience to be stressful and tiring.

This case study offers additional evidence useful in assessing current challenges to abortion care; however, there are several limitations to this analysis including that our findings may not be generalizable to the larger population of those seeking second-trimester abortion care outside of the Hope Clinic and that our small study sample prevented us from conducting additional analysis to identify trends in reported barriers across sociodemographic categories such as race, income, and age.

The logistical, financial, and emotional burdens described in our study are likely compounded in the current post-*Dobbs* landscape. To support more people traveling for care, additional information is needed to assess the challenges and pathways to care when traveling from states where abortion is now illegal or accessible. Specifically, evidence is needed on the impact of abortion bans on a person's ability to obtain an abortion, how patients procure funds to pay for travel and clinic costs, and how patients manage aspects of travel such as parental consent laws, multiday procedures, and navigating a foreign city. Further research with patients, as well as with staff from abortion funds and practical support organizations, can help to identify opportunities to streamline pathways to care and ensure that patients are able to access timely abortion care.

TABLE 1 Sociodemographic characteristics (n=145)

All data are reported as n (%) unless otherwise indicated.

Age, median (IQR)	25 (22, 31)
Race	
Black/African American	77 (53.1)
White	53 (36.6)
Asian/Native Hawaiian or other Pacific Islander	2 (1.4)
Other (including bi-racial)	11 (7.6)
Ethnicity	
Hispanic, Latin, Spanish origin	3 (2.1)
Non-Hispanic	128 (88.3)
Other	11 (7.6)
Highest education level	
Some high school	17 (11.7)
High School degree	90 (62.1)
Associate's degree	15 (10.3)
Bachelor's degree	14 (9.7)
Master's degree	3 (2.1)
Other	4 (2.8)
Employment status	
Unemployed (including students)	73 (50.3)
Employed full or part time	70 (48.3)
Previous abortion(s)	59 (41.3)
Parity	
0	45 (31.7)
1	43 (30.3)
2	27 (19.0)
≥3	27 (19.0)
Health insurance (public or private) at time of abortion	
Yes	83 (57.2)
No	47 (32.4)
Income	
<$15,000	61 (42.1)
$15,000-34,999	44 (30.3)
$35,000-49,999	10 (6.9)
>$50,000	10 (6.9)
State of residence	
Missouri	67 (46.9)
Illinois	50 (35.0)
Indiana	8 (5.6)
Kentucky	6 (4.2)
Tennessee	2 (1.4)
Mississippi	2 (1.4)
Nebraska	2 (1.4)
Arkansas	2 (1.4)
Other	4 (2.8)
Gestational age (weeks) Missing n=56	
16–17.6	23 (25.8)
18–20.6	42 (47.2)
21–23.6	24 (27.0)

TABLE 2 Logistical and emotional impacts of traveling to the clinic and accessing abortion care by distance from respondents' home zip codes to the clinic (n=139)

	≤49 miles	50–199 miles	≥200 miles	p-value*
Logistical and emotional impacts	**n=78**	**n=23**	**n=38**	
Difficult to secure ride to clinic	9 (11.5)	5 (21.7)	7 (18.4)	0.39
Had to take time off work	19 (24.4)	9 (39.1)	16 (42.1)	0.11
Support person had to take time off work	29 (37.2)	7 (30.4)	18 (47.4)	0.38
Had to find childcare	21 (26.9)	7 (30.4)	7 (18.4)	0.50
Had to find money for travel and/or childcare	6 (7.7)	11 (47.8)	20 (52.6)	<0.001
Tiring and stressful	2 (2.6)	5 (21.7)	16 (42.1)	<0.001
Travel experience difficult	7 (9.0)	9 (40.9)**	25 (65.8)	<0.001

* Pearson's Chi-square

** n=22

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