

WEBVTT

1

00:00:02.510 --> 00:00:04.030
- My name is Doctor Bhavik Kumar.

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00:00:04.030 --> 00:00:07.190
I use he/him pronouns and I'm
a family medicine physician

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00:00:07.190 --> 00:00:08.920
who provides abortion care.

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00:00:08.920 --> 00:00:12.060
In this video, I'm going to
discuss abortion restrictions

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00:00:12.060 --> 00:00:13.240
and distinguish the difference

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00:00:13.240 --> 00:00:17.380
between unsafe abortions and
self-managed, safe abortions.

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00:00:17.380 --> 00:00:19.670
I know that people I
take care of need access

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00:00:19.670 --> 00:00:22.490
to safe, legal abortion and
that they and their families

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00:00:22.490 --> 00:00:25.150
are healthier and better
when they're able to access

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00:00:25.150 --> 00:00:28.750
the care they choose and need
within their own communities.

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00:00:28.750 --> 00:00:30.610
Unfortunately, access to abortion care

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00:00:30.610 --> 00:00:32.520
is becoming more and more restricted,

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00:00:32.520 --> 00:00:35.100
both in the United States
and around the world.

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00:00:35.100 --> 00:00:38.480
43 states make it hard for
people to access abortion.

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00:00:38.480 --> 00:00:40.940
For example, some states require
people to wait as long as

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00:00:40.940 --> 00:00:44.300
72 hours between their counseling
and abortion appointment.

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00:00:44.300 --> 00:00:46.550
Many states do not permit
state-funded insurance

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00:00:46.550 --> 00:00:49.050
for low-income people
to cover their abortions

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00:00:49.050 --> 00:00:51.500
and others ban private insurance coverage.

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00:00:51.500 --> 00:00:53.680
Some states require physicians
to tell their patients

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00:00:53.680 --> 00:00:55.990
that abortion has risks that it doesn't.

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00:00:55.990 --> 00:00:57.890

And there are additional
barriers specifically

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00:00:57.890 --> 00:01:00.600

for undocumented people and minors.

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00:01:00.600 --> 00:01:02.800

When restrictions keep
people from getting care

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00:01:02.800 --> 00:01:05.150

within the healthcare
system, they take matters

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00:01:05.150 --> 00:01:08.147

into their own hands, which
can be safe or unsafe.

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00:01:08.147 --> 00:01:11.920

"Worldwide, 42% of women
of reproductive age

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00:01:11.920 --> 00:01:14.850

live in the 125 countries
where abortion is

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00:01:14.850 --> 00:01:17.470

highly restricted,
including some countries

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00:01:17.470 --> 00:01:20.460

with outright bans on all abortions."

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00:01:20.460 --> 00:01:23.820

Yet abortions occur just as
frequently in these restrictive

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00:01:23.820 --> 00:01:26.430

countries as they do in
less restrictive countries.

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00:01:26.430 --> 00:01:28.640

The difference is that
countries with more restrictive

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00:01:28.640 --> 00:01:31.600

abortion laws have more unsafe abortions,

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00:01:31.600 --> 00:01:33.900

meaning they're not done
by a recommended method

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00:01:33.900 --> 00:01:36.720

or by an appropriately-trained provider.

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00:01:36.720 --> 00:01:38.380

Where unsafe abortion is common,

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00:01:38.380 --> 00:01:40.610

40% of people develop complications

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00:01:40.610 --> 00:01:42.470

that require medical attention.

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00:01:42.470 --> 00:01:45.410

An estimated 7 million
people are treated each year

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00:01:45.410 --> 00:01:48.110

for complications related
to unsafe abortion

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00:01:48.110 --> 00:01:50.960

in the developing world, and
many who could not access

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00:01:50.960 --> 00:01:54.340

the care they need die
from the unsafe abortion.

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00:01:54.340 --> 00:01:56.190
When unsafe abortions take place,

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00:01:56.190 --> 00:01:59.520
they tend to be performed by
unqualified persons and/or

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00:01:59.520 --> 00:02:02.840
in a setting that does not
meet minimum medical standards.

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00:02:02.840 --> 00:02:05.110
They can be performed by outdated methods,

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00:02:05.110 --> 00:02:08.360
performed by an untrained
person with a safe method,

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00:02:08.360 --> 00:02:10.700
or an untrained person using a dangerous

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00:02:10.700 --> 00:02:12.610
or non-evidence-based method

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00:02:12.610 --> 00:02:15.620
that can include foreign
objects and or herbal blends

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00:02:15.620 --> 00:02:17.550
introduced into the body.

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00:02:17.550 --> 00:02:19.800
Management of these patients
who present for care

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00:02:19.800 --> 00:02:22.563

may include life-saving
procedures and critical care.

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00:02:23.700 --> 00:02:26.620
Fortunately, more people who
live in restrictive countries

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00:02:26.620 --> 00:02:29.270
are accessing abortion with medications,

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00:02:29.270 --> 00:02:32.070
which is safer than invasive methods.

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00:02:32.070 --> 00:02:34.520
Governments have also
increasingly prioritized

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00:02:34.520 --> 00:02:37.437
the World Health Organization,
or WHO guidelines

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00:02:37.437 --> 00:02:40.180
for abortion care and post-abortion care,

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00:02:40.180 --> 00:02:42.840
as well as improving overall
access to health care,

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00:02:42.840 --> 00:02:46.270
contributing to fewer people
dying from unsafe abortions.

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00:02:46.270 --> 00:02:48.760
Safe abortions outside
of the healthcare system

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00:02:48.760 --> 00:02:52.260
often involve the use of
medications, either a combination

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00:02:52.260 --> 00:02:57.190
of Mifepristone and Misoprostol,
or Misoprostol alone.

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00:02:57.190 --> 00:02:59.800
International websites
offer these medications

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00:02:59.800 --> 00:03:02.940
and research has shown that
the contents are as advertised,

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00:03:02.940 --> 00:03:05.430
while sometimes in weaker doses.

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00:03:05.430 --> 00:03:08.420
The use of medications to
induce an abortion can mimic

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00:03:08.420 --> 00:03:10.540
the clinical presentation
of a miscarriage,

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00:03:10.540 --> 00:03:13.480
and these medications are
not detectable in the blood.

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00:03:13.480 --> 00:03:15.430
These medications can be used safely

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00:03:15.430 --> 00:03:19.280
in the second trimester,
according to WHO guidelines.

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00:03:19.280 --> 00:03:21.530
People who use these
medications for an abortion

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00:03:21.530 --> 00:03:24.410

outside of the healthcare
system may seek to confirm

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00:03:24.410 --> 00:03:26.850
that their abortion is
complete or for management

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00:03:26.850 --> 00:03:29.440
of a rare complication
such as bleeding or pain,

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00:03:29.440 --> 00:03:31.030
which is identical to the management

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00:03:31.030 --> 00:03:32.880
of someone having a miscarriage.

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00:03:32.880 --> 00:03:36.080
They deserve our compassion
when they seek our care.

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00:03:36.080 --> 00:03:38.850
The American College of
Obstetricians and Gynecologists,

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00:03:38.850 --> 00:03:41.930
or ACOG, opposes the
criminalization of any person

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00:03:41.930 --> 00:03:43.970
who self-induces their abortion,

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00:03:43.970 --> 00:03:46.820
yet to date six states
have criminal prohibitions

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00:03:46.820 --> 00:03:48.800
on self-managed abortion.

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00:03:48.800 --> 00:03:52.210
Since 2000, 21 individuals
have been arrested

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00:03:52.210 --> 00:03:53.930
for allegedly ending a pregnancy

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00:03:53.930 --> 00:03:56.080
or helping a loved one do so.

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00:03:56.080 --> 00:03:57.900
The risk of prosecution has been highest

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00:03:57.900 --> 00:04:00.280
for the same groups of
people who are already

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00:04:00.280 --> 00:04:02.060
disproportionately criminalized,

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00:04:02.060 --> 00:04:04.460
people of color and low income folks.

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00:04:04.460 --> 00:04:05.580
These marginalized groups

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00:04:05.580 --> 00:04:08.340
also bear the burden of
abortion restrictions.

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00:04:08.340 --> 00:04:10.600
As healthcare providers,
we have an important role

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00:04:10.600 --> 00:04:12.980
in making sure people who
self-manage their abortion

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00:04:12.980 --> 00:04:15.130

receive quality care when needed.

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00:04:15.130 --> 00:04:17.010

We have no duty to report patients

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00:04:17.010 --> 00:04:19.260

who may have self-managed their abortion.

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00:04:19.260 --> 00:04:20.980

In fact, we may be violating

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00:04:20.980 --> 00:04:23.320

patient privacy laws by doing so.

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00:04:23.320 --> 00:04:25.700

We have important roles in harm reduction.

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00:04:25.700 --> 00:04:27.540

For example, if someone is thinking

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00:04:27.540 --> 00:04:29.480

about self-managing their abortion,

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00:04:29.480 --> 00:04:31.690

we can determine their pregnancy duration,

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00:04:31.690 --> 00:04:34.330

counsel them about safe methods to use,

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00:04:34.330 --> 00:04:36.490

explain what the
experience should be like,

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00:04:36.490 --> 00:04:38.920

and for what reasons
they should seek care,

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00:04:38.920 --> 00:04:41.950

provide compassionate
post-abortion care when needed,

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00:04:41.950 --> 00:04:44.400
and we can educate other providers.

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00:04:44.400 --> 00:04:46.520
Creating a safe space for your patient,

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00:04:46.520 --> 00:04:49.460
one built on trust,
empathy, and understanding,

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00:04:49.460 --> 00:04:52.070
can only strengthen the
patient-provider relationship

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00:04:52.070 --> 00:04:53.900
and is our obligation to our patients

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00:04:53.900 --> 00:04:55.253
as healthcare providers.