PATIENTS' EXPERIENCES OF PAIN MANAGEMENT OPTIONS FOR PROCEDURAL ABORTION AFTER *DOBBS*

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On June 24, 2022, the Supreme Court of the United States overturned the federal right to abortion established by *Roe v. Wade* (1973), returning abortion regulation to the states. On the same day of the *Dobbs v. Jackson Women's Health Organization* decision, the state of Ohio requested that a federal judge lift the injunction on Ohio's Heartbeat Bill, which banned abortion provision after detection of fetal cardiac activity, typically around 6 weeks gestation. The judge granted the state's request; as of June 24, 2022, Ohio law banned abortion provision after detection of fetal cardiac activity. Ohio abortion providers challenged the law in state court, and a temporary restraining order was placed on Ohio's fetal cardiac activity ban in September 2022. This law has since been permanently blocked; Since September 2022, abortion provision in Ohio has been legal up to 22 weeks since a pregnant person's last menstrual period.

To understand the impact of changes to Ohio abortion regulations and abortion service delivery, OPEN conducts research with Ohio abortion seekers, including patients who seek abortion care at Ohio abortion clinics. With approval of the University of Cincinnati Institutional Review Board, OPEN researchers collected stories about the barriers to care that Ohio abortion seekers have faced since the *Dobbs* decision through in-depth interviews. Individuals who meet the study's eligibility criteria (being an adult resident of Ohio that experienced barriers in accessing abortion care since June 24, 2022) are invited to participate in an in-depth interview with a member of the research team. Interview findings described below paint a picture of Ohioans' variable pain management experiences with procedural abortion after Ohio's fetal cardiac activity ban went into effect. Participants' narratives are de-identified, and we have provided pseudonyms for participants to protect their confidentiality. In the months after Ohio's fetal cardiac activity ban went into effect and was then blocked in state court, abortion seekers faced daunting barriers to securing patient-centered abortion care, including differences between patient preferences and expectations versus their experiences of pain management options for procedural abortions.

JULY-SEPTEMBER 2022: OHIO'S FETAL CARDIAC ACTIVITY BAN IN EFFECT

Leah is a white woman in her thirties and a mother to one young child. After breaking up with her partner, Leah found out she was pregnant in early July. Leah was a little excited about the pregnancy and discussed it with her ex-partner. After talking with them, she ultimately decided she did not want to rekindle that relationship or continue the pregnancy. Despite being early in the pregnancy, she could not get an abortion in Ohio. She was able to schedule an appointment in Pennsylvania but had to wait six weeks due to the volume of patients seeking care at the clinic. Leah tried, unsuccessfully, to find another clinic to see her sooner. Due to the wait, she was over the gestational limit for the medication abortion she wanted, and she had to have a procedural abortion instead. Clinic staff told her anesthesia was not available; she surmised this was because they were understaffed and overbooked. Leah acknowledged that despite the pain of the procedure, she was not experiencing prolonged bleeding, unlike her

previous experiences with miscarriage management. Leah felt guilty about leaving her child with a family member for 12 hours to travel for care. She became emotional, realizing that the procedure she had for a prior miscarriage was the same as her abortion. She did not want people's access to this care to be impacted by state abortion laws.

Jade is a white woman in her twenties and a mother to two children. After experiencing pain and nausea, Jade went to the emergency department (ED) in late July thinking she had gallstones. She instead found out she was pregnant. The doctor in the ED gave her the name of an OBGYN at the hospital, but Jade did not follow up with them because she felt they would not be able to do anything for her. She knew she wanted an abortion, so she scheduled a next-day appointment at a clinic in West Virginia that told her they would probably be closing in a few days due to anticipated changes to state law. Jade had to drive alone so her partner could watch the children. Because she drove alone, she could not have sedation or pain medication. She would have preferred to have a medication abortion in the comfort of her home, but the clinic did not offer medication to those traveling from out of state. Jade said the ibuprofen did nothing to reduce her pain and noted that many other patients were coming back to the recovery room crying. She assumed it was normal for the procedure to be very painful, but it was more painful than she thought it would be. Jade said it was painful for her to drive home that day and that normal things like sitting, coughing, or sneezing were painful for at least four days. Jade received a doctor's note to give to work, but it was on clinic letterhead, and she did not want her employer to know she had an abortion. She would not be paid for those missed days, and she and her partner had just maxed out their credit cards paying for a hotel for her to stay in while her family had COVID.

Courtney is a white woman in her twenties. Courtney did not believe she would be a good parent, and her partner did not want any children. She had requested a tubal ligation in the past, but her doctor felt she was too young. Courtney found out she was pregnant near the end of July and immediately started looking for an appointment for an abortion. She first looked up the clinic where she had two previous abortions, but their website made her think they were no longer providing abortion care. She called another clinic in Ohio that explained the fetal cardiac activity ban to her and told her they could schedule her an appointment in three weeks. Fearing that it would be too late, she called a clinic in Pennsylvania and scheduled an appointment there in August. This clinic did not offer funding, so Courtney worked extra jobs to earn enough money to repair her car to drive to Pennsylvania and pay for the abortion; these costs added up to almost $1,500. The clinic in Pennsylvania gave Courtney a list of doctors that provided tubal ligations, and she planned to find one that will help despite her age. During her procedural abortion, Courtney received mild sedation but described the procedure and early recovery process as "the most pain that I've ever been in." However, soon after, she felt no pain. Courtney opted for a procedural abortion because she previously had a medication abortion that caused her pain for days and wanted to avoid experiencing that again.

Amina is a Black woman in her twenties and mother of one. After breaking up with the person involved in the pregnancy, Amina found out she was pregnant near the end of July. Amina was concerned about supporting another child financially, especially because she was not working. She also had medical complications with her previous pregnancy that made additional pregnancies dangerous. Amina's OBGYN encouraged her to quickly make an appointment for an abortion as she was still early in the pregnancy. She secured an appointment in an Ohio clinic in early August but was told she needed to have a medication abortion or travel to another city in Ohio for a procedural abortion due to physician availability. She did not want to do either of these but decided to schedule a medication abortion. At her next clinic appointment, there was cardiac activity detected on ultrasound, and she was told she would

need to go out of state. Amina waited a couple days before calling clinics in Pennsylvania. The first one she called did not offer anesthesia but did offer financial assistance, and the second one offered anesthesia but was prohibitively expensive. She decided to schedule her appointment with the first clinic. The appointment was in early September, a month away. Amina's physical symptoms prevented her from doing normal activities while she waited, and she felt angry that she had wasted time and money trying to get an abortion in Ohio. She opted to have a procedural abortion due to potential complication with a medication abortion at home. During her procedure, she was only offered over-the-counter pain medication and described the experience as "the worst thing I have ever felt in my whole entire life." However, she described her post-procedure pain management as sufficient.

Janelle is a white woman in her thirties with one child who currently lives with her mother. After finding out she was pregnant in late July, she made an appointment at a clinic in Ohio to have an abortion. The person involved in her pregnancy did not care for his existing children, and Janelle felt he would not support her or their child. At her appointment with the Ohio clinic in early August, clinic staff told her they could not provide an abortion due to Ohio's fetal cardiac activity ban. With the help of patient navigators at the clinic, Janelle was able to schedule an appointment for an abortion in Illinois two weeks later. Due to Janelle's history of substance use, she also needed to work with her counselor to find a methadone clinic near the abortion clinic in order to receive her daily treatment. Additionally, because of Janelle's history with intravenous drug use, the nurse at the clinic in Illinois had difficulty giving Janelle sedatives, although she was ultimately successful after several tries. Upon reflection, Janelle reported she would not have had the abortion without the medications. She said, "I would not have done it. I know I wouldn't have been able to do that. I would've said, "We'll wait until fucking tomorrow, and I'll come back. We'll try again because no, I'm not doing that." Similarly, Janelle wished she could have had a medication abortion and avoided the procedural abortion altogether. She felt guilty that she had waited too long to test for pregnancy and missed out on the ability to utilize medication abortion. If Janelle had not been able to have her abortion, she would have needed to switch her methadone counselor, who she really likes, to a different one who works with pregnant clients. Janelle is restarting her education and looking for a job in order to build a better life for her child and hopes he will be able to move back in with her.

Luz is multi-racial and non-binary. They are in their thirties and have three children. Luz discovered they were pregnant in early August, not long after receiving treatment for miscarriage management. They scheduled an appointment for an abortion at a clinic in Ohio. Despite being less than six weeks gestation, Luz's ultrasound showed cardiac activity for a twin pregnancy. Clinic staff helped them schedule an appointment in early September in Illinois and secure funding for gas, a hotel, and the procedure. Luz shared that having to travel made them feel that what they were doing might be illegal. Luz explained how sedation made the procedure quick and easy: "And then when I looked up, I was like, in the recovery room, and I was like, 'What happened?' (laughs) And they were like, 'Oh, you're gonna be leaving in 15 minutes.' [...] And like, I looked at the clock, it was like, 30 minutes later, and I was like, 'Wow, that was really fast.' I felt like absolutely no pain." Luz's children stayed with their fathers or Luz's friends while they and their partner traveled to Illinois. Luz said they might have consulted with people they know who have talked about self-managing abortion in the past if they had not been able to be seen in Illinois. Luz felt that the abortion bans are even more challenging for undocumented patients and those who do not speak English. Luz shared that they would hold special gratitude to the twins.

Hailey is a white woman in her twenties. Hailey started feeling ill shortly after starting a new job in mid-August. She went to urgent care to get a doctor's note and found out from staff that she was pregnant.

From experience with a prior pregnancy that ended in abortion, Hailey knew she suffered from hyperemesis gravidarum, extreme nausea and vomiting during pregnancy, and did not think she could support a child. She visited her OBGYN for an ultrasound but did not feel comfortable discussing her options there. Hailey called an abortion clinic in Ohio but was told that since she was over six weeks gestation, she could not schedule an appointment. Hailey waited a few weeks before calling other clinics because she was also looking for a new job after her previous one fired her for missing too many days due to her intense pregnancy symptoms. The West Virginia clinic where she had a previous abortion told her West Virginia law had just changed, and they couldn't help her. She accidentally called a crisis pregnancy center that harassed her after she contacted them. She scheduled an appointment in Pennsylvania the next month but while she was on the phone, another appointment was cancelled, and she was able to be seen much sooner. Hailey's car was not safe to drive, so her aunt drove her and stayed in the hotel with her. Her procedure was covered by an abortion fund, but the travel and hotel arrangements were not. She was hoping her next paycheck would cover her rent but worried it would not be enough to cover utilities and groceries as well. Hailey said she was not offered any sedation or pain management for her procedural abortion, but she wished she had been because the procedure was very painful. Hailey asked a nurse why they were no longer offering sedation, and she said the nurse's response was unclear but suggested that they stopped offering it because it was not making a difference during the procedures. Despite not receiving the anesthesia she wanted, Hailey still preferred procedural abortion since it was faster and had a higher chance of success than medication abortion.

Cori is a Black woman in her late twenties. Due to a severe congenital medical condition, Cori's specialist physician told her that a pregnancy would pose a risk to both her health and her life. She was shocked when she found out she was pregnant at the end of August. She was also scared because she knew she could not continue the pregnancy. Without her health complication, Cori would have been excited about having a baby. Initially, Cori was told she could not have the abortion in Ohio due to her gestational duration. But when Cori told the abortion clinic staff of her medical condition, the staff were able to consult with her specialist physician to get a medical exemption to Ohio's fetal cardiac activity abortion ban about a week after initiating the exemption request. Cori had a procedural abortion in Ohio around eight weeks gestation, but even a week delay between her initial consultation and the procedure concerned Cori due to her pregnancy-related health risks. She opted to have a procedural abortion because she heard that a medication abortion can be more painful or incomplete. Cori described her procedural abortion experience as very painful but was comforted by the nurse; she did not say if any pain management was offered to her Cori scheduled an appointment with her specialist soon after her abortion to determine if any damage occurred to her body. If she had been unable to get a medical exception to get an abortion in OH, Cori would have needed to travel to Michigan to receive life-saving care.

Sienna is a Black woman in her early twenties with a very young child. When she found out she was pregnant near the end of August, she was recovering from post-partum depression. During her last pregnancy, she was hospitalized due to complications and needed to have an emergency cesarean section. Feeling that continuing the pregnancy would put even more stress on her physical and mental health, she opted for an abortion. Sienna was sad and angry when she found out she could not have an abortion in Ohio after clinic staff found cardiac activity on her ultrasound. Sienna eventually scheduled at a clinic in Illinois in mid-September; this facility was not the closest to her geographically, but where she believed she would receive more financial aid and where she would be able to have her preferred method of abortion. Sienna had a procedural abortion and explained, "I thought I was going to have anesthesia. I mean, I guess they gave me some type of medication, a sedative. It was very, very mild. It was actually easier than what I was expecting. I thought it was going to be a super painful thing, but it

was honestly in and out, maybe five minutes." She described how she felt completely fine after the procedure but noticed that other patients in recovery were drowsy and in pain. Meanwhile, she felt "full of life" and enjoyed talking with the staff as they monitored her vitals. Sienna drove to Illinois and back in one day because she did not want to be away from her infant, and she had just returned to her job from maternity leave, so she needed to be creative with her paid time off (PTO) to be able to go to her appointment. After her procedure, she felt relieved and could now focus on herself and her child.

Audre is a Black mother in her twenties. She found out she was pregnant in early September. After telling her partner, he stopped speaking to her and moved out of their house. Audre knew she could not be a single mom with two children, especially because she believes her first child has developmental disabilities. At her first appointment, Audre paid $150 just for the clinic to refer her to an abortion fund. The fund gave her the numbers of clinics in Pennsylvania and Michigan and told her the full cost of her abortion would be covered. Audre traveled to Pennsylvania in the rain while having car issues, but she had to wait so long that she eventually needed to leave to pick up her son before she could have the abortion. Audre's ex-partner was unsupportive and angry to learn she did not have the abortion at her first appointment. She said she felt she was losing control of her life. Two weeks later, she left her son with family so she could go back. While she wanted a medication abortion, she actually had a procedural abortion to avoid having to stay the night away from her son, as the clinic told her she would have to stay in Pennsylvania overnight because she was coming from out of state. The clinic was able to offer multiple types of pain medication and anesthesia, but because she drove herself, Audre was not able to receive sedation and instead received local numbing. She was not aware that she would need a driver if she opted to receive sedation or stronger pain medication. Despite not receiving the pain management she would have preferred; Audre described her experience during the procedure as "manageable."

Dani is a white woman in her thirties who is certain she never wants children. Dani discovered she was pregnant in early September. When the test came back positive, she was worried about how soon she could get an abortion, how much it would cost, and how the law in Ohio restricted abortion. Dani scheduled a consultation at an abortion clinic in Ohio, but they told her she could not have the abortion there as she was around nine weeks pregnant at that visit. She scheduled an appointment in Pennsylvania, but the temporary restraining order was placed on Ohio's fetal cardiac activity ban while she was waiting for her appointment. When she tried to reschedule her abortion at the Ohio clinic where she had her consultation, they conveyed that no appointments were available but that she could try to schedule at another Ohio clinic hours away. Dani took Vitamin C in order to try to induce the abortion at home. When it didn't work, she decided not to try another at-home option and waited three weeks to be seen at the Pennsylvania clinic. Dani had a procedural abortion, which she preferred, but she wishes she could have had anesthesia during her procedure. She said she felt like she was the most difficult patient the staff had to work with that day because of how much pain she experienced, and she perceived that the patients before her seemed to have an easier time. Despite her pain, Dani said she still preferred a procedural abortion over a medication abortion, and the staff were very kind to her throughout the process.

November 2022-February 2023: Ohio's Fetal cardiac activity ban blocked, abortion legal up to 22 weeks after last menstrual period

Grace is a Black woman in her twenties with one child. She learned she was pregnant at a doctor's appointment near the end of November. Her provider gave her an information sheet with pregnancy options and different places she could call. At first, Grace called a clinic in Ohio but was told they were

not scheduling appointments. Next, she called another Ohio clinic but was told the wait time for appointments was five to six weeks. Finally, she scheduled an appointment with a clinic in Pennsylvania at the end of December. Grace was upset and disappointed that she had to travel for care. However, she was able to take a family member with her for support during her appointment. The clinic staff told Grace they were no longer offering anesthesia, so she took only ibuprofen before her procedure. She said the staff did not specify why they no longer offer anesthesia except that it was COVID-related. Even though the ibuprofen helped, she wishes she could have been sedated so she was not awake to worry before and during the procedure. Grace noted that she would have had to take a break from her school program if she had not been able to get the abortion.

Kiersten is a white woman and graduate student in her mid-twenties. She had lived in Ohio for a short period of time and grew up in a state where abortion is legal. After learning she was pregnant in mid-to-late January, she called an Ohio abortion clinic but was told both of their abortion clinics were booked until the end of March. She decided to search for clinics outside of Ohio because the other Ohio clinics were hours away from her home. Despite finding an appointment in Pennsylvania, she still had to wait three weeks to be seen there. She said she felt "bad and weird" about having to wait and travel for care. She also felt disgusted, violated, and politicized. Kiersten preferred to have a procedural abortion but had some qualms about pain. However, she noted that she received 800 milligrams of ibuprofen and a local anesthetic, which proved enough to keep her comfortable. Kiersten reported she would have traveled to the state where she grew up if she could not get care in Pennsylvania. Kiersten noted that she knew she was in a position of privilege—she had a flexible schedule due to graduate school and her partner and friends had the means to support her in getting and paying for care. She recognized that many other people in Ohio would not have a similar experience.