

Background

Illinois state laws in 2018 and 2019 required abortion to be covered by Medicaid and private insurance plans. Many factors, including cost, can affect method preference.¹

Aims

To understand abortion method preferences in a state where policies have reduced the barrier of cost.

Methods

Eligibility: Age: 18–45; gestation: ≤ 11 weeks; abortion in IL clinics; interviews July 2021 – February 2022

Analysis: Qualitative interviews coded with Dedoose and analyzed for themes

Conclusion



- Participants preferences were honored when cost was removed as a barrier
- Method selection is complex and personal
- Some negative and/or false perceptions around procedural abortion arose; may stem from anti-abortion propaganda
- Telehealth has been elevated as a response to abortion restrictions; however, many patients may prefer a method that aligns with their physical, emotional, and practical preferences
- Providers can prioritize patient-centered care and preserve decisional autonomy

Acknowledgements

Thank you to the Society for Family Planning Research Fund, the clinics and patients who participated, and the Chicago Abortion Fund for advising.

Table 1. Sample Characteristics, n=50

Age		
18-25	16	(32%)
26-35	22	(44%)
36-45	12	(24%)
Mean (sd)	30.24	(6.56)
Type of Procedure		
Medication	25	(50%)
In-clinic Procedure	25	(50%)
Insurance Type		
Medicaid	21	(42%)
Private	23	(46%)
Both	4	(8%)
No Insurance	2	(4%)
Race/Ethnicity		
Black	25	(50%)
White	16	(32%)
Hispanic	9	(18%)
Biracial	2	(4%)
Geography		
Chicago	24	(48%)
Cook County	10	(20%)
Outside Cook County	16	(32%)

Telehealth interest:

participants were divided on desire for telehealth options; younger participants had a slight preference

References

¹ Moreau C, Trussell J, Desfreres J, Bajos N. Medical vs. surgical abortion: the importance of women's choice. *Contraception*. 2011;84(3):224-229.

