Alice Cartwright, MPH

Project Director

Alice Cartwright is a Project Director for the Evaluation of Abortion Restrictions Project. Prior to joining ANSIRH, Ms. Cartwright worked with the Clinton Health Access Initiative, where she led the family planning program in Tanzania, focused on increasing women’s access to long-acting and reversible contraception (LARC) through forecasting and supply chain monitoring and mapping of trained providers. Previously, she worked with Venture Strategies Innovations, supporting research and M&E in programming around misoprostol for prevention and treatment of post-partum hemorrhage, post-abortion care, and safe abortion in Tanzania, Kenya, Ethiopia and Ghana. Her other research interests include community-based distribution, pharmacy availability, and self-administration of family planning commodities and misoprostol. She received her BA in Sociology from Haverford College and her MPH in Health and Social Behavior from the University of California, Berkeley.

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Research projects and studies

Reproductive Autonomy. ANSIRH’s work in Reproductive Autonomy investigates women’s power to control matters regarding contraceptive use, pregnancy, abortion, and childbearing. Our research is done in the U.S. and internationally and involves measurement development, social science research, and literature reviews.

Evaluation of Abortion Restrictions Project. ANSIRH’s Evaluation of Restrictions Project aims to examine the effects of state-level abortion restrictions on women’s lives and to identify strategies to mitigate the negative impacts. The project started in 2013 and has so far conducted research in seven states and evaluated the effects of a variety of restrictions. We continue to identify states and restrictions to evaluate.

California Analysis of Abortion Safety. A retrospective analysis evaluating the incidence of post-abortion emergency department visits and complications using data on 55,000 abortions from California’s state Medicaid program, Medi-Cal.

Ohio’s Transfer Agreement and Medication Abortion Laws. A review of the effects of Ohio’s 2011 law mandating use of the FDA-approved protocol for medication abortion rather than the evidence-based regimen used elsewhere, and of the 2013 law requiring all abortion facilities to have transfer agreements with private hospitals.

Wisconsin’s Mandatory Ultrasound Viewing Requirement. In 2013, Wisconsin began to require abortion providers to display and describe the ultrasound image prior to a woman’s abortion procedure. While other studies have examined the effects of ultrasound viewing on women seeking abortion, this study will be the first to examine the effects of making such viewing mandatory.
Tennessee’s Multiple Simultaneous Restrictions. In July 2015, changes to the Tennessee constitution opened the door for multiple abortion restrictions that had previously been prohibited. By studying Tennessee as abortion becomes increasingly restricted, we hope to elucidate the cumulative effect of many restrictions on women’s access and experiences with abortion. Since Tennessee has historically served as a regional access point to abortion, this study will also examine the impact of restrictions on women seeking care who are both residents and non-residents of the state.

Gender-based Power and Contraceptive Use among Adolescents and Young Adults. ANSIRH’s Reproductive Autonomy Scale was developed based on data from a sample of adult women of childbearing age. The next phase of ANSIRH’s work on Reproductive Autonomy involves, in part, testing and adapting the scale for use with adolescents. To do this, Dr. Ushma Upadhyay is leading a project to examine the pathways between power, gender norms, and contraceptive use among young people ages 15 to 24. The project entails three components:

Reproductive Autonomy Scale. Based on data collected from 1,892 women at 13 family planning and 6 abortion facilities in the United States, ANSIRH researchers, led by Dr. Ushma Upadhyay, developed the first-ever Reproductive Autonomy Scale. This validated, multidimensional instrument that can measure reproductive autonomy, or a woman’s ability to achieve her reproductive intentions using 14 items grouped into 3 subscales: freedom from coercion; communication; and decision-making. Increased scores on the scale were associated with lower likelihood of unprotected sex in the past three months.

Recent publications

- August 2016. Ohio law restricting medication abortion did not improve health outcomes (August 2016.)
- August 2016. Impact of Ohio’s law mandating use of the FDA-approved protocol for medication abortion (August 2016.)
- August 2016. Safety and effectiveness of first-trimester medication abortion in the United States (August 2016.)

Media coverage

- What Trump Means for Abortion Access (Scholars Strategy Network, 2.7.17)