ANSIRH
ADVANCING NEW STANDARDS IN REPRODUCTIVE HEALTH

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Administrative and Program Coordinator

Jessica Navarro is an Administrative and Program Coordinator for the Alternative Provision of Medication Abortion team. She provides execute level support to ANSIRH Director, Dr. Daniel Grossman, as well as project support within the team. Jessica is passionate about health education, health equity and improving reproductive health access and outcomes for all people. Jessica studied Psychology and Business Administration during her undergrad at the University of Oregon. In 2019 she completed her Master's in Public Health with an emphasis in Behavioral Sciences and Health Promotions from New York Medical College. She is excited to build on her knowledge and contribute her perspective & skill set to this position.

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Research projects and studies

Novel Abortion Provision Models. Medication abortion is a simple, safe, and effective abortion method that makes up about one in four abortion procedures taking place in the United States. The nature of medication abortion gives it the potential to be accessible outside of the traditional healthcare setting – meaning women would have more control and autonomy over their abortion experience. However, abortion access is restricted in the US, including how medication abortion pills can be dispensed.

Pharmacy Dispensing of Medication Abortion. Pharmacists play an important role in the provision of reproductive health care, including prescribing hormonal contraception and emergency contraception in some states. But pharmacists have limited involvement in abortion care, primarily due to the FDA's dispensing restrictions on mifepristone. There is increasing interest in removing the dispensing restrictions on mifepristone in the United States, which would enable pharmacists to dispense the drug directly to patients with a prescription from their clinician. We are conducting a study, under an Investigational New Drug (IND) application to the FDA, examining the effectiveness and acceptability of pharmacist dispensing of medication abortion.

Over-the-Counter Medication Abortion. Current regulations restrict access to medication abortion and contribute to the perception that people cannot safely take medication abortion pills (mifepristone and misoprostol) on their own without clinician supervision. Yet, mifepristone and misoprostol meet many of the FDA's criteria for being available over the counter. They are safe, have no risk of overdose, are not addictive, and people are already using them safely on their own in many parts of the world. The possibility of an over-the-counter medication abortion model would involve the medications being available without a prescription in a drug store or grocery, similar to emergency contraception or condoms and pregnancy tests. The pills would come with detailed instructions as well as information about access to a number of different resources, such as a 24-hour telephone number to call with questions about the medication.

Pregnancy Self-Testing Behavior. Approximately 50% of second-trimester abortion patients do not confirm they are pregnant until they are already in the second trimester. For people who are late to recognize the signs and symptoms of pregnancy, or who do not experience these symptoms, later recognition of pregnancy can delay seeking abortion care or lead to late entry into prenatal care. Researchers at ANSIRH are seeking to understand whether provision of free at-home pregnancy tests, coupled with routine text message reminders to test monthly, lead to people to confirm and seek care earlier in pregnancy.