

Lauren Ralph, PhD, MPH

Assistant Professor, Epidemiologist



Dr. Ralph is an epidemiologist whose research examines the context in which women, and in particular adolescents, make decisions around pregnancy and childbirth, and the consequences of unintended childbearing on women's health and well-being. Her current work includes research on the longitudinal effect of being denied a wanted abortion on women's health and well-being; the effect of abortion restrictions, particularly parental involvement requirements, on young women's experience seeking abortion care. As a current [UCSF-Kaiser BIRCWH scholar](#), Dr. Ralph is expanding

these areas of research to characterize adolescents' capacity for autonomous decision-making around pregnancy and better understand the causal impact of unintended childbearing on women's educational trajectories. Dr. Ralph is also engaged in research to understand the relationship between hormonal contraceptive use and women's risk of HIV acquisition, measure women's certainty about the decision to seek abortion care and other health decisions, evaluate innovative strategies to stimulate demand for contraception, and better understand and address the methodological challenges associated with studying complex, reproductive health behaviors. Across all areas of research, she draws on a combination of quantitative and qualitative methods to answer research questions that can directly inform policy. Dr. Ralph received her BS from the University of California, Santa Barbara, and MPH and PhD from the University of California, Berkeley.

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Research projects and studies

Turnaway Study. The Turnaway Study is a prospective longitudinal study examining the mental health, physical health, and socioeconomic consequences of receiving an abortion compared to carrying an unwanted pregnancy to term. From 2008 to 2010, we recruited from 30 abortion facilities around the country to recruit about 1,000 women who sought abortions, some who received abortions because they presented for care under the gestational limit of the clinic and some who were "turned away" and carried to term because they were past the gestational limit.

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

Utah's 72-Hour Waiting Period. Utah's 72-hour waiting period, which was first implemented by Utah in 2012, continues to be introduced and passed by legislators in states across the country. This study examines how longer waiting periods and two-visit requirements affect women seeking abortion. It also looks at decision making and state-mandated information.

ADAPT Study: Attitudes and Decision-making After Pregnancy Testing. Nearly half of pregnancies in the United States are considered “unintended,” and at least half of these pregnancies are carried to term. Although accidental pregnancies are common, evidence about how women make decisions about their pregnancies and the health care they want and are able to obtain is surprisingly limited.

Desire to Avoid Pregnancy (DAP) scale. The Desire to Avoid Pregnancy (DAP) scale is a psychometrically validated measure of a woman’s preferences about a future pregnancy and childbearing.

Sexual and Reproductive Health, Rights, and Justice (SRHRJ) Workplace Sexual Harassment Study.



EMORY UNIVERSITY



Ushma Upadhyay, PhD, MPH, Liza Fuentes, DrPH,

Guttmacher Institute and Lauren Maxwell, PhD, MPH, Emory University are conducting a survey to measure workplace sexual harassment and assault among people working in sexual and reproductive health, rights, and justice (SRHRJ)-focused organizations.

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.

Recent publications

- March 2020. [Comparing Prospective and Retrospective Reports of Pregnancy Intention in a Longitudinal Cohort of U.S. Women \(*Perspectives on Sexual and Reproductive Health*, March 2020\)](#)
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- February 2020. [ECHO: context and limitations \(*The Lancet*, February 2020\)](#)
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- February 2020. [ECHO: context and limitations \(*The Lancet*, February 2020\)](#)
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- December 2019. [Pregnancy preferences and contraceptive use among US women \(*Contraception*, December 2019\)](#)
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- November 2019. [A Prospective Cohort Study of the Effect of Receiving versus Being Denied an Abortion on Educational Attainment \(*Women's Health Issues*, November 2019\)](#)
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- September 2019. [The Need for Policy Change Regarding Progestin-Only Injectable Contraceptives \(*Journal of Women's Health*, September 2019\)](#)
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- June 2019. [Self-reported Physical Health of Women Who Did and Did Not Terminate Pregnancy After Seeking Abortion Services: A Cohort Study \(*Annals of Internal Medicine*, June 2019\)](#)

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- May 2019. Hormonal contraceptives and the acquisition of sexually transmitted infections: an updated systematic review (*Sexually Transmitted Diseases*, May 2019)

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- February 2019. Support for and interest in alternative models of medication abortion provision among a national probability sample of U.S. women (*Contraception*, February 2019)

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- February 2019. Psychometric Evaluation of an Instrument to Measure Prospective Pregnancy Preferences: The Desire to Avoid Pregnancy Scale (*Medical Care*, February 2019)

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Media coverage

- Among Women Seeking Abortion, Continuing Pregnancy Linked to Worse Physical Health (JAMA, 8.7.19)
- Women Denied Abortions May Endure Long-term Health Consequences (UCSF News Center, 6.18.19)
- People Are Already Dying From Being Denied Abortions (Vice, 6.14.19)
- Denying Women Abortions Can Hurt Their Health For Years (The Huffington Post, 6.12.19)
- Denying Women Abortions Can Cause Them Long-Term Health Problems, a New Study Says (Vogue, 6.12.19)
- Women's health worsened over 5 years after being denied an abortion, study says (Los Angeles Times, 6.11.19)
- Women Who are Denied Abortion May Face Long-Lasting Health Problems, Study Says (TIME, 6.10.19)
- Do Crisis Pregnancy Centers Have A Right To Mislead Women? The Supreme Court Will Decide (Refinery29, 3.20.18)
- Restricting access to abortion makes poor women poorer (Los Angeles Times, 1.22.18)
- On abortion, it's time to start trusting women: They know what they're doing (Salon, 1.22.18)