

# Using Google Ads to Study Abortion Access Among Pregnant People Searching Online for Abortion

Study Brief, August 2021

## Research Aims

- To understand barriers to abortion in the United States (U.S.) and how state-level abortion policies, including Medicaid coverage, influence people's ability to obtain wanted abortions.
- To examine whether state laws that mandate counseling and waiting periods before abortion are associated with increased decision certainty.
- To describe the characteristics of people considering abortion who report visiting crisis pregnancy centers (CPCs), and whether CPC visits are associated with abortion or continuing the pregnancy.
- To understand whether barriers to abortion care are associated with attempted self-managed abortion.

## Methods

We conducted a prospective cohort study recruiting people searching for abortion care online, partnering with a digital marketing firm to develop advertisements that were displayed in Google search results.

- Advertisements were shown until a minimum number of surveys per state were collected to ensure representation from all 50 states and Washington D.C.
- People who clicked on the advertisement were directed to a landing web page introducing the study and then to a screening form.
- Respondents were eligible if they reported that they were pregnant and considering abortion. They gave informed consent and then completed an online baseline survey and provided contact information.
- 4 weeks after the baseline survey, respondents were contacted by email or text message (SMS) to complete a follow-up survey online.

## Findings

The data obtained from the Google Ads recruitment model was unexpectedly rich and vast, leading to several papers, each with their own focus and statistical analyses.

- These topics included: state abortion policies and Medicaid coverage of abortion; state-mandated abortion waiting periods and decision certainty; pregnancy outcomes after exposure to CPCs; and incidence of self-managed abortion.

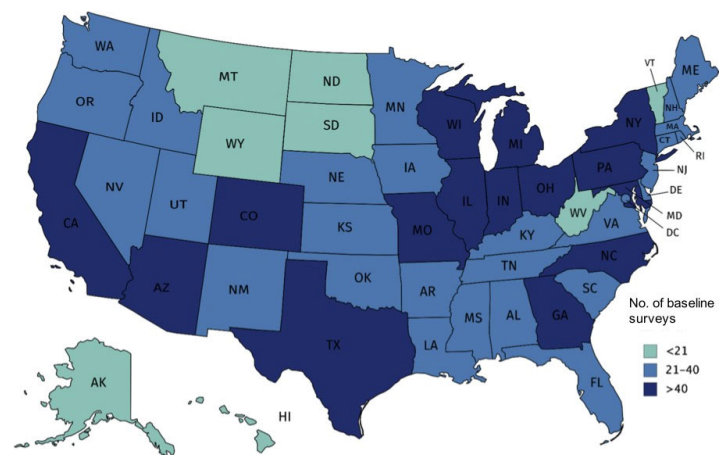
## Key Findings

- Restrictive state-level abortion policies are associated with not having an abortion at all.
- Lack of insurance coverage for abortion is associated with prolonged abortion seeking.
- Waiting period laws and 2-visit requirements are not significantly positively associated with increased decision certainty.
- CPC visits are associated with prolonged abortion seeking.
- Incidence of attempted self-managed abortion is higher among people facing barriers to abortion care.

## Overall Study Population

- The final baseline analytic sample included **1,706 respondents**, with a sampling strategy stratified by state to recruit at least 8 respondents from every state. Of the 1,464 people who provided contact information, **1,005 respondents** (69%) completed the 4-week follow-up survey. Beyond geographic diversity, the sample is racially/ethnically and socioeconomically diverse.

### Distribution of the baseline sample by number in each state.

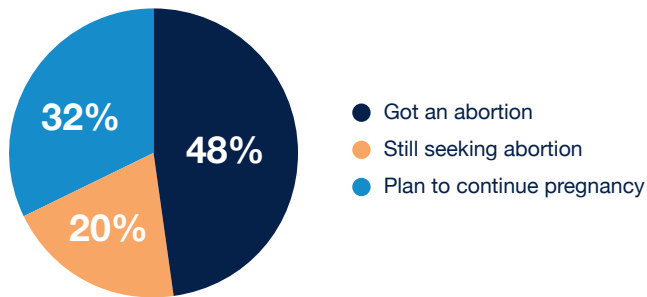


Upadhyay et al. Using Google Ads to recruit and retain a cohort considering abortion in the United States. *Contraception*: X 2019.

## Pregnancy Status at Follow-up

Among the 874 respondents with follow-up data, **more than two-thirds** indicated that they had either obtained an abortion or were still seeking an abortion.

### Pregnancy Status at 4 week Follow-up (N=874)

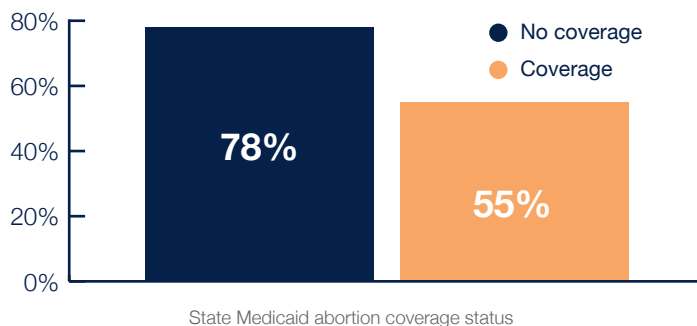


- Of the sample who responded to the follow-up survey 4 weeks later, 48% percent reported that they had had an abortion, 32% reported that they were still pregnant and planning to continue the pregnancy, and 20% reported that they were still pregnant and seeking an abortion.

## State Abortion Policies & Medicaid Coverage of Abortion

- Over 71% of respondents** lived in states where Medicaid does not cover abortion care. These respondents had to seek abortion for longer periods of time and delay their care due to financial barriers. This leads to higher costs and further deepens the financial burden.
- Respondents in states without Medicaid coverage of abortion were **twice as likely** to still be searching for abortion care 4 weeks later.
- Black and Latinx people had to seek abortion for a longer period of time, pointing to systemic racism and inequalities in our health care and economic systems.
- The financial cost of an abortion and travel expenses were the most commonly reported barriers to abortion.

### Percent of respondents who cited *cost of the abortion or of travel expenses* as a barrier to abortion care, by whether their state provided Medicaid coverage of abortion



- Respondents who lived in states with Medicaid coverage bans on abortion were more likely (78% vs. 55%) to have to gather money for the cost of an abortion and travel expenses.

*"The price is so high in Las Vegas, NV. I'm trying to collect the funds before I'm 13 weeks. The state of NV also does not have financial aid for abortion available like some other states... Price is the only obstacle at this point in time, and the longer you wait the more expensive it becomes which is devastating." [Respondent living in a protected access/no Medicaid coverage state, still seeking abortion]*

*"Mainly I couldn't gather the funding needed for the abortion. I couldn't even get through the [abortion fund] hotline, my insurance isn't accepted at my local hospital so I had to go off of my last period to determine my gestation. I reached a point in estimated gestation where abortions were no longer available." [Respondent living in a restricted access/no Medicaid coverage state, continuing pregnancy]*

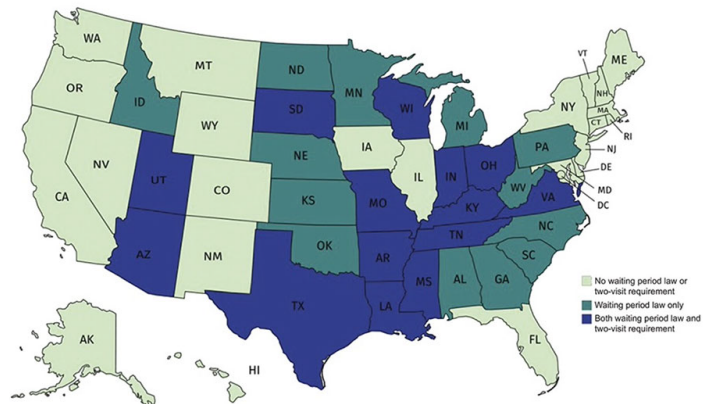
## Abortion Waiting Periods & Decision Certainty

**32%** of respondents lived in a state with both a waiting period and 2-visit requirement.

**25%** lived in a state with a waiting period restriction only.

**43%** lived in a state without a waiting period or 2-visit requirement.

### State Medicaid Abortion Coverage Status



Source: Jovel et al. Abortion Waiting Periods and Decision Certainty Among People Searching Online for Abortion Care. *Obstet Gynecol* 2021.

### Respondents who had had an abortion at follow-up had the highest decision certainty.

- At baseline and follow-up, these respondents had higher decision certainty than those continuing their pregnancy and those still seeking an abortion.
- Change in abortion certainty over the 4-week period was the same whether the respondent lived in a state with a waiting period law or without.

### Waiting period requirements are not associated with an increase in decision certainty.

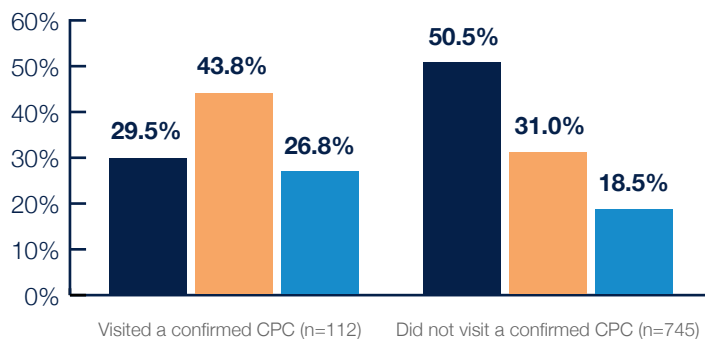
## Impact of CPC Exposure

**13% of follow-up respondents visited a confirmed CPC.**

- Crisis Pregnancy Centers (CPCs), also called Pregnancy Resource Centers, offer free counseling to pregnant people. Although they sometimes offer free ultrasounds and pregnancy tests, they do not offer abortion care. They may also try to talk people out of having an abortion.
- At follow-up, respondents who had visited a CPC were significantly less likely to have had an abortion (29.5%) than those who had not visited a CPC (50.5%).

### Pregnancy status at follow-up in relation to CPC exposure (N=857)

- Had an abortion
- Pregnant, still seeking abortion
- Pregnant, continuing pregnancy



**Respondents who had visited a confirmed CPC were significantly more likely to still be pregnant and seeking an abortion 4 weeks later.**

- This discrepancy suggests that pregnant people who visit a CPC may be being misled on the care options available to them.
- Since abortion care is time-sensitive, it is crucial that pregnant peoples' need for unbiased information about pregnancy and abortion options and affordable resources is met in a timely manner.

## References

Cartwright, A.F., Tumlinson, K., Upadhyay, U.D. (2021). Pregnancy outcomes after exposure to crisis pregnancy centers among an abortion-seeking sample recruited online. *Plos One*, 16(7):e0255152.

Jovel, I., Cartwright, A.F., Ralph, L., Upadhyay, U.D. (2021). Abortion waiting periods and decision certainty among people searching online for abortion care. *Obstetrics and Gynecology*, 137(4), 597.

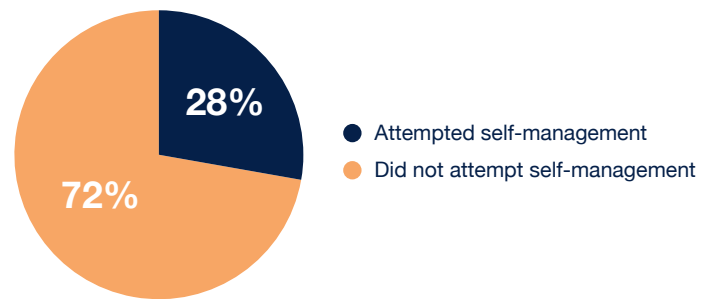
Upadhyay, U. D., Cartwright, A. F., Grossman, D. (2022). Barriers to abortion care and incidence of attempted self-managed abortion among individuals searching Google for abortion care: A national prospective study. *Contraception*, 106, 49-56.

## Incidence of Attempted Self-managed Abortion

**28% of follow-up respondents reported attempting self-managed abortion.**

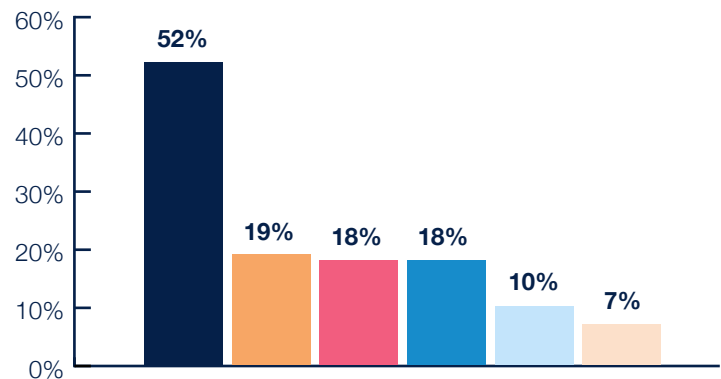
- Reported barriers such as costs and long distance from a provider were associated with higher rates of self-managed abortion.
- This study's far higher incidence of attempted self-management compared to previous studies conducted at abortion clinics highlights the unique advantages of the Google Ads methodology and the benefits of using open-ended questions in surveys.

### Attempted self-management



### Methods used in attempted self-managed abortions (N=242)

- Herbs, supplements, or vitamins
- Emergency contraception or many contraceptive pills
- Abdominal / physical trauma
- Mifepristone and / or misoprostol
- Smoking, alcohol, substances
- Prescription / OTC medications



- Since some respondents used multiple methods of attempted self-managed abortion, the percentages of the figure above do not add up to 100%.

Upadhyay, U.D., Jovel, I.J., McCuaig, K.D., Cartwright, A.F. (2019). Using Google ads to recruit and retain a cohort considering abortion in the United States. *Contraception*, X, 2, 100017.

Upadhyay, U.D., McCook, A.A., Bennett, A.H., Cartwright, A.F., Roberts, S.C. (2021). State abortion policies and Medicaid coverage of abortion are associated with pregnancy outcomes among individuals seeking abortion recruited using Google Ads: A national cohort study. *Social Science & Medicine*, 274, 113747.