

Reproductive Healthcare during the COVID-19 Pandemic in Durham County

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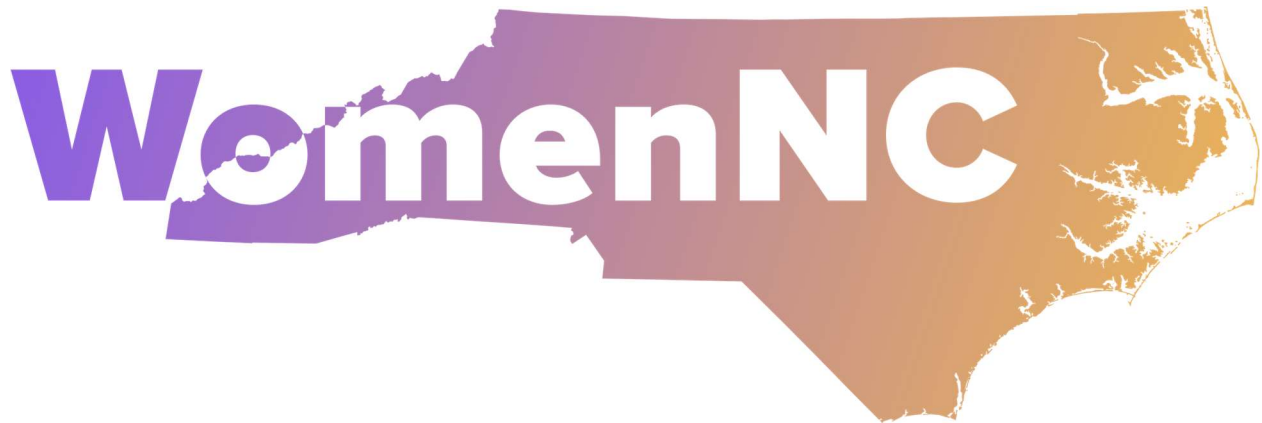


TABLE OF CONTENTS

A. Evolution of Project.....	Pg. 3
B. Definition of Issue.....	Pg. 7
C. Background Materials and Existing Research.....	Pg. 9
D. Research Outcomes and Advocacy.....	Pg. 15
E. Appendix.....	Pg. 16

A. Update on Project Development

During the summer of 2021, I began this project as a WomenNC Scholar with the broad goal of understanding *how COVID-19 has impacted reproductive healthcare provision in Durham County*. This question stemmed from my experiences in healthcare as an EMT, doula, and patient — in each arena observing how sexism, stigma, and systematic barriers shield women from receiving the high-quality preventative and curative reproductive health care they require and deserve. The areas within reproductive healthcare I cite include services such as voluntary and informed contraceptive provision, abortion care, STI screening including HIV and HPV screening and treatment, and diagnosis and treatment of common reproductive health concerns of menstruators including PCOS, endometriosis, and PMDD. Medicine is social and political, and the barriers and enablers of high-quality reproductive healthcare before COVID-19 merely heightened during the pandemic, particularly inequalities in reproductive healthcare and barriers for people of color, LGBTQIA+ people, adolescents, and individuals of low SES.

My femtor, Jackie Ndirangu, asked the foundationally important question at the beginning of our work together on the WomenNC Scholars project: what tugs at your heart and what leads to good data. From the reality outlined above and my experiences, the challenges about which I most care and am passionate relate to the pursuit of a world in which women have the healthcare that empowers them to reach their fullest potential. Multilayered challenges in maternal and reproductive healthcare draw me to this work. Understanding how effective reproductive healthcare happens in a time of crisis has the potential for good data and better future outcomes. All of these considerations led to the first iteration of my research question:

During the COVID-19 pandemic, many factors may have influenced women's access to high-quality, affordable reproductive healthcare in Durham County, North Carolina. This research will seek to understand how COVID-19 has affected reproductive healthcare services such as birth control provision and annual screenings at the gynecology clinic associated with the Lincoln Community Health Center. Through a mixed-methods approach, interviews with patients and providers, and a comparison of

service delivery before and during the COVID-19 pandemic, this research will aim to identify the barriers and enablers of providing accessible reproductive healthcare services. This study will hopefully serve as a model for North Carolina gynecology clinics, informing future crisis response.

The justification for partnering with Lincoln resulted from the fact that as an FQHC (federally qualified health center), Lincoln's distinct mission is to provide *accessible, affordable* outpatient healthcare to the medically underserved in Durham. Understanding what happened to Lincoln's services during the pandemic would not only serve to support their mission but also inform effective outreach and accessibility of reproductive healthcare beyond COVID-19. Thus, this summer, I emailed the communications contact for Lincoln with an approach of openness and clarity, explaining the WomenNC Scholars project proposal. The contact forwarded my message to Dr. Kristin Ito, the Chief Medical Officer of the Center. After approximately a week of no response and a conversation with my femtor Jackie, we decided that it would be best to visit Lincoln Community Health Center in person — to see about any trends or patterns related to reproductive healthcare during COVID-19 with Lincoln's patient population. When I arrived, I asked for the clinic administration who pointed me to the HR offices. Dr. Ito's assistant greeted me, and I gave her an official one-page handout with my project proposal and information. She advised me to wait because Dr. Ito was going between meetings and had a few minutes to hear me in person. I sat and waited, and when Dr. Ito arrived, I talked to her for approximately 2-3 minutes in an unassuming, open way about this project proposal. She mentioned she would send me Lincoln's application for partnering with them for research, of which I was not aware nor was on their website. She then emailed with disapproval over my visit; I sent a concise apology and have not heard from Lincoln again. These occurrences and Lincoln's disinterest and busyness have led to a shift in my project focus. I turned to a new research question:

The ultimate goal is to work with reproductive healthcare providers that have successfully provided high-quality care to patients during the COVID-19 pandemic. This project will thus serve to highlight their practices as models for innovating services during extraordinary times and can inform future crisis response. This project will

involve conversations with providers in the Durham area from different health facilities about how they have adapted services during the pandemic, including safety and outreach. This WomenNC Scholars project is under the Commission on the Status of Women Leadership Training Program and will be ultimately applied for advocacy toward gender equity in the state of North Carolina. Thus, through WomenNC Scholars, there is the opportunity to present the results and stories of innovation and service delivery in the pandemic to the UN Status of Women Conference and other forums that impact reproductive health. This opportunity serves to provide vital information about enablers and barriers to care as well as highlight the incredible work of clinicians toward high-quality women's health during this trying time.

Thus, I began reaching out to providers specifically about their experiences during COVID-19. I spoke with Dr. David Walmer of Atlantic Fertility with whom Jackie put me in contact. Dr. Walmer works specifically in assisted reproduction and described their COVID-19 protocols. He sought to connect me with his colleagues who work in the areas of general reproductive healthcare that my project focuses on, but none of the Ob/Gyns he called were willing and available to speak with me at this point. Individually I reached out to Ob/Gyns at Duke and beyond but also with little avail. A breakthrough in my project came when I had the opportunity to speak with Commissioner Nida Allam for Durham County. We had an excellent conversation about my research project, advocacy, and reproductive healthcare during COVID-19. I specifically asked how this project can best support the *ongoing* work toward health and gender equity in healthcare in Durham County and how I could most benefit Commissioner Allam and her work alleviating challenges. The Commissioner connected me with people on the ground working in maternal and reproductive healthcare as well as mentioned that the issues are known and the data exists about disparities and challenges.

Moving forward after continuous conversations and reflections, I am seeking to understand *what is working in other areas and apply these lessons for suggestions and policy recommendations for reproductive healthcare provision in Durham County*. I am fundamentally and importantly always open to the ideas and support of the individuals most impacted by these decisions and this work and hope to have conversations with those stakeholders in Durham County in this area. I plan to use existing data and

research to form these recommendations — thus, I do not have to wait for the IRB process approval nor secure a health center partnership.

Though these circumstances were not the ones planned, I feel optimistic about synthesizing existing information about reproductive healthcare during the pandemic to influence decision-making in Durham County regarding funding and programs that best support women to live their healthiest lives and reach their fullest potentials.

Beginning in the fall, I began talking further with stakeholders in reproductive healthcare provision in Durham County. I emailed the Durham County Health Department division of women's health to discuss with them about how COVID-19 has affected their reproductive healthcare services. I began meeting frequently with Tonia Luna, the Women's Health Nurse Program Manager at the Durham County Health Department. Tonia Luna expressed great enthusiasm about how this WomenNC project can support the work the Women's Health division is already engaged in regarding delivering high-quality, accessible healthcare to women in this county. My multiple conversations with Tonia as well as John Paul Zitta, a data analyst at the Health Department, led to the three evolving points in relation to the purpose behind this work:

1. Identify barriers and enablers of access to high-quality, affordable reproductive healthcare in Durham County.
2. Investigate how the COVID-19 pandemic has affected reproductive healthcare at the Durham County Health Department.
3. Empower women in this county with an evidence-based, comprehensive infographic with pertinent women's health information during the pandemic.

By analyzing secondary data of how routine visits and healthcare delivery have decreased and changed (i.e., telehealth) during the pandemic within the Health Department, we are identifying how COVID-19 has influenced experiences of women in this county in healthcare. Furthermore, the engaging and comprehensive infographic that has resulted from this work will importantly be part of the advocacy work to equip women with pertinent information to access reproductive healthcare.

B. Definition of the Issue

As referenced above, individuals' stories and experiences during COVID-19 as well as quantitative data point to how the pandemic has caused delays in health visits, declines in routine screenings, and deepening disparities in health outcomes. To further refine the issue of specifically the effect of COVID-19 on reproductive healthcare, I sought to understand the following question in relation to the Durham County Health Department Women's Health Program:

- How has reproductive healthcare provision and services evolved before and then during the pandemic?
 - What barriers to care existed during the pandemic?
 - What enablers to provide care existed during the pandemic?
- How did the pandemic lead to innovations in reproductive healthcare to address the drop in routine visits during COVID-19?
- How has or will COVID-19 change access to reproductive healthcare and access in the future?

These questions influenced my conversation with stakeholders at the Durham County Health Department surrounding reproductive healthcare. I spoke specifically with Tonia Luna and John Paul Zitta, the Women's Health Nurse Program Director, and data analyst at the Health Department respectively. Sifting through secondary data about patient visits in the department, I found that in 2019, there were 13489 visits in their department compared to 11519 visits during 2020, an almost 2,000 visit decrease. These statistics are exemplary of data from the CDC. The total number of cancer screening tests received by women through CDC's National Breast and Cervical Cancer Early Detection Program (Early Detection Program) declined by 87% for breast cancer

and 84% for cervical cancer during April 2020 as compared with the previous 5-year averages for that month. Anecdotally, Tonia Luna described experiences of provider and patients regarding discouraging trends in 2021 when clinics reopened regarding breast and cervical cancer results. COVID-19 has also posed major challenges to already existing barriers related to socioeconomic status and health. For instance, individuals who faced obstacles coming in for routine screenings before the pandemic still faced those issues during COVID-19.

In conversation, Tonia Luna mentioned a few other related issues regarding reproductive health in Durham County including the challenge of unintended pregnancies in this county, missed prenatal and postpartum visits, gaps in STI testing, and lack of knowledge about services women seek. Given many resources of the Health Department shifted toward vaccine distribution and COVID-19 response, the Women's Health program moved to three days a week in the height of COVID-19. Some of the solutions the program has developed to address these issues include drive-through clinics and telehealth visits. For instance, the centering pregnancy group where women come together for prenatal education and community moved online.

The culmination of conversations throughout the fall — along with the synthesis of the sources outlined below — informed the infographic I put forward toward an accessible and equitable reproductive healthcare system in Durham County during and beyond times of crises.

C. Background Materials and Existing Research

Below I have included my literature review. The sources I primarily relied on included the Durham County Department of Public Health [Resources and Data page](#) including the report and health statistics, [Durham County Public Health Coronavirus Disease site](#), and the [NCDHHS](#) Women's Health Branch.

- Contraception in the Era of COVID-19
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7326510/>
 - As medical systems, clinics, and communities prepare to meet an unprecedented threat causing increased demands for the care of people with COVID-19, strategies to mitigate virus spread and optimize health care resources are evolving and will need to be country-specific. Health care providers should strive to ensure continuity of reproductive health care to women and girls in the face of facility service interruption. Even while annual exams and non-urgent appointments are canceled, maintaining access to reproductive health services, including the provision of contraception, is key to a comprehensive COVID-19 mitigation strategy and to sustaining the successes of high-quality family planning services that contribute to lowering maternal mortality and improving newborn and child health.
- Early Impacts of the COVID-19 Pandemic: Findings from the 2020 Guttmacher Survey of Reproductive Health Experiences
 - <https://www.guttmacher.org/report/early-impacts-covid-19-pandemic-findings-2020-guttmacher-survey-reproductive-health>
 - Anecdotal reports and press accounts have described the impact of the pandemic on women's SRH and well-being. Social distancing and the disruption caused by the pandemic have created physical and economic barriers to contraception and other SRH services. The changing economic and social environment may be shifting people's fertility preferences or patterns of contraceptive use. Concerns have surfaced about women's exposure to IPV* and about inadequate access to IPV services during the pandemic. IPV, particularly acts of sexual violence and reproductive control, disproportionately impacts women of reproductive age and can compromise women's health and autonomy.
- HIV Cases are up in NC, even as testing is down amid the pandemic
 - <https://www.northcarolinahealthnews.org/2021/05/06/hiv-cases-are-up-in-nc-even-as-testing-is-down-amid-the-pandemic/>
 - In North Carolina, efforts to combat the novel coronavirus at times subsumed HIV prevention and outreach initiatives over the last year, as many health officials were forced to shift their focus to pandemic-related

work. “A lot of our resources at the state health department, just like in the local health departments, have had to work on COVID,” Clymore said at Tuesday’s virtual event. “It didn’t mean that our HIV and STI and hepatitis work stopped, but it did mean that some things we thought we would be doing just had to be put on hold.”

- Impact of the COVID-19 Pandemic on Chlamydia and Gonorrhea Screening in the U.S.
 - [https://www.ajpmonline.org/article/S0749-3797\(21\)00217-8/fulltext](https://www.ajpmonline.org/article/S0749-3797(21)00217-8/fulltext)
 - The COVID-19 pandemic impacted routine sexually transmitted infection services, suggesting an increase in syndromic sexually transmitted infection testing and missed asymptomatic cases. Follow-up analyses will be needed to assess the long-term implications of missed screening opportunities. These findings should serve as a warning for the potential sexual and reproductive health implications that can be expected from the overall decline in testing and potential missed cases.
- The Impact of COVID-19 on the Use of Preventive Health Care
 - <https://healthcostinstitute.org/hcci-research/the-impact-of-covid-19-on-the-use-of-preventive-health-care>
 - COVID-19 has had an extraordinary impact on the US health care system since its emergence in early 2020. One of the largest and most immediate impacts has been the death toll, with the pandemic has claimed more than 560,000 lives as of April 16th, 2021, but the pandemic has also brought a set of (seemingly endless) new trade-offs and choices for people to make as they navigate their daily lives and the health care system. Among them, whether, when, and how to resume their pre-pandemic health care life. How do the risks of leaving their homes and going to medical facilities stack up against the well-documented benefits of preventive care? Whether annual mammograms or other screenings or children's well-child visits and immunizations, each venture into non-emergency health care spark a calculus of risk and reward without a clear answer.
 - GREAT CHART INCLUDED HERE
- CDC Sharp Declines in Breast and Cervical Cancer Screening
 - https://www.cdc.gov/media/releases/2021/p0630-cancer-screenings.html?ACSTrackingID=USCDC_277-DM61864&ACSTrackingLabel=July%202021%20-%20Health%20Matters%20for%20Women%20&deliveryName=USCDC_277-DM61864
 - The total number of cancer screening tests received by women through CDC’s National Breast and Cervical Cancer Early Detection Program (Early Detection Program) declined by 87% for breast cancer and 84% for

cervical cancer during April 2020 as compared with the previous 5-year averages for that month.

- Supporting contraceptive access in North Carolina during COVID-19
 - <https://upstream.org/blog/2020/04/23/supporting-contraceptive-access-in-north-carolina-during-covid-19/>
 - Upstream's COVID-19 Resource Page - Upstream has launched a webpage for health centers with the latest information regarding contraceptive care during COVID-19. To date, this includes: Guidelines on Implementing Telehealth for Contraceptive Care, Phone Staff Scripts, Contraceptive Telemedicine Services, Ensuring Contraceptive Access During COVID-19
- Reproductive Health: Equity and Innovation During the COVID-19 Pandemic
 - https://www.milbank.org/wp-content/uploads/2021/04/Book_Primary_Care_During_COVID_ebook_4-27-21.pdf pg 75
 - The COVID-19 pandemic has expanded existing disparities and created new barriers in reproductive health care, especially for women from marginalized and vulnerable communities. Primary care providers play a central role in alleviating the barriers posed by the pandemic for women seeking reproductive health care. In this chapter, we provide evidence-based recommendations for primary care providers to protect their patients' access to essential contraception and abortion services. Our key recommendations include recognizing contraception and abortion as essential care, leveraging telemedicine services for reproductive health care, adopting clinical innovations that are both patient-centered and evidence-based, and supporting policy-level measures to protect future access to care.
- Innovations in Reproductive Health During COVID-19
 - <https://www.reproductiveaccess.org/resource/reprohealth-covid/>
 - This presentation covers strategies that can be employed to safely provide reproductive health care during the COVID-19 pandemic. We encourage facilitators of this presentation to edit the contents as they see fit, depending on what seems most appropriate in your individual context.
- Novel Coronavirus (COVID-19): Violence, Reproductive Rights and Related Health Risks for Women, Opportunities for Practice Innovation
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7275128/>
 - While the novel coronavirus (COVID-19) has broad health implications across the globe, being overlooked in response and policy debates is the impact on women's reproductive rights and violence risk. This is especially salient for minoritized women. In this commentary, we describe the

potential negative impact of mandates such as shelter-in-place for domestic violence victims, and how public reproductive health policy is being shaped to disadvantage women, especially minoritized women. We argue that now is the time for violence prevention leaders to advocate for bold action. This includes prioritizing the needs of women (especially minoritized women) in medical, social, and legal settings using innovative intervention and service engagement (e.g., e-filing for protection orders, virtual advocacy services), urging policymakers to pass legislation to support women, and shining an accountability spotlight on leadership.

- Impact of COVID-19 and other viruses on reproductive health
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7435575/>
 - Male infertility is linked to some viral infections including human papillomavirus (HPV), herpes simplex viruses (HSV), and human immunodeficiency viruses (HIVs). Almost nothing is known about severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) effect on fertility. The possible risk factors of coronavirus disease 2019 (COVID-19) infection on fertility comes from the abundance of angiotensin-Converting Enzyme-2 (ACE2), receptor entry of the virus, on testes, a reduction in important sex hormone ratios, and COVID-19-associated fever. Recent studies have shown a gender difference for COVID-19 rates and comorbidity. In this review, we will discuss the potential effect of COVID-19 on male fertility and talk about what needs to be done by the scientific community to tackle our limited understanding of the disease. On the other side, we will focus on what is known so far about the risk of COVID-19 on pregnancy, neonatal health, and the vertical transfer of the virus between mothers and their neonates. Finally, because reproduction is a human right and infertility is considered a health disease, we will discuss how assisted reproductive clinics can cope with the pandemic and what guidelines they should follow to minimize the risk of viral transmission.
- The Status of Women in North Carolina: Health and Wellness
 - <https://ncadmin.nc.gov/advocacy/women/status-women-north-carolina/status-women-north-carolina-health-and-wellness>
 - The health and wellness of women in North Carolina have improved in some ways, yet not all women are equally benefitting from this progress. Wide disparities persist in disease and mortality rates and incidence of sexually transmitted infections by race and ethnicity, as well as by county. Ensuring that women can access the health care services they need - including for mental health and substance abuse - is vital to the health and well-being of women in North Carolina. Additionally, women's experiences of intimate partner violence show the detrimental impact this violence has

on women in the state. The Status of Women in North Carolina: Health & Wellness is the second in a series of four publications that provide data and policy recommendations to improve North Carolina women's status in several key areas.

- WHO Sexual and reproductive health and rights during COVID-19
 - <https://www.who.int/pmnch/covid-19/toolkits/adolescent/srhr/en/>
 - <https://www.unfpa.org/news/three-things-you-need-know-about-contraceptives-and-covid-19>
 - Today, there is a consensus among health professionals and policymakers that access to voluntary family planning is a public health and human rights imperative. Yet access to contraceptives is constantly undermined by a variety of factors, including pervasive myths and stigma, as well as structural issues such as supply chain problems and underresourced health systems. And today, these factors include the global COVID-19 pandemic. Below are three crucial things everyone needs to know about contraceptives and COVID-19.
- Why I will fight for reproductive freedom in the 2021 General Assembly
 - <http://www.ncpolicywatch.com/2020/12/11/why-i-will-fight-for-reproductive-freedom-in-the-2021-general-assembly/>
 - Both the pandemic and the continuing conversation our community is having about racial justice have highlighted the depth of health care disparities in our state, but that inequality was part of our reality long before the pandemic. Every North Carolinian deserves affordable, quality health care that addresses their unique needs and allows them to thrive. We all deserve the freedom to decide if, when, and how to have children; and we all have the right to raise those children in a safe and healthy community. But North Carolinians' ability to access reproductive health care varies based on how much money we make, where we live, or even our race, gender, or age. As our legislature continues to respond to the pandemic, we must ensure that our health care system works for everyone, starting by removing the required counseling and 72-hour waiting period for abortion care.
- Durham County Community Health Assessment 2020
 - <https://www.dcopublichealth.org/home/showpublisheddocument/35452/637642751171270000>
 - "Overview According to the World Health Organization, reproductive health ensures that individuals are able to have satisfying and safe sex lives and that they have the capacity and freedom to decide if, when, and how to reproduce. Reproductive life planning highlights the steps that individuals can take to support their goals to have or not have children and

prevent unintended pregnancies. Reproductive life planning is important for communities as a means to ensure healthy outcomes for women, children and families. Community support in reproductive life planning can include things like pre- and post-natal care for women and babies, access to lactation support services and access to preventative healthcare such as birth control.

- Infant mortality is the death of young children under the age of one. Across the U.S. and in Durham County, infant mortality disparities persist between whites and people of color. Addressing infant mortality and racial disparities is crucial to a strong community health strategy for reproductive life planning and can lead to better health outcomes overall.
- The COVID-19 pandemic will likely impact reproductive life planning for individuals and families in ways that are not yet fully apparent.”

D. Research Outcomes and Advocacy

After investigating the issues of how COVID-19 has negatively impacted reproductive healthcare in Durham County specifically at the Women's Health Program at the Durham County Health Department, it became evident that there is a gap in connecting women in Durham County with the existing resources at the Health Department. An infographic is an intervention that acts to link individuals to pertinent information. This information includes the following:

1. How to make an appointment for reproductive health services (i.e., clinic hours and scheduling information).
2. How to access transportation options for appointments
3. What are options for family planning at the Durham County Health Department
4. What are options for pregnancy and maternal care in the County
5. Where can individuals receive STI testing
6. What can individuals do in between appointments to prioritize their health
7. What is important information for women to know about COVID-19, access to vaccinations, and vaccinations while pregnant or breastfeeding

This infographic seeks to empower women in Durham County by providing a strategy for women to take control of their health and gain more autonomy and agency through having vital health information and resources.

E. Appendix

Figure 1. Infographic



Due to the pandemic, Durham County Health Department has seen over a 15% decrease in patient routine visits and annual screenings. To improve and support reproductive health in the County, these services offered by the Health Department are vital and innovative aspects of patient care for everyone to know!



1 CLINIC HOURS AND INFORMATION AND SCHEDULE AN APPOINTMENT

Monday-Thursday 8:30am-5:00pm
Friday 8:30am-12pm by appointment:

Maternal Health – (919) 560-7732
Family Planning – (919) 560-7631
Breast and
Cervical Cancer Screenings - (919) 560-7658
Programar una cita en español - (919) 560-7500

2 TRANSPORTATION OPTIONS

NON-EMERGENCY MEDICAID TRANSPORTATION (NEMT)

Eligibility Requirements:

- Must have active Medicaid
- Must have transportation assessment complete

Call (919) 560-8607 for an eligibility assessment and to schedule Medicaid transportation

3 FAMILY PLANNING OPTIONS

What is Family Planning?

The goal of Family Planning is to provide education, counseling, and birth control methods to decrease the number of unwanted pregnancies or to prepare for a healthy pregnancy and baby.

All services are confidential and it is important to us that our clinic is welcoming and comfortable for all of our patients. We are an all-female staff with many years of experience in women's health.

Birth Control Methods Available:

Condoms
Pills
Patches
Nuvaring
Depo injection
Mirena IUD
Paragard IUD
Nexplanon implant
Cervical Caps



Information in English and Spanish on how to apply for Family Planning Waiver Medicaid is available on the Durham County Health Department website!

Abortion Care: North Durham Women's Health 919-908-6449

4 PREGNANCY AND MATERNAL CARE

To register for childbirth classes, contact:

- Lakieta Sanders 919-560-7842 or
send email to ldsanders@dconc.gov

For information or to sign up for group prenatal care, you can:

- Speak to a nurse or midwife in the Women's Health clinic
- Call the Women's Health clinic at 919-560-7732 Call: 919-560-7732
- Visit the Centering Healthcare Institute website at www.centeringhealthcare.org



5 STI TESTING

Free and Confidential STI Testing Services for HIV, Syphilis, Gonorrhea, and Chlamydia.
Call 919-560-8819 to schedule an appointment.

6 TAKING CARE OF YOUR HEALTH BETWEEN VISITS

- Check out online resources for regular breast self-exams to help recognize and protect against breast cancer!
- Using protection during sex help prevent STIs
- Taking care of your body through nutrition and exercise helps mental, emotional, AND physical health

7 COVID-19

Call to schedule your appointment: 919-560-9217. Walk-ins are also accepted!

*The CDC urges vaccination for people who are pregnant, recently pregnant (including those who are lactating), who are trying to become pregnant now, or who might be pregnant in the future.

Document 1. WomenNC Scholars Presentation

[WomenNC Scholars Presentation](#)