

# The GAMA Newsletter

Phase One



The **Georgia Access to Medication Abortion (GAMA)** research study wants to explore how Black and Latina women think about and experience medication abortion. The study will look at how laws, policies, culture and personal factors shape their views about medication abortion. SisterLove and RISE have teamed up to work with diverse partners in the Atlanta area to collect information about this important reproductive justice topic.

## In this Issue...

**The Truth about Medication Abortion**

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# Medication Abortion 101

By Joya Faruque and Mariana Gutierrez

## What is medication abortion?

Medication abortion, also known as the abortion pill, is a way of ending of an unwanted pregnancy with pills. Instead of surgery, the patient uses medication in a two-step process. First, the patient takes the Mifepristone pill by mouth, which allows the breakdown of uterine lining by blocking the progesterone hormone. To complete the second step, the patient waits 24-48 hours and then uses a second medication called Misoprostol. These pills are inserted between the cheeks (mouth) or into the vagina. Once both steps are completed, medication abortion procedures have a 92-95% success rate.

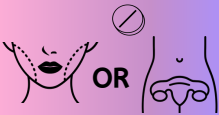
### Step 1



### 1-2 days later



### Step 2



## What To Expect with Medication Abortion

Patients can seek a medication abortion during their first trimester (up 12 weeks along). Generally, the patient can expect to have 1 appointment at the clinic to complete the first half of the process, and then the second step is completed in the comfort of their home.

- 1** The patient will call or visit an abortion clinic with qualified health professionals who provide abortion care and schedule an appointment for the medication abortion procedure. Georgia law mandates that patients under the age of 18 need to tell a parent or guardian of the abortion procedure. Pricing can be talked about over the phone when making the appointment. The cost of the procedure is different for each clinic but funding is often available for patients who need it.
- 2** The patient will wait at least 24 hours between scheduling the appointment and the procedure. This 24 hour wait is required by Georgia state law.
- 3** The patient arrives to the clinic appointment. During this time, the patient will discuss abortion options, review medical history, receive an ultrasound, get lab work, and meet with the doctor receive the medications for the medical abortion.
- 4** Clinic staff will give written instructions for the next step of the medication regimen, which the patient will do at home.
- 5** The patient takes the second set of tablets 24-48 hours later. As instructed, the patient will insert the Misoprostol between the cheeks or in the vagina to complete the abortion. The heaviest bleeding and intense cramping typically lasts 2-24 hours after taking Misoprostol.
- 6** The patient may return to the clinic 1-2 weeks later to check that the procedure was successful. An at home pregnancy test can also be taken 2-4 weeks later to check that the pregnancy has ended.

# Introducing the GAMA Project

By Marieh Scales



On Wednesday, February 13th, 2019 SisterLove, Inc. hosted a community event to introduce the then new research project in partnership with RISE. The event started off with a meet and greet where SisterLove and RISE staff spoke with community members and partners. The event continued with short introductions of the research team. Then, the audience answered an online poll that asked what they knew about abortion care in Georgia.

Research Project Director, Zainab Jah, gave an overview of the GAMA research project and the importance of having the community to be a part of it. She talked about the final products of the research project and how they will be shared with the community. Graduate Research Assistants, Mariana Gutierrez and Marieh Scales, spoke about the two main goals of the project (see below) .

Zainab then talked about what other organizations SisterLove and RISE would team up with, how information would be collected for the project, and how research findings would be published. The event ended with another poll to check on what the audience learned. At the end, there was time left for the audience to ask questions about the project. Those who attended enjoyed the presentation and are excited to learn about what is to come from the GAMA research project.

## Study Goal #1

To explore and understand the factors that affect Black and Latina women’s views on, experiences with, and challenges to medication abortion in Georgia



## Study Goal #2

To estimate the prevalence of the factors found in Goal #1 and their connection to medication abortion acceptability, intentions, and use among Black & Latina women in Georgia

# More on Medication Abortion

By Mariana Gutierrez

## Is it a new type of abortion?

In 2000, the Federal Drug Administration (FDA) allowed a drug called Mifeprex to be used for early abortions up to 10 weeks in pregnancy. However, medication abortion had already been allowed in other countries since 1988.

## What's the difference between medication abortion and the morning after pill?

When taken correctly, the morning after pill (emergency contraception) *prevents* pregnancy, while medication abortion *ends* pregnancy.

## Is the process safe?

It is very safe. From 2000 to 2011, less than 1% of people that used this method had severe side effects.

Scan this QR Code with your phone to learn even more about medication abortion!



## Can I go to a nurse or physician assistant for medication abortion?

In most states, like Georgia, only a doctor can give out mifepristone, the pill used for the first step of the process. There are many studies that show that other providers like nurse midwives, nurse practitioners, and physician assistants can safely provide the pill as well.

## Can I use a Medicaid to pay for a for medication abortion?

Medicaid covers a medication abortion for specific circumstances. The Hyde Amendment has blocked the use of federal funding for abortion. It is important to discuss the cost with the clinic or your doctor. Many clinics do offer financial assistance.



Sources: <https://www.guttmacher.org/state-policy/explore/medication-abortion>

<https://www.guttmacher.org/gpr/2013/03/medication-abortion-restrictions-burden-women-and-providers-and-threaten-us-trend-toward>

# Inside Look: Community Advisory Board



A **community advisory board (CAB)** is a group of people from the community that are picked to be actively involved in the research study process by bringing their ideas to the research activities.

## Why are CABs important?

CABs give research studies important viewpoints that can only be learned from the voice of the community. CABs make sure that we are making the lived experiences of Black and Latina women a priority of our study.

## Our CAB

We chose 8 members who are made up of abortion providers, researchers, faith leaders, community members and advocates.

## The CAB meetings

To start off each meeting, our ground rules, created by the CAB, are discussed.

- Speak Up & Step Back
- Listen with an Open Mind
- Calling in vs Calling Out
- Confidentiality

**March:** The first CAB meeting included introductions of all members. Members were asked for feedback for community based organization and abortion provider interviews. Their recommendations were added to the finalized versions of the interview guides and later used in key informant interviews.

**July:** CAB members were presented with the data collected so far from our key informant interviews with abortion providers and community-based organization members. The focus group guides for community members were revised as well.

**November:** In the last CAB meeting of the year, CAB members and the research team discussed focus group interview guides as well as recruitment strategies.

# Meet our CAB Members

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Our community advisory board is made up of people that are passionate about the communities they serve and live in. In each newsletter, we will highlight some of our amazing CAB members.



## Stephanie Bailey

enjoys providing case management services for pregnant and parenting women. Her goal is to help improve maternal and infant health outcomes in communities with high rates of infant mortality.



## Alexalin Gonzalez

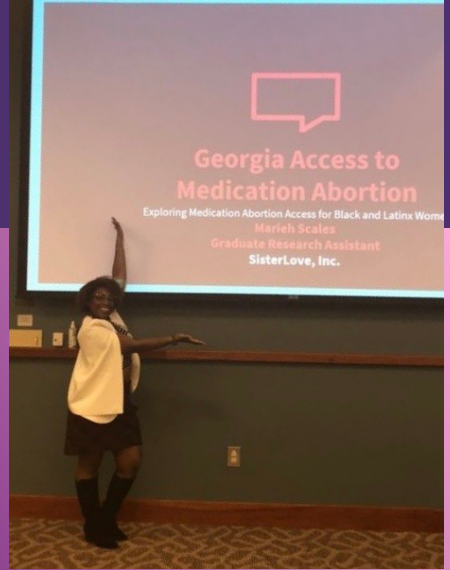
was born in Mexico and graduated from National School of Anthropology and History, she moved to Atlanta six years ago and got her MA in Anthropology from Georgia State University. Alexalin works for Caminar Latino, a non-profit organization that offers services to survivors and witnesses of Domestic Violence in the metro-area of Atlanta.



# Presentations



The Society of Family Planning (SFP) hosted their annual meeting in Los Angeles, California in October. The SisterLove Research team was invited to hold a discussion panel called Restoring Reproductive Justice through Community-Led Research Partnerships. The interactive panel was led by Research Project Director, Zainab Jah. Sequoia Ayala gave an overview of the history of reproductive justice (RJ) framework and the responsibility of researchers and practitioners to apply RJ concepts to their work. Elizabeth Mosley talked about how the GAMA project started, initial research findings, and current status of the project. Tiffany Hailstorks shared the importance of reproductive justice in family planning through her work as a healthcare provider. Kwajelyn Jackson talked about community-led research in family planning and the work being carried out at Feminist Women's Health Center and one of its initiatives - Lifting Latinx Voices. The panelists closed with sharing their lessons learned in community-led research in family planning. Audience members were given the opportunity to ask their questions to the panelists. Over 70 SFP members with backgrounds in research and healthcare attended the panel.



On October 17th, 2019 the Emory Reproductive Health Association and Medical Students for Choice hosted the annual GEMMA Night at Rollins School of Public Health. The Global Elimination of Maternal Mortality from Abortion (GEMMA) supports students on their work to end maternal mortality due to abortion around the world. Emory students and the reproductive health community had an opportunity to present their work on abortion and reproductive health. Graduate research assistant, Marieh Scales, gave a presentation on the medication abortion process and the GAMA project.



# The Current State of Abortion in Georgia

By Autumn Watson

## HB 481: The Six Week Abortion Ban

The Georgia abortion ban would stop all abortion procedures from happening in Georgia after 6 weeks of pregnancy. It would only allow abortions for special cases such as the mother's life being in danger, rape, incest, and if there is no chance for the baby to be born alive. The law is called the "heartbeat" bill because it looks to stop abortions after a fetal cardiac activity is heard, which can occur as early as 6 weeks– before most people know they are pregnant. The purpose of this law is to prevent all abortions and attack people's rights. The law was set to be put into action in January 2020. However, many organizations are working to fight against the law. In June, the ACLU, Planned Parenthood, SisterSong and abortion providers filed a federal lawsuit to stop the law from taking effect. Until the lawsuit is solved, abortion care is still legal in Georgia for up to 22 weeks in pregnancy.

## Temporary Block on HB 481

In October, a federal judge temporarily stopped HB 481 from going into effect in January 2020. The judge stated that the bill goes against the Supreme Court decision of Roe v. Wade and that a state cannot ban abortion before a fetus is able to survive outside of the womb. Anti-choice supporters have expressed that they hope that this bill, as well as similar ones from other states, will go up to the Supreme Court for a decision to overturn Roe. Wade.

## How can this affect our community?

- The bill greatly impacts some groups more than others, including people of color, low-income and uninsured individuals, LGBTQI folks, immigrant communities, and rural Georgians.
- Women of color seek abortion care later in their pregnancies than White women.
- It punishes abortion providers to up to 10 years in prison.
- The bill supports making criminals out of women who have illegal abortions.



*Photos from HB 481 Demonstration outside of Georgia State Capitol in May 2019*



# Abortion News Around the U.S.



## New York Times Article talks about America's Declining Abortion Rate

A recent NYT article was published that discusses lower abortion rates in the U.S. New data shows that in 2017 American clinics performed a record low number of abortion since abortion became legal in 1973. However, the data does not take into account self managed abortion - abortions done at home with medication, often bought online. Given the lack of information about self managed abortion, the abortion rate may be slightly higher than reported. The reasons for the decrease in abortions are complex and cannot be explained by one contributor. Along with the abortion rate, birthrate has also decreased. The authors of the article highlight that an increase in contraception use may be another factor that is influencing the decline in abortion rates.

## Release of Generic Abortion Pill

In August, the pharmaceutical company, GenBioPro, released its the first generic version of mifepristone. Since 2000, when medication abortion became legal in the U.S., mifepristone was only available under Mifeprex. The release of generic mifepristone may help decrease the price and increase availability of abortion pills. However, challenges will remain in the access of the medication. Doctors must undergo a certification process in order to dispense it to patients. Also, as of now, the FDA will continue to uphold their restrictions on how patients can access medication abortion.

Sources: <https://www.nytimes.com/2019/09/18/health/abortion-rate-dropped.html>

<https://www.vox.com/identities/2019/8/20/20750226/abortion-pill-mifepristone-pregnancy-genbiopro-mifeprex-generic>

# Ways to Get Involved

**Subscribe to our newsletter for the latest information on the GAMA research projects and reproductive justice related issues.**

**Volunteer your time and talents with Feminist Women's Health Center in Atlanta. Check out their website for more information on how to volunteer with their various projects and initiatives.**



## The GAMA Research Team

Dazon Dixon Diallo, Principal Investigator  
Kelli Hall, Principal Investigator  
Liz Mosley, Co Principal Investigator  
Sequoia Ayala, Co Principal Investigator  
Tiffany Hailstorks, Co Investigator  
Zainab Jah, Research Project Director

Autumn Watson, Graduate Research Assistant  
Bria Goode, Graduate Research Assistant  
Joya Faruque, Graduate Research Assistant  
Mariana Gutierrez, Graduate Research Assistant  
Marieh Scales, Graduate Research Assistant  
Sofia Filippa, Graduate Research Assistant