

Lauren Ralph 6-Week Ban

[00:00:00] **Katie Breen, Femtastic:** Hello, and welcome to a new episode of the Femtastic Podcast. This is Katie Breen today. Surprise, surprise. We are going to be talking about abortion again. I never tire of it. So you may have heard in the headlines lately a restrictive abortion law in Texas called SB 8. We're going to talk about the idea of a six week ban. And so Texas passed a 6 week ban. And what you hear often in the news is you know, Texas passed the six week ban, which is before many people even know they're pregnant. So I wanted to dive more into that. So today on the podcast, we have Dr. Lauren Ralph, who is an associate professor at Advancing New standards in Reproductive Health program or ANSIRH at UCSF and [00:01:00] Dr. Ralph just published new research in the Journal of Contraception about when people discover they are pregnant. So we'll talk about this, but her study found that one in three people discover pregnancy past six weeks or later, almost two in three young people discover pregnancy past six weeks or later.

[00:01:20] **Katie Breen, Femtastic:** And young people face particular barriers to confirming pregnancy due to difficulty getting to the store or the cost of at home pregnancy test. We also know that pregnancy discovery is later among in addition to young people, women of color, women facing food insecurity and people with unplanned pregnancies.

[00:01:39] **Katie Breen, Femtastic:** So we do have an idea of the populations that are likely to be disproportionately harmed by restrictions that ban abortion early in pregnancy. So I wanted Dr. Ralph to come on the podcast and explain all of this to us, break it all down because [00:02:00] I have never been pregnant before. And so it makes a lot of sense to me that people might not know that they are pregnant before six weeks of pregnancy, but I don't have any lived experience that would really help me understand what that means.

[00:02:13] **Katie Breen, Femtastic:** So Dr. Ralph is going to break it all down for us. Also if you've never been pregnant before, you might not know that the way we count weeks of pregnancy is very confusing and what it means to be six weeks pregnant. It's actually not what you might think it means. It doesn't mean like, oh, it's I found out I was pregnant and then six weeks later, I'm six weeks pregnant.

That is not what it means at all. Because pregnancy actually starts from the first day of your last menstrual period. So it's very confusing math. It's very sort of I would say in an inaccurate type of, of designation and for good [00:03:00]

reason, which we'll get into - like, there are good reasons why it can't be an exact science because obviously conception is not [00:03:07] science that follows an exact timeline. But if you understand the way that weeks of pregnancy are counted, you will understand even more why things like six week bans, five week bans are basically total bans on abortion. Because even if you find out that you are pregnant before you are technically at six weeks of pregnancy, it would be nearly impossible to be able to actually schedule and receive an abortion before that six week mark especially if you live in the states like Texas that are making it harder and harder to get an abortion. So we are going to go into all of that and I hope you enjoy this episode.

As always, a [00:04:00] few quick asks. I'm going to switch it up this time. Number one, if you listen to this podcast, Can you please DM me on Instagram or Facebook? I would say Twitter, but I honestly don't really check Twitter that often, but DM me and let me know that you listened to the episode.

[00:04:20] **Katie Breen, Femtastic:** I would love to like hear more from listeners and know who is listening and what they got out of episodes. You don't have to write me a book report. You can literally just say, "Hey, I listened to the episode" because I literally just want to know who is listening. So you can DM me, or you can always email me at Katie@Femtasticpodcast.com. And I would just love to hear from listeners. It would really give me a boost you know, emotionally to hear from people because I really don't hear from people. I know people listen to the podcast because I can look at the download numbers, but it's like faceless and it would warm my heart to actually hear from [00:05:00] people.

[00:05:00] **Katie Breen, Femtastic:** So if you could do that to like, just help me get through this time. That would be great. Number two in terms of asks is if you could, as usual, subscribe to the podcast, if you don't already, but B if you want to leave me a little like 2022 present, please go to Apple Podcasts and leave a rating on this podcast and even better, if you could leave a quick little review about the podcast so that more people can find it because the algorithm is a tough beast and it would be helpful if you did that.

[00:05:35] **Katie Breen, Femtastic:** And last. Please follow Femtastic on social media. So that would be Facebook, Instagram, and Twitter. And like I said, I don't use Twitter all that often, but I do post about new episodes on Twitter and I will log on and like binge retweet things for 10 minutes and then close out of it because I literally don't have the self-control to be on Twitter.

[00:05:57] **Katie Breen, Femtastic:** So I just have to cut myself off from
[00:06:00] it. Anywho I hope you enjoy this episode with Dr. Lauren Ralph.

[00:06:06] **Lauren Ralph:** Hello, Lauren. Thanks for having me, Katie. Yeah.
Thanks for being here.

[00:06:13] **Katie Breen, Femtastic:** I'm always happy to have abortion
researchers on this podcast. Awesome. So who are you? What do you do?

[00:06:22] **Lauren Ralph:** Well I am an associate professor in the department
of obstetrics, gynecology and reproductive sciences at the university of
California, San Francisco.

[00:06:32] **Lauren Ralph:** But really I'm an epidemiologist which means that I
study health. And in particular, I'm interested in understanding people's access
to reproductive healthcare. With a particular focus on young people's
experience. So adolescent people in the US.

[00:06:51] **Katie Breen, Femtastic:** Very cool. So the part of the impetus of
this episode is I know you just [00:07:00] released a paper or you just had a
paper published about when people discover that they're pregnant.

[00:07:07] **Katie Breen, Femtastic:** And it sparked my interest because I think,
you know, we have talked on this podcast and people have heard in the media a
lot that Texas the, through their SB eight law banned abortion after. Six weeks
of pregnancy. And there's this like common reframe you, you tend to hear where
it's like an article or a podcast, wherever, we'll say, like it's banned after six
weeks of pregnancy, which is before many people know they're pregnant and
you, you hear that constantly.

[00:07:38] **Katie Breen, Femtastic:** And so I wanted to dig into that. I've never
been pregnant before and I don't ever plan to be so. I think it's like it. And I
think especially if you people who've never been pregnant, it's a little bit hard to
understand. Like why would you not know before six weeks? Like when do
people find [00:08:00] out how blah, blah, blah.

[00:08:01] **Katie Breen, Femtastic:** So can you talk to us more about that?

[00:08:06] **Lauren Ralph:** Yeah, definitely. So I think the way that we measure
pregnancy duration or how long someone has been pregnant is super confusing.

It's confusing to people in the medical community. It's confusing to people who are trying to get pregnant to people who think they might be pregnant.

[00:08:27] **Lauren Ralph:** And the way that. Pregnancy duration or how long someone has been pregnant is measured is in a number of weeks, right? And that calendar, that timeline starts on the first day. Someone misses their, or starts their period. So you start your period that starts a calendar. And from that day to.

[00:08:53] **Lauren Ralph:** 40 weeks is the duration of a typical pregnancy. So when a provider, when a [00:09:00] clinician is talking to someone about how long they might be pregnant they are. They ask, when was the first day of your last period, right? That's that day that it starts, that's the one, the timeline starts two weeks after that is when someone typically Oblates typically, but it varies a little bit by person.

[00:09:19] **Lauren Ralph:** And then two weeks after that is when someone would miss their period. So for someone who is. Pregnant or potentially pregnant the first time where they might actually suspect it as already four weeks into pregnancy. Right. The way that we.

[00:09:40] **Katie Breen, Femtastic:** If they are regulated two weeks after the first day of their last menstrual period.

[00:09:45] **Katie Breen, Femtastic:** Yeah. Like technically it's only, they would only have been pregnant for

[00:09:49] **Lauren Ralph:** two weeks. It's technically correct. Although, when you are talking about, when you talk to any OB GYN, when you talk to any provider doctor, they're going to do that, that [00:10:00] calendar starts on the day of your last period. Yeah. And

[00:10:04] I,

[00:10:04] **Katie Breen, Femtastic:** I suppose I, I mean, I think they, they do that because.

[00:10:08] **Katie Breen, Femtastic:** Like oblacion and conception is like a tricky business. And like, they don't know exactly when you may have

conceived. And so they're just like, well, you definitely weren't pregnant on the first day of your last period, so let's start there. Yeah. Yeah.

[00:10:24] **Lauren Ralph:** I think it also relates to when you might be able to detect pregnancy.

[00:10:28] **Lauren Ralph:** So when your body starts producing hormones which a particular hormone called HCG or human chorionic gonadotropin, which is what a pregnancy test tests for what it looks for. So it's also related to that. So like the Typically the, the home pregnancy test, like the one that you will see in a drug store or that on Amazon or whatever those are gonna be able to detect that pregnancy hormone at that four week mark typically.

[00:10:59] **Lauren Ralph:** So [00:11:00]

[00:11:00] **Katie Breen, Femtastic:** you have like, theoretically, if you. Miss your period and think you might be pregnant. You could take a test then, and it would show up as like an at-home test. Yeah.

[00:11:12] **Lauren Ralph:** Each test will give you a little bit different guidance, but so it's supposed to be on the first day of your missed period. Okay. Sometimes they'll say, wait, a couple of more days there'll become a more sensitive test.

[00:11:23] **Lauren Ralph:** It will be better able to detect pregnancy hormones. Yeah, but it's around that time.

[00:11:29] **Katie Breen, Femtastic:** Yeah. And I'm sure we'll get into this, but that's so tricky because like, if you, if technical you're at four weeks, the first day that you miss your period, like. I don't think most people are going to be rushing to take a test like that day, because periods are notoriously wonky and can be late for a whole variety of reasons for, and you know, everyone's cycle is different.

[00:11:55] **Katie Breen, Femtastic:** So yeah, like. Yeah, I [00:12:00] I've definitely had late periods where like I knew I wasn't pregnant, but it was super late.

[00:12:06] **Lauren Ralph:** Yep. Yeah. And I think that's especially true. I mean, some people like with most health behaviors or moments, notice things related to our own personal health, there's a range of experiences.

[00:12:18] **Lauren Ralph:** Right. There are some people who very meticulously track their periods in an app or on their calendar or something like that. But then there's other people who just, it's a feeling you're like, yeah, I know it's coming around this week. You know, sometimes it's their body and they sense it's coming. So they don't write it down.

[00:12:38] **Lauren Ralph:** So if it's a couple days a week late, like you're not necessarily going to be looking for. Pregnancy. Yeah. I mean, I think that's particularly true in some groups of, of people. So young people in particular, those who take certain types of birth control that makes their periods irregular to begin with. People who've never been [00:13:00] pregnant before.

[00:13:00] **Lauren Ralph:** Right. So they don't have that feeling of how your body might change when you're pregnant. But even like, I think of someone like myself, I've been pregnant a couple of times. I never knew I was pregnant based on symptoms. Right. I never felt nauseous. I never felt that extreme fatigue that some people feel everybody is different.

[00:13:20] **Lauren Ralph:** It's like a wide range of experiences.

[00:13:22] **Katie Breen, Femtastic:** Well, I, again, never been pregnant. I imagine too, like those, the feelings of extreme fatigue or nausea and stuff, like, it's probably not going to set it at four weeks because the hormone isn't strong or, you know, you don't have enough of the pregnancy hormone yet. If you miss your period, or you don't know you miss your period because you have an irregular period, like it could be a while before you might even like physically be able to sense that something is different.

[00:13:52] **Katie Breen, Femtastic:** Yes. The point why young people makes a ton of sense too. Cause I think like a lot of people can relate to, [00:14:00] you know, like when I was in high school and first started getting periods, they were. Like all over the place. It's like, there can be much time that would go between them. And like, you know, it could be super late or whatever, and that was just a part of life.

[00:14:18] **Katie Breen, Femtastic:** And then the another thing you said that I didn't even think about is if you're on birth control, because of course, like if

you're on birth control, you don't. I assume that you're going to get pregnant, but it happens. And like I've been on birth control for a long time. And there are definitely times, even though I take it consistently every single day, like months a month, my period is different.

[00:14:40] **Katie Breen, Femtastic:** Even though I take the exact same hormones every single day, like, you know, the exact same pill pack every single time. And there are times when, like, I will. Like my I'm supposed to get my period on like a Sunday. I don't get it until like Thursday and I don't think about it because I'm on birth control.

[00:14:58] **Katie Breen, Femtastic:** So it makes total sense. [00:15:00] And then, and then some birth controls, like. We'll take your period away all

[00:15:04] **Lauren Ralph:** together. That's why, like, some people really prefer that some people like

[00:15:08] **Katie Breen, Femtastic:** 100%. Yeah. So that's like, that's actually one of the reasons that I don't want a, an IUD. And I think I use, they're amazing people should use them, but like, for me personally, I'm like, no, I, I need the reassurance of getting a period every month because otherwise I would be.

[00:15:28] **Katie Breen, Femtastic:** I would literally be taking a pregnancy test every day. Cause I would be terrifying,

[00:15:31] **Lauren Ralph:** but I mean, thinking about, so thinking about that timeline, right? So if, if the earliest at which you can identify a pregnancy as around four weeks and that's like best case scenario, that's like probably someone who. Really closely monitoring, probably trying to get pregnant, which is a majority of people in the U S then the six week ban in Texas means that people really have a window of two weeks in which to identify that [00:16:00] they're pregnant.

[00:16:01] **Lauren Ralph:** Decide and access and abortion. So I think it really highlights just how out of step that kind of requirement is with how people's reproductive lives are. Right. Because

[00:16:17] **Katie Breen, Femtastic:** if you miss your period on like the first day that you're supposed to get your period. You're probably going to like, wait a few days.

[00:16:26] **Katie Breen, Femtastic:** Well, you know, it might be labeled a blah and then it could be, you know, if you wait like a week, well then you're already at five weeks and then say you find out at five weeks, well, then you have a week to get an abortion. You there's like basically no way you're going to be able to get an abortion within a week.

[00:16:42] **Katie Breen, Femtastic:** Yeah.

[00:16:44] **Lauren Ralph:** And I would say also that this is a the timely discovery of pregnancy is something that's beneficial. No matter what your decision is with respect to a pregnancy. So I think just a public health perspective. We know that earlier discovery of pregnancy is beneficial for [00:17:00] both reproductive health and autonomy.

[00:17:02] **Lauren Ralph:** So if you want to continue the pregnancy, it allows for some. You know, reduction risk behaviors. It allows you earlier entry into prenatal care. Totally. And then on the flip side, if you'd like to terminate, you have more options for the type of abortion that's available to you. And then as a result of that, you have probably have more providers or more clinics that are available to provide care.

[00:17:25] **Lauren Ralph:** And then the costs are generally lower if you present earlier in pregnancy. So there's for both, no matter how you proceed with respect to the pregnancy. It is beneficial to discover earlier in gestation. Yeah. 100%.

[00:17:39] **Katie Breen, Femtastic:** Like, I, I think that makes a lot of sense. Like for example, with like alcohol, like, oh, I would want to know earlier so that I'm not drinking a glass of wine or whatever.

[00:17:50] **Katie Breen, Femtastic:** Yeah. Yeah. Yeah. I mean, that makes total sense. I think people. Hopefully you can understand that.

[00:17:55] **Lauren Ralph:** Yeah. Yeah. I think from a policy perspective, though, as you know, with, with [00:18:00] SB in Texas knowing when people discover that they're pregnant has become increasingly salient because we really are seeing an increase in the types of restrictions placed on access to abortion.

[00:18:12] **Lauren Ralph:** That Dan had earlier and earlier in pregnancy particular recently we've seen that the Supreme court is is much more willing to allow enforcement of these gestation based restrictions. So these bands. Say you

can only have an abortion up to a particular time in pregnancy. And so given the policy context, it's really increasingly important to understand both when people discover on average that they're pregnant and then who's more likely to make the discovery later and what we might be able to do to facilitate earlier discovery of pregnancy to help make sure that people can access care.

[00:18:55] **Katie Breen, Femtastic:** Yeah. So let's talk about that. Yeah. So who is more likely to discover

[00:18:59] **Lauren Ralph:** [00:19:00] later? Yeah later. Yeah. Yeah. So we did a study recently where we surveyed pregnant people who were seeking healthcare at both primary care and reproductive health clinics in the south west and Eastern United States. And so we asked these people when they first, we asked people if they were pregnant or if they thought they might be.

[00:19:23] **Lauren Ralph:** And if they said yes to either of those questions, we then asked them when they first suspected that they might be pregnant, even if just a little how they confirmed that they were pregnant, would they, they took a test at home, whether they went to a clinic. And when they first sought healthcare related to that pregnancy and we found that on average one in three pregnant people first discovered their pregnancy after six weeks gestation.

[00:19:48] **Lauren Ralph:** So that's one third of people that are the first time that they take a pregnancy test was when they were already beyond six weeks. And we also saw that this figure was higher among certain [00:20:00] subgroups. So one of those groups was young people, which I mentioned earlier is a group. I work with a lot.

[00:20:06] **Lauren Ralph:** So over half, so 63% of people ages 15 to 19, we're greater than six weeks when they first confirmed their pregnancy. Young people were also more likely to report difficulties, getting a test. So finding a pregnancy test, a home pregnancy and as a result, they were also less likely to test at home.

[00:20:27] **Lauren Ralph:** So because they more often waited for a clinic to test, they tested later and discovered their pregnancies later. So those young people are one group that I think are when I think about what's happening in Texas, I just know that young people are being disproportionately impacted.

[00:20:45] **Katie Breen, Femtastic:** Yeah. Well, and I imagine too, like if you.

[00:20:52] **Katie Breen, Femtastic:** Take like an over-the-counter test that you can get at the pharmacy. You you're going to pay out of pocket for that versus like, if you [00:21:00] wait and get an appointment, I assume insurance will cover it if you have insurance. So I'm sure there were costs barriers to like, I don't remember how much a pregnancy test.

[00:21:10] **Katie Breen, Femtastic:** But it's not nothing. Yeah.

[00:21:14] **Lauren Ralph:** Yeah. The cost of the at-home test is interesting. And I was trying to look into it a little bit when I was doing this study, but you know, one thing, a home pregnancy test, I think we think of them as sort of ubiquitous ubiquitously available, which is, which is kind of true.

[00:21:28] **Lauren Ralph:** Right? So they're in drug stores or pharmacies online retailers discount store. And they can be found for less than \$10, but the fancier sort of digital ones are definitely more expensive than that. They're like 20 to \$30 usually. Yeah. But one thing that's interesting about home pregnancy tests is that they are often placed behind the counter.

[00:21:51] **Lauren Ralph:** I don't know, stores or in one of those locked boxes, that store. And so while you think like, oh, they're, they're, they're, they're not necessarily [00:22:00] accessible particularly to young people,

[00:22:02] **Katie Breen, Femtastic:** especially for you, like pass, have to ask. Yeah. You know, it's, it can be really embarrassing and you don't, you know, you might know the people who are in the store.

[00:22:14] **Katie Breen, Femtastic:** I remember being in high school and, you know, like, or college or something like wanting to buy condoms and they're locked and it's like, I don't want to add. Some pharmacists to give them to me. And then I have to like walk through the store with them and check out with someone I might've gone to high school with.

[00:22:33] **Lauren Ralph:** And they're also expensive. Right. So if you think about pocket costs, the I'm sorry. No, go ahead. I just say the out-of-pocket cost is high. If you're like a young person who doesn't have that much income, I was going to say,

[00:22:48] **Katie Breen, Femtastic:** especially if you're like, you know, let's say it's 10 to \$30, if you're not sure.

[00:22:52] **Katie Breen, Femtastic:** And you're like, well, I could wait, cause I don't necessarily want to spend 10 to \$30 if I'm not, you know, if it's not.

[00:23:00] If I don't need to, like, I can say like myself making that kind of like cost benefit analysis only. Maybe I'll just wait another week. Cause I wouldn't want to waste 10 to \$30 if I didn't need to.

[00:23:11] **Katie Breen, Femtastic:** And if you're a young person, that's like a very common type of calculation you're making.

[00:23:16] **Lauren Ralph:** Yeah. Yeah. And this is just an anecdote. I haven't been able to find proof of this, but when I was talking to different providers, Who work a lot with youth. So these are people in the communities where we did this study.

[00:23:29] **Lauren Ralph:** And they're the clinicians that are providing care to young people. They said that they heard that the home pregnancy tests are one of the most commonly stolen items from a drug store or a dollar store, a discount store. I think for that reason, right? Like the. People don't want to be seen buying them necessarily.

[00:23:47] **Lauren Ralph:** And so that's, if they become one of the most stolen items from a drug store. Yeah. I mean, and condoms also, that's why there were lots behind,

[00:23:59] **Katie Breen, Femtastic:** [00:24:00] behind things. So you have to ask some, you know, stranger to get them.

[00:24:06] **Lauren Ralph:** Yeah. I also think it's like really interesting to think about home pregnancy tests though, because they are one of the few.

[00:24:14] **Lauren Ralph:** Tests that are available outside of the healthcare setting. Yeah. One of the only tests, diagnostic tests, where you can diagnose your own health status with being forced to interact with the provider. Yeah.

[00:24:27] **Katie Breen, Femtastic:** So pretty high reliability

[00:24:30] **Lauren Ralph:** there. Yes. Yeah. I think we're getting used to that phenomenon more now with COVID tests, right?

[00:24:37] **Lauren Ralph:** Yeah. Rapid tests that are available over the counter. But really like, there's not many other examples where you can diagnose your

health status at home. And so they're, they're often described as like revolutionizing access to reproductive healthcare for. People in the U S although I think there's like that little asterix on it about like they're [00:25:00] available, but not always accessible to everyone.

[00:25:02] **Lauren Ralph:** Really. Yeah. So another group in our study that was more likely to confirm their pregnancy later in gestation was those who are living with food insecurity, which is a good measure of someone's socioeconomic status or their financial stability. It's also a measure that people can report pretty accurately.

[00:25:21] **Lauren Ralph:** And so. We, I think that sort of just echoes that circumstance for young people. If you are navigating a lot of different costs and a lot of different things in your life You know, being faced with a pregnancy scare, you might not rush to test because there's so many other things happening and so many other competing demands that you have.

[00:25:42] **Lauren Ralph:** And so that might be one of the reasons why people get pushed a little bit later in discovery. And then the one I think makes a lot of sense too, is that people who described their pregnancy as unintended or unplanned. We're also much more likely to report discovering their pregnancy later, right?

[00:25:58] **Lauren Ralph:** So the people who are not actively [00:26:00] trying to get pregnant and monitoring their period really closely are going, are going to typically discover pregnancy a little bit later. So I think our study really clearly highlights who is going to be disproportionately impacted by these types of restrictions that ban abortion earlier and earlier in pregnancy.

[00:26:20] **Lauren Ralph:** Yes, that makes sense.

[00:26:23] **Katie Breen, Femtastic:** Another thing you, you mentioned earlier was, you know, this makes us think more from like a public health perspective of, but also now a policy perspective of the importance of being able to

[00:26:43] **Lauren Ralph:** detect pregnancy earlier. So.

[00:26:49] **Katie Breen, Femtastic:** Are there solutions to that? Like, yeah. Like what, what would at scale help people be able to detect pregnancy earlier?

[00:26:57] **Katie Breen, Femtastic:** Because I feel like if the [00:27:00] earliest you could even detect pregnancy is four weeks, like there's only so much more we can, we can do, even if you discovered pregnancy at four weeks and let's say you do. No right away that day, when you discover like, oh, I think I'd like to terminate this pregnancy. You still might not be able to do that within another two weeks to me to meet the six week mark.

[00:27:21] **Katie Breen, Femtastic:** So

[00:27:23] **Lauren Ralph:** yeah, first to say, I think that the, the six week ban is not. Based in any evidence, right? There is the, it is completely inconsistent with the reality of people's lives and it is It was going to be detrimental to the health and wellbeing of people in Texas who are getting pregnant. So I think that the, there is like, we focus on six weeks and, you know, in the paper we did our analysis to look at six weeks to just be able to [00:28:00] quantify exactly.

[00:28:01] **Lauren Ralph:** How how much these types of laws are going to impact people, but it is not reasonable to have a six week ban in any circumstance. It's not reasonable to have a ban on abortion in the first trimester, which is when most people are accessing care. Right. So I just, I think the six week is something that has been imposed, but it's not necessarily a.

[00:28:24] **Lauren Ralph:** I don't want to focus on it too much necessarily. Yeah, no, I know what you mean,

[00:28:28] **Katie Breen, Femtastic:** because like it, by talking about, by talking about six weeks, it gets like good PR to six weeks as if like that's a reasonable and non arbitrary standard, but it is arbitrary. I mean, like, do you have any insight into why they chose six weeks?

[00:28:48] **Lauren Ralph:** I have no idea. No, I, I have no idea. I feel like.

[00:28:54] **Katie Breen, Femtastic:** I don't know, like say one way they, one way they may have been thinking [00:29:00] is like, it sounds reasonable. If you don't know anything. About how pregnancy is measured and when people find out about pregnancy.

[00:29:12] **Lauren Ralph:** Yeah. I think like a an informed way to think about it in some ways is when would you first want people to access care?

[00:29:20] **Lauren Ralph:** If you're thinking about like an evidence-base for a patient center to person centered approach, like you want to, you want to assist people, you want to help people to discover pregnancy at around the time. I hope that they connect with the healthcare system. So for example, for prenatal care, I think the American college of obstetricians and kind of colleges suggest your first prenatal visit or on eight weeks of pregnancy.

[00:29:44] **Lauren Ralph:** So you want to be helping people identify pregnancy by that time for abortion care. You know, the earlier that you get in the better. Of course. But you know, if you present before 10 or 11 weeks, that gives you the option for medication abortion which is and [00:30:00] then if you present just earlier in general, it's lower cost.

[00:30:02] **Lauren Ralph:** So you could think about like, in terms of, from a evidence perspective, when you want people to be engaging with the healthcare system and it would be, you know, in the first like 10 to 12 weeks, and I would say, yeah, well, and

[00:30:15] **Katie Breen, Femtastic:** I, I definitely speak anecdotally, have friends who have said. Yeah. Like my OB office wouldn't even see me until eight weeks and then it took me until 10 weeks to actually get an appointment.

[00:30:29] **Katie Breen, Femtastic:** So,

[00:30:31] **Lauren Ralph:** yeah. Yeah. And I think, but again, there's always going to be a range. Right? I think we, we. We can't expect that everyone is going to identify pregnancy early and that they would be able to get in for care that soon. So I think there's to have that expectation that everyone gets into at that time is also not necessarily consistent with people's lives.

[00:30:54] **Lauren Ralph:** They're always going to be for the reasons that we discussed earlier that people with irregular periods, the people taking certain [00:31:00] kinds of hormonal contraception, the people who've never been pregnant before. And so just aren't familiar with it are going to discover pregnancy later and we need to ensure that those, those people have access to care as well.

[00:31:11] **Lauren Ralph:** Yeah,

[00:31:11] **Katie Breen, Femtastic:** that makes sense. I, I know also I think your paper mentions that. Other folks who might exp discover later are people of color or people facing food insecurity. Can you

[00:31:27] **Lauren Ralph:** talk more about that? Yeah. Yeah. So we definitely, we found that people who described that there are, who indicated that their household.

[00:31:35] **Lauren Ralph:** Lives in that they live in a food insecure household. They were more likely to discover their pregnancy later. And similarly, we found that people who identify as African-American or Latin X were also more likely to report that they discovered their pregnancy later in gestation. And I think these differences are really rooted in.

[00:31:58] **Lauren Ralph:** The inequities in our [00:32:00] healthcare system overall. So it's, it's likely that the same systems that prevent black and Latin X people from accessing healthcare and, you know, can contribute to disparities in access to contraceptive services. You know, these are things like discrimination, structural racism, stigma, cost.

[00:32:17] **Lauren Ralph:** Those might also delay that and accessing pregnancy related. Or kind of foster uncertainty about the accuracy of a medical or a diagnostic test. So we definitely see these differences. I think these are reflect structural inequities in our healthcare system more broadly. And they give us evidence of who is going to continue to bear the disproportionate burden of restrictions on abortion.

[00:32:44] **Lauren Ralph:** Yes.

[00:32:45] **Katie Breen, Femtastic:** And, you know, I think like the structural inequities, not only in our healthcare system, like the intersection of, you know, structural, like how structural inaccurate inequities impact everything,

[00:33:00] because you know what you were saying earlier about. You know, someone might have a lot going on in their life and like maybe he doesn't have time to go get a pregnancy test or might not have money to, to, to want to go get a pregnancy test when they're not totally sure.

[00:33:16] **Katie Breen, Femtastic:** And, you know, we know that because of structural racism, people of color are more likely to work in. You know, hourly

wage jobs that have less time and have less money and be more food insecure. So it's all intertwined in this terrible.

[00:33:35] **Lauren Ralph:** Yeah. We're not want to deal with the, sort of the structure of the racism that they experienced when they go to a clinic or when they are the stigma that they experienced when they talk about a pregnancy scare potential pregnancy.

[00:33:45] **Lauren Ralph:** So yeah, I think it's all of those things that you mentioned. Yeah.

[00:33:51] **Katie Breen, Femtastic:** So, what does this mean for moving, moving forward? Like what can, what can we do? Is there anything that healthcare field can [00:34:00] do? Like you were saying about like how earlier detection would be better?

[00:34:08] **Lauren Ralph:** I think as you know, as you mentioned earlier, too, There's not a lot of room to move here.

[00:34:14] **Lauren Ralph:** Right? So we have, we're saying like, especially if we're talking about something that is a six week ban. So I think we need to use this evidence to demonstrate how harmful these laws can be to pregnant people who are interested in accessing an abortion. So one area that, that I think. We need to emphasize, as you know, we have really good research now as a result of one of my colleagues that answered Dr.

[00:34:41] **Lauren Ralph:** Diana Green foster about. What happens when people are not able to access the abortion that they wanted. Right. And I think that as these gestation based restrictions are allowed to stay in effect as it's happening in Texas and, you know, sort of what we expect with the [00:35:00] Mississippi decision over the next couple of.

[00:35:03] **Lauren Ralph:** We need to be prepared for more pregnant people, not being able to access the care that they want and continuing pregnancies that that they may, that we, that they would consider unintended. So I was involved in a study that looked at. The exact question of what happens when people are not able to access the abortion that they wanted.

[00:35:26] **Lauren Ralph:** And it was called the turn away study. And it was given that name because it had a really interesting and strong research design that looked at how pregnant people fared after they received or were denied

wanted abortion. So if you want to look at the impact of abortion on people's lives, you can't just recruit two groups of people, some of whom have an abortion, and some of whom do not.

[00:35:50] **Lauren Ralph:** Because these groups are different in ways that we know are related to someone's health and wellbeing. And so you might incorrectly attribute any differences you [00:36:00] observed between these groups to the abortion or the birth. When, what you're capturing are differences that existed well before the person was ever pregnant.

[00:36:08] **Lauren Ralph:** So my field of epidemiology calls confounding, or like a biased estimate, what economists would call selection bias? So the ideal study would be to have a group of pregnant people and randomly assigned them to have an abortion or give birth. So. Completely unethical and infeasible. So we try to find the closest situation that approximates or mimics this randomization randomization, and that's what the turn away study achieved.

[00:36:36] **Lauren Ralph:** So it was a study where we recruited about a thousand people seeking abortions at clinics across the U S some of whom presented to the clinic just before the gestational. For abortion in that setting. And so they got the abortion that they wanted. And then we recruited others who presented just after that gestational limit for abortion, and therefore were unable to get the abortion and [00:37:00] largely went on to give birth.

[00:37:02] **Lauren Ralph:** So these are two groups of people who are presenting around the same time for care. Some of them are able to get care while others are not now because of just a week or two difference. And when they presented for care for these groups, we followed these them for five years after their abortion or birth.

[00:37:18] **Lauren Ralph:** And we asked them questions about their health and their wellbeing. And so I think they give us a really good sense of a really good, clear picture of what happens when people are denied a wanted abortion. And so the turn away study found that people who are denied an abortion, they remain in poverty longer.

[00:37:37] **Lauren Ralph:** They have worse physical health, both around the time of the pregnancy. And for years later they set and achieve fewer aspirational life goals. They're more likely to stay tethered to abusive partners.

So across all these domains of health and wellbeing if people are unable to access the abortion that they wanted, they fare worse.

[00:37:58] **Katie Breen, Femtastic:** It also, doesn't also show that [00:38:00] like their existing, like th their children are worse off both the children they had before the pregnancy that they wished to terminate. And also the children that they had because they couldn't terminate the pregnancy have worse. And we'll be any

[00:38:16] **Lauren Ralph:** outcome. Yeah, that's exactly right.

[00:38:19] **Lauren Ralph:** Yeah. That's exactly right. And I think it's you know, when, when you, when you ask people seeking abortion, why they're having an abortion, one of the most common reasons they give is because I want to take care of the children I already have. Right. So that's the most common reason. And it just completely shows up in the data.

[00:38:35] **Lauren Ralph:** When you look over five years in these groups, it is that they're unable, that they feel like they're unable to care for the existing children that they. Right. Because two

[00:38:44] **Katie Breen, Femtastic:** thirds of people who get abortions already have children. That's right. Yep. No, I geek out

[00:38:51] **Lauren Ralph:** so hard

[00:38:53] **Katie Breen, Femtastic:** study. Like I can't express to you how much I love it and how excited I get [00:39:00] when people talk about it.

[00:39:01] **Katie Breen, Femtastic:** So I've, we've I sort of have mentioned it, I think in previous. Okay. No one has given you. Thorough and explanation. But I'll definitely link to it in the show notes. I've linked four, but like, I, it makes me so excited. Of course the, what, the outcomes for the people who were denied abortions when they wanted them.

[00:39:24] **Katie Breen, Femtastic:** It's terrible. But the research itself is like, Chef's

[00:39:31] **Lauren Ralph:** kiss. It's a really exciting, I mean, for someone who this is for someone who an epidemiologist for a second, who all I think about is, is how we measure things and whether we have any bias or what if our findings

mean with the face? Well, what we think they mean it is stupid as a super exciting

[00:39:51] **Katie Breen, Femtastic:** study design.

[00:39:52] **Katie Breen, Femtastic:** Ooh. Yeah. I have a master's in public health, public health. Okay, great. Neologist [00:40:00] studied this. I don't actually work in research. I work more like in the field in practice, but I do love me some study design. Awesome. Awesome. So. I mean, what is all this mean for us going forward? Like it, I it's like, I don't want to, I don't want to ask for recommendations for like what people should do if they think they might be pregnant.

[00:40:30] **Katie Breen, Femtastic:** Like how can they find out sooner? Because that should, the onus shouldn't be on them. But like, is that something we talk about? Like, I don't know where we go from here.

[00:40:40] **Lauren Ralph:** I think we need to make sure, I think our efforts, if we think about immuno, I'm doing research to understand what people might do, if unable to access a want wanted abortion.

[00:40:50] **Lauren Ralph:** I think we need to make sure that they have access to care in some way. And that's probably more in the, in the purview of providers and a lot of the groups that I [00:41:00] know. Spoken to but just, we need to make sure that people who are unable to get a wants to abortion are able to access safe and effective methods in some way.

[00:41:10] **Lauren Ralph:** It's not unreasonable to expect that people who are unable to get care at a clinic with. You know, order pills online, for example they might talk to friends or family members about things that they have tried that they can get at home or outside the healthcare system. They might go to a pharmacy in Mexico, you know, there are a range of things they'll.

[00:41:31] **Lauren Ralph:** Many will travel to a neighboring state, different can afford it right to access care. But I think that we need to make sure that to the extent that we can, that we make sure that people have access to safe and effective methods. When, when these gestation based restrictions are allowed to stay in effect

[00:41:49] **Lauren Ralph:** well,

[00:41:51] **Katie Breen, Femtastic:** Pressing roll. I don't know what to say. Like one of the, I know this is like very basic, but one of the things I [00:42:00] keep thinking about is like, if one of the reasons someone doesn't find out until a little bit later, That they're pregnant is that they like cost or care access was a w like a limiting factor or their youth was a limiting factor.

[00:42:20] **Katie Breen, Femtastic:** Why would we want to force those people to have pregnancies that they don't want to have? If, if that is like, if we're starting off the pregnancy with that? I don't know. I just, yeah. None of this makes sense because none of it is

[00:42:35] **Lauren Ralph:** rooted in science. Yes. I think that's, that's definitely true. Yeah, I think, yeah.

[00:42:41] **Lauren Ralph:** Yeah.

[00:42:43] **Katie Breen, Femtastic:** Well I really appreciate that you do this work. You do this research because I think like one of the ways we're going to get out of this is having good evidence, having actual. Evidence to back up what we [00:43:00] are saying, which the people passing restrictions clearly do not, they're not medically based at all or sociologically based at all.

[00:43:09] **Katie Breen, Femtastic:** So I really appreciate that you do this work. I know it's probably not easy in the world. We live in too. Be an abortion researcher. But I appreciate all that you and your colleagues do

[00:43:24] **Lauren Ralph:** well. Thank you. And I appreciate you taking time to chat through the study with me and

[00:43:30] **Katie Breen, Femtastic:** yeah, anytime you want to chat through studies, let me know.

[00:43:34] **Lauren Ralph:** Great.

[00:43:36] **Katie Breen, Femtastic:** Awesome. Well, thank you so much, Laura. Thank you for listening to another episode of the Femtastic podcast. Again, if you want to really help a girl out, if you could just DM me or, you know, you can comment on something I post or reply to my Instagram story, I would love to know that you've listened to this [00:44:00] episode.

[00:44:00] **Katie Breen, Femtastic:** That is all. I of course, as always, we'll put links in the show notes related to what we spoke about and you'll hear from Femtastic again soon. Bye.