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ORIGINAL ARTICLE

'I knew which one I wanted': Interviews with Illinois patients to explore abortion method decision-making after insurance expansion

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Abstract

Introduction: To understand patient preferences around early abortion methods and care-seeking during the coronavirus disease 2019 pandemic in a state that expanded insurance coverage for abortion care.

Methods: We conducted phone interviews between July 2021 and February 2022 with 50 Illinois residents (aged 18–45) who had recently sought abortion at 18 clinics throughout Illinois at or before 11 weeks of pregnancy. We used a semistructured interview guide to explore preferences, motivations and decision-making around the abortion method. We coded transcripts and used code summaries to conduct a thematic content analysis.

Results: Half of the participants chose medication abortion, and half chose procedural abortion. Some participants relied upon their past abortion experiences to choose a method. Participants' reasons for choosing medication abortion included home setting with support persons, the noninvasive nature, desiring a more 'natural' experience or negative perceptions of procedural abortions. Participants choosing procedural abortions valued increased certainty of completion, the option of sedation and the defined timeline of a clinic visit with fewer physical side effects. Some participants without insurance coverage were motivated to select a method based on cost. Around half of the participants expressed interest in considering a telehealth abortion.

Conclusions: Patients cited complex and personal preferences influencing their method selection; when cost barriers were reduced, preferences centred physical or emotional experiences, setting, effectiveness and timing. As abortion access is increasingly restricted, many patients may still highly value a choice between medication and procedural abortion when possible.

KEYWORDS

abortion, family planning, medication abortion, method choice, preferences, procedural abortion

INTRODUCTION

Despite recent restrictions, abortion is a highly utilized reproductive health service in the United States.[1] Most abortions occur before 10 weeks' gestation, and, before 11 weeks, patients can choose between medication and procedural abortion with similar levels of efficacy.[1,2] Research indicates that patients value a choice of abortion method and patients have reported higher satisfaction when able to choose their abortion method.[3]

Previous research has provided insight into factors influencing patients' method selection: many who choose medication abortion fear surgery, prefer more privacy and desire a more natural experience.[4] Frequently those who choose procedural abortion value convenience, quickness and sedation.[5–8] Cost can also influence method choice and can be a significant barrier when seeking an abortion.[7–10] For example, medication abortion can often be less expensive when paying out of pocket (Table 1). Research has also found some patients delay scheduling their abortion until they can gather funds, which may push them beyond the gestational age (GA) for medication abortion.[9,10] These delays can be further compounded by state policies banning abortion, requiring parental involvement, mandating waiting periods or imposing other medically unnecessary restrictions.[7–15]

In 2018, Illinois implemented Medicaid coverage of abortion, and in 2019, the state expanded private insurance coverage of abortion care for policies governed by state law.[16,17] With these legislative changes, abortion is covered without cost-sharing (i.e., co-pays or deductibles) through Illinois Medicaid for eligible pregnant people and those with some private insurance plans should have comparable coverage for abortion as they do for other pregnancy-related healthcare (which may include cost-sharing). Pregnant people eligible for Medicaid coverage can also be enrolled through 'presumptive eligibility' screening at a clinic, meaning these patients can get same-day abortion coverage. These legislative changes allow us to examine the role of increased insurance coverage on method choice. Abortion funds also provide financial assistance to some patients who must make out-of-pocket payments, which can also affect method choice. Overall, recent research has not explored abortion method choice in a setting where state policies have attempted to remove or reduce cost barriers.[18] This study aimed to explore method preference in a context with expanded insurance coverage for abortion. Further, since receiving medication abortion by telehealth became increasingly feasible during the coronavirus disease 2019 pandemic, we also explored patients' interest in this means of receiving care.

TABLE 1 Range of estimated abortion costs in Illinois by insurance type[a] (2021).

Insurance type	Cost range of medical abortion	Cost range of procedural abortion ≤11 weeks
Medicaid	$0	$0
Medicaid presumptive eligibility	$0	$0
Private insurance[b]	$0–$580	$0–$850
None[b]	$400–$580	$480–$850

[a]All data are estimates gathered from clinics operating in Illinois in March of 2023.
[b]The remaining out-of-pocket cost could be, and often is, mitigated by local or national abortion funds.

MATERIALS AND METHODS

We conducted in-depth qualitative interviews from July 2021 through February 2022 with Illinois residents who recently sought abortion care for any reason before 11 weeks' gestation in Illinois. The [University's] Institutional Review Board approved all study procedures. We recruited English-speaking participants who were between the ages of 18–45 years old and had a GA suggesting candidacy for a medication abortion.

Researchers sent English language flyers with contact information and a link to a short screening questionnaire to 18 clinics providing abortion care in Illinois. Participating centres included both primary abortion care centres and multiservice health centres providing full spectrum reproductive healthcare. With the clinic's approval, we displayed posters with study recruitment information and asked staff to make study flyers available to patients in the clinic. These flyers directed potential participants to an online screener where researchers determined eligibility and collected contact information. Then, a researcher followed up to schedule a phone interview.

Interviews were conducted in English using a semi-structured interview guide by members of the study team trained in qualitative research. Interviews covered topics related to preferences around abortion method selection (i.e., medication vs. procedural), the impact of cost considerations and insurance coverage on decision-making, previous abortion experiences, advice for others and sedation. Given the onset of pandemic-related changes in service delivery, we also included questions to explore if or how the pandemic affected their method selection, and to ask about their potential interest in receiving abortion care via telehealth. At the time of the study, the clinics where we recruited did not offer telehealth abortion care, but there were other virtual providers that patients could have accessed. Participants were asked if a telehealth medication abortion option was available to them, and if they would have considered it to provide their reasoning for their answer. Recruitment continued until thematic saturation was reached and the sample reflected a balance of patients choosing medication abortion and procedural abortion as well as patients with Medicaid and different types of private insurance. We employed purposive sampling near the end of recruitment to hear from a few more privately insured patients.

Interviews were conducted in a private setting to maintain participant confidentiality via phone call and lasted approximately between 10 and 25 min. Verbal consent was obtained from participants before audio recording. Participants received compensation of a $50 gift card. Interview recordings were transcribed by a third-party service and stored in a secure university Box folder, then verified by research staff who removed any personally identifying information.

Data were analysed through content analysis, employing both inductive and deductive approaches to identify

emergent themes or trends from interview transcripts. Four co-authors (L. A. H., T. T., M. Q. and M. B.) all trained in qualitative research methods, coded transcripts both deductively (e.g., using the interview guide for codebook development) and inductively, looking to the data for emergent themes and additional codes. Coders initially coded the same three transcripts and met to discuss discrepancies and modify the codebook. Researchers iteratively discussed and reviewed the three transcripts until they reached an agreement on applied codes. Coders then split the remaining transcripts after achieving concordance. Dedoose software was used for coding and data management.[19] After independent coding, the team drafted code summaries and met to establish consensus on the key themes. We assigned pseudonym initials to all participants to facilitate the use of quotes in reporting results.

Themes presented here focus on factors influencing individual method preference and selection; additional analysis explores the implementation and broader experience of patients following expanded insurance coverage. In reporting our findings, we followed Standards for Reporting Qualitative Research.[20]

RESULTS

Our sample consisted of 50 participants (mean age = 30.2 (6.5)); 25 chose medication abortion, and 25 chose procedural abortion (Table 2). Twenty-one reported having Medicaid insurance at the time of abortion, 23 had private insurance, four had both and two had no insurance. Though not explicitly captured, participants who paid out of pocket may have used local abortion funds. Ethnicity, age, or race did not appear associated with method choice (Table 2).

Patients selected their abortion method based on a variety of factors, including cost, GA, prior abortion experience, personal research (from sources such as friends, family, or the internet), GA and in-clinic counselling. Cost was not a factor that influenced method choice for the respondents who had Illinois Medicaid. However, among participants without insurance coverage or those with private insurance that did not cover abortion, cost was a determining factor.

Process of method selection

We found that people make decisions about their method at different points in the process of seeking abortion and that these decisions can be dynamic based on new information. Participants rarely cited one reason for choosing a method, but in some cases, one predominating factor could ultimately drive their choice. However, when cost was not reduced, we saw that it made the difference between method decisions for those with financial limitations. Participants considered personal research and patient education, cost and past abortion experience in their decision-making process (Figure 1).

TABLE 2 Sample characteristics in Illinois (2021).

Category	Total, *n* (%) (*n* = 50)	Medication abortion, *n* (%) (*n* = 25)	Procedural abortion, *n* (%) (*n* = 25)
Geography			
Chicago	24 (48)	11 (22)	13 (26)
Cook County	10 (20)	3 (6)	7 (14)
Outside Cook County	16 (32)	10 (20)	6 (12)
Insurance status			
Medicaid	20 (40)	9 (18)	11 (22)
Private insurance	23 (46)	14 (28)	9 (18)
No Illinois insurance	2 (4)	1 (2)	1 (2)
Race/ethnicity			
Black	25 (50)	9 (18)	16 (32)
White	16 (32)	8 (16)	8 (16)
Hispanic/Latinx	9 (18)	6 (12)	3 (6)
Biracial/multiracial/ other	2 (4)	1 (2)	1 (2)
Age			
18–25	16 (32)	10 (2)	6 (12)
26–35	22 (44)	8 (16)	14 (28)
36–45	12 (24)	4 (8)	8 (16)
Mean (SD)	30.24 (6.56)		

Patient research and education

Some participants reported that they made their choice before connecting with or attending the clinic and others made their decision while in clinic. Multiple participants discussed the role of personal research from sources such as friends, family, or the internet in choosing a method ahead of time. Participants who chose a procedural abortion referenced hearing stories of other people's negative experiences with medication abortion and their desire to avoid a similar experience. Some participants reported selecting or switching methods at the time of appointment. Furthermore, participants noted that in-clinic counselling clarified information about side effects or the necessity for repeat visits, which affected method selection. Of the participants who changed their method choice during in-clinic counselling, most of them switched from medication to procedural. A participant who switched to procedural abortion during in-clinic counselling explained: 'It would've been a lot more painful, a lot more steps, and I didn't know that [before I came to the clinic]' (C. B.).

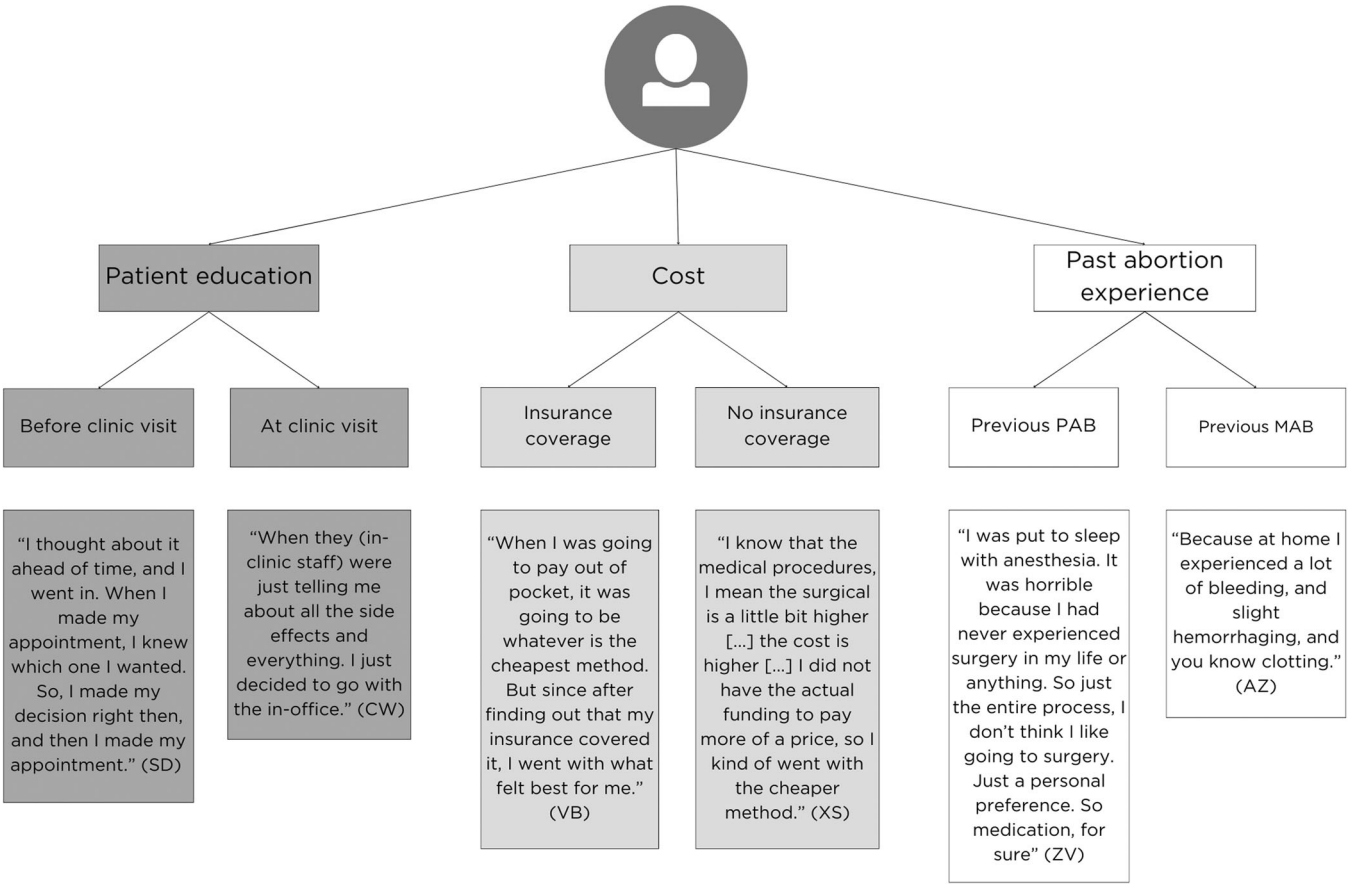

FIGURE 1 Key decision points and participant quotes in method choice education.

Cost

Participants talked about initially considering costs when deciding between procedural and medication abortion, even if they later found out that costs would be covered. Some participants noted a difference in price between abortion method type at certain clinics. Several participants mentioned that medication abortion was less expensive and described how this affected their decision. For example, when asked whether cost influenced her decision, a participant with no coverage for abortion described it as one of several factors: 'Cost was, because [the pill] is less, honestly, than the surgical procedure' (A. A.). As another participant shared, 'I know that the medical procedures, I mean the surgical is a little bit higher […] the cost is higher […] I did not have the actual funding to pay more of a price, so I kind of went with the cheaper method' (X. S.). This situation only arose among those with no abortion coverage; those with Medicaid coverage were all able to choose their preferred method. Among those with Medicaid, some highlighted that they would have had to choose the cheapest method if they did not have insurance coverage.

Participants who had more financial or logistical freedom or more expansive insurance coverage were able to minimize the effect of cost on their method choice. When cost was not an issue, some participants were able to prioritize factors such as comfort. However, when cost was weighed more heavily, participants' socioeconomic circumstances interfered with their ability to give equal consideration to all factors. Some participants, regardless of cost, assigned more weight to certain aspects of their experience, such as sedation.

Past abortion experience

For some participants who had previous abortions, or talked with others who did, past experiences informed their decision-making. For instance, some of these participants described how negative feelings about past procedural abortions informed their current choice of medication abortion. Additionally, another participant reflected on her friend's negative medication abortion experience as the reason for her current in-clinic procedure: 'I didn't want to deal with the process, like the cramping, the bleeding, the extra … I wasn't really interested in having a horrible period' (L. R.).

Several participants who disclosed a past abortion experience noted that new laws ensuring abortion coverage allowed them to access abortion care early enough in pregnancy to choose a method. Participants contrasted this to when insurance did not cover their abortion. One

participant who first had a procedural, then a medication abortion explained that lack of insurance coverage and concern over costs 'pushed it [the abortion] back enough to where I didn't have the option' (V. B). Similarly, another participant who had previously self-managed her abortion, then later had a covered abortion explained her reason for self-managing her abortion: 'I remember finally miscarrying and being so happy. And I did that because Medicaid didn't cover abortion, but they would take care of me if I had a miscarriage' (D. B.).

All participants who disclosed having a past abortion reflected on their previous lived experiences to inform their current method choice. Most participants preferred their most recent method choice.

Personal factors influencing medication abortion preference

Study participants listed a variety of reasons why they ultimately chose medication abortion (Figure 2), focusing on factors such as physical and emotional experience, along with care setting.

Physical and emotional experience

Negative perceptions of the physical experience of procedural abortion and fears surrounding healthcare were critical factors for people choosing medication abortion. Participants often listed fear of anaesthesia, needles and surgery as concerns. Gestational age also factored in; as one participant observed, 'on personal reasons, like anxieties of surgery, feeling like [medication abortion] would've been easier based off of how far I was. And just more the simplicity of just taking a pill rather than having to be asleep during a procedure' (A. A.) Some participants also had strong negative perceptions of procedural abortion itself, describing the process using language such as 'yanking' and apprehension around the use of suction and a 'claw'. Other participants also mentioned fear stemming from misconceptions about long-lasting procedural effects, such as

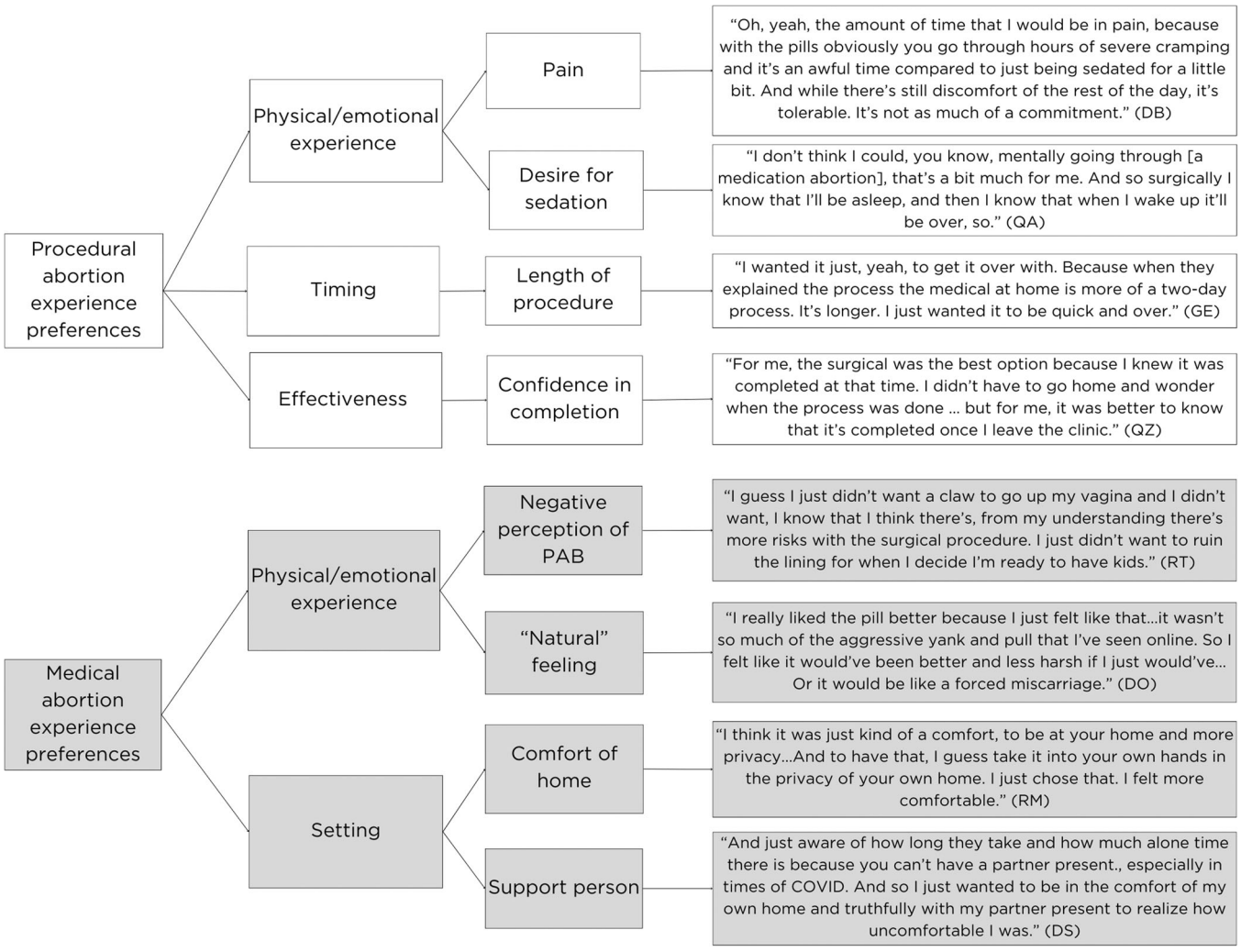

FIGURE 2 Abortion experience preferences.

implications for future fertility. Some participants also described feelings that medication abortion would feel more natural. G. F., who choose a medication abortion explained, 'I just felt that it was a more humane way to go for your body to just expel it than for them to go up there and start grabbing and sucking things out'.

Setting

Participants choosing medication abortion preferred the ability to undergo the process in the comfort and privacy of their home. One participant described the combination of preferences for the physical experience along with setting, 'It just seemed like the easiest rather than having to go under for surgery. The recovery time was less and it's just something I could do from the comfort of my home. So, I just preferred that, especially since it was so early' (O. P.). Participants also mentioned the ability to have a support person present during the process at home, which was limited by pandemic restrictions in clinics. Similar statements from other participants suggested that privacy, support, flexibility and comfort prompted many to choose medication abortion. A participant who chose medication abortion explained that medication abortion allowed her the flexibility to 'drive back to Tennessee (from Illinois), and then was able to do it with my sister' (C. W.).

Personal factors influencing procedural abortion preference

Participants who chose procedural abortion over medication abortion also cited a wide range of reasons (Figure 2). Preferences around physical experiences arose again, but also preferences around timing and perceived effectiveness.

Physical and emotional experience

Some participants cited avoiding the physical discomfort associated with medication abortion as a primary reason for choosing to undergo the procedure. Many participants voiced a desire to avoid the bleeding and pain associated with medication abortion. As one participant summarized, 'I've heard about the pill and I've heard about how uncomfortable it is. I've heard about how in excruciating pain you're in, and you're just bleeding all over your bathroom floor, and that's just kind of gruesome to me … get it out of me and do what you need to do. I don't want to be laying on my floor bleeding, crying, in pain and agony' (U. Y.) Participants also mentioned having the option for intraprocedural sedation, typically covered by Illinois Medicaid, as another motivating factor. Sedation was preferred for physical but also emotional reasons. One participant with Medicaid coverage concluded, 'I just wanted it quick and easy. I'm under anaesthesia. I don't see anything. I don't hear anything. That's really my reason' (S. D.). Participants mentioned that it would be emotionally taxing for them to be conscious during the experience.

Timing

Participants choosing procedural abortion preferred the efficiency and overall shorter process. Participants did not want the process to be drawn out over multiple days or visits. As one participant described, 'The medication, it kind of seemed like it would be something that I would be going through for days, and I really didn't want that. It was already such a stressful process in the first place, so I really didn't want to be, like I said, I think it was a 24-to-48-hour process with the medication and then just all the side effects … So, given that, I just preferred to just kind of get it over with' (A. E.).

Effectiveness

Other participants wanted to have confidence that the procedure was completed and effective, as medication abortion has a slightly lower efficacy rate than procedural. For example, one participant stated, 'The surgical was the best option because I knew it was completed at that time. I didn't have to go home and wonder when the process was done' (Q. Z.).

Participants divided on a telehealth option

When participants were asked their thoughts on telehealth abortion care, more than half were interested in the option while the rest said they would not consider a telehealth abortion (Table 3). Some participants cited convenience and privacy as motivating factors for wanting a telehealth option. However, others preferred in-person appointments due to misconceptions about the safety of a telehealth experience, desire to have a procedural abortion and desire to be face-to-face with a provider. As shown in Table 3, slightly more younger study participants were interested in telehealth.

DISCUSSION

Our findings suggest that when cost is removed as a barrier, as in the case of Illinois Medicaid coverage, patients can select their preferred abortion method, including sedation. Our study expands upon previous research that demonstrated people value the ability to choose their abortion method and have strong preferences that inform their method selection.[3–6] Our study adds to this body of work by describing how insurance coverage shaped people's ability

TABLE 3 Preferences for telehealth medication abortion option and participant characteristics in Illinois (2021).

Participant characteristics ($n = 49$[a])	Interest in telehealth, n (%)	No interest in telehealth, n (%)
Total	26 (53)	23 (47)
Insurance type		
Medicaid	12 (52)	11 (48)
Private	13 (52)	12 (48)
None	1 (100)	0 (0)
Geography		
Chicago	11 (55)	9 (45)
Cook County	5 (55)	4 (44)
Outside Cook County	10 (50)	10 (50)
Race/ethnicity		
Black	15 (62)	9 (37)
White	6 (42)	8 (57)
Hispanic	5 (55)	4 (44)
Biracial	0	2 (100)
Age		
18–25	12 (75)	4 (25)
26–35	9 (43)	12 (57)
36–45	5 (42)	7 (58)
Method choice		
Medical	15 (62)	10 (50)
Procedural	11 (55)	13 (52)

[a]One participant did not express a preference or nonpreference for telehealth abortion care.

to use the method they prefer. Previous research on Medicaid coverage has described positive effects on abortion access in Illinois,[18,21,22] but this study adds patient voices and explores the additional impact of the pandemic and the 2019 policy requiring private insurance coverage in plans governed by the state.

Participants who chose procedural abortion valued the increased certainty of completion, the option of sedation and the defined timeline of a clinic visit with fewer lingering physical side effects. Preferences for medication abortion were based on a desire for a noninvasive option, a more 'natural' experience and choice of location and support persons at the time of abortion. For some, a perception of procedural abortion as violent and a risk for long-term bodily harm was a deterrent, suggesting the internalization of antiabortion rhetoric and stigma and a need for more education on abortion methods. Providers should be aware of this perception when counselling. These findings also highlight the need for further educational resources and public education campaigns to demystify abortion care.

As with most qualitative research, our findings may not be generalizable to patient experiences across the country or in other settings. We only interviewed participants who were able to get an appointment early enough in their pregnancies that they had a choice between abortion methods. Gestational age and English language requirements excluded a subset of abortion seekers. The pandemic restrictions also prevented in-person recruitment; this may have affected the composition of our sample. Since we conducted interviews by phone, participants needed access to a phone and a safe environment to discuss abortion care candidly. Furthermore, some participants reflected on abortions obtained several months earlier, which may have made it more difficult to recall all details and influences.

Nonetheless, our study has several important implications. Telehealth medication abortion has been elevated in response to decreased abortion access in restrictive states, rural areas and under pandemic restrictions.[23–25] However, our research shows that when a patient's priorities can guide method selection (at or before 11 weeks gestation), patients choose the method aligned with their physical, emotional and practical preferences. These findings should caution providers and policymakers from thinking that medication abortion alone can mitigate restricted abortion access. Furthermore, in a landscape of increasingly limited choices following the *Dobbs* decision, it is even more critical to offer patients seeking abortion the autonomy and ability to access their desired method.[26] Recent research found those identifying as Black and having family incomes less than 100% of the federal poverty level were more likely to obtain procedural abortions.[27] The authors posit this association may stem from the brevity of procedural abortion, citing a qualitative study that found medication abortion less attractive for Black individuals due to complicated schedules and home responsibilities.[27] Our findings also caution against conflating method rates with patient preferences. Patients in our study constrained by cost described selecting an abortion method that was not their first choice, demonstrating how restrictive policies result in difficult trade-offs. Insurance coverage, like the kind offered in Illinois Medicaid, can ensure patient priorities are protected, especially for populations that face systemic barriers to care.

Illinois is one of the few states protective of abortion rights in the Midwest and patients from across the country are seeking care in the state in record numbers.[28] To honour patient preferences, providers attempting to meet growing demand may need to consider how care can be coordinated to ensure method options are available, especially given the latest threats to mifepristone access. Further research needs to be done to understand how restrictions on abortion will impact the accessibility of a patient's preferred abortion method, and how patients make decisions about their care in the face of difficult trade-offs.

Our study shows that participants value decisional autonomy to choose a method that is most comfortable and acceptable to them. The reasons cited were deeply personal,

complex and unique to each person. Providers can support patient autonomy by understanding the motivating factors patients consider when choosing an abortion method, potentially aiming to address the domains that arose among participants in this study, so that providers can deliver patient-centred care.

AUTHOR CONTRIBUTIONS

Study conception and design: Lee Hasselbacher and Debra Stulberg. *Data collection*: Amy Moore and Lee Hasselbacher. *Analysis and interpretation of results*: Madeline Quasebarth, Madeleine Boesche, Tecora Turner and Lee Hasselbacher. *Draft manuscript preparation*: Tecora Turner, Madeline Quasebarth and Lee Hasselbacher. All authors reviewed the results and approved the final version of the manuscript.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Data are available on request due to privacy/ethical restrictions.

ETHICS STATEMENT

This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the Institutional Review Board of the University of Chicago. Informed consent was obtained from all individual participants included in the study.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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