

ACHA Guidelines

Recommendations for Providing Reproductive Health Care in a Changing Landscape

The impact of recent legal decisions, including the 2022 Supreme Court decision in *Dobbs v. Jackson Women's Health Organization* that formally overturned *Roe v. Wade* and *Casey v. Planned Parenthood of Southeastern Pennsylvania* has led to significant changes in the U.S. health care system, including on college campuses. In response, the American College Health Association (ACHA) released a [statement](#) addressing this decision as a “dangerous restriction on human rights and patient-provider decision making.” The *Dobbs* decision has created confusion and many challenges for those working to support the health and well-being of students attending institutions of higher education.

In response to member requests and to assist members in addressing the complex impact the Supreme Court decision has on the full scope of reproductive health services, the ACHA Board of Directors established the Reproductive Rights Task Force (RRTF) in September 2022. The RRTF was charged with creating guidance to help institutions of higher education (IHEs) and college health professionals navigate the changing landscape and develop strategies to mitigate the impact of *Dobbs* on their ability to provide reproductive health services.

The impact of the *Dobbs* decision on individuals capable of becoming pregnant is multilayered. Access to reproductive health care, which includes education, counseling, testing for sexually transmitted infections (STIs) and HIV, contraception options, emergency contraception (EC), preconception counseling, pregnancy and postpartum care, and abortion, may significantly affect a person's decision to attend and/or remain in college until graduation (Institute for Women's Policy Research, 2020). Though access to these services may be restricted in some jurisdictions, data show that restrictions do not deter people from seeking abortions (Bearak et al., 2022; Guttmacher Institute, 2022).

More than [75 national health care organizations](#) including The American College of Obstetricians and Gynecologists, American Medical Association, American Academy of Family Physicians, and Nurse Practitioners in Women's Health, agree that abortion is an essential component of comprehensive health care and have called for broad and equitable access to abortion services. Lack

of access to the full spectrum of reproductive health services will disproportionately affect people of color, people with disabilities, those with limited income or who are living in rural areas, adolescents, trans persons who can become pregnant, and other communities that experience marginalization and health inequity (American College of Obstetricians and Gynecologists [ACOG], 2020; Serchen et al., 2023; Wood & Aker; World Health Organization [WHO], 2022).

As such, this guidance is written for those working on students' access to reproductive health care, including abortion-related information and services. This could include college health practitioners such as medical providers, mental health counselors, and health promotion professionals; administrators, including those in leadership positions overseeing college health centers; student groups focused on reproductive rights; academic leaders who may be looking to attract faculty or students; and human resource professionals who may be recruiting candidates for positions.

Using a reproductive well-being framework in which “...all people have equitable access to the information, services, systems and support they need to have control over their bodies, and to make their own decisions related to sexuality and reproduction throughout their lives” (Axelson et al., 2022, p. S505), the RRTF hopes this guidance helps members as they navigate an uncertain future and work towards providing the best health care for their campus communities. Definitions and terminology used in the document can be found in Appendix A.

Please note that this guidance is not considered legal advice. Rather, it outlines important considerations for navigating the current landscape around reproductive health and abortion access. ACHA advocates for using best practices to center patient care and reduce health inequities. However, ACHA acknowledges that for a variety of reasons not all individuals or institutions can or will elect to follow these recommendations.

Interstate and Intrastate Legal Issues

Since the *Dobbs* decision, there have been a number of state-specific legislative changes and legal cases related to reproductive health access. Just a few examples include

Wyoming's ban on the use of FDA-approved medication abortion pills, as well as bills in a number of states that seek to criminalize providers who perform abortions. Due to the ever-changing landscape around these issues, this guidance does not speak to the status of specific cases or laws; rather, it is intended to help those working on abortion and other reproductive health access or care to better understand the context of inter- and intrastate legal issues, laws on providing care versus providing information, and questions to ask legal counsel. Given that the legislation in each state is evolving, resources such as those in Appendices B and C can help readers consider questions for legal counsel and track policy changes in their respective states.

The overturning of *Roe v. Wade* allowed states to determine under what, if any, circumstances abortion is legal within their borders. Now that abortion is not protected at the federal level, states have taken various measures to either restrict or protect access to abortion and other reproductive health services. Given the range of permissions related to reproductive health from one state to the next, there are more patients crossing state borders to receive care. This has resulted in issues related to the legality of seeking reproductive health services from another state. From a constitutional standpoint, whether states are able to enforce these policies will likely be litigated in the coming years. Below are some examples of issues that have emerged since the *Dobbs* decision, of which health professionals will need to be aware. ACHA recommends consulting your institution's legal counsel on the issues that may apply in your state (see Appendix B).

Telehealth for Reproductive Health Care

Current telehealth rules require providers to be licensed in the state where patients are currently located in order to provide care. Additionally, some states with restrictive laws are now attempting to impose criminal or civil liability on providers for providing reproductive health care to their own state residents even if those patients are physically located in a less restrictive jurisdiction where the care is received. To counteract this, some states are implementing shield laws to protect their residents, including providers, from prosecution in other states. For college health professionals, understanding these regulations is important because the location and state residency of the student may be relevant to whether they can provide reproductive health-related information or care. Reach out to legal counsel for guidance.

Mailing of Medication Related to Reproductive Health Care

The Comstock Act, written in 1873, prohibited the "importation and mailing of information on how or by what means conception may be prevented or abortion produced." Due to a number of court challenges, the law was interpreted to apply only to information or medication that was illegal. With the *Dobbs* decision, there are efforts to fully renew long-abandoned enforcement of the Comstock Act to make mailing medication related to reproductive health care illegal. In the college health setting, renewed attempts to enforce the law could impact providers' ability to provide or share resources with students about how to access medication related to reproductive health, particularly if a student is located in a state where it is illegal.

Location of Abortion Services

Developing legislation in different jurisdictions may define the "location" of reproductive health services differently. Considerations include the physical location of the patient, where the medication is dispensed, where the prescription is filled, where medication is ingested, and where the abortion is completed. Because of the evolving nature of the legal landscape, potential liability is unclear when a patient is traveling. To address this concern, some student health services (SHS) have implemented consent forms that require students to stay in-state until a medication abortion is considered complete.

Information and Assistance

Since the *Dobbs* decision, some states have passed or are seeking to pass laws restricting what information health care providers and others can give to those seeking information on comprehensive reproductive health services. These laws complicate and, at times, restrict not only health education at institutions of higher education, but also how funding and transportation for health care is managed. For example, [Texas Senate Bill 8](#) (SB 8) restricts health care providers and others from "aiding and abetting" an abortion "regardless of whether the person knew or should have known that the [prohibited] abortion would be performed or induced." While it is not clear in SB 8 what constitutes "aiding and abetting," the law does specifically prohibit "paying for or reimbursing the costs of an abortion through insurance or otherwise." SB 8 and other laws like it have implications for how institutions provide health care, information, and logistical support to their students. SB 8 also has implications for students who seek abortion care across state lines, since the law allows suing those who seek care or "aid and abet" seeking care outside of Texas.

As laws like SB 8 are passed, health care providers and those who support the well-being of students should consult with their legal counsel on the types of resources that they share with their students. Some institutions are developing scripts that have been vetted by their legal counsel to provide resources to students. Institutions should consult with their legal counsel about what information and logistical support can be provided to students who are residents of states with more restrictive abortion laws, like Texas. While not necessarily resolving legal issues regarding the provision of information or assistance about reproductive health access, institutions should strongly consider developing internal policies that reflect support for the academic and educational freedom to discuss these issues, consistent with the First Amendment.

Strategies to Mitigate Impacts on Reproductive Health Services

In order to ensure holistic support for students and campus stakeholders, a multidisciplinary team of experts must be mobilized to ensure campus-wide education, optimization of reproductive health resources, and clear legal guidance.

Below are key points for IHEs to consider regarding reproductive health care education and services:

- Provide comprehensive patient-centered reproductive health counseling, especially about contraception.
- Educate students on their rights to access confidential and comprehensive reproductive health services and associated insurance coverage.
- Develop strategies for providing early detection and confirmation of pregnancy, including patient-initiated options and free or low-cost tests in pharmacies, campus health promotion offices, campus markets, or vending machines.
- Optimize access to contraception and emergency contraception (EC). Consider ways to increase access to “quick start” methods for initiating hormonal contraception, extended prescriptions, EC prescriptions, and telehealth services and consider utilizing pharmacy prescribers (if available) and increasing numbers of staff trained to provide long-acting reversible contraceptives (LARC).
- Create a multidisciplinary task force around reproductive health and abortion to provide support to students, staff, faculty, and health care providers to navigate the challenges posed by a changing legal environment.

- Identify legal counsel for consultation around abortion care and counseling.
- In jurisdictions where abortion is not restricted, provide medication abortion directly to students, through on-campus providers or student health pharmacies or if necessary, through prescriptions at off campus certified pharmacies.
- Consider planning for an increased number of pregnant and parenting students who may have additional needs around health care and academic and living accommodations.
- Advocate for policies that support comprehensive reproductive health access at institutional, local, state, and national levels.

Education and Reproductive Health Counseling

Given the changing legal landscape, there may be limitations to the types of education and reproductive health counseling institutions can provide their students, regardless of the institution’s jurisdiction.

SHS have an ethical responsibility and the expertise to communicate and engage with all stakeholders, including students, faculty, staff, and parents, to inform them of available reproductive health services and how to access care with minimal delays or barriers. This collaboration will limit misinformation and disinformation, which may impact access to and use of reproductive health care. SHS, counseling center, and health promotion/student wellness staff are uniquely positioned to engage with student government and other organizations to understand students’ concerns and gain the trust of these populations. This engagement will help deliver accurate, reliable, and inclusive reproductive health information, thus reducing stigma.

During these trainings, presentations, and discussions, it is important to create a safe space for all those involved, as there are a wide range of emotions, differing viewpoints, and cultural considerations surrounding reproductive health care which impact these conversations. This can and must be done in a way that is respectful and factual regardless of the jurisdiction.

It may be helpful to bring in an institution’s employee assistance program (EAP), human resources office, or ombud’s office to facilitate these discussions. Non-clinical staff and faculty also experience uncertainty and confusion in how to discuss reproductive health and abortion with students. Specifically, there are concerns about how educational content and individual discussions may be perceived as aiding and abetting. As stated above,

institutions should consult with general counsel and outline policies for faculty and staff for clarity.

Reproductive health counseling between a provider and patient should be patient-centered to allow agency in decision making. A focus on prevention and optimizing processes to eliminate barriers and increase broad access to contraception is a necessary mitigation strategy to unwanted pregnancies. Early detection and treatment of pregnancy complications can prevent serious medical complications. Education around reproductive health may include:

- Clear and comprehensive education (see Appendix D) provided by SHS staff and reinforced by nursing staff, the health promotion team, and pharmacists.
- Information on which medications and reproductive health services are covered by the student health insurance plan or the student health fee or are available at low or no cost.
- Information about pharmacy resources if there is no on-campus pharmacy.
- Information on the safety and efficacy of evidence-based abortion practices.¹
- How to recognize early pregnancy complications such as miscarriage or ectopic pregnancy and information on when and how to seek care.

Materials should be written with health literacy in mind so that information is understandable to those without health experience or background. Develop strategies for communicating with patients for whom English may not be their first language.

Pregnancy Testing and Resources

Any delay in early recognition of a pregnancy may significantly impact a student's ability to access desired reproductive health services, making early detection and confirmation of pregnancy critical. Pregnancy testing should be made easily accessible to students. The following options should be considered:

- Nurse protocol for testing without an appointment
- Low- or no-cost home tests available through multiple venues on campus such as vending machines, pharmacies, departments/offices on campus, etc.

Support, including extensive or all options counseling, should be offered for any positive test results. Students should be provided with resources including information on continuing a pregnancy with prenatal care referral, information about adoption agencies within the state and finally, as permissible by law, information about medication and procedural/surgical abortion services in and out of state.

Sexually Transmitted Infections (STI) and HIV Screening

In addition to early detection of pregnancy, it is also important for SHS to promote STI and HIV screening. The [Centers for Disease Control and Prevention \(CDC\)](#) recommends annual STI screening for people under the age of 25. Unfortunately, there are anecdotal reports of loss of state funding for such screening in states with restrictions on reproductive health. SHS may need to explore alternative sources of funding, including collaborating with community agencies, such as local health departments, Planned Parenthood, and other similar organizations, to provide STI and HIV screening and treatment services. It is recommended that SHS offer testing options that reduce barriers to access, such as patient-initiated and self-collection models, express testing, nurse protocols, and outreach events (American College Health Association, 2020; American College Health Foundation, 2020).

Contraception

In the post-*Dobbs* era, prevention of unintended pregnancies should be a primary focus for SHSs. SHSs should eliminate barriers and increase access to contraception including long-acting reversible contraception (LARC) methods such as intrauterine devices (IUD), contraceptive implants, and emergency contraception (EC) as a prevention strategy to limit unintentional pregnancies. Health promotion specialists can help educate students on the types of contraceptives available, collaborate with communication/marketing colleagues to be sure the campus community is informed about access, and engage in campaigns to help reduce stigma related to reproductive health care including contraception.

SHSs should employ contraceptive practices to ensure quick, easy access to any contraceptive method including quick start method for hormonal contraceptive

¹ Safe abortions (performed in a safe, clean environment with experienced providers and no legal restrictions) have significantly lower complication rates compared to unsafe abortions (performed with hazardous materials and techniques, by a person without the needed skills, or in an environment where minimal medical standards are not met). Mortality rates for safe abortions are <0.2%; mortality rates for unsafe abortions range 4.7-13.2%. (Bridwell et al., 2022).

medications and long-term prescriptions when appropriate. In addition, the SHS should ensure that low-cost and no-cost options are highlighted and made available. Telehealth visits, which can minimize wait-times and maximize appointment availability, should be prioritized, and the SHS should advocate for comprehensive coverage for reproductive health services/contraception under the student health insurance plan or provision of services at no or low cost.

Long-Acting Reversible Contraception (LARC)

LARC options have been shown to have superior continuation rates and the highest efficacy of all contraceptive options (CDC, 2016 SPR). However, according to the ACHA 2020 Sexual Health Survey, only 35% colleges offer on-site IUD insertion and 43% offer contraceptive implant insertion. Comprehensive contraceptive counseling and options available at SHSs should include LARC methods. After contraceptive counseling, if LARC is the chosen contraceptive method, same-day insertion should be prioritized (ACOG, 2023; Curtis et al., 2016). SHSs should consider educating and training multiple staff to provide contraceptive implants and IUDs at the SHS, if possible, to reduce barriers for accessing LARC methods (Lesnewski, 2021; Usinger, 2016). If SHSs are unable to provide LARC methods, they should have established referrals available for the campus community.

Pharmacy Prescribing Contraceptive Options

In [certain states](#), pharmacy access laws allow for pharmacists to prescribe oral contraceptive medication under a protocol. This option allows for quicker and more convenient access to contraception as a clinician appointment is not required. Institutions of higher education should check their respective state laws to see if this is a viable referral option for contraceptive medications. Pharmacies should carry comprehensive medication options that are in accordance with their respective state laws.

Emergency Contraception (EC)

Emergency contraception is a safe way to prevent pregnancy after unprotected intercourse or failed contraception. EC is most effective when administered as soon as possible after intercourse (Curtis et al., 2016).

There are two different oral EC medications, levonorgestrel and ulipristal. Levonorgestrel is FDA-approved for over-the-counter use without a prescription, while ulipristal requires a prescription. SHSs may consider offering the campus community low-cost EC medications at convenient locations across campus, including markets

and health service pharmacies, as allowed. In addition, many institutions are now offering EC in vending machines to allow convenient 24-hour access.

Clinicians should discuss and provide EC routinely at preventive visits. Providers can discuss which oral EC method is most appropriate and provide a prescription, especially when ulipristal is the preferred method for that patient, such as those with a higher BMI or who are seeking EC between 72-100 hours after unprotected sexual intercourse.

IUDs are the most effective form of EC (Curtis et al., 2016). SHSs can optimize availability of this form of EC by having staff available to perform an emergency IUD insertion if needed after intercourse without use of effective contraception.

The Impact of *Dobbs* on Campus Constituents

In a rapidly shifting legal landscape where decisions about abortion services are being litigated on a state-by-state basis, civil and criminal liability for institutions, patients, and clinical providers may be difficult to determine. As a result, based on the jurisdiction of services, there will be different effects on students, those who provide health and counseling services, and other members of the campus community.

Impact on Students

If students lack access to reproductive care, including abortion, they may need to travel to access services. Lack of funding, insurance, transportation, social support, or the need to miss class may be barriers to accessing abortion care. Some students may also become parents earlier than planned. Either of these scenarios may complicate their academic progression, retention, and their path towards graduation. Students may withdraw from school or take prolonged breaks which may have profound long-term, downstream effects (Jones, 2021) Student parents may have a delayed start to their career, fewer internships compared to their peers, and fewer workplace connections to subsequently begin their careers. These effects are especially profound for low-income students. Full access to reproductive health care options and students' educational success are thus inextricably linked.

Lack of abortion services will lead to worsening health and social inequities to marginalized communities (Wood & Aker, 2022). Certain communities already face health care obstacles and barriers and are affected disproportionately: people of color, those with disabilities, those living in rural areas, young people, undocumented people, and those who

are low-income. The 1976 Hyde Amendment banned federal funding for abortion and resulted in low-income people with public health insurance being unable to use public health insurance to pay for abortions, which disproportionately affects marginalized communities (ACOG, 2020).

Impact on Providers

The *Dobbs* ruling triggered abortion bans in almost half the U.S. states, leaving medical providers confused and fearful of legal jeopardy on how to provide medical care and consultation to patients regarding abortion, reproductive health care, and miscarriage management, particularly in states where abortion is restricted, banned, or in litigation. Clinicians in states where abortion remains legal are seeing their clinics impacted by greater demand for appointments, longer waits for appointments, and increased stress for both providers and staff to accommodate the additional patient volume, knowing their clinic might be the last option for many patients to obtain a safe and legal abortion. This stress is not limited to medical providers but will likely impact all disciplines within ACHA, including health promotion specialists, mental health professionals, pharmacists, and others.

Medical providers often [report](#) lack of time and feelings of burn-out. Constant vigilance towards the shifting legal landscape and concerns for their personal safety, particularly if they are abortion providers or reproductive health counselors, can add an overwhelming amount of stress. There have been [reports](#) of clinicians leaving states where abortion is banned, and this can lead to areas where there are few reproductive health care specialists (Chen et al., 2022)

Health care professionals are already at higher risk of suicide, depression, anxiety, and insomnia (Pappa et al., 2020). In the past five years, they have also been exposed to increased incidences of verbal harassment, discrimination, and physical violence (Pappa et al., 2020). Abortion providers face additional risks. The National Abortion Federation (2021) reported alarming increases in intimidation tactics, stalking, invasions, assault and battery, and other activities designed to disrupt services, harass providers, and block patients' access to care.

The patient-provider relationship is greatly impacted in many ways in states with abortion care bans. Striving to preserve this connection and ensuring that students know that they are supported at their SHS is critical and can be challenging depending on the state in which they reside. Legislation that interferes with evidence-based, clinically indicated services that align with a provider's professional code of ethics erodes the provider's ability to provide medical care in the best interest of the patient (Serchen et

al., 2023). This is a clear focus in which all providers, regardless of their personal views or institutional views on reproductive rights, can be united. Staying informed about state and federal legislation and advocating for policies that preserve the patient-provider relationship are valuable strategies (Wolfe et al., 2022). Appendix C provides links for advocacy resources.

Impact on Other Members of Campus

Abortion care and family planning counseling and services are required components in accredited residency training in obstetrics and gynecology. It is not known how medical students and residents in restricted states will obtain this medical training or how medical training programs will be able to meet their accreditation requirements. After the *Dobbs* ruling, only 29% of medical students will train in protected states (Traub et al., 2022). Fewer clinicians will meet accreditation requirements, decreasing the pipeline of an already contracted medical specialty in the years ahead.

Medical education should be broad and students offered a wide spectrum of clinical presentations and management for learning. The *Dobbs* decision limits medical education of evidence-based abortion care for family planning in settings of unintentional pregnancy, but also in pregnancy emergencies like sepsis, ectopic pregnancy, eclampsia, and placental abruption as well as pregnancies with serious genetic conditions, some not compatible with extrauterine life. Eliminating abortion care also reduces training in honoring patient privacy and navigation in a challenging ethical and very personal experience. (Traub et al., 2022; Samuels-Kalow et al., 2022).

Medical faculty are not the only educators impacted by the current legal challenges. Faculty members and staff at some state institutions are being advised to proceed with caution in any discussion regarding reproductive health, particularly abortion, and this has created concerns over loss of academic freedom, fear of criminalization, or loss of employment (Gluckman, 2022).

Impact on Student Health Centers

Based on the jurisdiction of the institution, SHSs face very different challenges. ACHA strives to provide guidance to support the common mission of SHSs and acknowledges the differences in the local culture and how each individual SHS approaches the provision of reproductive health care services. For example, all SHSs on California State University or University of California campuses are now required to offer medication abortions. On the opposite spectrum are SHSs in jurisdictions with total or

near-total bans on abortion. Both have an effect on reproductive health services that will require additional training for staff.

Strategies, Responses, and Programs for SHSs to Mitigate Impact

The strategies, responses, and programs listed below are regarded as best practices and can be considered for mitigating the impact of reduced access to reproductive health care. These strategies can be modified depending on available staff, finances, facilities, and community resources, with full recognition that not all campuses can or will elect to implement these strategies.

All SHSs:

- Institutions should consider developing a task force to determine a campus response and clarify expectations regarding policies, procedures, and communication of abortion education and clinical care. Identify stakeholders and departments for the task force. These may include:
 - Legal counsel
 - Clinical providers and academic medical center if appropriate
 - Pharmacy
 - Residence life and housing
 - Athletics
 - Campus police
 - Dean of students office
 - Government relations
 - Counseling center
 - Office of health promotion/student wellness
 - LGBTQ+ center
 - Women's center
 - Gender equity/Title IX office
 - Violence prevention office
- Develop uniform talking points, including resources, for all orientations and presentations where information may need to be shared with students, staff, parents, or faculty.
- Develop staff training and lines of communication to ensure uniform dissemination of knowledge and legislative updates; information should be added to onboarding materials.
- Provide a safe space for staff by ensuring value conflicts are managed proactively and with respect within the SHS.

- Know all referral resources for reproductive care including medical and procedural/surgical abortion options.
- Optimize access (time to insertion as well as supply) to all contraceptive options, including EC and especially LARC.
- Reassess student health insurance plan coverage for reproductive services and establish financial support for those in need and with means to ensure equitable access.
- Do a security and safety assessment (and associated staff training) and provide executive leadership with a report and costs of improvements (especially for those SHS providing medical abortion care).

SHS in jurisdictions where abortion care is not restricted:

- Consider developing a program for providing medication abortion directly to students. Although some SHS may have abortion providers in their local communities, access may be limited for students due to issues with privacy, travel, time, appointment availability, cost, and other factors. SHS may be able to reduce barriers to accessing medication abortion by offering these services on campus. This access is vital to ensuring equitable reproductive health care is available to all students.
- If there is not a campus-based abortion program or a procedural/surgical abortion is required or preferred: clarify referrals and resources and develop educational materials accordingly.
- Provide information on what reproductive and abortion services are covered under the student health insurance plan or other insurance options (state sponsored emergency pregnancy coverage or parent/partner's plan). Include information about factors to protect privacy of health information.
- Where insurance is unavailable, develop resources about local care providers and cost.
- Ensure that students who need to travel will have access to any necessary academic accommodations.
- Create a fund to help students with transportation, lodging, companion costs, etc.
- Provide post-abortion care as necessary, including counseling, contraceptives, and follow-up care.
- Collect retrospective data in anticipation of the demand and estimated increased impact on reproductive health services, specifically medical terminations.

SHS in jurisdictions where abortion is restricted:

- For most academic institutions, identify who is able to provide legal counsel to answer questions about abortion counseling and care. Refer to Appendix B: Questions to Ask Legal Counsel.
- After clarification of legal boundaries, consider programs to reduce confusion and support students and staff around abortion care.
 - Provide students with information on abortion services in other cities/states.
 - Ensure that student health insurance plan coverage includes travel and accommodation coverage if students need to travel out of state for their abortion, preferably with companion coverage. If not covered, create a fund to help students with transportation, food, lodging, companion costs, etc.
 - Ensure that students who need to travel will have access to any necessary academic accommodations.
 - Implement policies regarding post-abortion care that enable students to access care without the need to share unnecessary health information.
- Assess the need and the ability for expanded pediatric/obstetric care within SHS or establish local referral pathways.
- Ensure low-cost, low-barrier access to pregnancy tests on campus or in the SHS to ensure early detection of pregnancy (standing orders and nurse driven protocols).

Institutional Interventions and Support Before, During, and After Pregnancy

As college health professionals engage with campus partners and students, especially in states that restrict abortion, IHEs must identify, address, and provide solutions for the collateral impact of an increase in pregnant students and new parents as part of the student body. The following information is to address interventions and support before, during, and after pregnancy, whether intended or unintended.

If a student lacks access to reproductive care, including abortion care, they may become a parent earlier than planned. This will complicate their collegiate career. Many campuses are not prepared to support student parents, and while lactation rooms may be available on campus, other services, like childcare, may not be available. Without adequate childcare, a parenting student may be forced to miss class and may have to give up their

internship, graduate, and/or teaching assistantship positions. Students may drop out of school if unable to balance parenting and their education. Having children will add additional costs, adding to financial burdens and student poverty. These students may also become lonelier and more isolated, as their peer group may disappear once they become parents.

Preconception Counseling

A greater importance needs to be placed on preconception counseling, especially in a restrictive state. Any SHS visit is an opportunity to ensure that each student has an adequate reproductive plan in place and to offer resources when needed. Annual wellness visits will be an opportunity to ensure students who can become pregnant have adequate folate intake, their immunizations are up to date, they are screened for drug abuse and alcohol misuse, they have a medication risk review, and they live a healthy lifestyle. If these services are not available on campus, community partnerships and referral processes need to be established.

Pregnancy Care

In the event a student is identified as pregnant and requests continued prenatal care, the SHS providers and staff must be well-versed in providing information about community prenatal care providers and available services that are compatible with the student's insurance plan. Anticipatory guidance should be given at that visit about folic acid supplementation and include education on signs of early pregnancy complications. In addition, students will need to be connected with disability/accessibility services to provide accommodations during pregnancy.

They may also need to connect with case managers or social workers to identify resources, including financial aid. Students may need assistance with engaging their academic advisors or faculty to preserve their academic progression. Faculty and staff need to be reminded of their legal obligations, under both federal and state law, to pregnant and parenting students. In the event the student needs additional support or advocacy, a referral to the Title IX office is warranted.

Pregnancy Loss

In the unfortunate event of a pregnancy loss through miscarriage or stillbirth, students and partners may need emotional and spiritual support and clinical care. Unfortunately, in some states, legal guidance may be needed. Providers need to be well-versed in providing appropriate care and referrals for spontaneous pregnancy loss. Clear protocols among colleagues need to be established to manage miscarriages in patients, with a

protocol in place for when to refer and to whom. These protocols may be shaped by the regulations within your jurisdiction.

Postpartum and Parenting Support

The postpartum period and parenting in general have many challenges for students. It is imperative that university administration proactively consider the collateral impacts of having a greater number of student parents. The following is a list for their consideration, albeit not exhaustive.

- Childcare access and affordability (multiple options including drop-in)
- Pediatric healthcare and pharmacy options
- Policies and resources related to supporting breastfeeding/pumping practices, including additional spaces on campus
- Dependent insurance impact and information (maintenance of benefits)
- Family friendly housing, as well as policies and considerations for pregnant and parenting students who live on campus
- Policies related to students bringing children to classes, campus events, and other accommodations
- Postpartum depression impact and mental health support for students and their student partners
- Postpartum contraceptive planning and access to LARC
- Creation of a new parent website, support group, and resources
- Case management for pregnant students to assist with enrolling in Medicaid or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); changing housing; requesting work accommodations; accessing food pantry; and access to infant supplies and car seats
- Financial aid implications for pregnant students and parents

Conclusion

These guidelines offer recommendations on ways SHSs can support access to the full range of reproductive health information and services and reduce the impact of reproductive health care restrictions on various stakeholders. With proposed legislation in a number of states poised to present even more challenges to reproductive health services, the importance of IHEs developing a better understanding of the context of legal issues in their state is necessary.

Overall, continued efforts are needed to address the impact of restrictions related to reproductive health care on SHSs and their stakeholders and to promote access to comprehensive reproductive health care for all students.

To reinforce the organization's support for comprehensive sexual and reproductive health care services, ACHA released a statement on March 10th, 2023. In this [statement](#) they write, "The American College Health Association (ACHA) supports students' unfettered access to comprehensive sexual and reproductive health services – including education, counseling, testing for sexually transmitted infections and HIV, access to contraceptive options, emergency contraception, preconception counseling, pregnancy and postpartum care, and abortion. These services reflect a reproductive healthcare framework based on an individual's right to have children, not to have children, and to parent children in safe and sustainable communities." It is the hope of the Reproductive Rights Task Force that the work of this document, along with the terminology and definitions listed below, provides information, considerations and resources for colleges and universities to utilize when they are providing reproductive health care to students.

The Reproductive Rights Task Force

These guidelines were developed by the ACHA Reproductive Rights Task Force. Members of the task force include Meghan Boone, Joanne Brown (task force co-chair), Padma Entsuah, Susan Ernst, Raphael Florestal-Kevelier, Eleanore Kim, Diane Lamotte, Elizabeth Neri, Marguerite O'Brien, Sharon Rabinovitz, Brandy Reeves-Doyle, Marian Trattner (task force co-chair), and Kim Webb. RRTF members represent every professional section of ACHA, come from states with and without restrictions on reproductive health services, and public and private institutions. Feedback was solicited from several sections and networks within ACHA to help understand the impact on various disciplines while developing these guidelines.

Appendix A: Terminology and Definitions

Abortion: the termination of a pregnancy after, accompanied by, resulting in, or closely followed by the death of the [embryo](#) or [fetus](#) such as: induced expulsion of a human fetus; a medical procedure for ending a pregnancy; spontaneous expulsion of a human fetus during the first 12 weeks of [gestation](#) or miscarriage.

Source: Merriam-Webster.com Dictionary, Merriam-Webster, <https://www.merriam-webster.com/dictionary/abortion>. Accessed 2 Nov. 2022.

Emergency contraception: Emergency contraception (EC) within the designated period of time based on the method decreases the chance of pregnancy after unprotected sexual intercourse. EC pills prevent or delay ovulation. EC via an IUD interrupts fertilization from occurring.

Sources: Science Update: Hormonal IUD as effective as a copper IUD at emergency contraception and with less discomfort, NICHD-funded study suggests, <https://www.nichd.nih.gov/newsroom/news/020421-levonorgestrel>; CDC Reproductive Health: Emergency Contraception, <https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/emergency.html>

Extended prescription: At initial and return visits, provision or prescription of up to a 1-year supply of birth control pills. This has been found to reduce unwanted discontinuation of the method and subsequent risk of pregnancy.

Source: CDC 2016 U.S. Selected Practice Recommendations for Contraceptive Use

Health equity: Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Source: Robert Wood Johnson Foundation, <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

Health promotion: The process of enabling people, individually and collectively, to increase control over the determinants of health and thereby improve their health.

Source: Health Promotion Glossary of Terms 2021, <https://www.who.int/publications/i/item/9789240038349>

Long-acting reversible contraception (LARC): Contraceptive methods that require administration less than once per cycle or month. Included in the category of LARC are: copper intrauterine devices, progestogen-only intrauterine systems, progestogen-only injectable contraceptives, progestogen-only subdermal implants. LARC methods are the most effective form of reversible birth control.

Miscarriage: Spontaneous abortion or miscarriage is defined as the loss of pregnancy less than 20 weeks gestation.

Source: Dugas C, Slane VH. Miscarriage. [Updated 2022 Jun 27]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK532992/>

Provider: health care practitioners who provide care. These include nurses, nurse practitioners, midwives, physicians, physician assistants, mental health professionals, health promotion specialists, pharmacists, and counselors.

Quick start: starting a contraceptive method at any time (i.e., at the time of appointment) if a health care provider can be reasonably certain a person capable of becoming pregnant is not pregnant (<7 days after start of normal menses, has not had sexual intercourse since the start of last menses, has been correctly and consistently using a reliable method of contraception, ≤7 days after spontaneous or induced abortion, is within 4 weeks postpartum, is fully or nearly fully breastfeeding).

Reproductive health: “Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so.”

Source: World Health Organization, <https://www.who.int/westernpacific/health-topics/reproductive-health>

Reproductive well-being framework: “...all people have equitable access to the information, services, systems and support they need to have control over their bodies, and to make their own decisions related to sexuality and reproduction throughout their lives.” All people are respected, autonomous, in control and surrounded by communities and systems of support within this framework.

Source: Axelson SM, Sealy GA, McDonald-Mosley RE. Reproductive well-being: a framework for expanding contraceptive access. Am J Public Health. 2022;112(S5):S504–S507. DOI: <https://doi.org/10.2105/AJPH.2022.306898>

Stillbirth: spontaneous death or loss of a fetus at or after 20 weeks of pregnancy.

Source: <https://www.cdc.gov/ncbddd/stillbirth/facts.html>

Appendix B: Questions for Legal Counsel

As campuses navigate the changing landscape around abortion access, they will likely need to consult with their institution's legal counsel. Below are some questions to consider asking:

- What are the current laws and policies related to reproductive health care access in our state and what effect does any ongoing or pending litigation currently have on these laws or policies?
- What states or countries do our student populations come from, and how might the laws of these home jurisdictions apply to actions taken within our state?
- What are the current laws and policies related to providing telehealth?
- What information and resources can we share about reproductive health care consistent with the laws of our state and the states in which our students reside?
- What reproductive health care legislation is being considered in our state, and how would it change the provision of care or the sharing of information in our state?
- If there are criminal or civil prohibitions on the provision of reproductive health care in our state, what exceptions or defenses exist to liability and how have they been defined or interpreted by state actors or by state courts?
- What federal laws apply to the actions of providers in our state, and where are the potential points of tension between state and federal law? If such tensions exist, how have agencies or courts in our state provided guidance, if at all?
- What stance has the institution taken related to different types of abortion (medical, surgical)?
- Does Food and Drug Administration (FDA) approval of medication abortion and other medications related to reproductive health care change anything related to abortion access in our state?
- How do choice of law issues affect legality of care?
- What are health professionals required to document related to reproductive health care and what should they be cautious about documenting?

Appendix C: Additional Resources

Resources for Policy Tracking

With new cases being filed and ruled on a daily or weekly basis, it is difficult to keep track of the current status of different laws and policies in a given state. To help with this effort, a list of resources that track these changes is listed below:

- State Court Abortion Litigation Tracker: <https://www.brennancenter.org/our-work/research-reports/state-court-abortion-litigation-tracker>
 - Host organization: Brennan Center for Justice and Center for Reproductive Rights
 - Purpose: To aggregate pending and completed state court litigation against bans that were, or would have been, unconstitutional under *Roe*.
- Abortion Laws by State: <https://reproductiverights.org/maps/abortion-laws-by-state/>
 - Host organization: Center for Reproductive Rights
 - Purpose: Click through map that is updated in real time and tracks by state current laws, constitutions, and court decisions on abortion. Use this tool to understand abortion bans, types of abortion restrictions, and trigger bans.
- Abortion Finder State-by-State Guide: <https://www.abortionfinder.org/abortion-guides-by-state>
 - Host organization: Power to Decide
 - Purpose: As a consumer-facing tool, Abortion Finder is the most comprehensive list of verified abortion clinics in the country. The site has a section on current state policies, updated in real time. Use this tool to locate verified clinics, understand whether abortion is legal and accessible in the state at that moment in time.
- State Constitutions and Abortion Rights—Building Protections for Reproductive Autonomy <https://reproductiverights.org/state-constitutions-abortion-rights/>
 - Host organization: Center for Reproductive Rights
 - Purpose: The report outlines 10 states in which high courts have recognized that their state constitutions protect abortion rights and access independently from and more strongly than the U.S. Constitution or have struck down restrictions that were upheld by the U.S. Supreme Court. The report focuses on cases in seven states brought by the Center for Reproductive Rights that have not only resulted in broader protections for abortion rights and access—but have in many instances influenced outcomes in other cases and courts. The analysis also considers how this jurisprudence can expand and shape further efforts to secure reproductive rights.
- U.S. Policy Resources: <https://www.guttmacher.org/us-policy-resources>
 - Host organization: Guttmacher Institute
 - Purpose: Research and policy organization committed to advancing sexual and reproductive health and rights worldwide. Guttmacher Policy Review, Federal Policy Snapshots and other publications analyze current and anticipated policy landscape.
- Reference Library on the Criminalization of Pregnancy and Reproductive Health: <https://www.nacdl.org/Map/ReferenceLibraryCriminalizPregnancyReproHealth>
 - Host Organization: National Association of Criminal Defense Lawyers
 - Purpose: Resources include state-specific research, briefs shared by fellow defense lawyers, digital data and privacy concerns, ethics, and more.

Resources for Legal Counsel

- HHS HIPAA Privacy Rule and Disclosures of Information Relating to Reproductive Health Care: <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/phi-reproductive-health/index.html>
- Kaiser Family Foundation State and Federal Reproductive Rights and Abortion Litigation Tracker: <https://www.kff.org/report-section/state-and-federal-reproductive-rights-litigation-tracker-state-litigation/>
- Abortion Defense Network: <https://abortiondefensenetwork.org/>

Resources for Access to Reproductive Health and/or Abortion

- Abortion Finder: <https://www.abortionfinder.org/>
- Planned Parenthood: <https://www.plannedparenthood.org/learn/abortion>
- Center for Reproductive Rights: <https://reproductiverights.org/get-involved/featured-resources/>
- Power to Decide: <https://powertodecide.org/>

Resources for Professional Advocacy

- American Academy of Family Practice: <https://www.aafp.org/advocacy.html>
- American Academy of Nurse Practitioners: <https://www.aanp.org/advocacy/advocacy-resource>
- American College Health Association: https://www.acha.org/Advocacy_Committee
- American College of Obstetricians and Gynecologists: <https://www.acog.org/advocacy/policy-priorities>
- American College Personnel Association: <https://myacpa.org/>
- American Medical Association: <https://www.ama-assn.org/health-care-advocacy>
- American Psychological Association: <https://www.apa.org/>
- American Public Health Association: <https://www.apha.org/>
- Association of Women's Health, Obstetric and Neonatal Nurses: <https://www.awhonn.org/advocate/>
- NASPA: Student Affairs in Higher Education: <https://www.naspa.org/>
- National Association of Social Workers (NASW): www.socialworkers.org
- NIRSA: Leaders in College Recreation: <https://nirsa.net/nirsa/>
- Nurse Practitioners in Women's Health: <https://www.npwh.org/page/policypriorities>

ACHA Campus Sexual Health Promotion Resources

- Best Practices for Sexual Health Promotion and Clinical Care in College Health Settings: https://www.acha.org/documents/resources/guidelines/ACHA_Best_Practices_for_Sexual_Health_Promotion_and_Clinical_Care_in_College_Health_Settings_Jan2020.pdf
- Implementation Guide for Sexual Health Best Practices in College Settings: https://www.acha.org/ACHA/Foundation/Partner_Supported_Resources/Implementing_Sexual_Health_Care_Best_Practices_Guide.aspx

Appendix D: Reproductive Health Topics

Clear and comprehensive education on reproductive health includes the following topics:

- Basic reproductive anatomy
- The menstrual cycle
- Methods of contraception, including
 - Efficacy
 - Mechanism of action
 - Directions for use
 - Side effects
 - Risks/benefits
- Testing and treatment of STIs
 - Risk reduction
- Early detection of pregnancy
- What to do about a positive pregnancy test
 - Include all options counseling
- Preconception care
 - Potential impact on fertility care
- How to recognize reproductive health complications
 - When to contact a provider or seek emergency care
- Education about insurance coverage/benefits around reproductive health care
 - Privacy/confidentiality

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https://www.acha.org/documents/ACHF/ACHF-Implementation_Guide_for_Sexual_Health_Best_Practices_in_College_Settings.pdf
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