



## COVID-19 REPRODUCTIVE HEALTH PRIORITIES

### COVID-19 impacts youth access to reproductive health services. Here's how:

- Pregnant and expectant young people already face higher barriers to adequate, informed care. Removing support during delivery will have an outsized impact on their mental wellbeing.
- Access to judicial bypass for minors' access to abortion care is at risk. With most court functions being deemed "nonessential," cases are waiting months to go to trial. If judicial bypass loses its status as an essential court function, young people will be unable to access their right to abortion services.
- Continuing to safely access contraception remains a critical healthcare function, especially for young people. Limited prescription windows and price-gouging on barrier methods can unduly limit this access for young people.

We at the Michigan Organization on Adolescent Sexual Health (MOASH) recognize that COVID-19 has led to an unforeseen, unprecedented health crisis throughout our state, nation, and world. We remain committed to following the advice of epidemiologists and other public health experts, as well as Governor Whitmer's Executive Orders on the matter. Keeping in mind the challenges it brings, we must also affirm our commitment to youth reproductive health and justice. The following is a list of best practices we encourage local, state and federal lawmakers to follow during these times:

### Pregnancy and Childbirth

MOASH recognizes that the birth of a child is a time for celebration and coming together for family and friends—something made difficult during this time. We affirm the rights of those giving birth to have at least one medical- and non-medical support person with them (e.g. a doula and a partner, a midwife and a friend, etc.), subject to temperature checks and requisite health screenings at hospitals. We encourage soon-to-be parents, especially young parents, to prepare themselves by continuing to follow [CDC guidelines](#), maintaining virtual and physical appointments as recognized by their caregiver, and revising their birthing plans in accordance with the new guidelines while still planning to give birth in their designated location. **We**

**do not endorse** any policy which would leave the person giving birth with no medical- or non-medical support person allowed in the room.

## Abortion Access

We stand with the [American Council of Obstetricians and Gynecologists' recommendation](#) that abortion procedures remain non-elective and are neither canceled nor rescheduled as they are time-sensitive, critical procedures. We are happy to see that to this point, Governor Whitmer has followed this guidance and continued to classify *all* pregnancy-related procedures as essential services which may remain open. To the extent possible, we encourage those seeking and performing abortions to utilize outside clinics and surgical centers rather than hospitals at this time. **We do not endorse** any policy which would cancel, reschedule, or in any way impair a pregnant person's right to an abortion at this time.

## Access to Birth Control

In a time where many workers have been classified as “nonessential” and are facing temporary layoffs or other barriers to income, it is more critical than ever to support affordable, accessible, and effective methods to prevent unplanned pregnancies. To that end, MOASH supports the development and release of over-the-counter birth control, accessible to teens as well as adults. Until this is available, **we endorse** the recommendation that pharmacies *must* offer 90-day supplies of prescription birth control to those who need access to limit exposure risk while giving youth continued agency in their reproductive choices. **We support** all local agencies working to distribute other methods of birth control, including condoms, to the public, and **we do not endorse** the reclassification of any reproductive health service—including the replacement of birth control such as IUDs or implants—as nonessential.