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What It's Like to Be a Planned Parenthood Doctor Performing Abortions Right Now

"It's probably the hardest I've ever worked."

By [Nina Bahadur](#)



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In our series **What It's Like**, we speak with people from a wide range of backgrounds about how their life have changed as a result of the **COVID-19 pandemic**. For our latest installment, we spoke with Meera Shah, M.D., chief medical officer at **Planned Parenthood Hudson Peconic** in New York State and a national medical spokesperson at **Planned Parenthood Federation of America**.

Planned Parenthood operates more than 600 health centers across the country, providing a number of vital services including reproductive and sexual health care. Planned Parenthood Hudson Peconic operates 10 centers in New York State and in 2019 provided services to roughly 32,000 patients in more than 53,300 visits.

As health clinics are essential businesses, Planned Parenthood centers in New York State currently remain open. Here, Dr. Shah explains how they are treating patients while keeping their staff and clients as safe as possible, along with what she thinks of some politicians' attempts to block abortion access during the pandemic. (This interview has been edited and condensed for clarity.)

SELF: Can you tell me about the services Planned Parenthood Hudson Peconic provides?

Dr. Meera Shah: We have 10 health centers and two mobile health units serving Suffolk, Rockland, Putnam, and Westchester counties in New York State. Our patients are primarily **people of color** and people with low incomes. We see patients of all genders, primarily for sexual and reproductive health care services. We also provide gender-affirming hormone therapy for patients in the trans and nonbinary communities.

We provide **abortion** care, both medication and procedural. We provide prenatal care and link our prenatal patients to ob-gyns in the community for labor and delivery. We provide contraception management, **vasectomy**, **infertility** services, menopausal care, **cervical cancer** screenings, the full gamut.

Before COVID-19, we were super busy coming up with new and innovative ways to meet our patients' needs. For example, we were in the midst of rolling out a new opt-in prenatal care model where patients would come to their **prenatal visits in a group** based on the time they were expected to deliver.

When New York State went into lockdown in response to COVID-19, how did you modify the care you offer to follow guidelines while still serving patients?

We switched to a telehealth model within a few days. It's probably the hardest I've ever worked. We really had to put our minds together, working around the clock to get the infrastructure in place to get telehealth up and going.

Currently we can provide telehealth for all our services except for procedural **abortion** and prenatal care. For those, we still see patients in health centers. Every other service can start with a telehealth

appointment first, then if the provider feels the patient needs to come into the center, they can do so.

We have a lot of availability through telehealth. There really isn't a waiting time. Patients can get an appointment that same day if they want it. They can schedule their appointment directly on our website with an online scheduling system, or they can call. When they receive a link in their email, they click on it, and it guides them, step by step, on how to do it.

At their appointment time, they enter a kind of virtual waiting room until the provider is ready to see them. Then the video and audio turn on, we can see one another, and we begin the visit that way. We can send prescriptions to the pharmacy, provide them with counseling, and if they need labs, we can send them to a lab that is near them so they don't have to travel far.

It's made a huge impact. We've been able to see **health care workers working on the front lines**. I saw someone the other day who is taking care of COVID-19 patients in the ICU. We've seen emergency responders sitting in their ambulances who had a moment to spare and were able to get onto their telehealth appointment for 10 minutes and get what they needed. We've been really busy.

The option is still there for patients to come to the Planned Parenthood center if necessary. Having a smartphone, a computer, and the internet is a privilege. Not all patients are able to access us via telehealth, so our doors are open. We welcome patients who may not be able to use telehealth for care to come in.

How does a telehealth appointment work for medication abortion?

We were able to launch that service pretty quickly in New York. Some states are not as fortunate and the service is outright banned. Our patients, regardless of a pandemic, still need **abortion care**.

We can do patient intake over telehealth and go over instructions for taking the **medication**. Per the FDA, mifepristone—the medication used to end a pregnancy—has to be dispensed from our office by a licensed provider. The patient still has to go to a Planned Parenthood health center to pick up the abortion medication; they can't just go to a pharmacy that's near their home.

You said Planned Parenthood Hudson Peconic is still offering some other services, including procedural abortion, in the health centers. What steps are you taking to keep staff and patients safe?

Time and foot traffic in health centers are greatly minimized to keep staff and patients safe, and we are up to speed on all recommendations and requirements regarding **personal protective equipment** (PPE) and staff safety.

Patients needing a procedural abortion have to come with somebody if they are receiving sedation, but we are not allowing their companion to come into the health center to wait for them. They have to wait outside or in their car to minimize foot traffic in the centers. We have spread out appointment times to allow for **social distancing**, allowing no more than a handful of people in the waiting room at

any given moment. We also do some of the counseling during telehealth before the actual procedure to minimize the amount of time the patient has to be in the health center.

We are also following the guideline that all New Yorkers must wear some sort of **face covering** over their nose and mouth. We ask that patients wear something when they come to the health centers. We will help them get a face covering if they don't have one on their own, but anecdotally, I'm seeing that 99% of patients already have one.

And, of course, we ask screening questions asking about **COVID-19 symptoms**, any recent contact with anyone who has tested positive, or any recent travel.

Are you struggling with any of the PPE shortages that other medical providers are dealing with?

We're committed to working with other public health providers, hospitals, and organizations to best conserve resources given the shortage in PPE right now. We have been fortunate to have enough PPE for Planned Parenthood Hudson Peconic health centers, and are **following guidelines** from the U.S. Centers for Disease Control and Prevention to extend supplies, such as advising health center staff to wear masks for longer use.

I know that there are typically protestors outside Planned Parenthood centers and other places offering abortions. Have you seen any change in the number of protestors outside your health centers since the pandemic began?

There are still protestors in groups outside, not socially distancing. Many of them are not wearing masks. We recently saw an increase in the number of protestors because of Easter and Lent.

As much as I respect their First Amendment rights, their presence and their actions can be very upsetting and very jarring to patients. We acknowledge their presence before the patients get to the health center just so they can be prepared. We can't control them being there, but we can prevent them from coming onto our private property.

Protestors yell and hold up large, graphic images that are disturbing to patients and their children if they bring them. It can be upsetting and troubling to patients who are trying to get the care that they need.

We've seen that politicians in some states are trying to take advantage of the pandemic by **gutting abortion care. What does this mean for patients? Is there anything our readers can do?**

Let's be clear: Abortion is essential and very time-sensitive. Leading medical organizations such as the **American College of Obstetricians and Gynecologists** (ACOG) and the **American Medical Association** (AMA) agree. The unfortunate reality is politicians in states like Texas, Alabama, Arkansas, Louisiana, Ohio, Oklahoma, and Tennessee have used this public health crisis as an excuse to try to ban access to abortion, leaving patients in an extremely precarious position.

As a result, patients are left with very few options. Depending on their situation, some have been forced to [travel to a nearby state](#) to access abortion and risk being exposed to the new coronavirus along the way. Many people do not have the option to travel long distances, because they don't have transportation or childcare options, or because they are essential workers. Some may also be forced to continue their pregnancy against their will. These barriers are very real, yet some politicians are putting patients' health at risk. You can sign Planned Parenthood's [new petition](#) to affirm that abortion is essential health care and push back on politicians who are exploiting the COVID-19 pandemic to ban access to safe, legal abortion.

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- [Restrictive Abortion Laws Have Consequences That Reach Far Beyond State Lines](#)
- [The Complicated Reality of Buying Abortion Pills Online](#)



Nina is a writer and editor based in NYC. She covers health, wellness, and culture, specializing in reproductive rights, sexual assault, identity politics, and sleep. Her digital editorial clients include Women's Health, SHAPE, SELF, Refinery29, Glamour, Health, Teen Vogue, and Racked. She holds a B.A. in cultural anthropology from Princeton... [Read more](#)

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