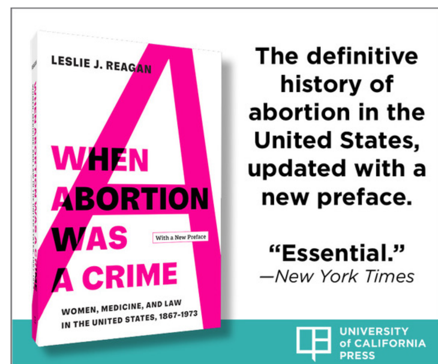
MORE THAN A MAGAZINE, A MOVEMENT

HEALTH, NATIONAL

Dr. April Lockley Answers Your Questions About Abortion Pills: 'To Protect Each Other As Much As We Can'

3/16/2022 by **CARRIE N. BAKER**

"People are doing this safely, but we're just here to provide reassurance they're doing what they need to do," said Dr. April Lockley, medical director of the Miscarriage and Abortion Hotline, "and that it's a safe process they can take care of at home."



FEMINIST DAILY NEWS

Texas Supreme Court Ends Federal Court Challenge to State's Abortion Ban

Taliban conducts 'horrific' door-to-door

"People in more restrictive states, people that are poor, people of color, they have an even more difficult time accessing abortion services, especially since it's more stigmatized," said Lockley. "And so the anonymity of being able to ask their questions through a hotline, without having to provide their name or talk face to face with anyone, is a good resource for many people." (Courtesy of April Lockley)

As we await the fate of Roe v. Wade, *Ms.'s "Online Abortion Provider" series will spotlight the wide range of new telemedicine abortion providers springing up across the country in response to the recent removal of longstanding FDA restrictions on the abortion pill mifepristone.*

Dr. April Lockley is a family medicine physician in New York City and medical director of the Miscarriage and Abortion Hotline, also known as the M+A Hotline (1-833-246-2632). The hotline is staffed by volunteer physicians, midwives and nurse practitioners available from 8 a.m. to 2 a.m. EST, seven days a week, to answer texts and calls from people about abortion pills and miscarriage.

Ms. spoke to Dr. Lockley about how the M+A Hotline works and why it's important.

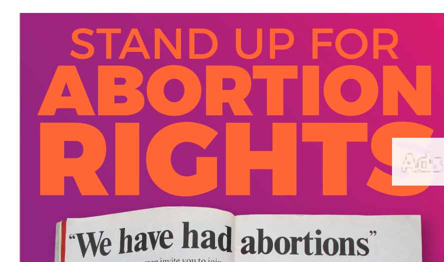
Even after the Oslo meeting, the Taliban continues to arrest and torture Afghan women protestors

POPULAR THIS WEEK

For Women, Equal Pay Day Is in March—But Equal Earnings Day Is Not Until *October*

How Feminists Won a Historic Abortion Ruling in Colombia

Is It 2157 Yet? How Businesses and Policymakers Can Accelerate the Timeline for Equal Pay



Carrie Baker: Can you tell me about your medical background?

> ***April Lockley:*** *I'm the medical director of sexual and reproductive health care center in Brooklyn. I'm also a per diem abortion provider in the New York region. I'm family medicine trained. I did my residency and medical school in Philadelphia and then I came to New York for a fellowship through the [Reproductive Health Access Project] where I was able to get a lot more training in regards to abortion care, miscarriage management and complex contraception counseling. That's where my passion lies these days because it's really needed—even in New York City where there are a lot of providers.*

Baker: **Can you tell me about the M+A Hotline?**

> ***Lockley:*** *The M+A Hotline was founded in 2019 by two primary care physicians, including Linda Prine, who knew that people were self-managing their abortions at home but often had questions and would go to the internet looking for answers. In addition, with the Trump administration in office, they were worried about abortion access.*
>
> *Since the beginning of time, people and communities have taken care of themselves without going to the doctor because of how the system is set up. It's inequitable. It's racist. And so people have always taken care of themselves. That is nothing new. But one of the things that we worry about in abortion care is criminalization of people taking care of themselves and their pregnancy outcomes.*

really don't. We're a support to say, "This process is going as it should." We're here to answer questions. In the rare case that someone does need to go to seek out in-person care, we can help people navigate that situation to hopefully help them avoid criminalization of their pregnancy outcomes.

We work with the Repro Legal Helpline through If/When/How, another great resource that we reach out to get up-to-date information and to refer people to hopefully help them avoid any criminalization of them accessing routine healthcare.

> *"Since the beginning of time, people and communities have taken care of themselves without going to the doctor because of how the system is set up. It's inequitable. It's racist. And so people have always taken care of themselves. We're a support to say, "This process is going as it should."*

Baker: **When did you join M+A Hotline?**

Lockley: *I officially joined as a volunteer around March of 2020. Since then, because of the pandemic and worsening restrictions, our call volume has really risen. We started with about 11 volunteer physicians, and now we're up to a little over 40. They come from all over the country. There are some that are in more restricted states and some that are in states like New York and California.*

Ad

Medication abortion uses two types of pills: mifepristone, which interrupts the flow of the hormone progesterone that sustains the pregnancy; and misoprostol, which causes contractions to expel the contents of the uterus. (Robin Marty / Flickr)

Baker: **How does the hotline work?**

> ***Lockley:*** *We take turns in nine-hour shifts. We respond to text messages and calls through a secure end-to-end encrypted platform. It's really the callers' preference. I'd say most people text us, but some people call and seem to prefer talking on the phone.*
>
> *If we're available, we pick up calls. If we don't pick up, our goal is to call back within one hour. We don't ask people for any identifying information. We don't ask people for any demographic information or where they're located. We just ask about the medical situation that's worrying them.*

Baker: **How many calls do you get each month?**

426 text messages.

Baker: **Wow! That's a dramatic increase.**

Lockley: *Yes. COVID really changed things because people did not want to travel. They couldn't travel. Texas and I believe Ohio were shutting down clinics during COVID because it wasn't considered essential healthcare. And now we have S.B. 8. We've seen people desperate for help since September. We saw another upshoot in September from people in and around Texas.*

But not everyone who is contacting us is desperate. We don't ask reasons for why people are self-managing. For plenty of people, this is their first choice. I've actually told a friend about getting pills online, and she's like, "Oh, great. I'm gonna order some." That was her preference. It's good for people to have options.

But other people express that they have nowhere else to turn, that they're in Texas and they can't access care any other way.

> *We don't ask people for any identifying information. We don't ask people for any demographic information or where they're located. We just ask about the medical situation that's worrying them.*

Ads

Baker: **How do people find out about the M+A hotline?**

lot of word of mouth and Google and social media. And medication abortion providers give our number out.

Baker: **Do most of the people who call you already have the pills? Or are they looking for how to find pills?**

Lockley: *The calls we get are split between people specifically looking for abortion pills and people calling once they have the pills, asking medical questions about whether the process is going how it's supposed to and 99 percent of the time the answer is "yes" and we provide reassurance. We get a few people a week contacting us for miscarriage management questions and then a small percent of people worried that they're pregnant and want to know what to do. If we get callers with legal questions, we refer them to the Repro Legal Helpline.*

Baker: **How do your callers get abortion pills?**

Lockley: *A lot of people get their pills from Aid Access. Other people get them from a clinic. In certain areas, everyone is overwhelmed with the amount of patients they are seeing and the lack of resources in certain areas.*

Some states only have one abortion clinic due to restrictions over the years stripping away access. All of us providing abortion care are doing the best we can, working long hours, providing compassionate care, but sometimes it can be hard for people to get back in contact with their provider, even if they did go in-clinic, so the hotline is just an additional support system. We're all in this together so that people can get the healthcare they deserve. Some people mentioned that they get them from friends, and some people get them from Mexico.

Baker: **If somebody asks you, "How do I get abortion pills," what do you say?**

Lockley: *We typically refer them to the plancpills.org website. We also refer them to ineedana.com for in-person care.*

Baker: **What kind of counseling do you provide?**

Lockley: *We focus on the medical aspect of things, but if they need emotional support, we have resources, phone numbers and websites to refer them to.*

Baker: **What kind of questions do your callers ask?**

"Where can I get pills?"

During the ordering process, people ask about how many pills they need or what exactly they need.

Once people have the pills, they ask how to take them. They will often ask us things such as, "I took the mifepristone and I vomited an hour later. Is that okay?" Typically, the answer is "yes," as long as they were able to keep the pill down for about 30 minutes. Then after that, they ask about the timing of when they should take the misoprostol and how to take it.

We'll get questions about bleeding: "It's been two hours and I haven't started bleeding yet. Is that okay?" And so we reassure them that yes, it's okay—it can take up 24 hours to start bleeding. And then once they start bleeding, we get a lot of questions about: "I'm not bleeding very much." So we clarify their gestational age and reassure them that especially early in pregnancy, you might not have a lot of bleeding and cramping. Then we get questions like, "I've been bleeding for two weeks, is that okay?" Typically, it's bleeding off and on, so we say yes, that's normal. You can have bleeding off and on for a few weeks.

Other questions are about if the process did or did not work. Most of the time we ask, "Are their pregnancy symptoms gone?" and "Did they have appropriate bleeding?" And then reassure them that they can take a pregnancy test in about four to five weeks because that's when it will be negative.

Then we get questions a month or two after the process asking about their periods. Sometimes the first one or two periods after the process can be heavy, so they'll contact us asking if that's normal for them to have a heavy period.

can start it and when they can start it. We reassure them, you can start it right away.

We also get questions about restriction of activities during the process. Really, there are no restrictions. There's a lot of information out there on the internet, like you can't swim for two weeks and you can't use a tampon for two weeks. None of that is based on any evidence. We give a lot of reassurance to just listen to your body. You can resume any kind of activity whenever you feel comfortable, and you didn't mess up anything if you had sex five days after you had an abortion.

Baker: **Do you get questions about pain?**

Lockley: *That hasn't really been an issue that people have contacted us for. We try to normalize that it can be painful, that it can feel like contractions just so people can be prepared if that's the experience they have. Most people manage with ibuprofen, heating pads, a shower, stretching —whatever feels good. Some people tell us the pain was much less than they expected. And then other people say it was very painful for a few hours.*

Baker: **Have you advised many patients to go to the hospital?**

Lockley: *No, not very many. No, not very many. I would say once a month, if even that. It's much more common to advise people NOT to go. We'll sometimes check in on people in an hour or two after they call or text us about their symptoms to make sure they're still doing well and*

In those rare instances when we do think it's advisable to go, we take the time to tell people they do NOT need to report that they took abortion pills. A miscarriage and an abortion are indistinguishable to an ER physician and the care is the same, so no reason to risk divulging more than is needed.

Baker: **Do people sometimes call back multiple times?**

Lockley: *Yes. If someone seems like they need more reassurance, we'll offer to text or call them back in an hour or two. Some people just have baseline anxiety, we understand that.*

Baker: **What is the difference between miscarriage and abortion care?**

Lockley: *They are often managed similarly. You can use mifepristone and misoprostol to manage a miscarriage, just like you can for an abortion. They're very similar, medically speaking.*

Also, many people can't access care when they're going through a miscarriage. It's typically safe to manage a miscarriage at home early if the person is okay with it. But sometimes people want to go in person for care, but they don't have the resources. There's plenty of people that tell us they don't have insurance, so they don't have a doctor and they don't want to get an expensive ER bill. They have nowhere else to turn other than to the internet to figure out what's going on with their bodies, so that's why they reach out to us. It's a really important part of the care we provide.

country.

> *"A miscarriage and an abortion are indistinguishable to an ER physician and the care is the same, so no reason to risk divulging more than is needed.*

Baker: **Why is the M+A Hotline service important?**

Lockley: *The service is important to normalize abortion care. Unfortunately, people in more restrictive states, people that are poor, people of color, they have an even more difficult time accessing abortion services, especially since it's more stigmatized in certain areas. And so the anonymity of being able to ask their questions through a hotline, and a resource that we provide without having to provide their name or talk face to face with anyone is a good resource for many people in the community.*

People are doing this safely, but we're just here to provide reassurance that they're doing what they need to do. And that it's a safe process that they can take care of at home.

Baker: **What are your motivations for working with the M+A hotline?**

Lockley: *My motivation is to make sure that people, especially those that have inequitable access to abortion care, are able to feel safe and reassured while they're going through this process.*

can decide that they want to have an abortion and probably get an abortion the same day or the next day. In other parts of the country, they aren't so fortunate. My motivation is to somewhat lessen that gap to help people access care. And it is nice to hear when people are appreciative of the information that we provide. Some people don't know that they can order pills themselves. When we tell them that, it's nice to be able to provide that access for patients that didn't think they were going to be able to access the care that they needed. People deserve the opportunity to make the best decisions for their lives.

Baker: **With the Supreme Court ruling in the Dobbs case this summer, and many states passing S.B. 8-like bills, is the M+A Hotline doing anything to sort of prepare for the future?**

Lockley: *Yes. We're definitely thinking about the future and anticipating that we're going to continue to need to serve more people as they continue to take care of themselves in their communities, either by choice or not by choice, because they don't have any other means of accessing abortion care. That's why I'm now the medical director focused on running the day to day. We have a social media consultant that we're working with now to get our information out there more on social media. I work with some of the other volunteers on a kind of advisory board. We're going to be meeting more regularly over the next couple of months to prepare for what's to come, probably looking to have more volunteers on the hotline and thinking about possibly expanding our hours. We take calls in English and Spanish. And we are preparing to be able to take more calls in Spanish with more volunteers who speak Spanish and can respond in Spanish.*

> *People deserve the opportunity to make the best decisions for their lives.*

Baker: **How does it feel to be able to help people in this way?**

> ***Lockley:*** *It makes me proud to be a physician, to be a physician of color, to be a Black woman and be able to provide services, especially to people that look like me. It makes me proud that I'm able to provide care to people in multiple ways through the work that I do in abortion clinics and through the hotline.*

Baker: **Any final thoughts?**

> ***Lockley:*** *Even though abortion access is tightening in many areas, people are going to continue to do what they need to do for their health, regardless of what laws are on the books. And we should continue to protect each other as much as we can.*

Explore the full collection of online abortion providers profiles:

- Online Abortion Provider Razel Remen: 'Telemedicine Abortion Is Safe and Reliable' *Ms.*, Mar. 2, 2022
- Telemedicine Abortion Provider Rebecca Gomperts Gets Abortion Pills Into the Hands of Those Who Need Them: 'It's a Privilege' *Ms.*, Feb. 23, 2022
- Telemedicine Abortion Provider Alison Case: "Helping

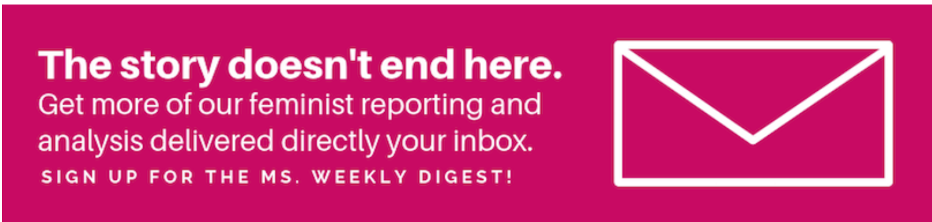
- Telemedicine Abortion Provider Melissa Grant: "Abortion? Yeah, We Do That." *Ms*., Feb. 2, 2022.
- Online Abortion Provider Christie Pitney of Forward Midwifery: "Fast, Convenient Care," *Ms*., Jan. 28, 2022.
- Online Abortion Provider Julie Amaon of Just the Pill Is "Making Abortion as Easy as Possible for People," *Ms*., Jan 26, 2022.
- Online Abortion Provider and "Activist Physician" Michele Gomez Is Expanding Early Abortion Options Into Primary Care, *Ms*., Jan. 19, 2022.
- Online Abortion Providers Cindy Adam and Lauren Dubey of Choix: "We're Really Excited About the Future of Abortion Care," Ms., Jan. 14, 2022.
- Telemedicine Abortion Provider Dr. Deborah Oyer Supports Patient Autonomy and Control: "No Different Than When They're in Clinic," *Ms*., Jan 12, 2022.
- Online Abortion Provider Robin Tucker: "I'm Trying To Remove Barriers. … It Feels Great To Be Able To Help People This Way," *Ms*., Jan. 4, 2022.
- Abortion on Demand Offers Telemedicine Abortion in 20+ States and Counting: "I Didn't Know I Could Do This!" *Ms*., June 7, 2021.

If you found this article helpful, please consider supporting our independent reporting and truth-telling for as little as $5 per month.

TAGGED: ABORTION ACCESS, ABORTION HOW-TO, ABORTION PROVIDERS, BLACK WOMEN, CORONAVIRUS, HEALTH CARE, MEDICATION ABORTION, ONLINE ABORTION PROVIDER, PREGNANCY LOSS AND MISCARRIAGE, RACIAL JUSTICE, REPRODUCTIVE JUSTICE, SEXUAL AND REPRODUCTIVE HEALTH, TEXAS, TRUMP ADMINISTRATION, WOMEN OF COLOR, WOMEN'S HEALTH

ABOUT CARRIE N. BAKER

Carrie N. Baker, J.D., Ph.D., is the Sylvia Dlugasch Bauman professor in the Program for the Study of Women and Gender at Smith College. She is a contributing editor at *Ms.* magazine. You can contact Dr. Baker at cbaker@msmagazine.com or follow her on Twitter @CarrieNBaker.



YOU MAY ALSO LIKE:

Why We Should All Care about Abortion Rights—From a Medical Student Perspective

YEN P. DOAN

,

MARISA E. GIGLIO

Hangover Remedy: Passage of a Permanent Repeal of the Global Gag Rule Is the Cure

REBECCA DENNIS

About Ms.
Ms. History
Masthead
Ms. Committee of Scholars
Internships

Membership
Get Ms.
Give the Gift of Ms.
Manage Your Ms. Membership
Support Ms.
Newsletters
Back Issues
Feminist Store

Copyright © 2022 Ms. Magazine TERMS OF USE

Search ...

Ms. is wholly owned and published by the Feminist Majority Foundation