

Supplementary Table 1. Evidence table: Impact of criminalization on abortion seekers

OUTCOME: DELAYED ABORTION			
Studies	Direction of the evidence	What does this mean?	Overall conclusion
Aiken 2019 <sup>1</sup>	▲	Criminalization contributes to delayed abortion, as women in need of an abortion travel out of the country to access an abortion, or use telemedicine services (where the shipment of medications can sometimes take several weeks, and some packages may be confiscated).	Overall, evidence from 3 studies suggests that criminalization contributes to abortion delay. While evidence from 2 of these studies suggests that criminalization leads to healthcare providers delaying care for women who are suffering from severe pregnancy complications, evidence from 1 study indicates that while criminalization does not stop women from having an abortion, it complicates women's abortion pathways, and thereby delays abortion.
Aitken 2017 <sup>2</sup>	▲	Criminalization contributes to delayed abortion when healthcare providers must delay treating women with pregnancy complications until their lives are considered to be in danger. Among 33 OB-Gyn trainees who were involved in the care of women with life threatening pregnancy complications, 27% (n=9) felt they had delayed abortion until a woman's health had deteriorated and "the pregnancy was deemed a severe risk to life/health."	
Casas 2014 <sup>1</sup>	▲	Criminalization contributes to delayed abortion by creating and fueling an unregulated market for abortion medications. Some women are sold counterfeit drugs or poor-quality medications, which leads to a delay in abortion.  Criminalization further contributes to delayed abortion, by requiring healthcare providers to delay treating women with pregnancy complications until their lives are considered to be in danger.	
OUTCOME: CONTINUATION OF PREGNANCY			
Antón 2016	○	Decriminalization of abortion was not associated with a change in adolescent birth rates or birth outcomes (birthweight, prematurity, adequacy of prenatal care).	Overall evidence from 4 studies suggests that criminalization indirectly contributes to increased continuation of pregnancy; decriminalization is associated with reductions in birth rates. While 2 of these studies suggests that criminalization affects the birth rates of women 20-29 and 20-34 years in particular, 1 study points
Antón 2018	▲	Decriminalization of abortion is associated with an 8% decrease in births due to unplanned pregnancies. This decline is driven by a fall in fertility among women 20-34 years old with secondary education.	

Clarke 2016	▲	Decriminalization is associated with reductions in fertility and maternal mortality. Following legal reform that established free of charge, on request, first trimester abortions, maternal mortality and birth rates were reduced. Among women aged 15-44, maternal mortality rates decreased by 8.8 to 16.2% and fertility rates declined by 2.3 to 3.8%. This trend was more marked among younger women aged 15-19. Maternal death rates decreased by 14.9 to 30.3% and fertility rates by 5.1 -7.1% in the first 4 years following legal reform.	to a greater impact among adolescents. Evidence from 1 study suggests that criminalization does not impact adolescent birth rates.
Vázquez 2016	▲	Decriminalization led to a decrease in the number of births in Mexico City by an additional 4% over what was seen in outlying areas, where legal abortion was not available. Little effect was seen on the fertility of adolescents, for whom parental authorisations remained in place. The greatest reduction in childbearing was among women aged 20-29 (decline of 12-18% probability).	
<b>OUTCOME: OPPORTUNITY COSTS</b>			
Aiken 2019 <sup>1</sup>	▲	Criminalization results in some women having to travel to access an abortion, which is associated with travel costs, emotional distress, time-off work, and lost wages. For women who choose to self-manage an abortion, this experience is sometimes associated with significant fear and distress.	Overall, evidence from 16 studies suggests that criminalization contributes to opportunity costs including traveling for abortion, delayed abortion and post abortion care, apprehension of legal repercussions, poor quality post abortion care, emotional distress, financial costs, internalised and experienced stigma, disproportionate impact on certain populations, and sexual and financial exploitation.  Evidence from 2 studies suggests that although criminalization may create fear among women it does not impact the decision to have an abortion.
Aiken 2017	▲	Where abortion is criminalized, women commonly report serious mental stress caused by their pregnancies and their inability to afford travel abroad to access abortion. The option of telemedicine for abortion services mitigates some of these opportunity costs. The feelings women most commonly report after completing an abortion are “relief” (70%) and “satisfaction]” (36%). Women with financial hardship have twice the risk of lacking emotional support (OR=2.0, p<0.001).	
Aitken 2017 <sup>3</sup>	▲	Some healthcare providers perceive that criminalization contributes to isolation, stigma, shame, fear and stress among women in need of an abortion. In addition, some providers report seeing women returning from abroad with preventable infections and that some of these women delayed care seeking when experiencing complications, due to fear of legal repercussions.	

Arambepola 2014	○	Criminalization does not impact the decision to abort. Among women who carry their unintended pregnancies to term, only 4.2% (n=25) mention that the illegal status of abortion influenced their decision to keep the pregnancy.
Casas 2014 <sup>1</sup>	▲	Criminalization contributes to opportunity costs including travel costs to access abortion and costs for illegal procedures. Furthermore, criminalization creates and fuels an unregulated market for abortion medications. Some women are sold counterfeit or ineffective drugs and thus experience subsequent abortion delays. In addition, some women seeking abortion care are exposed to sexual and financial exploitation but are unable to report it due to criminalization of abortion. They also do not seek out support or information from friends or relatives because they do not want to implicate them in their activities.
Citizens' Coalition 2014	▲	Women who are prosecuted for criminal abortion are young (85% below 30 years) and have low levels of education (46.3% illiterate or completed 2 years of primary school; 25.6% attended secondary school or higher education). The majority are single (73%) and have no income or little income (80%).
CRR 2010 <sup>1</sup>	▲	Criminalization leads to fear of criminal liability among healthcare providers and many hesitate to perform abortion under any circumstances.  Criminalization is one factor of many that contributes to internalised stigma and poor quality of post-abortion care - some women are abused, threatened, denied care and harassed by healthcare providers when seeking care for abortion complications. Some women do not seek care for abortion complications as they fear being imprisoned.
Douglas 2013 <sup>1</sup>	▲	In order to avoid risk of prosecution, some physicians advise women to travel for abortion, acknowledging that this may incur several opportunity costs for the woman including financial costs, lack of support and distress.
Fathallah 2019	▲	Women seeking abortion experienced cost as an obstacle, with single women, and married women from disadvantaged socioeconomic backgrounds being most marginalised.

Friedman 2019	▲	Living in a municipality where abortion is illegal is associated with less access to safe and legal abortion (reduction in access index = 58.6%; 95% CI 21.5-78.1) compared with living where abortion is legal.
Juarez 2019 <sup>1</sup>	○	Criminalization does not prevent women from having abortions despite awareness of the illegal status of abortion and fear of legal repercussions.
Påfs 2020 <sup>1</sup>	▲	Where abortion is criminalized, except in cases of rape or incest, the process to access legal abortion is so costly, laborious and time consuming, that few women attempt this pathway.
LaRoche 2020	▲	Criminalization added confusion to the process of seeking abortion, and many experienced a sense of judgement when 'giving reasons' for seeking abortion, and felt laws imposed secrecy, were punitive and stigmatising.
Ramm 2020	▲	Women accessing healthcare in the public sector were disproportionately likely to be reported for unlawful abortion compared to those in the private sector.
Shahawy 2019	▲	Even if a woman seeks abortion on legally permitted grounds, criminalization results in more barriers, such as needing to consult with a committee or doctors, getting a letter from a religious court, or getting the husband's permission. Women who access abortion do so through travelling or through paying for a private abortion, and do not access post-abortion care due to having availed of an unlawful abortion.
Suh 2014 <sup>1</sup>	▲	Where abortion is criminalized, some healthcare providers prevent women suspected of induced abortion from leaving the hospital, so they are more easily found in case someone reports her to the police.
<b>OUTCOME: SELF-MANAGED ABORTION</b>		
Aiken 2019 <sup>1</sup>	▲	Where abortion is criminalized, some women self-manage abortions unlawfully.

Aiken 2017	▲	Where abortion is criminalized, women increasingly self-manage abortions unlawfully with the help of telemedicine services.	Overall, evidence from 4 studies suggests that criminalization contributes to self-managed abortion. These abortions are sometimes unsafe.
Casas 2014 <sup>1</sup>	▲	Criminalization contributes to self-managed abortion as some women who do not travel abroad for abortion, self-manage abortions unlawfully which is sometimes unsafe.	
CRR 2010 <sup>1</sup>	▲	Criminalization contributes to self-managed abortion that are unsafe and sometimes leads to death.	
<b>OUTCOME: UNLAWFUL ABORTION</b>			
Aiken 2019 <sup>1</sup>	▲	Where abortion is criminalized, some women self-manage abortions unlawfully.	Overall, evidence from 11 studies suggests that criminalization contributes to unlawful abortion. These abortions are either self-managed or conducted in healthcare facilities. They are sometimes unsafe and may lead to death.
Aiken 2017	▲	Where abortion is criminalized, women increasingly self-manage abortions unlawfully with the help of telemedicine services.	
Arambepola 2014	▲	Criminalization contributes to unlawful abortion that is sometimes unsafe. Women report avoiding seeking care from health facilities or trained professionals due to the illegal status of abortion (100%, n=171). Only 20.5% (25/122) of women who obtained an abortion received care from a qualified medical professional.	
Casas 2014 <sup>1</sup>	▲	Criminalization contributes to unlawful abortion as some women who do not travel abroad for abortion, self-manage abortions or undergo abortions in healthcare facilities unlawfully that are sometimes unsafe.	
CRR 2010 <sup>1</sup>	▲	Criminalization contributes to unlawful abortion that is sometimes unsafe.	
Fathallah 2019	▲	Single women and married women from lower socioeconomic backgrounds sought unlawful abortion from private facilities.	
Juarez 2019 <sup>1</sup>	▲	Criminalization contributes to unlawful abortion that is sometimes unsafe.	
Nara 2019	▲	Legal restrictions on abortion and the lack of clarity on the exceptions contribute to the occurrence of unlawful and unsafe abortion.	

Van Dijk 2012 <sup>1</sup>	▲	Criminalization contributes to unlawful and unsafe abortion that sometimes leads to death.	
Påfs 2020 <sup>1</sup>	▲	Criminalization contributes to a fear of litigation among healthcare providers, denial of abortion and subsequent unlawful abortion, that is sometimes unsafe.	
Shahawy 2019	▲	Because of criminalization women attempt to induce abortion at home using self-harm.	
<b>OUTCOME: CRIMINAL JUSTICE PROCEDURES</b>			
Blystad 2019 <sup>1</sup>	○	Prosecutions and convictions of women are extremely rare.	Overall, evidence from 6 studies suggests that criminalization contributes to criminal justice procedures against women and girls, some of which lead to convictions. Evidence from 2 studies indicates that criminalization creates fear of legal repercussions among women undergoing abortions, and evidence from another study suggests that prosecutions and convictions against women are rare.
Casas 2014 <sup>1</sup>	▲	Criminalization leads to criminal investigations of women and girls. In a few cases, women are prosecuted and charged.	
Casseres 2018	▲	Where abortion is criminalized, some healthcare providers report women seeking post abortion care to authorities, leading to criminal lawsuits and public prosecutions.	
Citizen's Coalition 2014	▲	Where abortion is criminalized, some women are prosecuted for abortion or aggravated homicide. A review of criminal justice procedures showed that out of 129 prosecuted women, 49 were convicted.	
Juarez 2019 <sup>1</sup>	○	Where abortion is criminalized, women undergoing abortions fear unwanted disclosures and subsequent legal justice procedures.	
Nara 2019	▲	Where abortion is criminalized women fear the legal repercussions of attempting to access abortion or post-abortion care at a healthcare facility.	

Supplementary Table 2. Evidence Table: Impact of criminalization on health professionals

**OUTCOME: WORKLOAD IMPLICATIONS**

Studies	Direction of the Evidence	What does this mean?	Overall conclusion
De Costa 2013 <sup>1</sup>	▲	Criminalization contributes to increased workload implications when physicians, in order to comply with the law, have to refer abortion seekers to psychiatrists and other physicians for second opinions. These procedures are perceived by some physicians as unnecessary and time consuming and as placing additional stress upon the woman.	Overall, evidence from 4 studies suggests that criminalization has increased workload implications for healthcare providers who, in order to comply with regulations and avoid criminal investigations, have to refer women to other health professionals, provide detailed written statements and ensure documentation does not put themselves or their patients at risk.
Douglas 2013 <sup>1</sup>	▲	Criminalization contributes to increased workload implications when physicians, in order to not risk any criminal charges, have to provide written detailed statements that prove why an abortion is legally justified.	
Påfs 2020 <sup>1</sup>	▲	Where abortion is criminalized, the threat of police investigations makes healthcare providers cautious about documentation in patient files and means they note all cases as spontaneous abortion.	
Suh 2014 <sup>1</sup>	▲	Where abortion is criminalized, healthcare providers are cautious about documentation in patient files and registers, and mindful about how data is reported to the Ministry of Health.	
<b>OUTCOME: REFERRAL TO ANOTHER PROVIDER</b>			
Aitken 2017 <sup>2</sup>	▲	In settings where abortion is criminalized, including for referral to another provider, 18/52 OB-Gyn trainees reported having referred women to an agency where she can receive information on abortion services abroad, while 29/52 have been asked for a referral by a pregnant woman.	Overall, evidence from 2 studies suggests that criminalization of abortion, including abortion referrals, will complicate women's pathways to a safe and legal abortion.
Shahawy 2019	∇	Physician reports not providing abortion due to criminalization and telling women to go elsewhere, but not referring them for treatment or telling them where they can go.	
<b>OUTCOME: PERCEIVED IMPACT ON RELATIONSHIP WITH PATIENT</b>			

Aitken 2017 <sup>2</sup>	▲	Some healthcare providers perceive that the care they provide is suboptimal, especially in cases of foetal anomaly, as criminalization prevents them from providing abortion care.	Evidence from 3 studies suggests that criminalization negatively impacts the provider-patient relationship.
Casas 2014 <sup>1</sup>	▲	Where abortion is criminalized, some healthcare providers perceive that when reporting is required, this impacts the provider-patient relationship negatively. <sup>3</sup>	
LaRoche 2020	▲	Participants repeatedly recounted that the perception of abortion as an illegal activity interfered with the patient-clinician relationship, introducing a sense of wariness about how honest they could be, and sometimes resulting in dishonest interactions with clinicians.	
<b>OUTCOME: ANTI-ABORTION STING OPERATIONS</b>			
Douglas 2013 <sup>1</sup>	○	Where abortion is criminalized, some physicians report apprehension of anti-abortion sting operations which may lead to criminal justice procedures.	Overall, evidence from 2 studies suggests that criminalization contributes to apprehension of anti-abortion sting operations.
Påfs 2020 <sup>1</sup>	○	Where abortion is criminalized, some healthcare providers provide abortion care clandestinely to avoid being reported to the police by a spy or someone else.	
<b>OUTCOME: CRIMINAL JUSTICE PROCEDURES INVOLVING HEALTHCARE PROVIDERS</b>			
Douglas 2013 <sup>1</sup>	○	Where abortion is criminalized, some physicians report apprehension of criminal prosecution resulting from their clinical practice.	Overall, evidence from 6 studies indicates that criminalization leads to criminal justice procedures against abortion information providers and evidence from 5 studies suggests that healthcare providers anticipate criminal justice procedures against them resulting from their clinical practice. In addition, evidence from 2 of these studies indicates that fear of criminal justice procedures leads to hesitancy to provide abortion care, including in cases of non-viable pregnancies.
Casas 2014 <sup>1</sup>	▲	Criminalization leads to criminal investigations of providers of abortion information, including staff at abortion hotlines. <sup>3</sup>	
De Costa 2013 <sup>1</sup>	○	Where abortion is criminalized, some healthcare providers report apprehension of criminal prosecution resulting from their clinical practice.	
CRR 2010 <sup>1</sup>	○	Criminalization of abortion creates fear of criminal liability among some healthcare providers and a hesitation to provide abortion care, even in cases of non-viable pregnancies such as ectopic and molar pregnancies.	



Nara 2019	○	Providers fear prosecution for providing safe abortion.	
Power 2021	○	Clinicians feel vulnerable to prosecution where 'exceptions' are narrowly defined and fear that misdiagnosis of a foetal condition might lead to their prosecution.	
<b>OUTCOME: AVAILABILITY OF TRAINED PROVIDERS</b>			
Aitken 2017 <sup>1</sup>	□	Out of 52 OB-Gyn trainees, 52% (n=27) would be interested in abortion provision training as part of their curriculum, 30% (n=16) are not interested and 15% (n=8) are unsure.	Overall, evidence from 3 studies suggests that criminalization contributes to lower availability of trained providers and a loss of relevant skills.
CRR 2010 <sup>1</sup>	□	Criminalization contributes to a lack of training opportunities in abortion care for healthcare providers and unwillingness among some clinicians to learn about abortion.	
Douglas 2013 <sup>1</sup>	□	Criminalization contributes to a lack of training opportunities in abortion care for physicians, and unwillingness among some clinicians to learn about abortion. This in turn leads to a lack of relevant skills among specialists in obstetrics and gynaecology.	
<b>OUTCOME: REPORTING OF SUSPECTED UNLAWFUL ABORTIONS</b>			
Aitken 2017 <sup>2</sup>	▲	While most healthcare providers (74%, n=39/52) would not report a woman who has had an abortion by procuring medications illegally to the police, 14% (n=7/52) were unsure.	Overall, evidence from 10 studies suggests that some healthcare providers report or would report a woman suspected of an induced abortion, while evidence from 2 studies indicate that healthcare providers generally don't report women to authorities. Where abortion is criminalized, there is not always a consensus among healthcare providers about whether and if so when one should report. While some never report in order to avoid being dragged into an investigation, others report to protect themselves from any legal repercussions.
Blystad 2019 <sup>1</sup>	○	Where abortion is criminalized, healthcare providers generally do not report women to the authorities.	
Casas 2014 <sup>1</sup>	▲	Women seeking post-abortion care risk being reported to the authorities. Some physicians perceive that some 'obvious cases' leave them no option other than to report.	
Casseres 2018	▲	Where abortion is criminalized, some healthcare providers report women seeking post abortion care to authorities leading to criminal	

		lawsuits. Women seeking care following a self-induced abortion who are reported are more likely to be black and to have only completed primary school.
Citizen's Coalition 2014	▲	Where abortion is criminalized, some healthcare providers at public institutions report women seeking post-abortion care to authorities leading to criminal lawsuits. Some reports are made by police officers.
CRR 2010 <sup>1</sup>	▲	Where abortion is criminalized, some healthcare providers report women seeking post abortion care to authorities and believe it is their duty to do so. Some threaten to report women and force them to sign statements admitting guilt to protect themselves from any legal repercussions. Others refrain from reporting due to fear of being dragged into a legal investigation.
Påfs 2020 <sup>1</sup>	▲	Where abortion is criminalized, there is a lack of consensus among healthcare providers about whether or not one should report women suspected of induced abortion to the police. While most providers do not report women, some do in order to protect themselves from litigation.
Ramm 2020	▲	Participants considered themselves mandated to report unlawful abortion when working in the public sector where one's 'hands are tied', even though most did not support reporting. People who have abortions. Some considered this obligation overrode their duty of confidentiality to the patient.
Suh 2014 <sup>1</sup>	○	Where abortion is criminalized, healthcare providers generally do not report women suspected of induced abortion and all cases are recorded as spontaneous abortion.
Van Dijk 2012 <sup>1</sup>	▲	Where abortion is criminalized and healthcare facilities are obliged to report women suspected of induced abortion, reporting is largely dependent on the physician and the hospital director.

OUTCOME: SYSTEM COST			
Aitken 2017 <sup>2</sup>	▲	Criminalization contributes to delayed abortion when healthcare providers delay treating women with pregnancy complications until their lives are considered to be in danger. Among 33 physicians involved in the care of women with life threatening abortion complications, 27% (n=9) felt they had delayed abortion until a woman's health had deteriorated until "the pregnancy was deemed a severe risk to life/health."	Overall, evidence from 12 studies suggests that criminalization contributes to system costs. Four of these studies suggest that criminalization, indirectly, contributes to system costs by showing how decriminalization impacts birth weight positively, decreases unplanned pregnancies and fertility, and increases maternal mortality and severe abortion morbidity.  Evidence from 4 studies shows that criminalization contributes to system costs by creating a black market for abortion medication, by delaying abortion and post-abortion care until women are severely ill, by contributing to poor quality of post-abortion care, and by preventing women from accessing evidence based, safe and effective treatment.  Evidence from 1 study indicates that criminalization does not contribute to any system costs related to adolescent birth rates and finally, evidence from 1 study suggests that factors related to maternal healthcare and health status impact maternal mortality and not abortion legislation itself.
Antón 2016	○	Criminalization of abortion was not associated with a change in adolescent birth rates or birth outcomes (birthweight, prematurity, adequacy of prenatal care).	
Antón 2018	▲	Decriminalization of abortion is associated with an 8% decrease in births due to unplanned pregnancies. This decline is driven by a fall in fertility among women with secondary education, aged 20-34 years old.	
Casas 2014 <sup>1</sup>	▲	Criminalization contributes to system costs by creating and fueling a black market for abortifacients and facility-based care where providers are free to determine the fees.	
Clarke 2016	▲	Decriminalization is associated with reductions in maternal mortality. Following law reform that gave women access to first trimester abortions on request, free of charge, maternal mortality fell by 8.8-16.2% among women aged 15-44 and by 14.9-30% among adolescents.	
CRR 2010 <sup>1</sup>	▲	Criminalization deters women from seeking post abortion care, as they fear harassment and legal repercussions. This results in delayed care-seeking for complications, and women seeking care only when experiencing severe complications that may risk their health and life. Banning of misoprostol has potential system costs as it prevents women from accessing evidence based, safe and effective means to end their pregnancies including for the treatment of post-abortion complications. Furthermore, where therapeutic abortions are not accurately recorded, system readiness is impacted, increasing system costs.	

Fathallah 2019	▲	Where abortion is criminalized, abortions carried out in hospital settings are sometimes registered as a s “miscarriage”, resulting in distortion of health data.
Henderson 2013	▲	Decriminalization is associated with a decrease in the odds of serious abortion complications (aOR = 0.49; CI95% 0.37-0.64). The odds of sepsis is significantly reduced when comparing pre- and post-decriminalization (aOR 0.37; CI 95% 0.29-0.46).
Koch 2015	○	Differences in maternal mortality between settings with more restrictive and less restrictive abortion legislation are attributed to differences in maternal healthcare, fertility, literacy, intimate partner violence and sanitation, and not the abortion legislation itself.
Nara 2019	▲	Where abortion is criminalized, fear of prosecution dissuades women from seeking post-abortion care.
Shahawy 2019	▲	In settings where abortion is criminalized, women attempt unsafe abortions at home or seek clandestine abortions in private clinics; afterwards some refrain from seeking post abortion care due to fear and others obtain care to help complete their abortions.
Vázquez 2016	▲	Decriminalization leads to a decrease in the number of births by an additional 4%. In addition, decriminalization contributes to a reduction in the probability of childbearing by 12-18% among women aged 20-29. No change in adolescent fertility is observed.