



WELLNESS 10/21/2016 05:21 pm ET | Updated Oct 21, 2016

What Doctors Want Politicians To Know About Abortion

What policymakers should learn before they legislate.



By Anna Almendrala

At the third and final debate last Wednesday, GOP presidential candidate [Donald Trump](#) drew a lot of criticism for his medically inaccurate and emotionally charged description of late-term [abortion](#).

Trump described a procedure that [rips the baby out of the womb in the ninth month](#) of pregnancy — a shocking characterization that medical experts have denounced and refuted as a gross distortion of the procedure. Here's what he said:

If you go with what Hillary is saying, in the ninth month you can take baby and rip the baby out of the womb of the mother just prior to the birth of the baby. Now, you can say that that is okay and Hillary can say that that is okay, but it's not okay with me. Because based on what she is saying and based on where she's going and where she's been, you can take baby and rip the baby out of the womb. In the ninth month. On the final day. And that's not acceptable.

In a blog post, obstetrician/gynecologist Dr. Jennifer Gunter [linked Trump's statements](#) to a general medical literacy problem in politics, particularly among those who wish to curb women's access to safe abortions. This got us thinking: **What do more doctors and researchers who care for women wish policymakers knew about abortion?**



on to learn more about abortion in the U.S., how doctors view the procedure and what policymakers should know about abortion access.

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“Abortion is healthcare – and any attempt by policymakers to separate it from the rest of medicine is artificial.” – Dr. Daniel Grossman

Every year, [more than one million women](#) in the U.S. have an abortion. Excluding miscarriages, [21 percent of all pregnancies](#) in the U.S. ended in abortion, according to a 2011 study. Says Grossman:

The thing that I wish were better appreciated is that abortion is healthcare — and any attempt by policymakers to separate it from the rest of medicine is artificial. Women are more sure of their decision to have an abortion than are patients who go through other comparable medical procedures. In terms of safety, abortion is at least as safe or safer than similar clinic-based procedures that are not regulated as stringently as abortion. Like other healthcare, health insurance, including Medicaid, should cover abortion care, as is done in most other countries where abortion is legal. And finally, abortion training needs to be a part of medical and nursing education everywhere — because it's healthcare.

Daniel Grossman is a professor in the department of obstetrics, gynecology and reproductive sciences at University of California, San Francisco. He is also director of Advancing New Standards in Reproductive Health (ANSIRH) at Bixby Center for Global Reproductive Health at the University of California, San Francisco.

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“The public approaches the decision of abortion with sympathy and sadness regardless of the situation.” - Dr. Laura Laursen

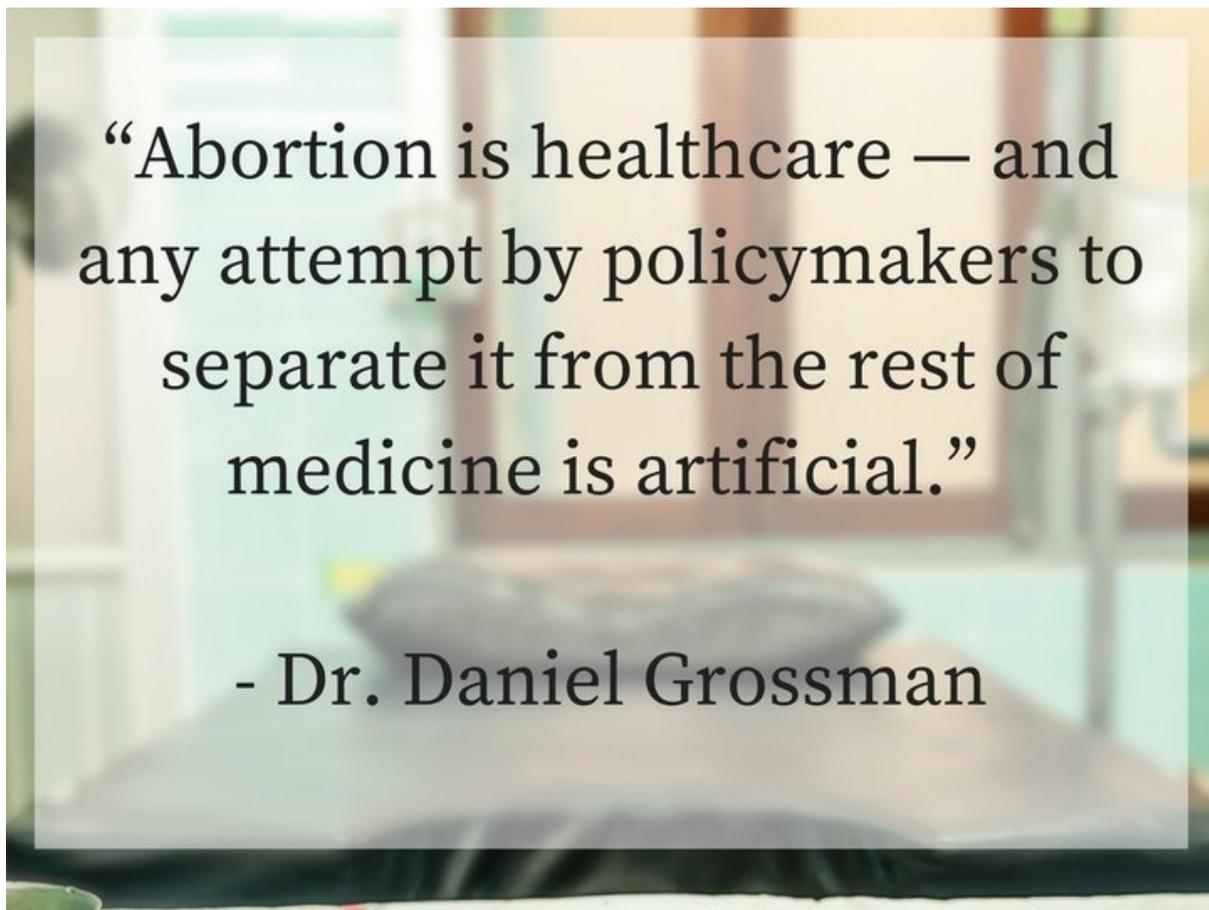
The majority of Americans (53 percent) do not want the Supreme Court to overturn *Roe v. Wade*, the 1973 decision that established a woman's constitutional right to an abortion in at least the first trimester. That figure comes from a 2012 Gallup poll, the most recent year this



percent say it should be legal under certain circumstances. According to Laursen:

The public approaches the decision of abortion with sympathy and sadness regardless of the situation. Women chose abortion in order to improve the lives of themselves and those they care about. Instead of shaming women, intentionally or unintentionally, we should be empowering and celebrating all women who make decisions that are right for themselves and their families.

Laura Laursen is a family planning fellow at the University of Chicago Medical Center.



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“I want policymakers to understand that a woman carrying a pregnancy to full term confers more risk than an abortion.” - Dr. Jennifer K. Hsia



of any reproductive choice they make. Women have an increased risk of [stroke](#), [heart attack](#) and death during pregnancy and in the postpartum period compared to women who are not pregnant. Hsia:

I want policymakers to understand that a woman carrying a pregnancy to full term confers more risk than an abortion, most significantly when abortion occurs in the first trimester. Keep in mind that 90 percent of abortions occur in the first trimester.

I want policymakers to know that abortions remain safe in this country due to evidence-based practices based on rigorous and robust research. Abortion will only continue to remain safe in this country when there is protection of the access that women have to safe abortion services. People need to know that abortion providers, whether they are specialists, OB-GYNs, Family Medicine providers or advanced practice providers, do not “have fun” or “enjoy” performing abortions — we perform abortions because it is a fundamental human right to make decisions about one’s reproductive health. We are passionate about defending that right.

Jennifer K. Hsia is a clinical fellow in family planning in the department of Obstetrics and Gynecology at the University of California, Davis.

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“So many incorrectly think that abortions are a one-size-fits-all experience for women.” - Dr. Julie Hein

Women of all ethnicities, ages and economic strata have abortions, and their reasons for having an abortion range from [education and career goals to relationship problems](#), lack of funding to be a parent, and a new child’s potential to interfere with their ability to care for dependents they already have. It’s a point Hein emphasized:

My biggest frustration about the abortion debate in today’s political climate is that so many incorrectly think that abortions are a one-size-fits-all experience for women. Not only are actual abortions quite varied — they range from medications to surgical procedures — but most importantly, the reasons that a woman chooses to have an



pregnancy would be life-threatening, and women who discovered late in pregnancy that their baby could not survive after birth. Some of these women decide to end their pregnancies and some do not, but the point is that they have the right to decide. For all of these women, and for all women, abortion must remain a safe and legal option.

Julie Hein is an OB/GYN in a university setting in Southern California.

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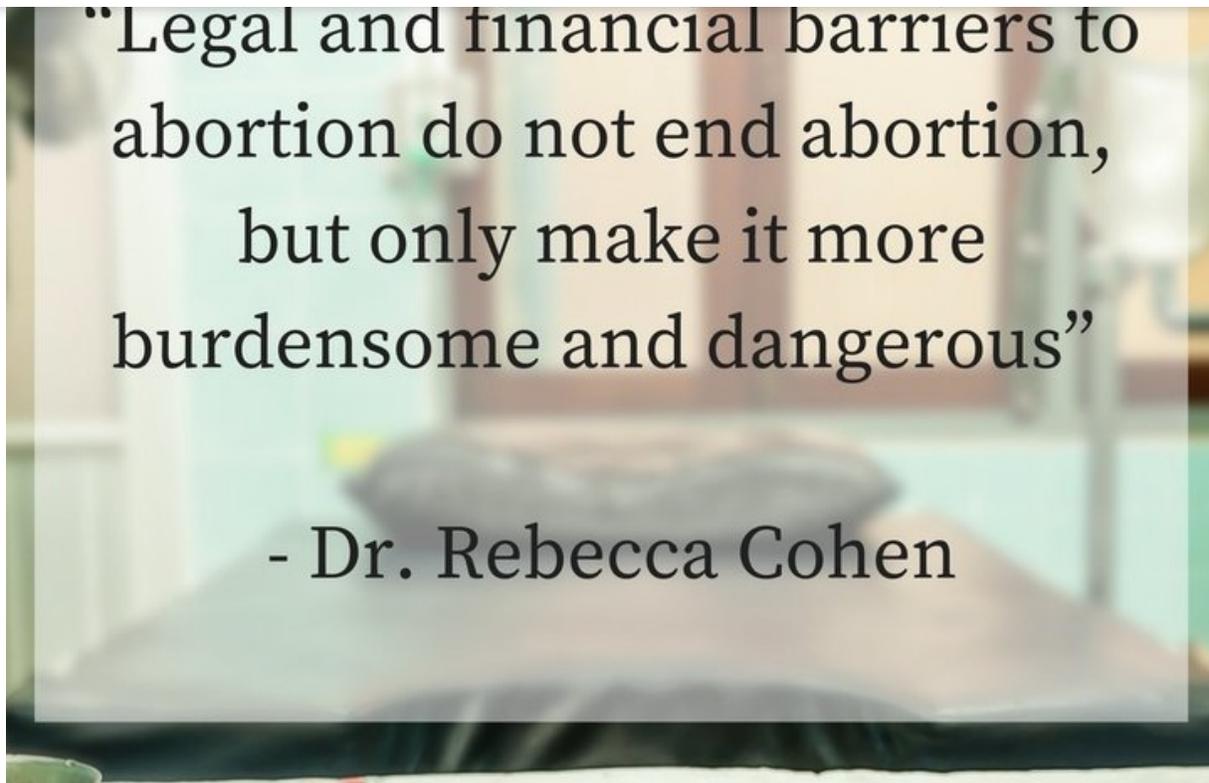
“I wish that policy makers understood that poor women are thinking of their current children when they have an abortion.” - Dr. Valerie French

A Guttmacher study from 2008 found that 61 percent of women who had an abortion had at least one child, and Slate reported in 2011 that the proportion may have increased since the recession; that number is now 72 percent, according to the National Abortion Federation.

Wrote French:

I wish that policy makers understood that poor women are thinking of their current children when they have an abortion. Many of the women I see are living day-to-day to get food for their families. They work hard to ensure their children have food/clothes/a place to live. When Medicaid and other insurance companies don't pay for women to have abortions, children go without necessities. If we want to lift families out of poverty, we should cover their healthcare needs, including abortion care.

Valerie French is an assistant professor at the University of Kansas.



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“Less than 1.5 percent of abortions are performed after 20 weeks gestation in the United States.” - Dr. Sarah Horvath

Only 1.3 percent of abortions take place at or after 21 weeks, pointed out Horvath, and the majority are conducted because the fetus has severe birth defects:



abnormalities. These malformations of the brain, heart and other organs are very often not compatible with life and cannot be diagnosed until the “anatomy ultrasound,” which is performed at 18-20 weeks gestation. Women who live in the [15 states with 20 and 22 week abortion bans](#) are unfairly burdened by the increased cost of travel, time away from work and family, child care and stigma.

Sarah Horvath is a family planning fellow.

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“Law does not mean access.” - Dr. Zevidah Vickery

Even though American women have a constitutional right to an abortion, state governments also have the power to limit access to the procedure. They do this by passing laws that force women to have [ultrasounds, counseling, or mandatory waiting periods](#) before getting the procedure. Other laws target providers and say doctors need hospital admitting privileges, or that the clinic should have certain structural features. These measures mostly result in limited access for teens, rural and poor women. The American Congress of Obstetrics and Gynecology notes that [more than one third of U.S. women live in the 89 percent](#) of counties that don't have an abortion care facility, and that in 2008, 17 percent of women who had an abortion had to travel over 50 miles to get it. According to Vickery:

Women are referred to another city an hour and 15 minutes away by car. Women who have only bus for transportation, who have small children to bring with them, whose two-day procedures will require an overnight stay in a hotel they do not have money for. Most of these women are forced to carry to term and have a baby they do not want, cannot care for, know will drain already limited family resources. Law does not mean access.

Zevidah Vickery is a doctor in New York.

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The overwhelming majority of women do not regret their abortions, Brandi pointed out. A 2015 study of 667 women who had abortions found that [95 percent of women](#) felt that abortion was the right choice for them, when asked every year for three years. Brandi explained:

I think one thing to know is that the majority of women present for abortion care are nervous and have guilt about talking to a doctor about abortion, but that a majority of them feel relief once the abortion is over. There are a lot of misconceptions (as evident in the debate) about what abortion is, the risks, and how it will feel for a woman going through it. This creates a lot of stigma around the procedure and the care they get (often I'm told "you are much nicer to me than I thought you would be" because these women expect to be treated poorly). I would want policymakers to know that it is important to understand that laws restricting abortion develop a stigma that hurt women.

Kristyn Brandi is a family planning fellow in the OB/GYN department of Boston Medical Center and the Boston University School of Medicine.