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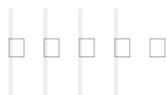
The Philadelphia Inquirer

THIS FALL YALL

As an ob/gyn and now a mother, I know the path to motherhood may lead in many directions | Perspective



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As I sat to perform her procedure, I contemplated the circumstances that had brought this woman to me. She was five years younger than I, but already a mother multiple times. Each of her prior pregnancies had ended with a cesarean section and her body would not tolerate another abdominal surgery. She sought an abortion so she could protect her own health and continue to parent the children she already mothered and loved. Because of her complicated surgical history, she was turned away from three clinics before finding our hospital-based practice. By the time we made it to the operating room, she was at 21 weeks' gestation.

Suddenly, I felt a kick inside my uterus. At the time, I was 20 weeks into my own growing pregnancy.

My road to motherhood had been a long one. I was lucky enough to have progressive parents and reliable health insurance; I started taking "the pill" before I became sexually active at 19 years old. I used oral contraceptive pills for a decade before getting an IUD during medical school with the help of incredible insurance, and the knowledge bestowed upon me by my gynecologist-researcher-mentors. When I was finally ready to become a mom, I was 36 years old and finishing my medical residency in obstetrics and gynecology.

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I removed my IUD and ... nothing. My doctors couldn't find anything wrong. I was just a little too old, a little too thin. It took 10 months, but when I finally had a positive pregnancy test, I was overjoyed.

Two days later, I miscarried.

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By this point, I was training in a specialty clinic devoted to contraception, abortion, and miscarriage. I had daily interactions with women who, like me, were experiencing the loss of a pregnancy. Some of them were mothers already. Some were desperate to avoid motherhood, for health or psychological, or economic, or social reasons. Some were desperate to become mothers for the first time, only to have circumstance intervene. I found myself among them in a new and different way. Pregnancy loss is a continuum, filled with complex and overlapping emotions. For some women, miscarriage is a relief. For others, abortion can be a difficult decision. And for others, abortion is not a difficult decision at all. Each experience is unique and complicated and emotional and messy.

I have performed abortions for women with wanted pregnancies – conceived through IVF and carrying debilitating or lethal abnormalities. I have given women miscarriage diagnoses that were met with relief and desire for contraception. I have discussed contraception with young women, hoping to put off motherhood until they were done with their educations or had launched their careers. My patients are already mothers. They want to be mothers soon. They want to be mothers later. They never want to be mothers. I continued to care for all of these women as I tried to navigate my own path to motherhood.

My husband and I started talking about adoption or fertility doctors. Both options are expensive and time-consuming, but we had good jobs, generous insurance, and supportive families. We had so many options to explore. My privilege became increasingly clear to me. So many of my patients lacked resources, insurance coverage, and support. They had to make real sacrifices just to obtain medical care, balancing the family they already had with the family they wanted. Every woman should have the opportunity to access contraception, abortion, and maternity and fertility care as she needs them. Every woman should be able to become a mother (or not) in her own way.

I contemplated all of this as I sat, 20 weeks pregnant, performing an abortion for a woman who was more pregnant than I, so that she could safely care for the children she already had. In that moment, I was able to hold our circumstances side by side and see the beauty in having full autonomy. We had both decided to be the most loving mothers we could be.

Dr. Sarah Horvath is an ob/gyn in Philadelphia and fellow with Physicians for Reproductive Health.

Posted: May 11, 2018 - 9:54 AM

[Dr. Sarah Horvath, For the Inquirer](#)

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RACIAL PROFILING

City traffic stop disparity

Police data show a big increase this year. And black drivers accounted for 75% of those additional motor vehicle cases.

By **Terrance Williams**
PHILADELPHIA

James Workman doesn't like his car interior but — so he got the windows of his Lincoln MKZ cleaned, he says — so he could watch what's going on by Pennsylvania law.

But this motor luxury carries a heavy price when the Delaware

County incident happened in Coatesville, the stretch being cleaned West Philadelphia neighborhood he owns. Workman, 35, said he has been stopped for police at least seven times along that drive, searched two or three times, and ticketed twice, all within the last year.

"I want and bought the car clean, and I love it," he said, providing copies of the tickets he keeps in his glove box for the next police encounter. He believes the searches weren't about the car. "They're looking for something else," he said. "Where are the guns? We must be gone." "I was just like, 'There are no guns in here!'"

In Workman, there's only one reason for all these stops. "They're just looking for all these things. They're just looking for all these things." See **PH 28** on **A1**



James Workman has been stopped at least seven times while driving to his West Philadelphia business. www.inquirer.com

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