What Doctors Want Politicians To Know About Abortion

HEALTHY LIVING

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What policymakers should learn before they legislate.

By Anna Almendrala

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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?**

We surveyed OB/GYNs, family planning doctors and reproductive researchers to ask what they wish politicians would understand about a person's decision to end a pregnancy. Read 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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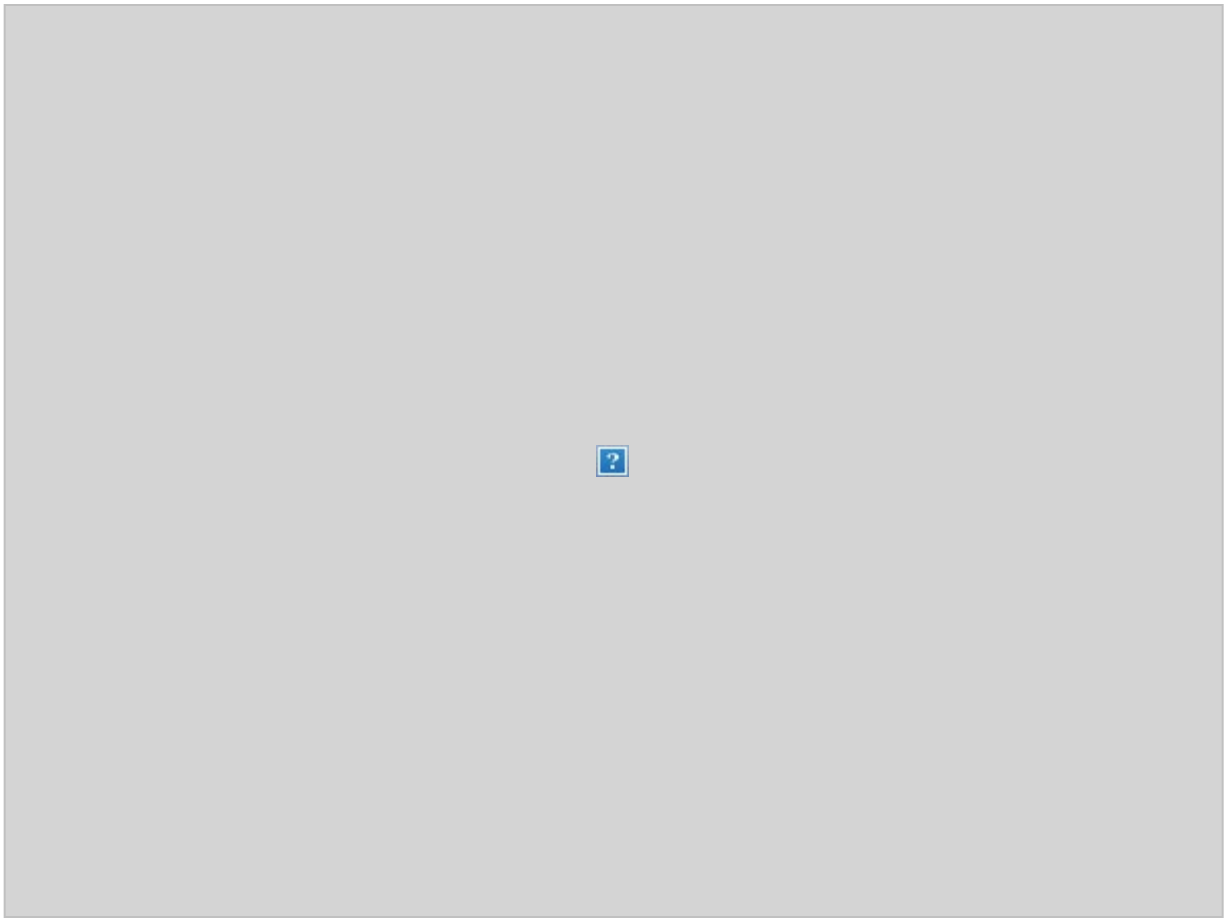
"The public approaches the decision of abortion with sympathy and sadness regardless of the situation." - Dr. Laura Laursen

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 question was asked. A more recent, similar survey from Gallup in 2016 found that twenty-nine percent of Americans think abortion should be legal under all circumstances, while 50 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

Abortions have a high-risk reputation, but they're actually safer for a woman than a full-term pregnancy, underscoring the need for women to understand the potential risks and benefits 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 abortion couldn't be more diverse. In my career, I've cared for women who became pregnant as a result of rape, women with serious medical problems for whom 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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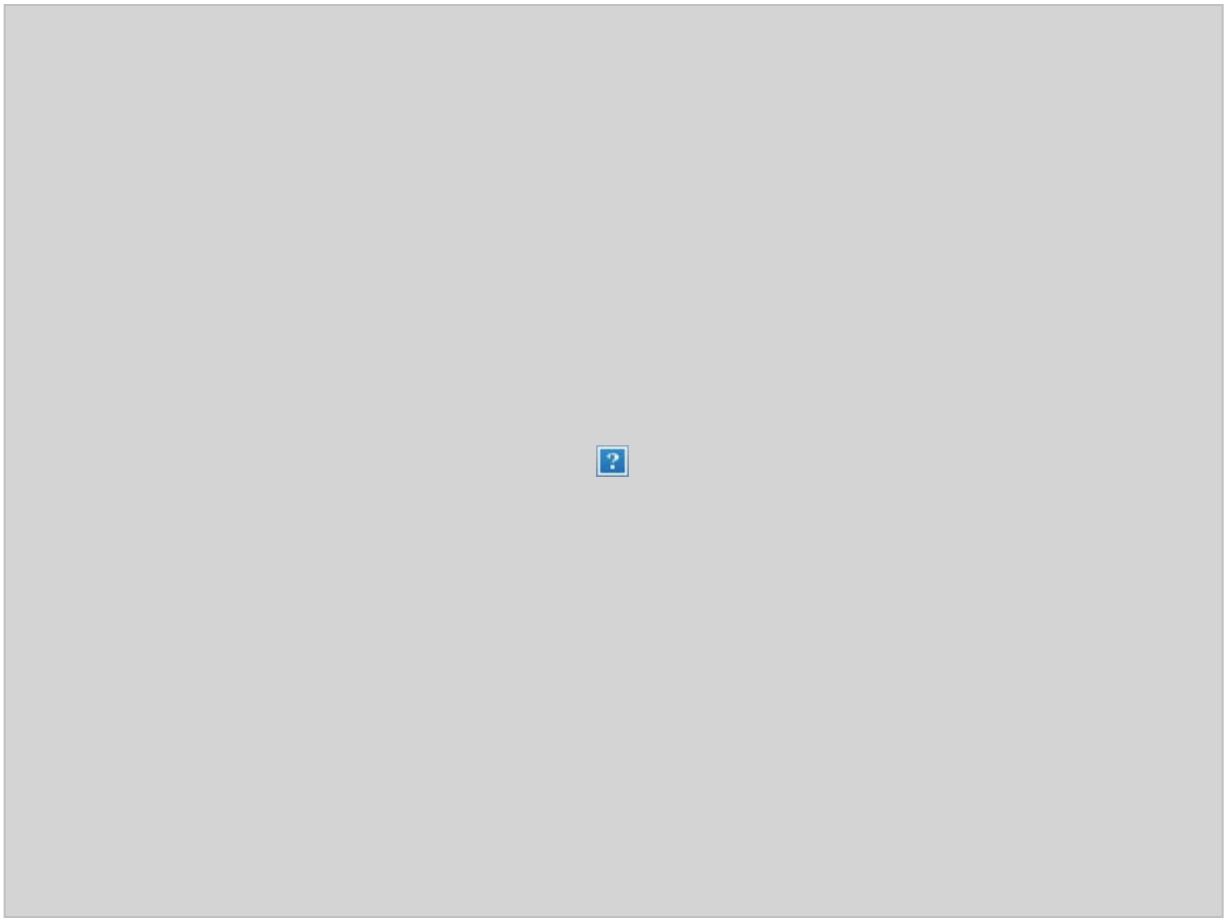
"I wish that policy makers understood that poor women are thinking of their current children when they have an abortion." - Dr. Valerie French

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:

> *Less than 1.5 percent of abortions are performed after 20 weeks gestation in the United States. Many women seek these later*

> *abortions for fetal structural 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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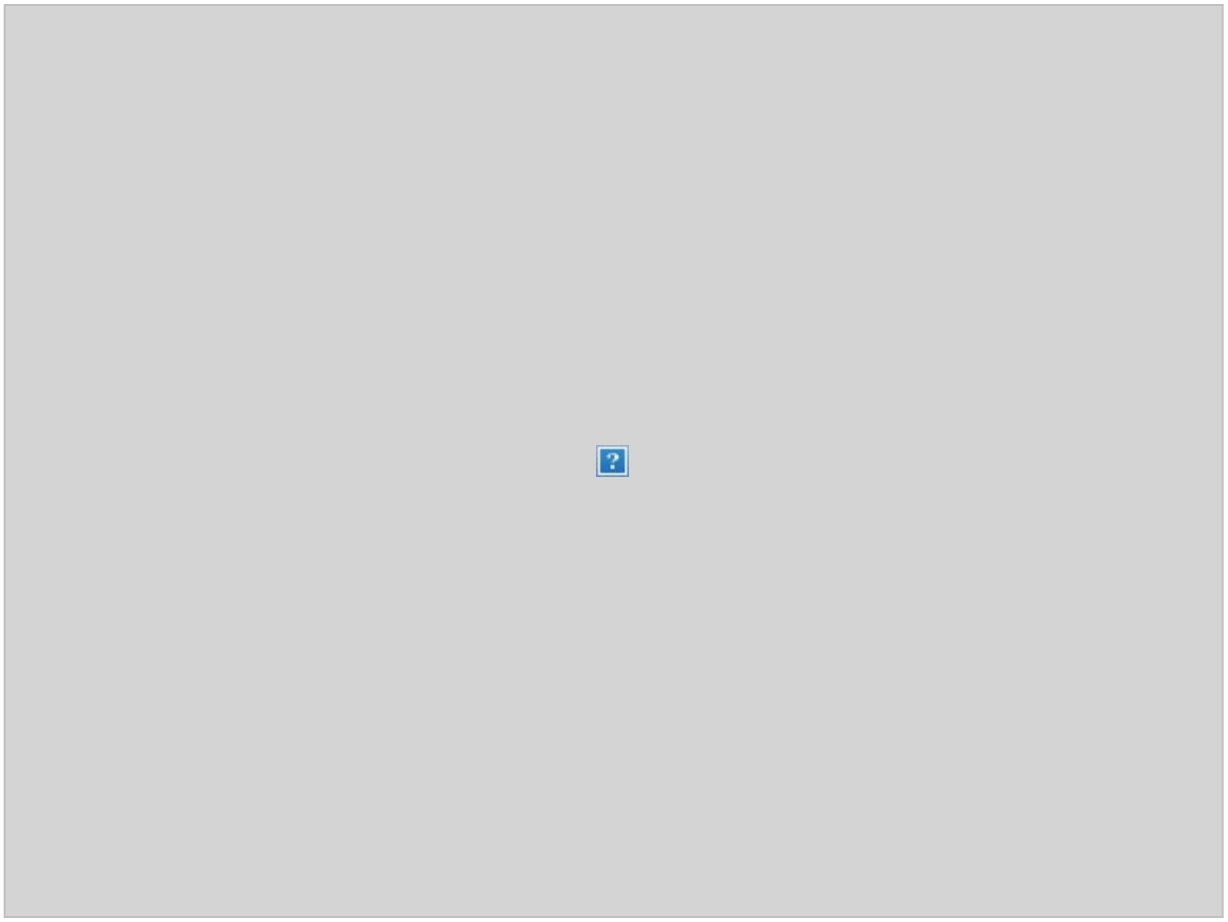
"The majority of women present for abortion care are nervous and have guilt about talking to a doctor about abortion, but that a majority of them feel relief once the abortion is over." - Dr. Kristyn Brandi

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 women 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.



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“I wish that policymakers understood that legal and financial barriers to abortion do not end abortion, but only make it more burdensome and dangerous.” - Dr. Rebecca Cohen

Abortion rates in the U.S. rose immediately after Roe v. Wade, but have been steadily declining since the 1980s. Now, abortion rates are at a historical low in developed countries, mostly thanks to increased use of contraceptives. But making abortion illegal again will not decrease the number of procedures; instead, it could increase the number of deaths from botched abortions. In the eight years after Roe v Wade, deaths from abortion declined fivefold. Said Cohen:

My greatest frustration about discussion of abortion in the public

sphere is the lack of diversity of women's perspectives and experiences. Anti-choice advocates have a very simple narrative: every pregnancy is a blessing, and every abortion is bad. My patients' lives are so complex, and women end pregnancies for so many reasons, from the heartbreaking to the mundane. I wish that policymakers understood that legal and financial barriers to abortion do not end abortion, but only make it more burdensome and dangerous.

Rebecca Cohen is a doctor in Colorado.

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"My biggest frustration is that the debate centers around this one small procedure." - Dr. Anna Glezer

About one in eight women experience postpartum depression after giving birth, according to the U.S. Centers for Disease Control and Prevention. Factors that increase a woman's risk for PPD include stress, low social support, being a teen mom, having a baby with a birth defect or disability and pregnancy and birth complications. It's a concern for Glezer:

My role as a reproductive psychiatrist is to treat women who are suffering from conditions like depression during pregnancy. I also see those who have to make a difficult termination decision due to fetal anomalies, for example.

My biggest frustration is that the debate centers around this one small procedure, and yet we have not nearly enough debate on how to treat those who continue their pregnancies and struggle postpartum, [as well as] the families who suffer with so many different psycho-social issues.

Anna Glezer is a perinatal and reproductive psychiatrist at the University of California, San Francisco. She is also the founder of Mind Body Pregnancy.

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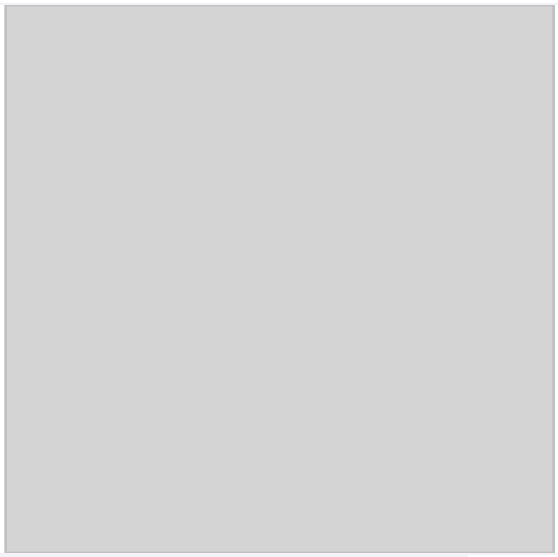
"She alone walks in those shoes, and I trust her to decide." - Dr. Siripanth Nippita

> *As a physician who provides abortions, I have observed that every single woman who comes to me for this care wishes things were different. That there weren't a lethal fetal anomaly affecting her pregnancy, or that there were still a heartbeat. That she did not have to live with the memory of a sexual assault. That she had the time, energy, and resources to be the best parent she could be at this very moment, because that would change everything. She alone walks in those shoes, and I trust her to decide.*

Siripanth Nippita is the director of the Ryan Residency Training Program at Beth Israel Deaconess Medical Center and an instructor in the department of obstetrics, gynecology and reproductive biology at Harvard Medical School.



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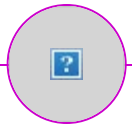

Anna Almendrala

Senior Reporter, HuffPost

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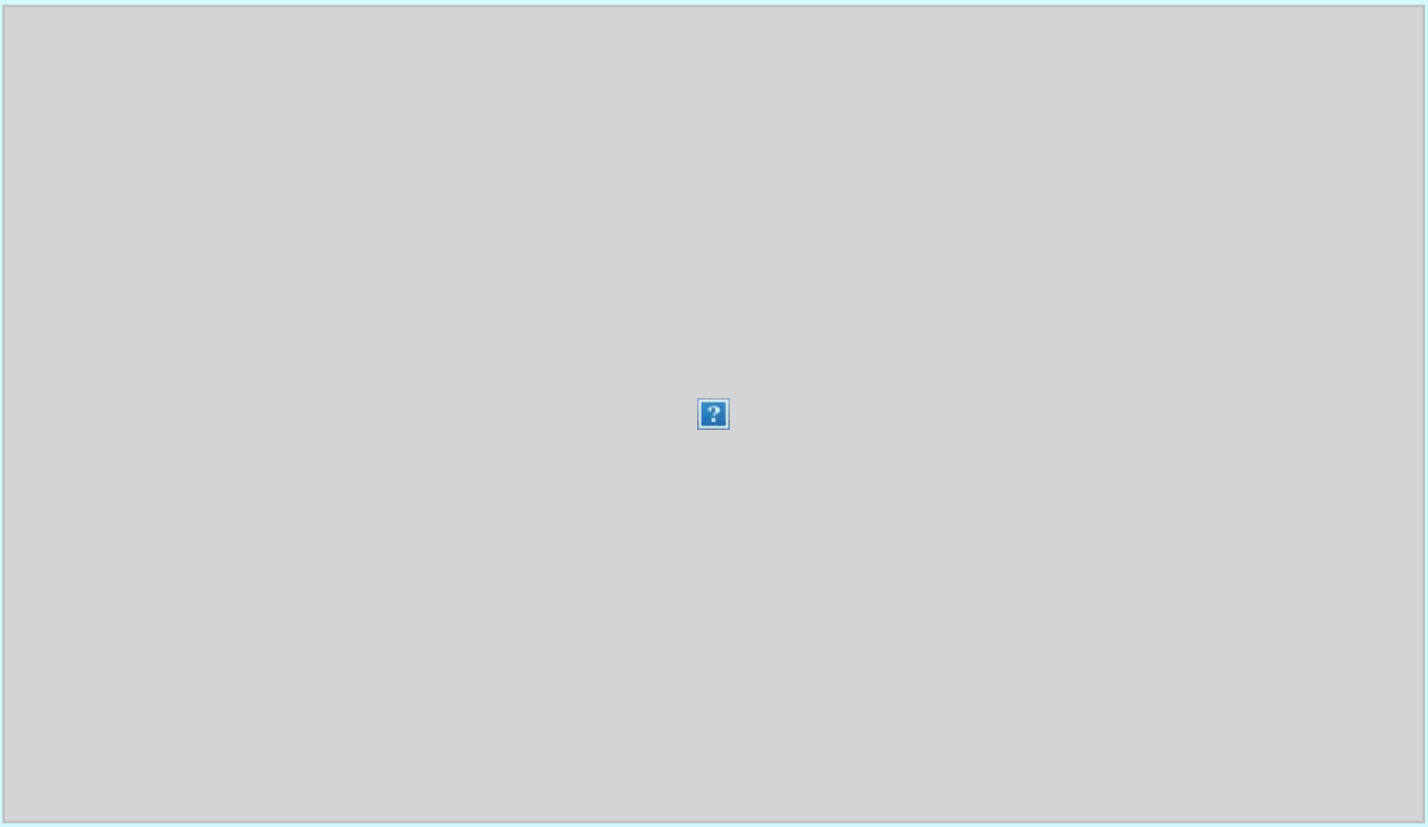

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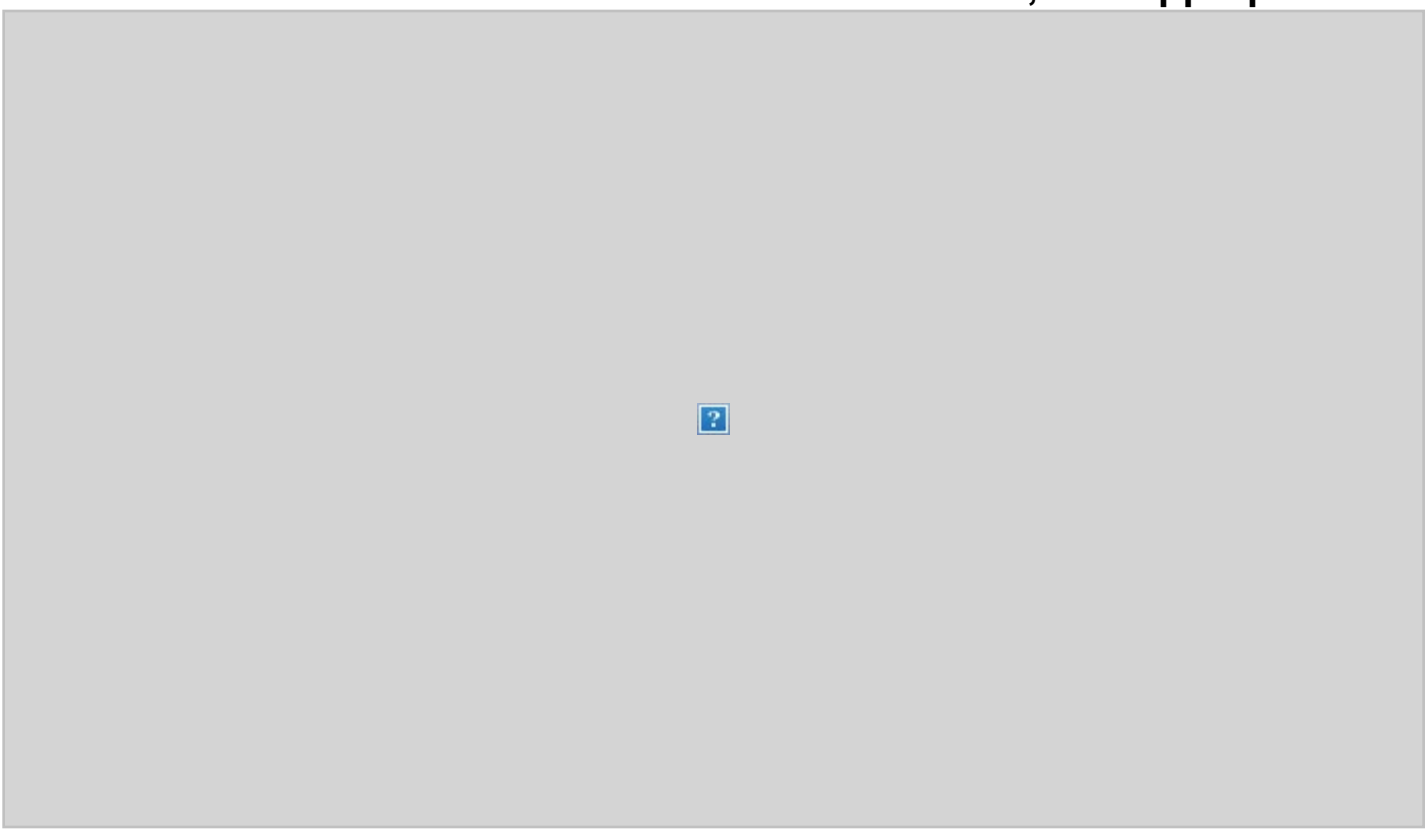

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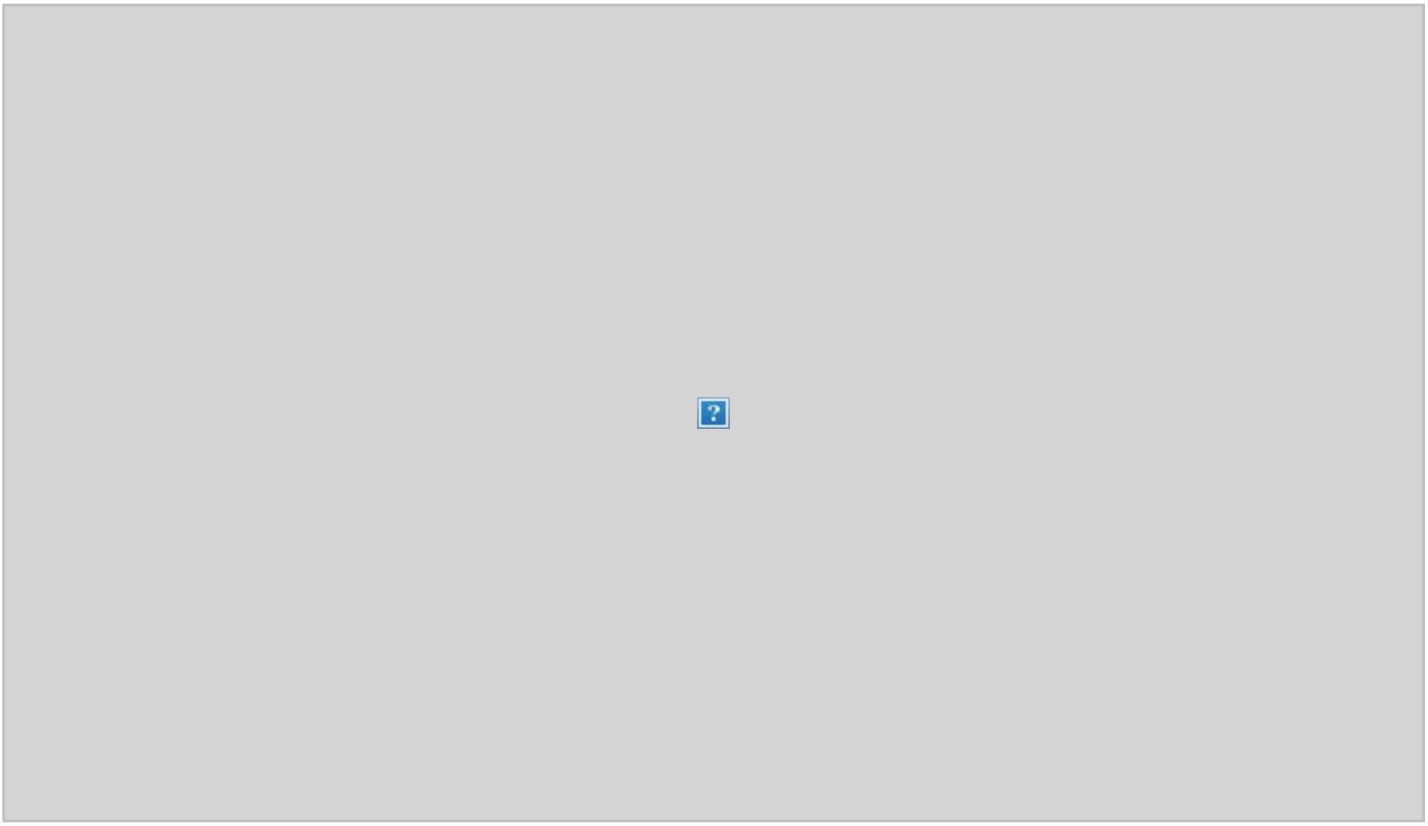

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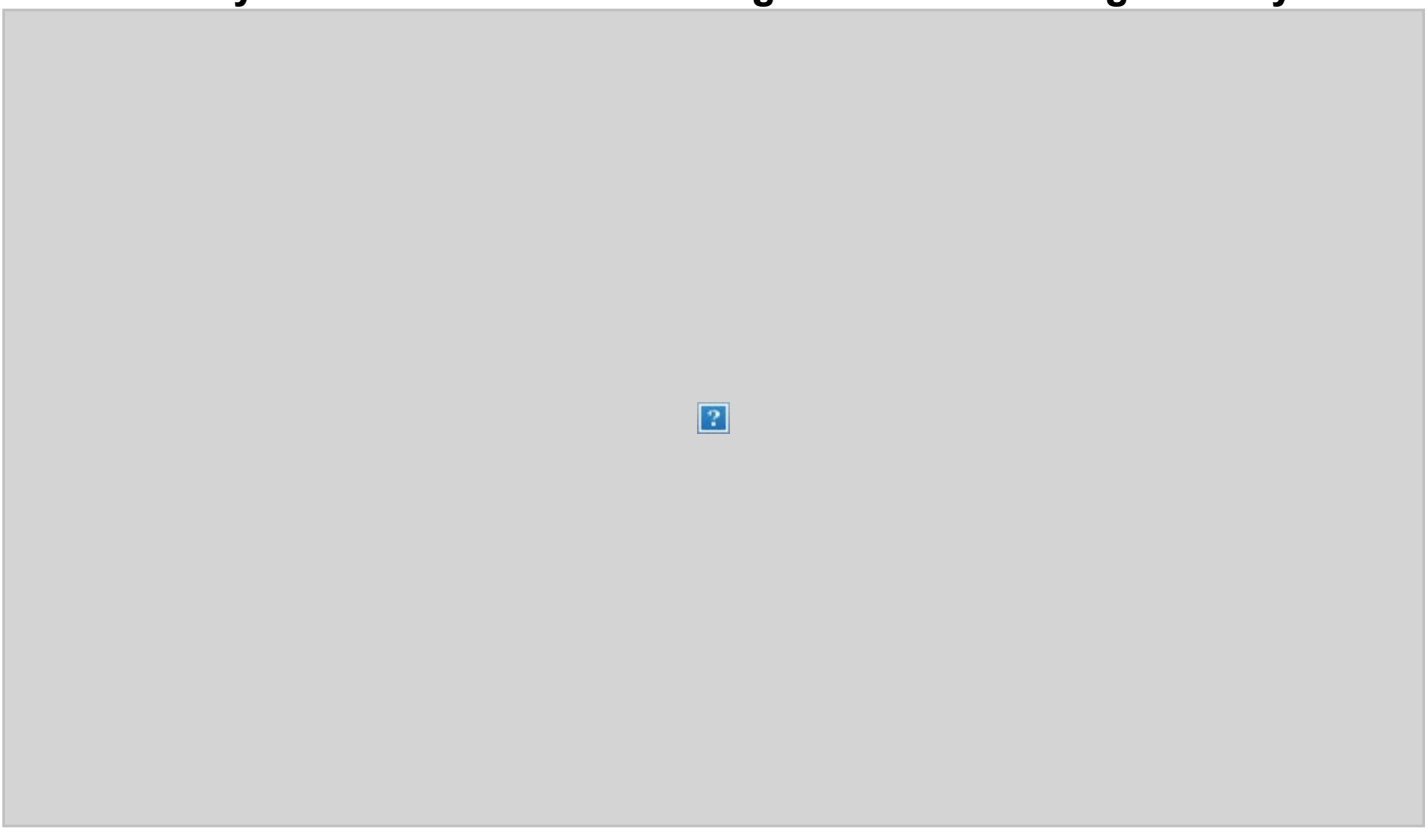

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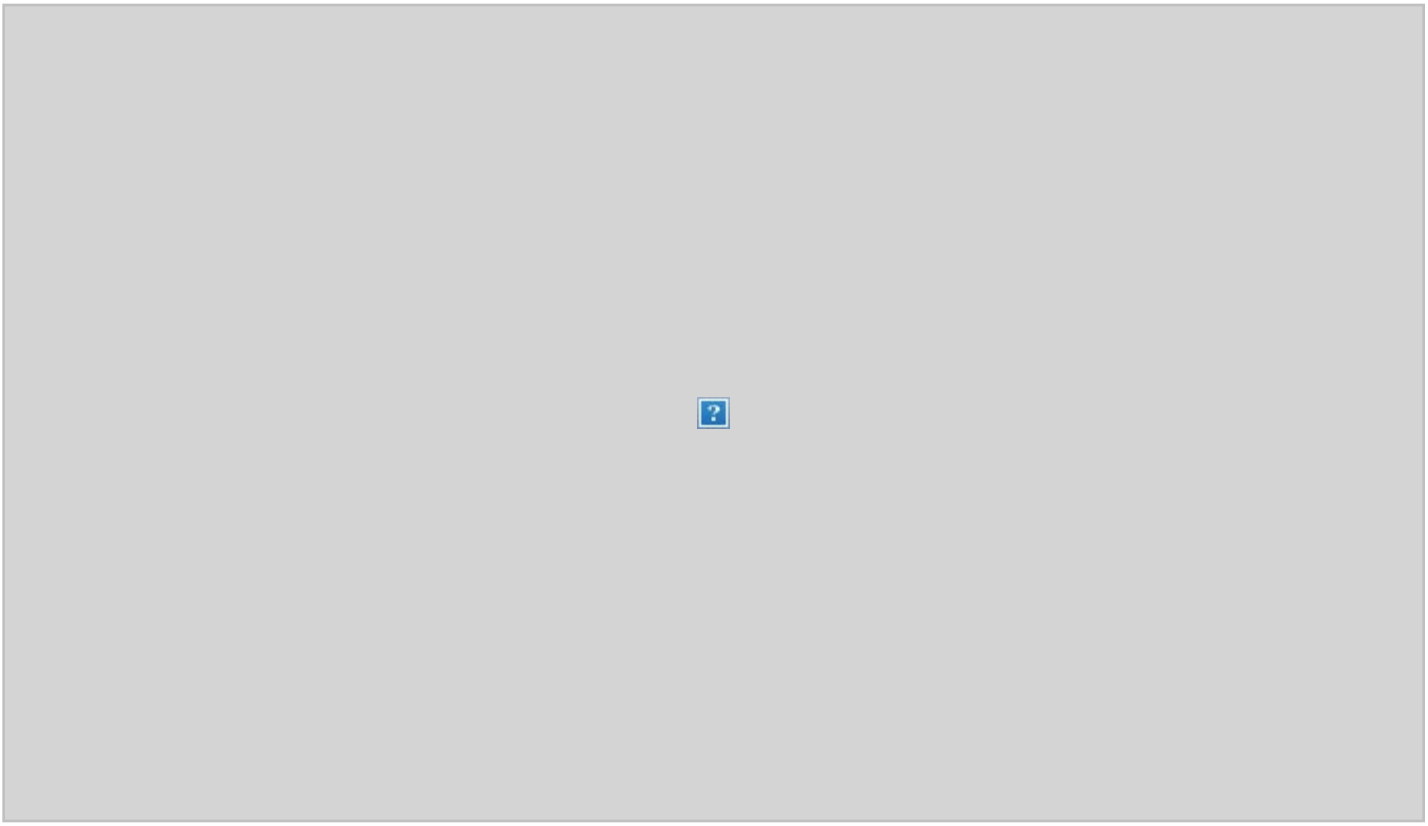

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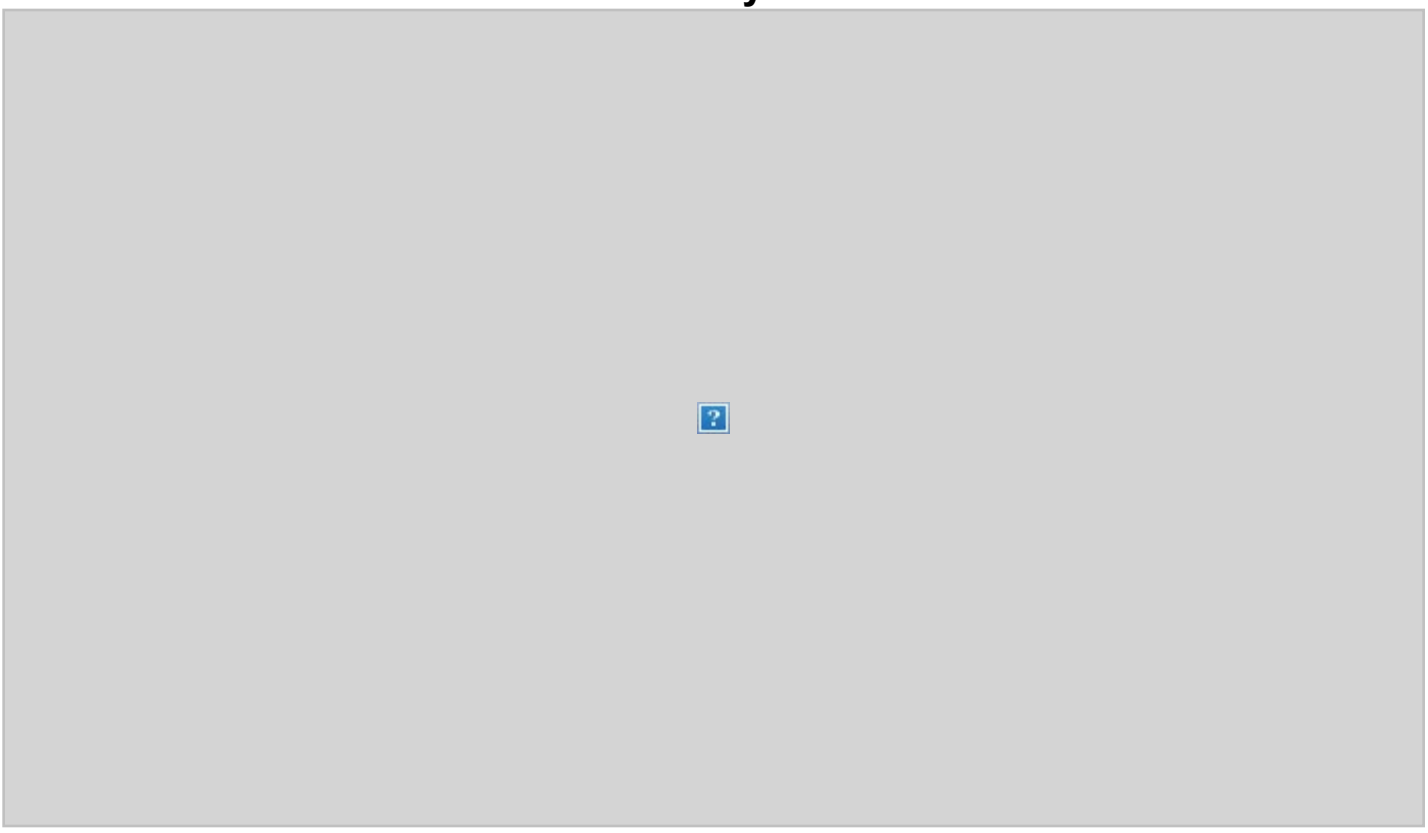

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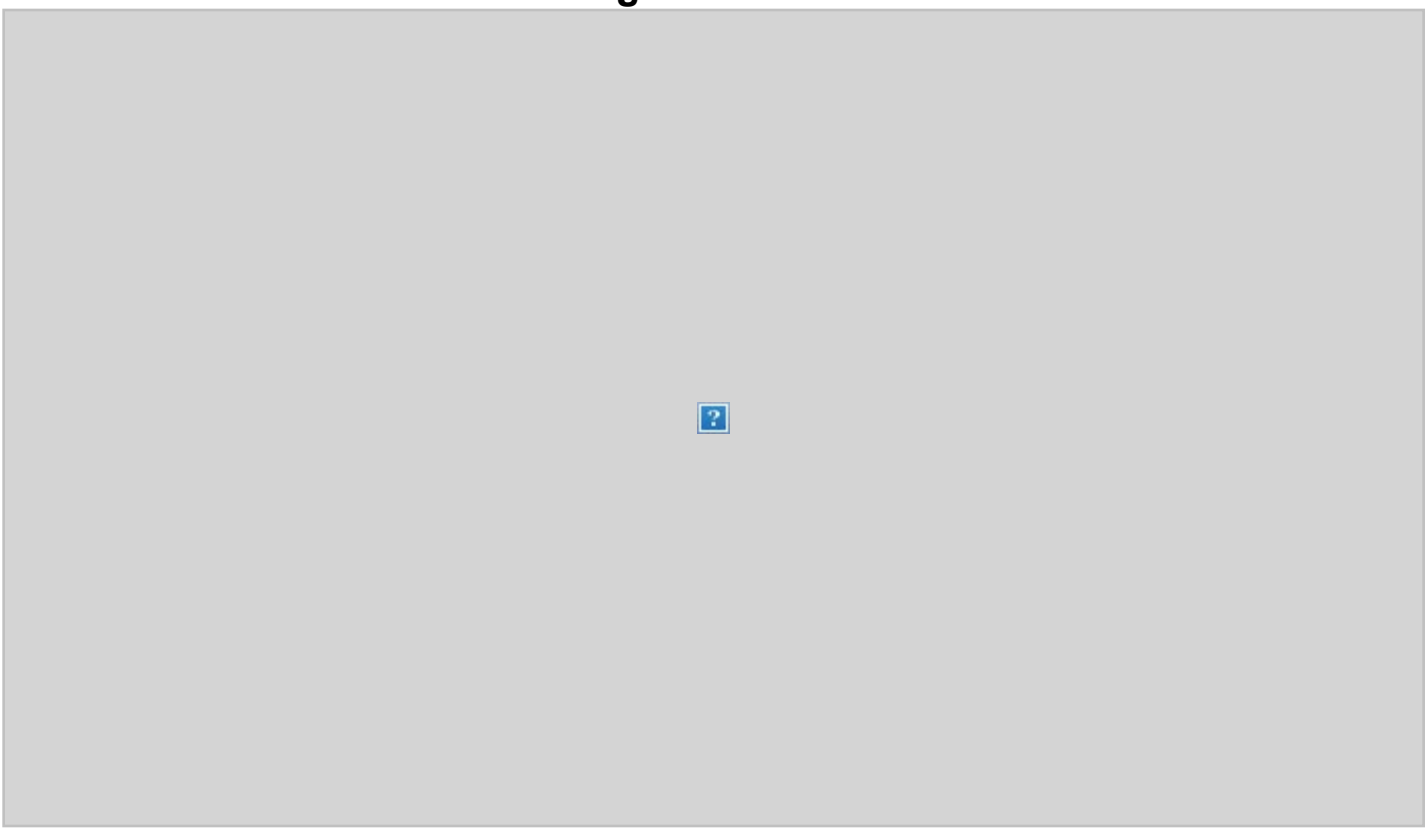

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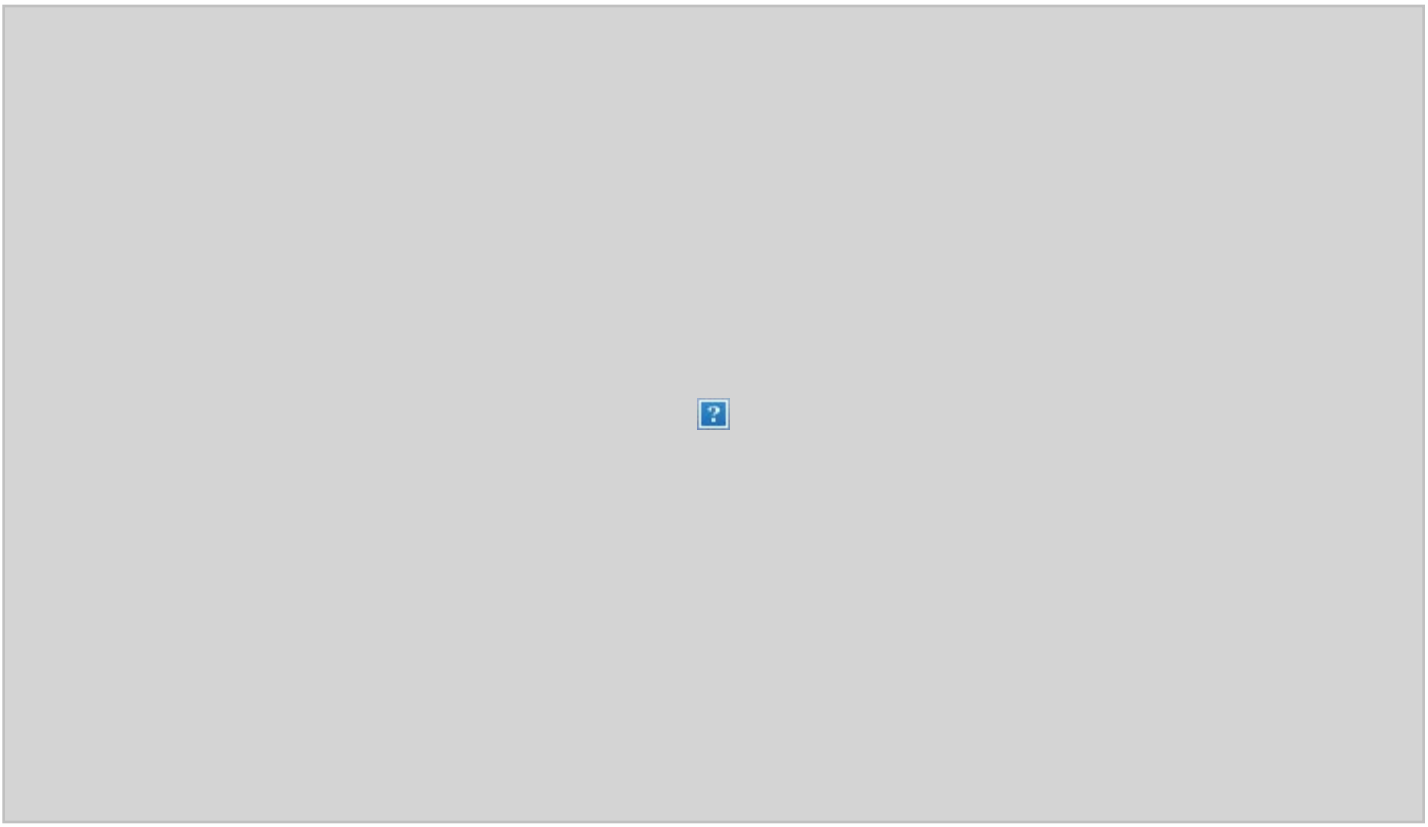

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