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MOTHER AND ABORTION PROVIDER—I CAN BE BOTH | OPINION

DR. ABBEY HARDY-FAIRBANKS

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When I was pregnant for the first time, I was overcome with feelings of joy for what was next—excitement to celebrate my child and be a mother on my first Mother's Day, anticipation to grow our family—but also trepidation and sometimes outright fear. As an abortion provider, I was concerned about how an obviously pregnant physician would be perceived by my patients and fellow abortion providers. Would I make patients' abortion journey in any way more difficult?

I shouldn't have been nervous. I immediately found that patients universally were loving and accepting of my pregnancy, almost as if they felt like I understood them and their journey more. Protesters, however, became much more brazen and insulting at the abortion clinic where I work when I arrived each morning and left for home each evening. Not because I was a pregnant abortion provider: they assumed that I was a client seeking abortion care, all the way until the end of my pregnancy.

While both my pregnancy and my experiences with protesters certainly deepened my empathy for patients, I knew that pregnancy and parenthood would not change my politics or ethical feelings about the vital importance of abortion access. But how would I feel about actually providing abortions? I was purposeful and actively introspective as I progressed through pregnancy—assessing my feelings and emotions about providing this service as I myself was progressing through a desired pregnancy. I found that my dedication to providing both first and second-trimester abortions did not waver, but uniquely connected me to my patients.

Everyone was healthy and I was surrounded by family and friends offering love and support. But within two weeks of delivery, I developed a dark, severe postpartum depression. Looking back there are vast stretches of time during my son's first three months of life that I do not remember, except in the pictures we have that pop up as memories on Facebook on days such as today, Mother's Day.

I grieved for the independence I had before his birth, for the freedom to do and go as I pleased. I missed going to work and caring for women, rather than just my baby. Despite my

training as an obstetrician and gynecologist, I did not recognize that these thoughts and feelings were symptoms of serious depression until about six months after it started.

Those were dark times that certainly taught me that motherhood is not what it looks like on social media. In contrast to the beautiful Mother's Day pictures I felt I was supposed to have, I found that motherhood, to me, was really about profound self-sacrifice compensated by the unconditional love of a child.

When my son was about 10 months old, I knew that something was different with him compared to the 10-month-old children of my patients. He was not verbalizing anything, but had memorized all his colors by sight—when I asked him to point to a red, yellow or green block he did so perfectly every time. But when I tried to entice him to talk rather than repeat my phrases, he couldn't.

By 24 months, I demanded that his speech be evaluated, given that he spoke in phrases he memorized from books or repeated from me. I was told that I was a new mom and just overanxious; he was fine. He recited an entire Dr. Seuss book, which impressed the speech therapist, but didn't seem right to me.

When he was two and a half years old, while I was pregnant with my daughter, I pressured the doctors for a full evaluation, and my son was diagnosed with autism spectrum disorder. On Mother's Day, I often reflect on what I feel are my failings as a parent: should I have pushed harder, or could I have seen it sooner?

Dr. Abbey Hardy-Fairbanks, an OB-GYN in Iowa, with her son, Cooper.

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I love every bit of both my children and wouldn't change any part of them. I wouldn't change my son's autism. I would, however, change the world around him—the one that stares when he has a meltdown or is loud; the one where other children bully him or look at him as different or odd. He is perfect: he finds joy in the simplest things, has a huge heart and wants so much to love his family and please his teachers.

Mothering a special needs child is harder and more exhausting than one can imagine, even despite my privilege, knowledge, resources and support. I am fortunate to have entered into pregnancy by choice, with a spectacular partner and with life experience to inform my decision, yet motherhood is still a struggle. I cannot even imagine how hard it would be if I had

been forced to continue an undesired pregnancy due to a lack of access to contraception or abortion.

As mothers we observe gorgeous moments in the lives of our children and families, but we are also tasked with the hardest decisions—determinations that only a mother can make. Once a mother who came to me for an abortion told me that she needed one because she had to be able to care for her three other children, all under the age of 5. She wanted to be a mother to them emotionally, physically and financially. For her, the responsibility to her family and children made the decision to have an abortion clear.

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Another mother whose first pregnancy had significant complications came to me when she became unexpectedly pregnant a second time after her contraception failed. She knew that continuing a pregnancy would threaten her health and life and she wanted to be alive for her 2-year-old daughter. For her, abortion saved her life and kept her family intact. Mothers make the best decisions for their families, and we should celebrate and support them whether they continue a pregnancy or not.

Pregnancy is always transformative. My pregnancy and experience of mothering my children transformed my dedication to abortion provision into a shared understanding with my patients that motherhood is a precious gamble and should always be entered willingly, with eyes open and a prepared heart. The person whose uterus is carrying a fetus is uniquely qualified to make that decision. I see every day how abortion restrictions, lack of insurance coverage and stigma result in women trapped into continuing pregnancies they did not choose to carry. I can think of nothing more paralyzing or terrifying.

So, as a mother, I will continue to provide abortion with expertise and compassion. And also as a mother, I stand in solidarity with my patients' decisions to have an abortion to live their life to its fullest, and to mother their current or future children to the best of their ability when and how they see fit.

Dr. Abbey Hardy-Fairbanks with her children, Cooper, 7, and Charlee, 4, at the Women's March in 2017.

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Dr. Abbey Hardy-Fairbanks, an OB-GYN, is medical director of the Emma Goldman Clinic, an independent feminist reproductive health center in Iowa City, Iowa, and a fellow with Physicians for Reproductive Health.

The views expressed in this op-ed are the writer's own.

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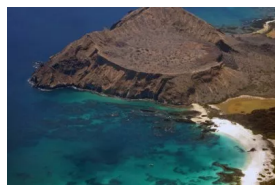
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