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MEDICAL EXAMINER

The Wait Can Kill You

Yes, Jane Doe got her abortion. But the wait put her at greater risk.

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People protest outside the Department of Health and Human Services in support of Jane Doe's abortion rights.

Michael S. Williamson/*Washington Post* via Getty Images

Jane Doe, the 17-year-old girl held in federal custody, underwent her termination of pregnancy on Wednesday, at approximately 16 weeks of gestation, four weeks after requesting the procedure. Four weeks is 28 days—less than a full calendar month, but as long as one cycle of the moon, at least one and maybe two paychecks. But in the end, she received the procedure; she got what she chose and what she needed.

But that delay mattered, because when it comes to abortion, timing is everything. Time is blood loss. Time is risk. Time is danger.

The easiest way to understand this is to discuss surgical complexity. A termination procedure prior to 10 weeks is simple and common. It can be performed via a medical abortion, using pills, and can be safely recommended. Many patients can have their terminations done in the office, without special machinery, without an operating room.

A termination at 12 weeks is still a simple procedure, involving a dilation and curettage, which almost any qualified OB-GYN provider can do. It is over in less than 20 minutes.

A termination performed after approximately 14 weeks becomes a more complicated surgery. Sometime around this gestational age, the cervix—the opening to the uterus—needs to be dilated more than can safely be accomplished in the operating room on the day of procedure. The cervix needs to be prepared, either with medications or with dilators placed the day prior to the procedure. The most common dilators are osmotic ones; they are placed during a speculum exam and left in the cervix, where they absorb moisture and expand over 12 to 24 hours. This dilates the cervix, and it often creates some cramping. The dilators are removed immediately prior to the

termination of pregnancy the next day. Even with the best medical care, pain medications, and moral support, none of this is pleasant.

A termination performed even later—sometimes 17 weeks, sometimes 18 weeks, sometimes 20 weeks—needs two days of dilation. So the patient, here a 17-year-old, might get dilators placed on a Wednesday and go home. She would return on a Thursday, have those dilators removed and new ones placed, and go home. She would then return, finally, on a Friday, with nothing to eat before her operating-room time. Finally, 48 hours after she started, she would undergo her procedure.

That's one of the differences a month can make.

Here's another difference a month can make: Study after study has shown that termination of pregnancy is, overall, an extremely safe procedure. (Please note, ideally before you comment, that termination of pregnancy is, at every gestational age, safer than continuation of pregnancy. Continuing a pregnancy and delivering a baby is one of the riskiest things a young woman can do in this country of high and rising maternal mortality rates.) But the risks attendant to the surgical procedure of abortion dramatically increase with gestational age. Again, time is risk. For example, in one study looking at the overall risk of death from abortion, the overall risk was very low—0.7 deaths per 100,000 legal induced abortions. But the risk of death from termination of pregnancy increased exponentially—by 38 percent—for each additional week of gestation. Women who have abortions at 13 to 15 weeks

are almost 15 times more likely to die of abortion-related causes than women who undergo one before eight weeks; women who undergo one at 16 to 20 weeks are 30 times as likely to die. In this damning study, the authors point out that “up to 87 percent of deaths in women who chose to terminate their pregnancies after 8 weeks of gestation may have been avoidable if these women had accessed abortion services before 8 weeks of gestation.” The finding that increasing gestational age equals increased risks of all kinds in pregnancy termination has been consistently found through many studies.

This tactic of delay isn't just Jane Doe's problem. All around this country, anti-abortion groups are working to make abortion take longer. They may not be able to outlaw it, but they make it harder—they make it more onerous, and they make it happen later. And that costs a patient a week, two weeks, a month. But what it really costs her is pain, and safety, and maybe sometimes more. Those tactics mean that sometimes the abortion is prevented, and that's the goal of the anti-abortion groups. But sometimes those tactics mean that the abortion does happen, but is more uncomfortable, more extensive, and less safe. These tactics are very comfortable offering as casualties a woman's pain, and her risks, and her body.

That's the month Jane Doe just went through. None of us can imagine what Jane Doe's extra month of waiting cost her, emotionally or financially or legally. But medically, this month had consequences. That month of delay tactics meant that her body was placed in more danger and more pain than it

needed to be, just as those delay tactics do the same to women everywhere around this country every day. That month mattered to her, and to all of them, and maybe to you.

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