Commentary: Utah 18-week abortion ban is a threat to women

(Trent Nelson | The Salt Lake Tribune) Planned Parenthood Association of Utah and the ACLU of Utah hold a news conference on Utah's pending 18-week abortion ban, at the Utah Capitol in Salt Lake City on Wednesday April 10, 2019.

By Alexandra G. Eller and Cara C. Heuser | Special to The Tribune • Published: April 11, 2019 Updated: April 12, 2019

We as a group of Utah maternal fetal medicine physicians have been made aware of a lawsuit filed against House Bill 136 and would like to make a statement in support of the legal action against this medically harmful legislation that prohibits most abortions after 18 weeks gestation.

Women who end a pregnancy after 18 weeks gestation in our community most often do so because of unexpected severe complications in a planned, desired pregnancy. We have counseled many families who are devastated to find out that their unborn baby has severe abnormalities during the routine prenatal ultrasound.

The optimal timing for fetal ultrasound for the best assessment of fetal development is at 19-20 weeks gestation. After extensive counseling, some women choose to end their pregnancies out of compassion to prevent suffering for their unborn child. With

certain types of fetal abnormalities, continuing the pregnancy can pose significant risks to the mother as well.

If women are not allowed the option to end complex pregnancies with a grave fetal prognosis after 18 weeks, we will see some women forced to undergo cesarean delivery in late pregnancy, which will increase maternal risk and the risk to their future children. With certain fetal abnormalities, women who carry beyond the second trimester will require a high-risk type of cesarean, known as a classical cesarean. After a classical cesarean, she will be at high risk of uterine rupture during any future pregnancy if she labors – a life-threatening event for both the mother and child. Women with a prior classical cesarean section must therefore undergo an early repeat cesarean birth of a premature baby in every subsequent pregnancy. Therefore, ending a high-risk pregnancy with a grave fetal prognosis can sometimes be important to preserve future childbearing.

Some Utah women, faced with this decision in pregnancies with grave fetal anomalies, have chosen to continue their pregnancies after counseling and ultimately had classical cesarean deliveries for babies that died very shortly of birth. Those same women have then gone on to have one, two or three repeat cesarean deliveries of premature babies as a consequence. Some have experienced uterine rupture with serious consequences to the mother and what would have likely been a full-term, healthy child.

Those women made an informed choice for themselves and their families to continue their complex pregnancies knowing the risks. We support those women in their choice as strongly as we support those who choose to end their complex pregnancies early based on the principle of autonomy. However, HB 136 will force women and their babies into these high-risk medical situations against their will.

This bill may also negatively impact the accuracy of the prenatal diagnosis upon which families make these important decisions because we are often unable to fully evaluate a fetus and provide informed counseling for a family prior to 18 weeks

gestation, which we will be forced to do in order to maintain a woman's reproductive choice options. We fear that women facing an uncertain fetal diagnosis earlier in pregnancy may make the decision to end their pregnancies before we can fully evaluate the baby and understand the prognosis out of fear that they will lose this option if they wait beyond 18 weeks.

In these ways, HB 136 will lead to preventable medical harm for women and for babies in Utah and may inadvertently increase second-trimester termination of desired pregnancies. We support the recently announced legal action to protect the medical decision-making and autonomy of this vulnerable group of patients.

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