

# Access to Abortion Services

## An Official Position Statement of The Society For Maternal-Fetal Medicine

### Position

The Society for Maternal-Fetal Medicine (SMFM) supports the right of all individuals to access the full spectrum of reproductive health services, including abortion services. Reproductive health decisions are best made by each individual with guidance and support from their health care provider.

SMFM opposes legislation and policies that limit the ability to access abortion care, criminalize abortion and self-induced abortion, and mandate reporting. The Society also opposes policies that compromise the sanctity of the patient-health care provider relationship by limiting a health care provider's ability to counsel patients and provide medically appropriate treatment.

### Background

Abortion is one of the most regulated medical procedures in the United States.<sup>1</sup> Restrictive regulations and legislation at both the state and federal levels have made access to reproductive health services increasingly difficult. When unnecessary policies and regulations are placed on abortion care and health care providers, there are adverse effects on those who need access to abortion services.<sup>2</sup> These regulations and policies compromise the patient and health care provider relationship and interfere with individual reproductive decision-making, restricting access to medically accurate practices and procedures.<sup>3</sup> A comprehensive report by the National Academies of Science, Engineering, and Medicine in 2018<sup>1</sup> showed that abortion care by any method, whether medical, surgical, or by induction of labor, is safe and effective. They further found that individual state restrictions, such as mandatory waiting periods, strict definitions of qualified health care providers, and multiple visit requirements, do not improve care or increase safety. Rather, these interventions create barriers to care and lead to increased delays in obtaining care, thereby resulting in more adverse events.

SMFM and its members are dedicated to optimizing maternal and child outcomes and assuring that medically appropriate options are available. Because maternal-fetal medicine (MFM) physicians primarily provide care for high-risk pregnancies, the Society is particularly concerned about access to abortion services for this population. High-risk pregnancies are more likely to result in medical complications for the pregnant person, the fetus, or both that can lead to increased maternal and perinatal morbidity and mortality. In pregnancies in which complications arise or there are preexisting medical comorbidities (including mental illness), abortion may be

*SMFM has adopted the use of the word "woman" (and the pronouns "she" and "her") to apply to individuals who are assigned female sex at birth, including individuals who identify as men as well as non-binary individuals who identify as both genders or neither gender. As gender-neutral language continues to evolve in the scientific and medical communities, SMFM will reassess this usage and make appropriate adjustments as necessary.*

required and may be medically safer than carrying a pregnancy to term. In pregnancies complicated by a major congenital anomaly, there is a 15-fold increased risk of stillbirth, and 1 in every 18 pregnancies complicated by a major anomaly results in fetal death.<sup>4</sup> In such cases, abortion may be the safest option.

### **Rights of Individual Clinicians**

SMFM asserts that maternal-fetal medicine (MFM) physicians have a professional responsibility to respect each individual's autonomy in decisions regarding pregnancy and to provide nonjudgmental care, either directly or through appropriate referrals. The Society recognizes that some physicians may have religious or moral objections to participating in certain health care services, including abortion. In addition, the Society supports protections afforded under federal law for an individual physician who declines to participate in abortion care or other health care procedures for moral or religious reasons. However, MFM physicians who have religious or moral reasons for not performing abortions or providing other legal reproductive health services, and those who provide care in restrictive settings, have a professional responsibility to provide timely referrals and evidence-based, scientifically accurate, and unbiased counseling and information to patients who request or require such care. Such physicians must provide appropriate notice to their employers and must ensure that patients are otherwise able to access timely and appropriate care. It has been noted that a physician who does not want to provide abortion services because they are uncomfortable or do not want to incur disapproval from the anti-community cannot claim a conscience refusal.<sup>5</sup>

SMFM recognizes that the provision of abortion services is a personal matter and respects the right of its members to determine their personal viewpoints. As an organization, SMFM supports abortion as a critical health care service and opposes legislation and policies that limit its access, especially to those experiencing high-risk pregnancies. The American Medical Association encourages physicians to "advocate for social, economic, educational, and political changes that ameliorate suffering and contribute to human well-being."<sup>6</sup> The Society echoes this sentiment and supports and encourages members to work through research, education, and direct advocacy to advance access to the full spectrum of reproductive health care.

**Approved by the SMFM Board of Directors, December 2017  
Revised, re-titled, and reaffirmed by the SMFM Executive Committee, June 2020**

## References

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3. Blackwell S, Louis JM, Norton ME, Lappen JR, Pettker CM, Kaimal A, et al. Reproductive services for women at high risk for maternal mortality: a report of the workshop of the Society for Maternal-Fetal Medicine, the American College of Obstetricians and Gynecologists, the Fellowship in Family Planning, and the Society of Family Planning. Am J Obstet Gynecol 2020 Apr;222(4):B2-B18.
4. Frey HA, Odibo AO, Dicke JM, Shanks AL, Macones GA, Cahill AG. Stillbirth risk among fetuses with ultrasound-detected isolated congenital anomalies. Obstet Gynecol 2014 Jul;124(1):91-8.
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