



Society for Maternal-Fetal Medicine Position Statement: Access to abortion care

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Position: The Society for Maternal-Fetal Medicine supports the right of all individuals to access the full spectrum of reproductive health services, including abortion care. Reproductive health decisions are best made by each individual with guidance and support from their healthcare providers. The Society opposes legislation and policies that limit access to abortion care or criminalize abortion care and self-managed abortion. In addition, the Society opposes policies that compromise the patient-healthcare provider relationship by limiting a healthcare provider's ability to counsel patients and provide evidence-based, medically appropriate treatment.

Key words: maternal health, maternal mortality, morbidity, policy, reproductive health

Background

Abortion is one of the most regulated medical procedures in the United States.¹ Restrictive regulations and legislation at every level of government have made access to reproductive health services increasingly difficult. Following the U.S. Supreme Court decision in *Dobbs v Jackson Women's Health Organization* in June 2022, approximately half of U.S. states severely restricted or eliminated access to abortion care.^{2,3} Restrictions on abortion reduce access to evidence-based healthcare, compromise the patient-healthcare provider relationship, and interfere with individual reproductive decision-making.⁴ In addition, abortion restrictions are associated with an increased risk of pregnancy-associated morbidity and mortality and exacerbate existing health inequities.^{5,6} A comprehensive report by the National Academies of Sciences, Engineering, and Medicine in 2018 showed that abortion care by any method, whether by medication or procedure, is safe and effective.¹ The report further found that individual state restrictions, such as mandatory waiting periods, strict definitions of qualified healthcare 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, resulting in more adverse events.⁵

The Society for Maternal-Fetal Medicine (SMFM) and its members are dedicated to optimizing perinatal outcomes and assuring access to evidence-based, comprehensive reproductive healthcare for all individuals who desire or experience pregnancy. High-risk pregnancies are more likely than those without risk factors to result in medical

complications for the pregnant person, the fetus, or both that can lead to increased maternal and perinatal morbidity and mortality.⁷ Abortion is statistically safer than carrying a pregnancy to term, and pregnancies complicated by pre-existing or new medical co-morbidities, including mental health conditions, present an even higher risk for dangerous complications, making access to abortion central to safe obstetric care.^{8,9} Furthermore, maternal health status or fetal diagnoses may change throughout the pregnancy, influencing an individual's decision to remain pregnant or to seek abortion care. Therefore, legislation restricting abortion on the basis of gestational age can impose unnecessary negative health consequences.^{10–12}

Health systems or medical practices may have their own formal or informal policies that restrict the provision of full-spectrum reproductive healthcare, including abortion care, beyond what is required by law or regulation.¹³ Examples of these policies include the restriction of abortion care based on gestational age or indication or the requirement of approval by hospital ethics committees or department chairs before abortion care can be provided. These additional institutional barriers can substantially limit access to evidence-based and medically appropriate care, especially for those with high-risk pregnancies, and may result in delays in care, additional patient expense and inconvenience, and preventable maternal morbidity or mortality. The Society opposes such institutional barriers to abortion care and supports the broad availability of all reproductive healthcare.

Rights of individual clinicians

SMFM asserts that maternal-fetal medicine 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 supports physicians who provide evidence-based abortion care and supports the codification of protection for the conscientious provision of abortion care by the Society's members and other caregivers. Such protection is critical to clinicians and their pregnant patients in states with either permissive or restrictive abortion laws and regulations.¹⁴ In addition, the Society recognizes that physicians may have objections to participating in certain healthcare services, including abortion care. However, providers' conscientious objection must not result in patient harm by impeding access to necessary healthcare.¹⁵ Although SMFM respects the right of its members to their viewpoints, SMFM supports abortion care as a critical health service and opposes policies that limit its access. The American Medical Association encourages physicians to "advocate for social, economic, educational, and political changes that ameliorate suffering and contribute to human well-being."¹⁶ The Society echoes this sentiment and supports and encourages members to engage in research, education, and direct advocacy to advance access to the full spectrum of reproductive healthcare. ■

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SMFM recognizes that obstetrical patients have diverse gender identities and is striving to use gender-inclusive language in all of its publications. SMFM will be using terms such as "pregnant person" and "pregnant individual" instead of "pregnant woman" and will use the singular pronoun "they." When describing study populations used in research, SMFM will use the gender terminology reported by the study investigators.

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