



GUEST EDITORIAL

by NATASHA SCHIMMOELLER, MD, MPH, MA; AND BRYNA J. HARWOOD, MD

Having an impact

How you can help patients during the current attack on their reproductive autonomy

EDITORS NOTE: As we were going to press, the United States Supreme Court overturned *Roe v Wade*, eliminating the constitutional right to an abortion, and leaving the question of abortion rights to the states.

Abortion restrictions affect all of us. One in 4 women in the United States choose to end a pregnancy by age 45.¹ Statistically speaking, everyone knows someone who has had an abortion.² These women are not only our patients, but our mothers, sisters, friends, colleagues— even ourselves. As a family planning subspecialist, I see my future self in nearly every one of my patients. Whether I'm rushing to the hospital in the middle of the night to perform a life-saving dilation and evacuation for a woman in septic shock or providing a routine medication abortion to a patient with contraceptive failure, I think about the women in states like Texas who are experiencing the same complications but lack access to basic, evidence-based reproductive care. I think about the families who have already lost or will lose loved ones because of the legislative restriction of abortion. I think about the physicians, trainees, nurses, and staff who are forced to act against the ethical tenets of the medical profession and deny the human responsibility to be compassionate but instead must watch patients die or suffer life-altering morbidity.

We must face reality. For decades, the doctor-patient relationship and the basic human right of reproductive autonomy have been subjected to a methodical attack. We

know what will happen if the Supreme Court overturns long-standing legal precedent and gives states unchecked power to restrict abortion. Twenty-six states are certain or likely to ban abortion altogether.³ Excluding unsafe abortion, forced pregnancy alone will lead over time to an estimated 21% increase in maternal mortality, with a 33% increase for Black women.⁴ The Turnaway Study demonstrated the harm inflicted on women and all their children when they are denied abortions, including years of economic hardship and insecurity.⁵⁻⁸ The women in my life—patients, friends, family, coworkers—are telling me they are scared, and their apprehension is justified.

As physicians, we have power. Here are some things you can do:

- If you are in a permissive state, integrate abortion into your practice. Eighty percent of abortions occur at or below 10 weeks' gestation. Just providing medication abortion is helpful.¹
- If you are in a restricted state, have a referral plan.
- Use resources like ACOG's Spontaneous and Induced Abortion Resource Center, which can answer clinical questions and help with reimbursement and with starting new services.⁹
- Teach trainees and preserve our workforce.
- Make time to vote and remind patients to do the same.¹⁰
- Streamline care in your institution, connect with other doctors, or just say the word abortion to reduce its stigma. ■

FOR REFERENCES VISIT
[contemporaryobgyn.net/having an impact](https://contemporaryobgyn.net/having-an-impact)

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