

The background features a dark blue gradient with faint, light blue circular patterns and a scale on the left side. The scale has markings from 40 to 260 in increments of 10. There are also several circular diagrams with arrows, some solid and some dashed, scattered across the background.

# REBUILDING IN A POST-ROE WORLD

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ASSISTANT PROFESSOR OBSTETRICS AND GYNECOLOGY

UCONN HEALTH

NEW ENGLAND OB/GYN SOCIETY

OCTOBER 18, 2023

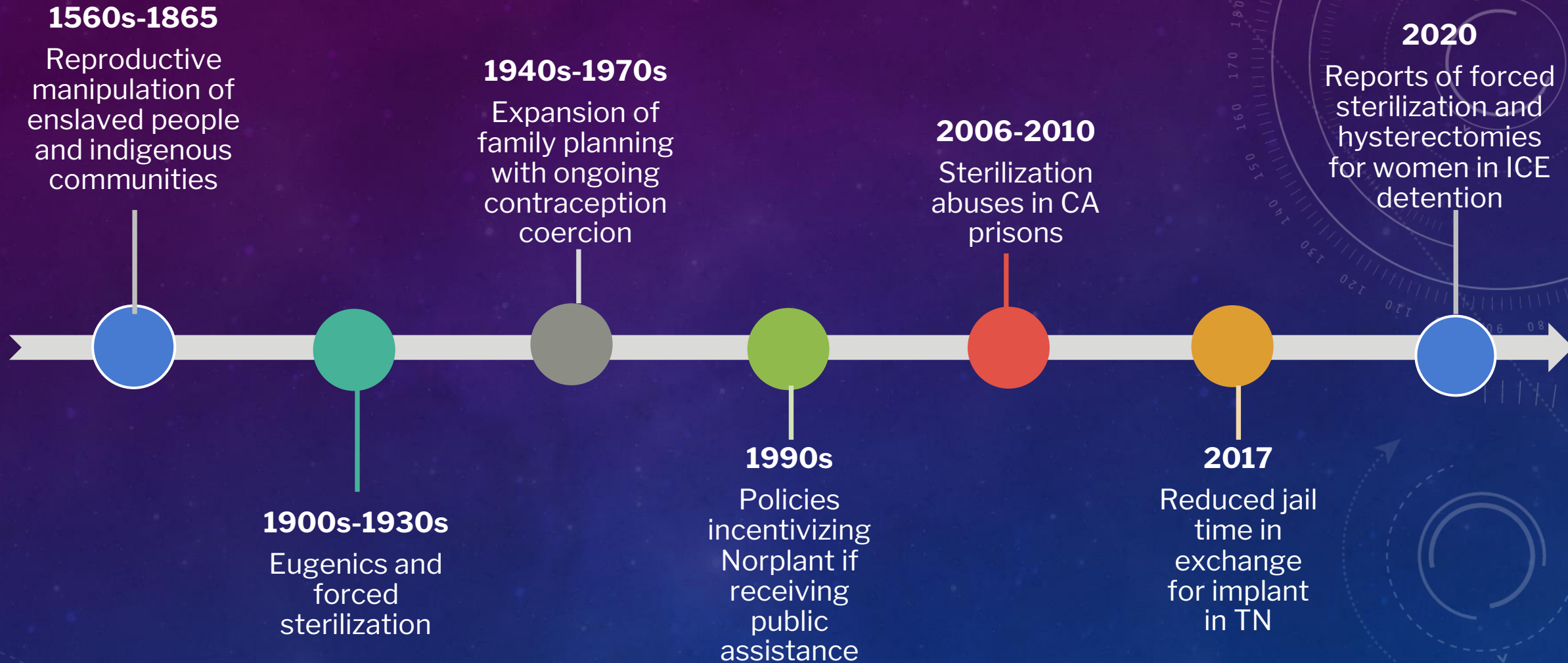
# DISCLOSURES

None

# GOALS

1. The history of reproductive justice and the healthcare system
2. The impact of overturning *Roe v. Wade*
3. New practice changes in abortion and miscarriage care

# Reproductive Oppression in the U.S.





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# Reproductive Justice

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1. Right to maintain bodily autonomy

2. Right to decide to have children

3. Right to decide to not have children

4. Right to parent in safe and sustainable communities

# WHO HAS ABORTIONS?



**1 in 4**  
**U.S. women**  
**will have an**  
**abortion**  
**by age 45**

## INCOME

**75% poor or low income**

## RELIGION

**62% religiously affiliated**

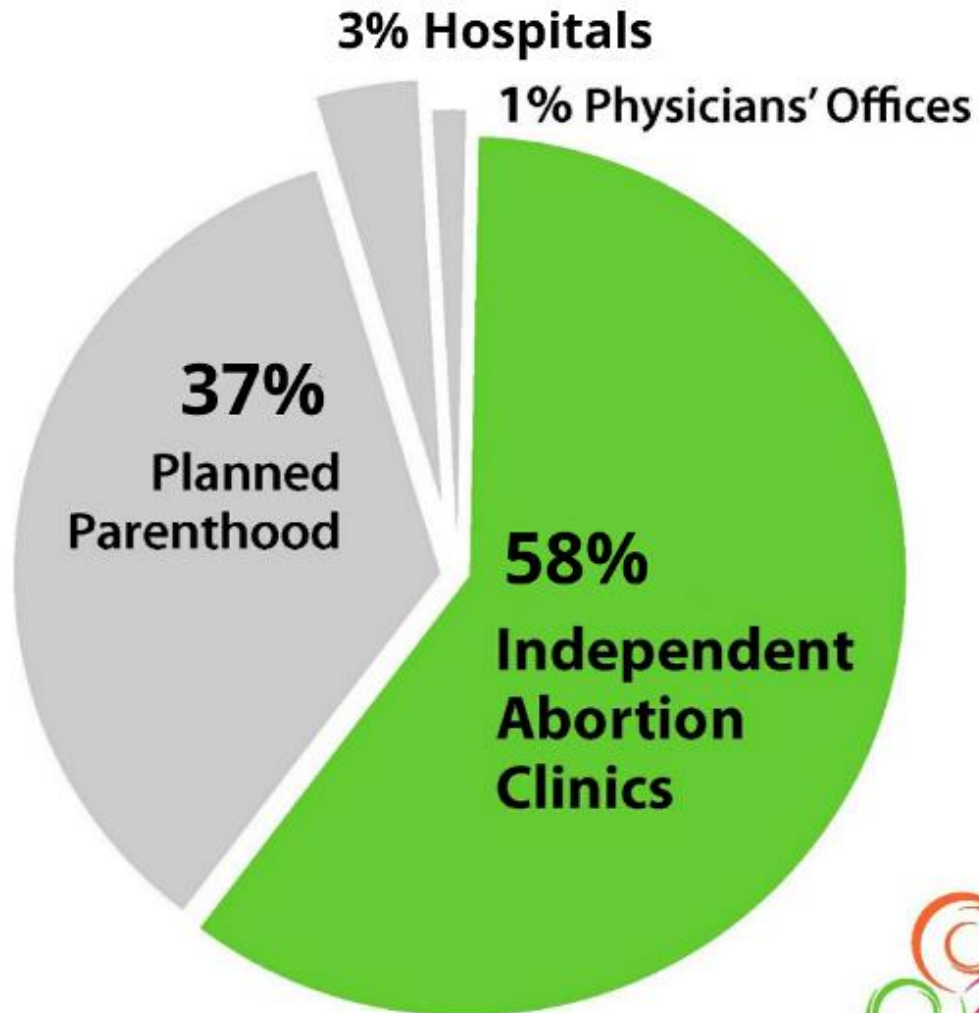
## FAMILY SIZE

**59% already have a child**



**18% of women have to travel more than 50 miles to get care**

**Percentage of abortions performed  
by provider type<sup>1,2</sup>**



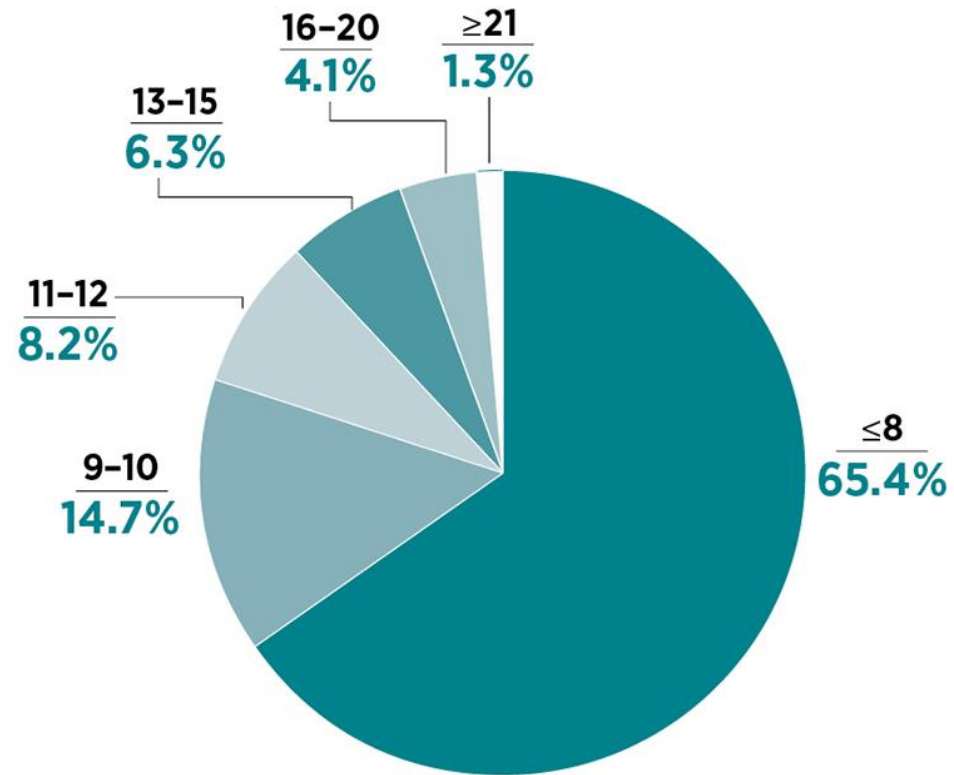
**Abortion Care Network**

**24% of OBGYNs  
provide abortion  
care**

Grossman et al. *Obstetrics & Gynecology*, March 2019.

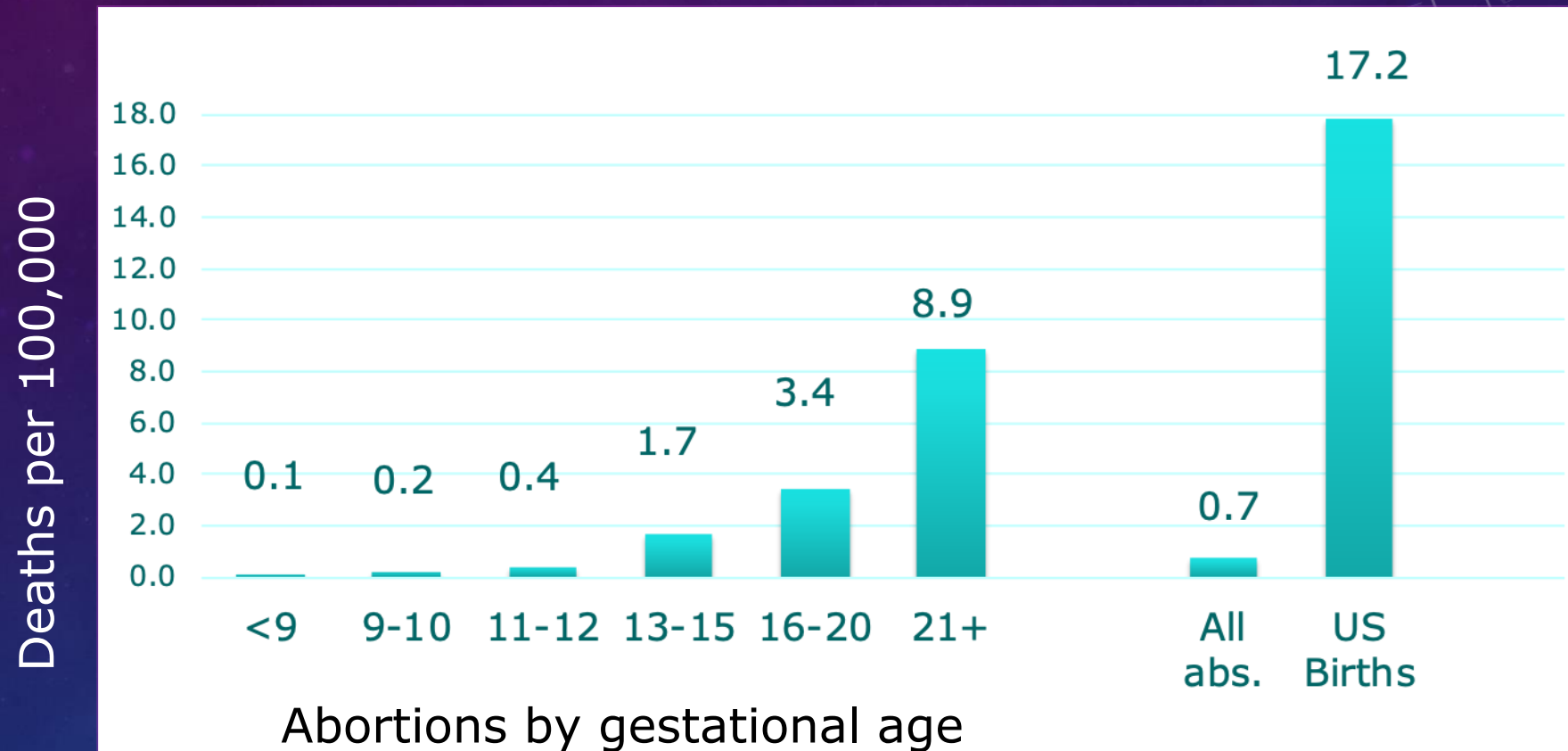
## WHEN WOMEN HAVE ABORTIONS

**In 2016, two-thirds of abortions occurred at eight weeks of pregnancy or earlier, and 88% occurred in the first 12 weeks.**



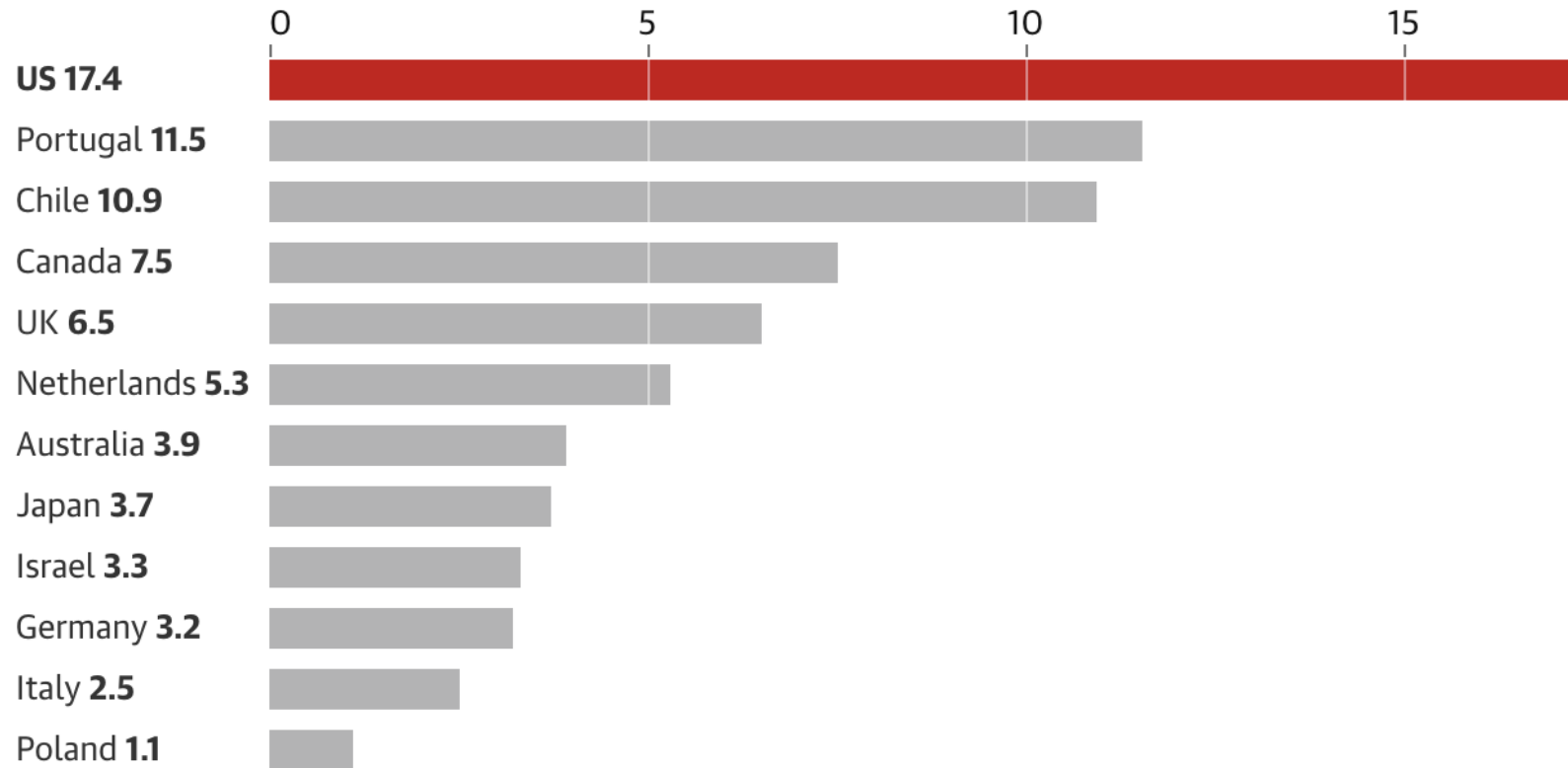


# LEGAL ABORTION IS SAFE



## Maternal mortality rates in the US are high compared with other wealthy countries

Maternal deaths per 100,000 live births, latest year for OECD data

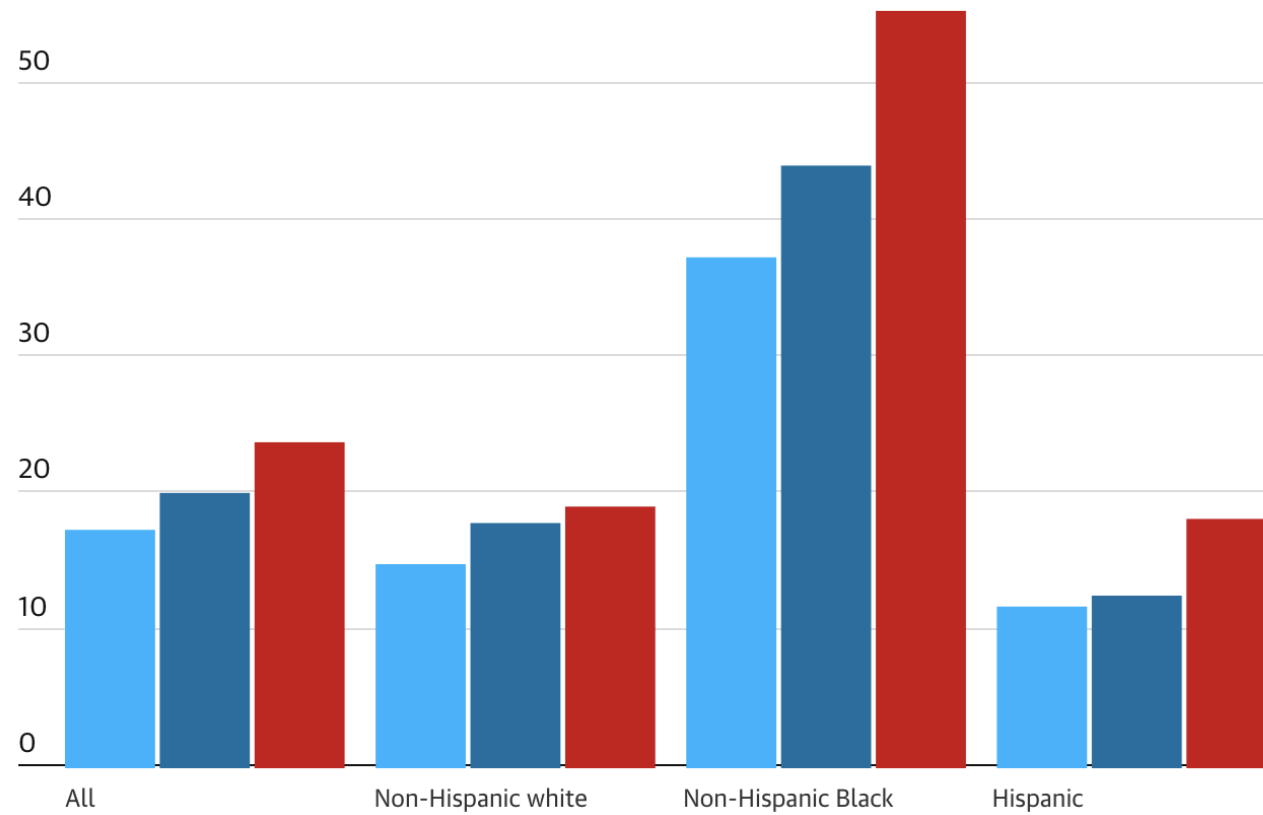


Guardian graphic | Source: OECD. Note: data is for 2019 except for US and Italy (2018) and UK (2017). Selected high-income countries shown

## The maternal mortality rate for non-Hispanic Black women was 2.9 times the rate for white women in 2020

Maternal deaths per 100,000 live births, US

2018 2019 2020

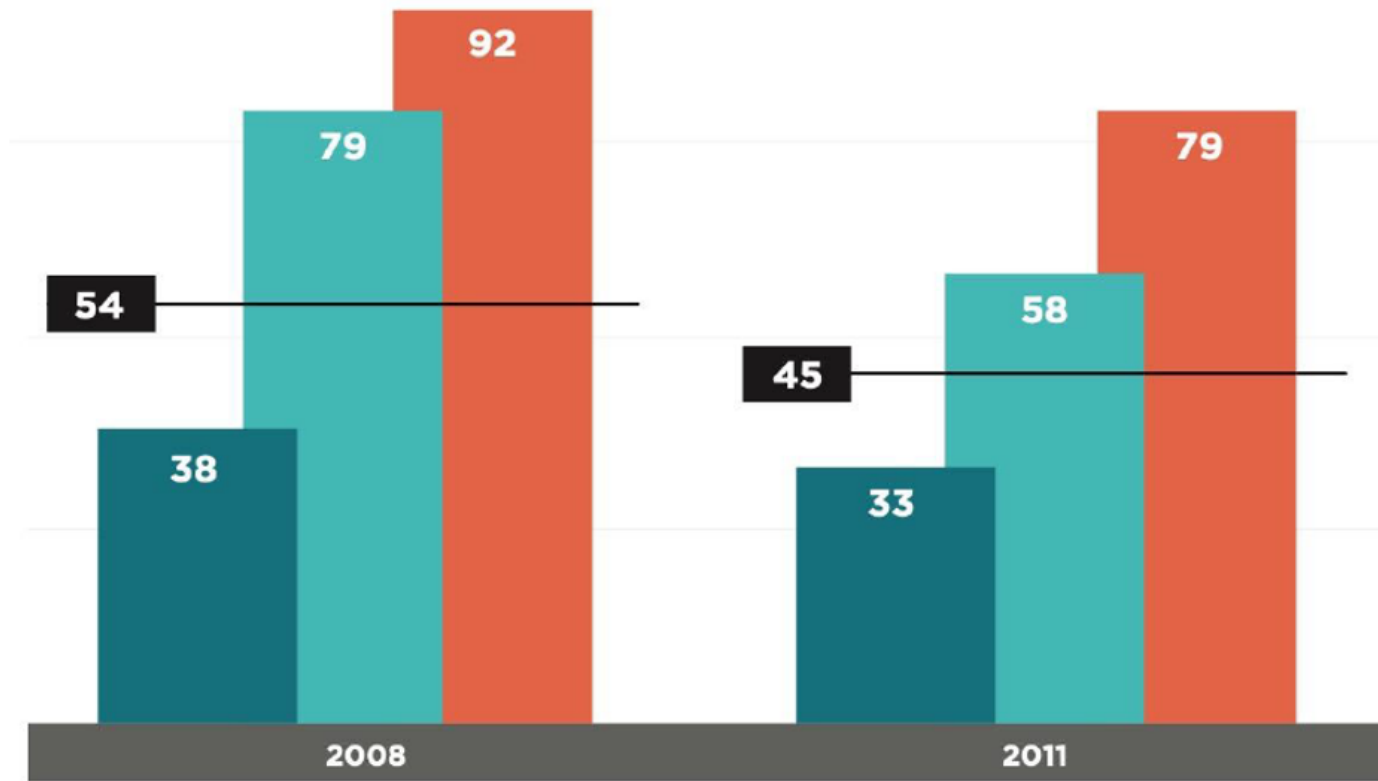


Guardian graphic | Source: CDC, National Center for Health Statistics, National Vital Statistics System, Mortality

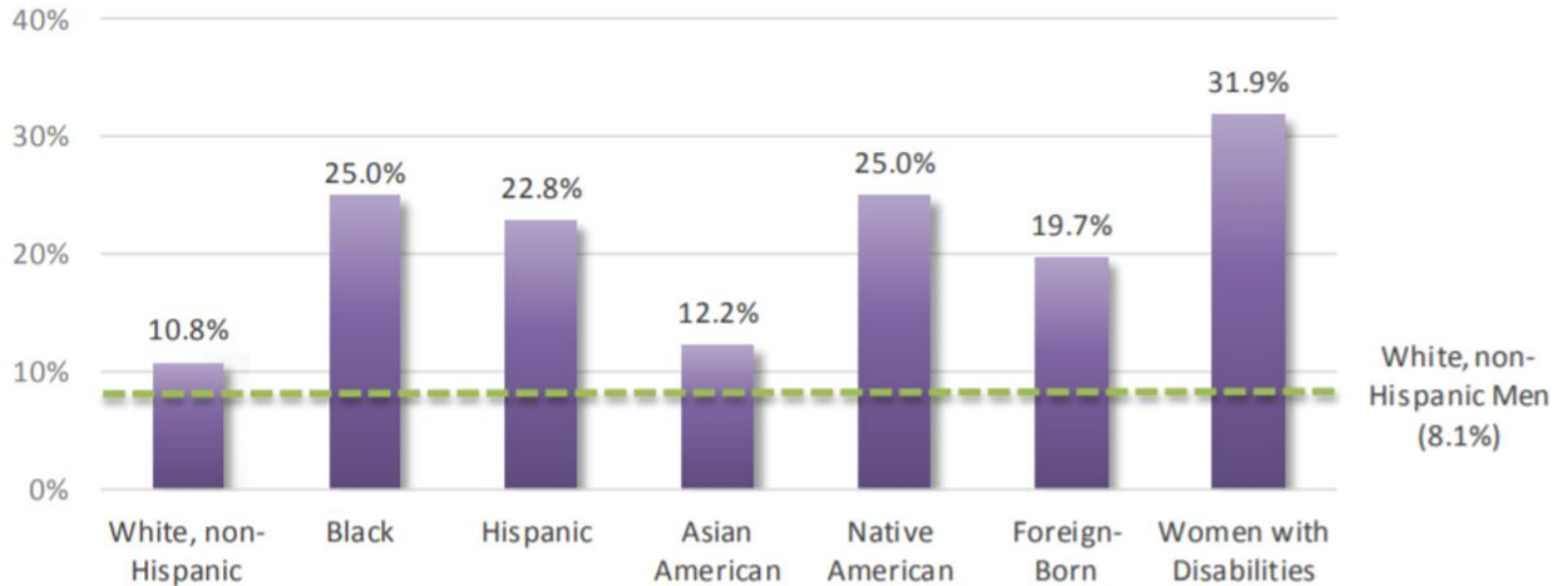
# Despite recent declines, unintended pregnancy rates in the U.S. remain high among women of color

Unintended pregnancy rate (per 1,000 women aged 15-44)

■ All women   ■ White   ■ Hispanic   ■ Black



## Poverty Rates for Adult Women, 2014



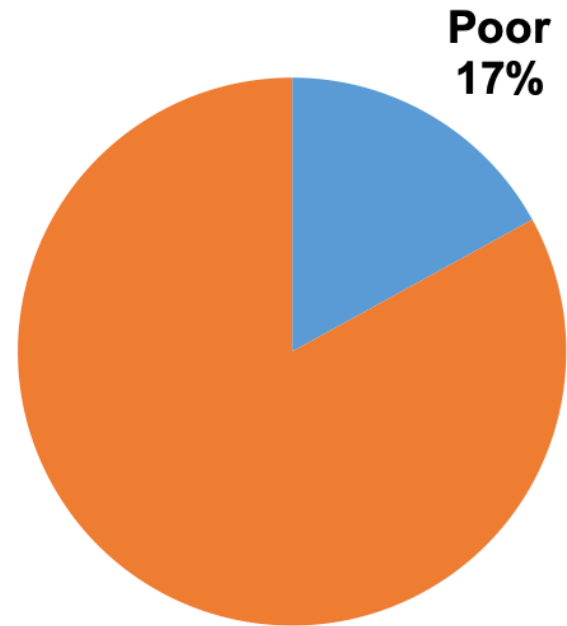
Source: Census Bureau, Current Population Survey.  
Figures for women with disabilities are for women 18-64.

[www.nwlc.org](http://www.nwlc.org) 

11 Dupont Circle NW, Suite 800, Washington, DC 20036 | 202.588.5180 Fax 202.588.5185 | [www.nwlc.org](http://www.nwlc.org)

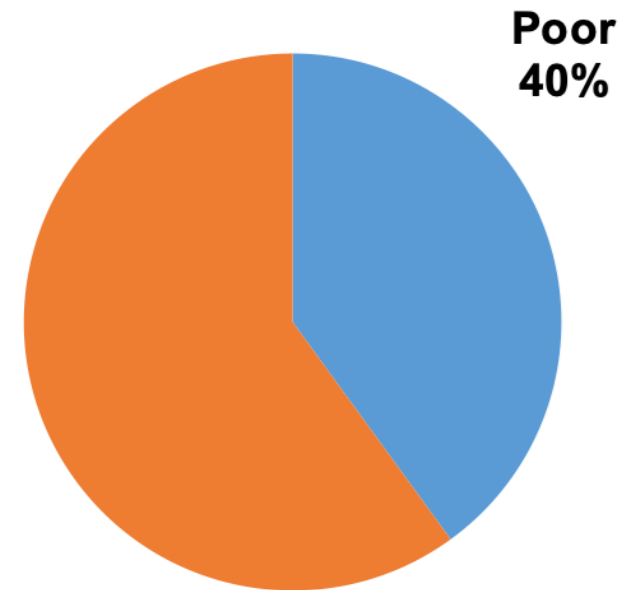
# Disparities in Unintended Pregnancy

The 17% of women at risk of unintended pregnancy who are poor...



Women at risk of unintended pregnancy

... account for 40% of unintended pregnancies



Unintended pregnancies by women's poverty status

# WHY ARE THERE DISPARITIES?

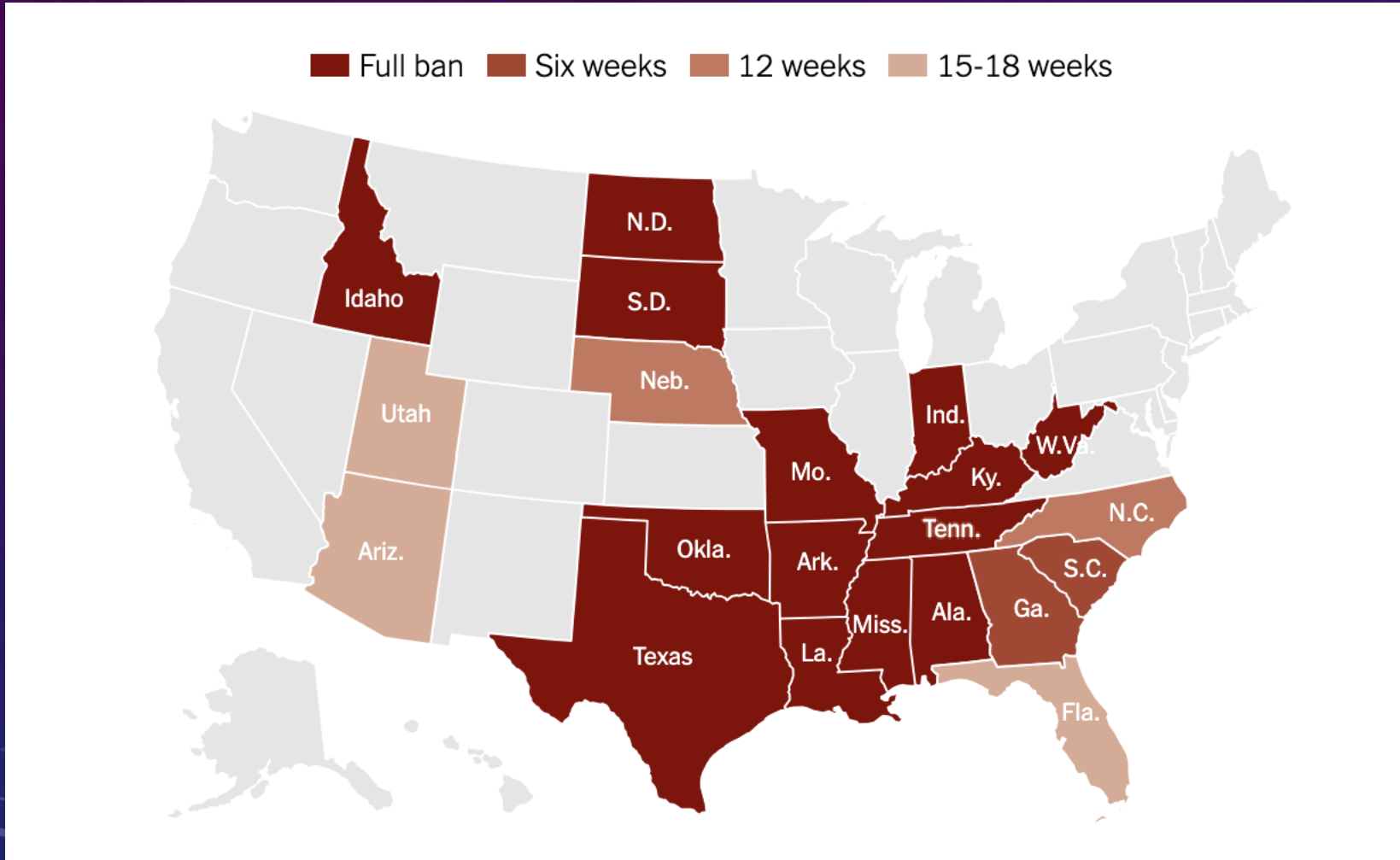
Racism, Bias against different bodies/disabilities

Distrust in the medical system and providers

Decreased access to clinics, providers, medical options

Issues with transportation, childcare, taking off from work

# ROE V. WADE WAS OVERTURNED JUNE 2022



New York Times, Updated  
10/10/2023





**Roe wasn't the best we  
could get. We need  
reproductive justice**

# CONNECTING COMMUNITIES AND ENVIRONMENT TO REPRODUCTIVE HEALTH OUTCOMES

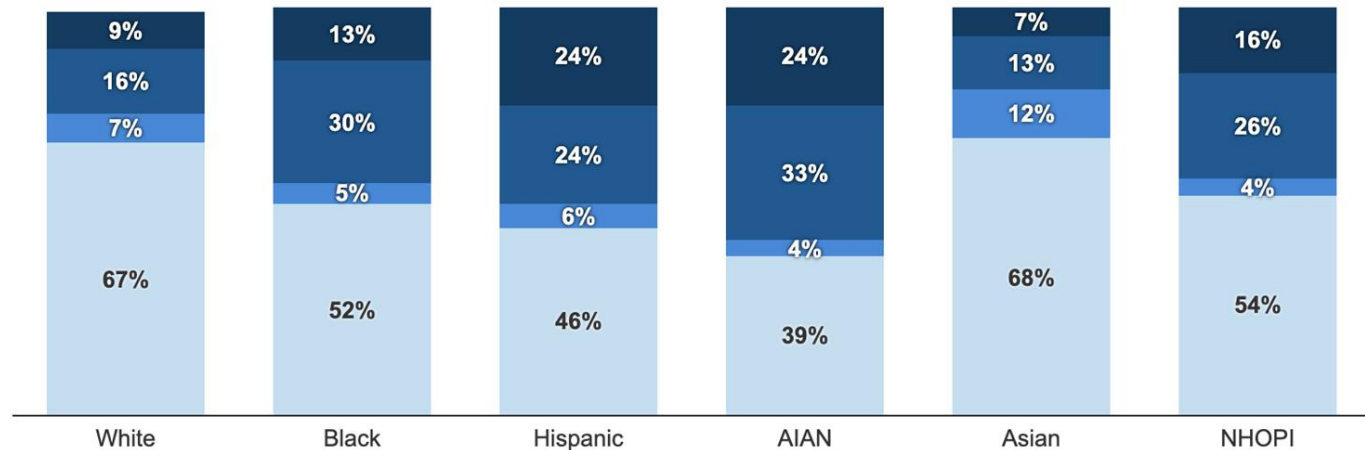
Figure 5

## Health Coverage of Women Ages 18-49 by Race and Ethnicity, 2019

Click on the buttons below to see data for different indicators:

**Health Coverage** No Personal Doctor

Employer Sponsored Other Private Medicaid/Other Public Uninsured



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. AIAN refers to American Indians and Alaska Natives. NHOPI refers to Native Hawaiians and Other Pacific Islanders. Totals may not sum to 100 percent due to rounding.

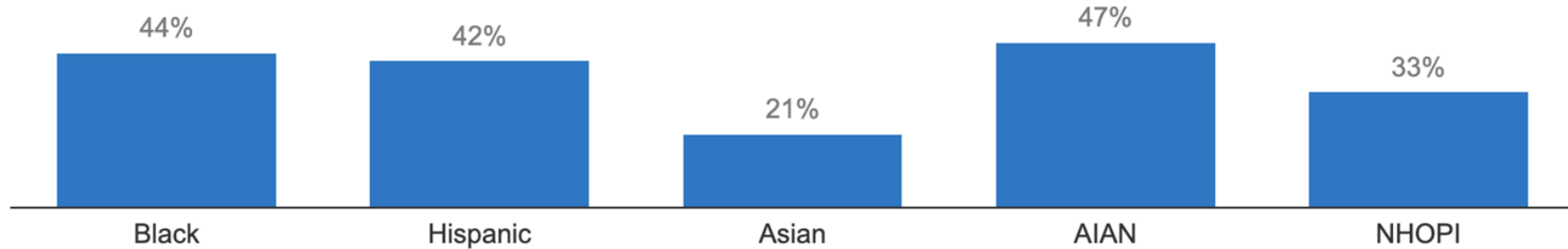
SOURCE: KFF analysis of 2019 American Community Survey, 1-Year Estimates. • PNG

Figure 6

## Percent of Women Ages 18-49 with Income Below 200% Poverty by Race/Ethnicity, 2019

Click on the buttons below to see data for different economic indicators:

**Below 200% Poverty** No Cash for Emergency Expense No Vehicle Access



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. AIAN refers to American Indian or Alaska Native. NHOPI refers to Native Hawaiian or Other Pacific Islander.

SOURCE: KFF analysis of 2019 American Community Survey, 1-Year Estimates. • [PNG](#)

**KFF**

Figure 6

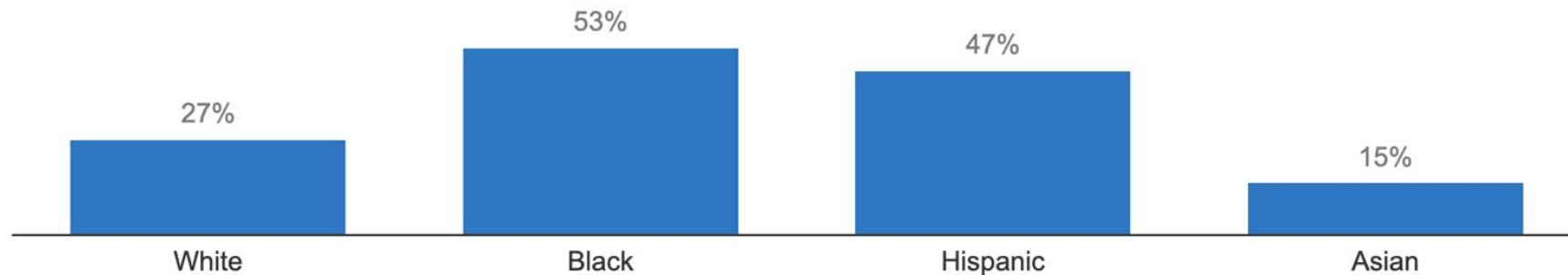
## Percent of Women Ages 18 and Older Who Would Not Cover \$400 Emergency Expense Completely Using Cash or Its Equivalent, 2021

Click on the buttons below to see data for different economic indicators:

[Below 200% Poverty](#)

**[No Cash for Emergency Expense](#)**

[No Vehicle Access](#)



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Cash or its equivalent includes cash, savings, or a credit card paid off at the next statement.

SOURCE: KFF Analysis of Survey of Household Economics and Decisionmaking, 2021 • [PNG](#)

**KFF**

Figure 6

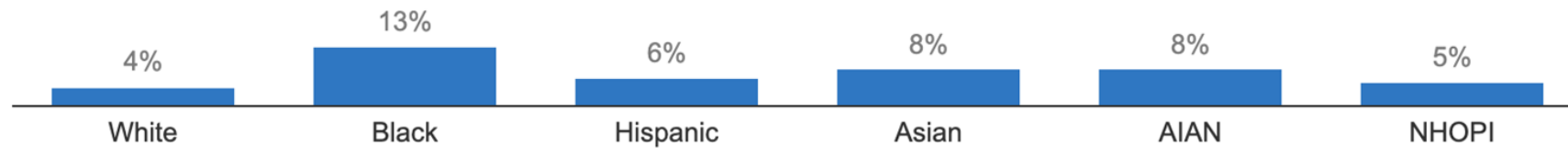
## Percent of Women Ages 18-49 Living in a Household without Vehicle Access by Race/Ethnicity, 2019

Click on the buttons below to see data for different economic indicators:

[Below 200% Poverty](#)

[No Cash for Emergency Expense](#)

[No Vehicle Access](#)



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. AIAN refers to American Indian or Alaska Native. NHOPI refers to Native Hawaiian or Other Pacific Islander.

SOURCE: KFF analysis of 2019 American Community Survey, 1-Year Estimates. • [PNG](#)

**KFF**

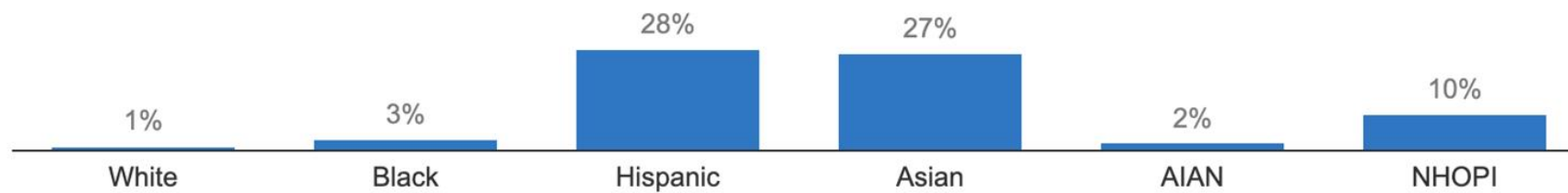
Figure 8

## Percent of Women Ages 18-49 Who Speak English Less than Very Well by Race/Ethnicity, 2019

Click on the buttons below to see data for different indicators:

No Internet Access

Limited English Proficiency



NOTE: Includes women ages 18-49 who report speaking a language other than English at home and who speak English less than very well. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. AIAN refers to American Indian or Alaska Native. NHOPI refers to Native Hawaiian or Other Pacific Islander.

SOURCE: KFF analysis of 2019 American Community Survey, 1-Year Estimates. • [PNG](#)

**KFF**

**ABORTION ACCESS EVERYWHERE**

**ABORTION ACCESS ANY TIME**

**ABORTION ACCESS FOR ALL**

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# DISPROPORTIONATE IMPACT ON BIPOC COMMUNITIES

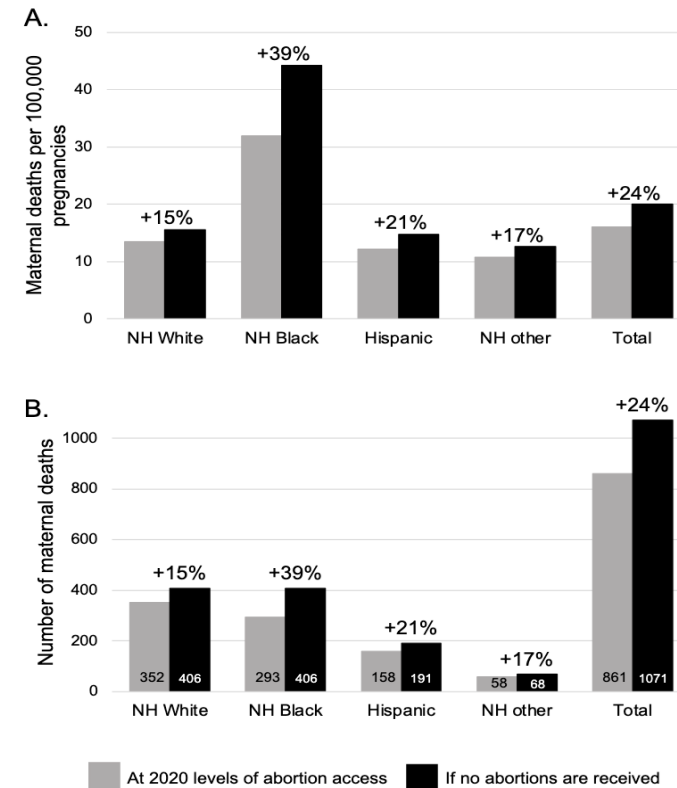
**If there is a nationwide abortion ban**

**\*21% increase in maternal deaths overall**

**\*33% increase in maternal mortality in the Non-Hispanic Black population**

Stevenson, AJ. The Pregnancy-Related Mortality Impact of a Total Abortion Ban in the United States. Demography (2021)

Figure 1. National maternal deaths per 100,000 pregnancies and number of deaths, by race/ethnicity and by whether any abortions are received, 2020



Notes for Figure 1: Panel A displays population-level rates of maternal deaths/100,000 pregnancies and Panel B displays numbers of maternal deaths. Labels at the end of bars are estimated percentage increases if no abortions were received. The bars for the condition where no abortions are received reflect additional deaths in the second and later years of no abortions occurring. Increases will be smaller in the first year after abortions cease. See Appendix Tables A1 and A2 for details of calculations.





University of California  
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 [ANSIRH.org](https://www.ansirh.org)  
 [ANSIRH@ucsf.edu](mailto:ANSIRH@ucsf.edu)  
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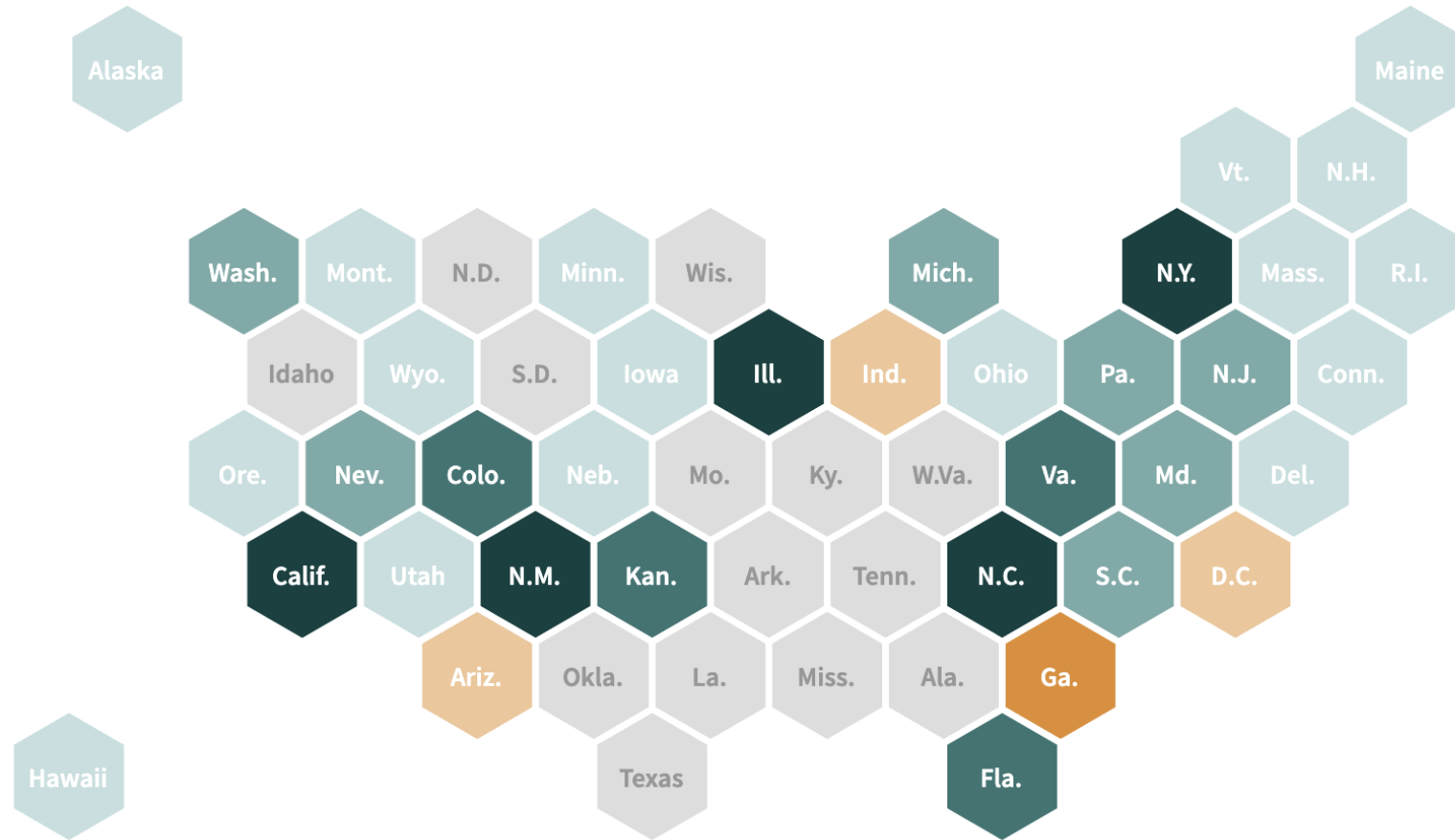
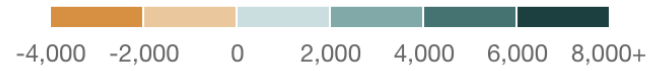
An illustration depicting three women in different scenarios. On the left, a woman with long dark hair sits cross-legged, reading a book. In the center, a pregnant woman in a pink shirt stands with her hands on her belly. On the right, a woman in a blue dress holds a young child, with a cityscape and palm trees in the background. The entire scene is overlaid with a semi-transparent blue banner containing the title text.

## The Harms of Denying a Woman a Wanted Abortion Findings from the Turnaway Study

*The Turnaway Study conducted at the University of California, San Francisco, shows that women experience harm from being denied a wanted abortion.\* These findings have far-reaching implications for lawmakers, judges, health agencies and others as they consider policies that restrict abortion access.*

# How the *Dobbs* decision changed the geography of abortion care

ESTIMATED CHANGE IN NUMBER OF ABORTIONS PERFORMED,  
2020\* VS. JAN.-JUNE 2023



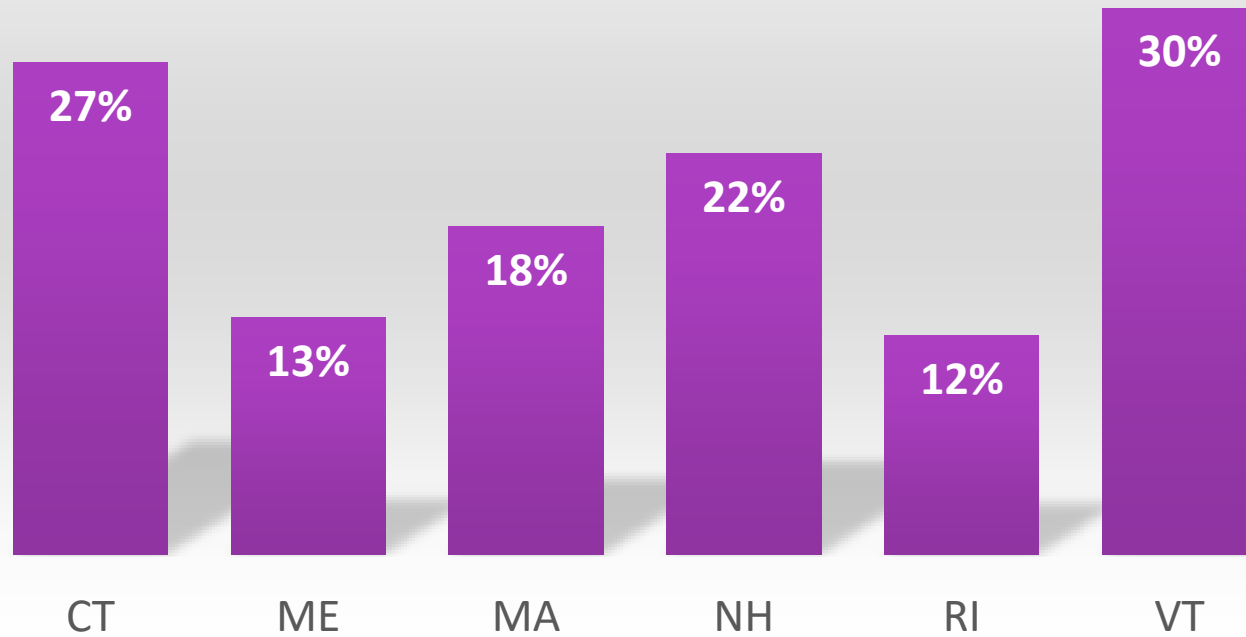
## Notes

- \* Guttmacher's analysis divided 2020 abortion counts by two to represent a comparable six-month period.
- States shaded in gray had few or no abortions in 2023 due to state bans.

Source: *Guttmacher Institute*

Credit: *Alyson Hurt/NPR*

## Percent Change of Abortions from 2020 to 2023



The most dangerous  
phrase in the language  
is, "We've always done  
it this way."

*Rear Admiral Grace Hopper  
Pioneering Computer Scientist  
1906-1992*



# NEW PRACTICE CHANGES

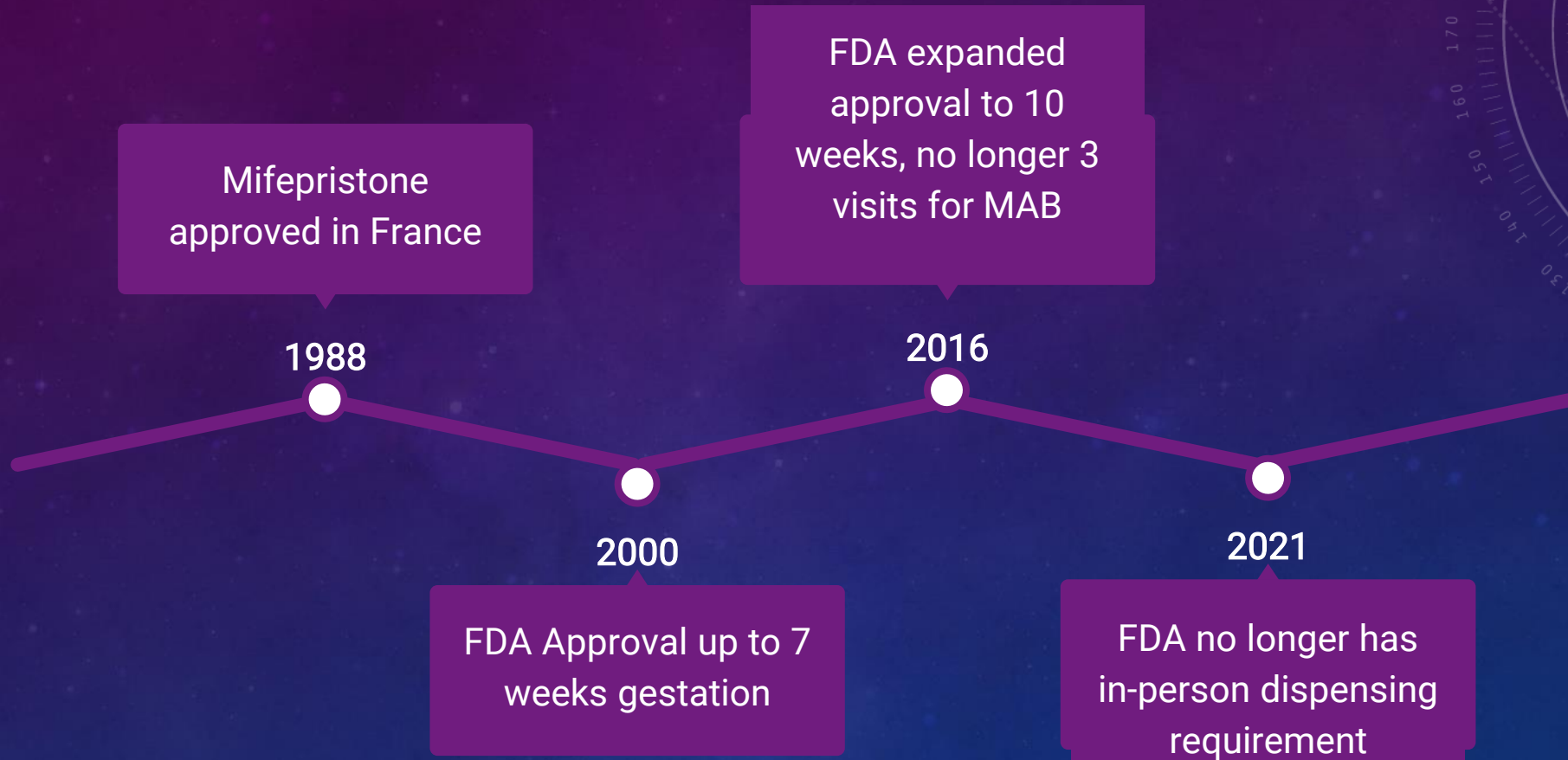


# MEDICATION ABORTION



Safe and Effective

# MIFEPRISTONE ACCESS TIMELINE



ORIGINAL ARTICLE

# Mifepristone Pretreatment for the Medical Management of Early Pregnancy Loss

Courtney A. Schreiber, M.D., M.P.H., Mitchell D. Creinin, M.D., Jessica Atrio, M.D., Sarita Sonalkar, M.D., M.P.H., Sarah J. Ratcliffe, Ph.D.,  
and Kurt T. Barnhart, M.D., M.S.C.E.



**Table 2. Guidelines for Transvaginal Ultrasonographic Diagnosis of Pregnancy Failure in a Woman with an Intrauterine Pregnancy of Uncertain Viability.\***

**Findings Diagnostic of Pregnancy Failure**

Crown–rump length of  $\geq 7$  mm and no heartbeat

Mean sac diameter of  $\geq 25$  mm and no embryo

Absence of embryo with heartbeat  $\geq 2$  wk after a scan that showed a gestational sac without a yolk sac

Absence of embryo with heartbeat  $\geq 11$  days after a scan that showed a gestational sac with a yolk sac

**Findings Suspicious for, but Not Diagnostic of, Pregnancy Failure†**

Crown–rump length of  $< 7$  mm and no heartbeat

Mean sac diameter of 16–24 mm and no embryo

Absence of embryo with heartbeat 7–13 days after a scan that showed a gestational sac without a yolk sac

Absence of embryo with heartbeat 7–10 days after a scan that showed a gestational sac with a yolk sac

Absence of embryo  $\geq 6$  wk after last menstrual period

Empty amnion (amnion seen adjacent to yolk sac, with no visible embryo)

Enlarged yolk sac ( $> 7$  mm)

Small gestational sac in relation to the size of the embryo ( $< 5$  mm difference between mean sac diameter and crown–rump length)

\* Criteria are from the Society of Radiologists in Ultrasound Multispecialty Consensus Conference on Early First Trimester Diagnosis of Miscarriage and Exclusion of a Viable Intrauterine Pregnancy, October 2012.

† When there are findings suspicious for pregnancy failure, follow-up ultrasonography at 7 to 10 days to assess the pregnancy for viability is generally appropriate.



# OPTIONS FOR STABLE MISCARRIAGE

<11WK

Expectant

Medication

Office-based  
aspiration

Operating  
room  
aspiration

- Best choice for management reflects the patient's values and **preferences**
- Patients have strong and widely divergent preferences
- Higher satisfaction, quality-of-life, and mental health scores when treated according to patient's preference

Wieringa-de Waard 2002;

Dalton 2006; Smith 2006

# FOLLOW-UP AFTER MISCARRIAGE

Expectant management



Ultrasound in 2- 4 weeks

Medication

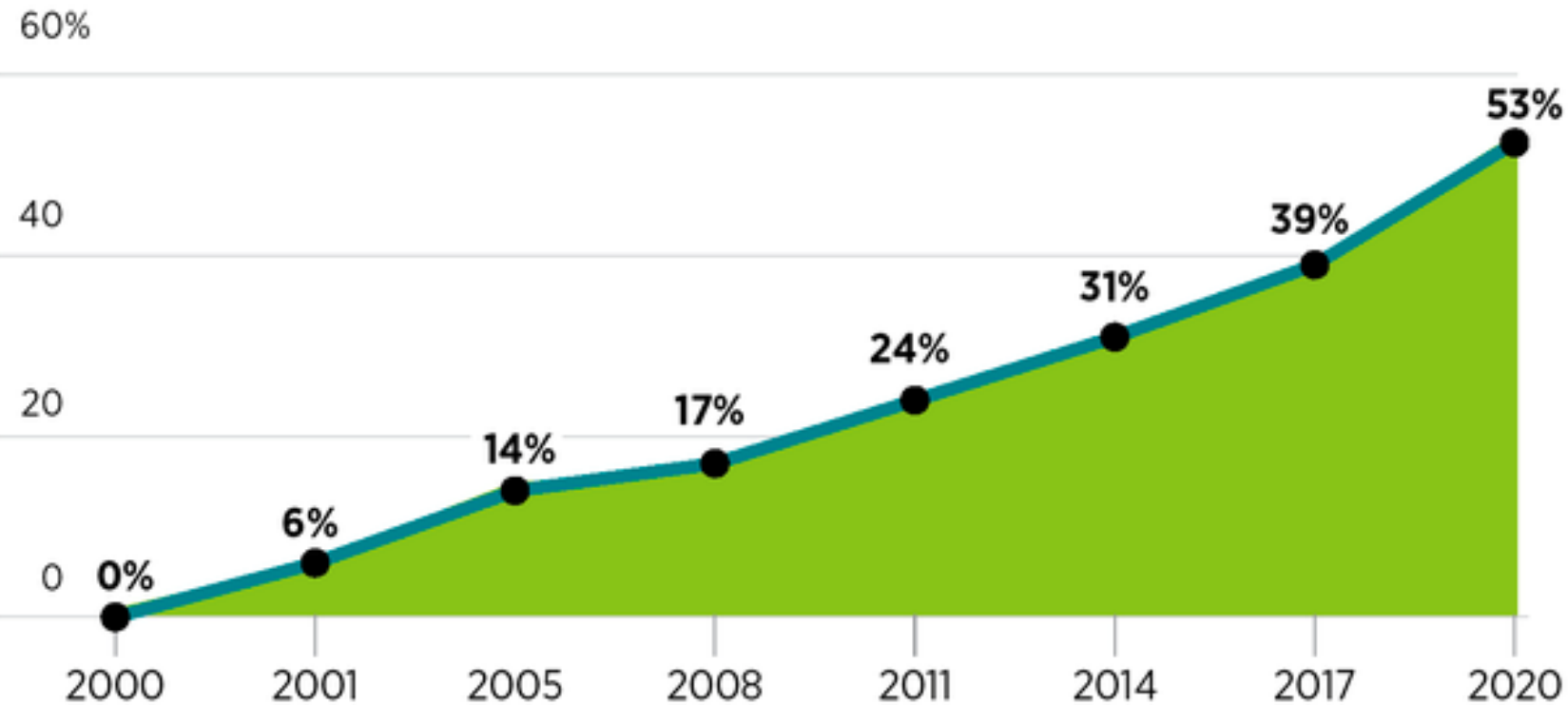


Ultrasound in 1-2 weeks

**hCG testing is not recommended!**

# As of 2020, medication abortions account for the majority of all US abortions

Medication abortion



# No Test Medication Abortion



Photo by Public Domain Pictures from Pexels

Cumulative efficacy rate of  
96.4%

Surgical evacuation rate was  
4.4%

Ectopic pregnancy rate was  
0.06%

Perlman et al. No test medication abortion: A systematic review. *Obstetrics and Gynecology*, 141: 1, Jan 2023.

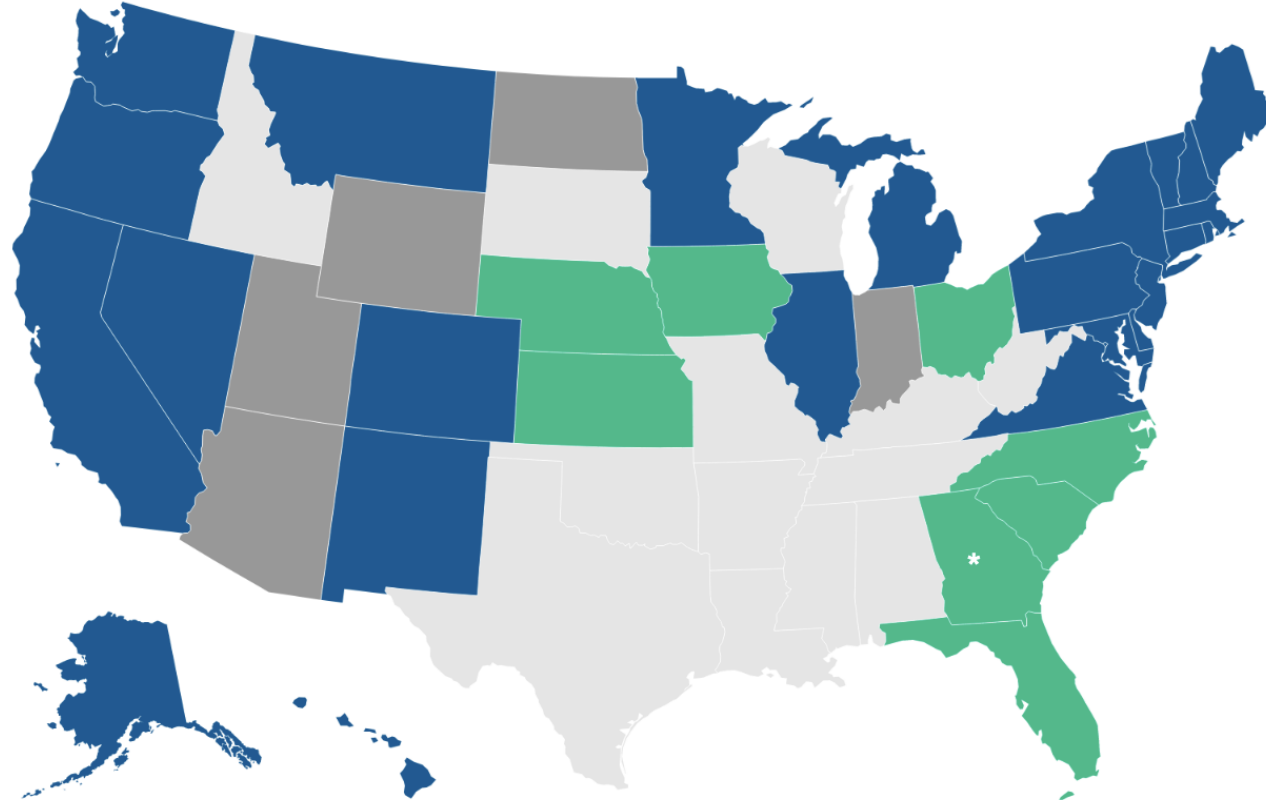
Raymond et al. No-test medication abortion protocol. *Contraception* 1010 (2020) 361-366.

Figure 1

## Availability of Telehealth for Medication Abortion in a Post-Roe United States

Hover over state for more details

- Abortion available, no telehealth medication abortion restrictions (25 states & DC)
- Abortion available, but at least one telehealth medication abortion restriction (8 states)
- Abortion ban temporarily blocked, abortion legal, but at least one telehealth medication abortion restriction (5 states)
- Abortion banned (13 states)



NOTE: Status of abortion as November 23, 2022. Medication abortion telehealth restrictions include: physician physical presence laws/ bans on telehealth provision of medication abortion, in-person counseling requirements, and ultrasound requirements.

\*In a Georgia, a 6-week LMP gestational limit is in effect.

SOURCE: KFF analysis of state policies and court decisions, as of November 15, 2022.

KFF analysis of Guttmacher Institute, State Laws and Policies, [Medication Abortion, Counseling and Waiting Periods for Abortion](#), and [Requirements for Ultrasound](#), as of November 1, 2022.

• PNG

KFF

# LEGISLATIVE INTERFERENCE WITH MIFEPRISTONE



Current use of  
Mifepristone is  
**Status Quo**

# SELF-MANAGED ABORTION (SMA)

- About 7% of pregnancy capable people in the U.S. have used SMA
- Medication abortion is very safe and effective



Conti J, Cahill EP. Self-managed abortion. *Curr Opin Obstet Gynecol*. 2019 Dec;31(6):435–40 Ralph L, Foster DG, et al Prevalence of Self-Managed Abortion Among Women of Reproductive Age in the United States. *JAMA Netw Open*. 2020 <https://www.who.int/publications/i/item/9789240039483>, Verma, et. al. Society of Family Planning interim clinical recommendations, Moseson et. al, Best Practice & Research Clinical Obstetrics and Gynaecology

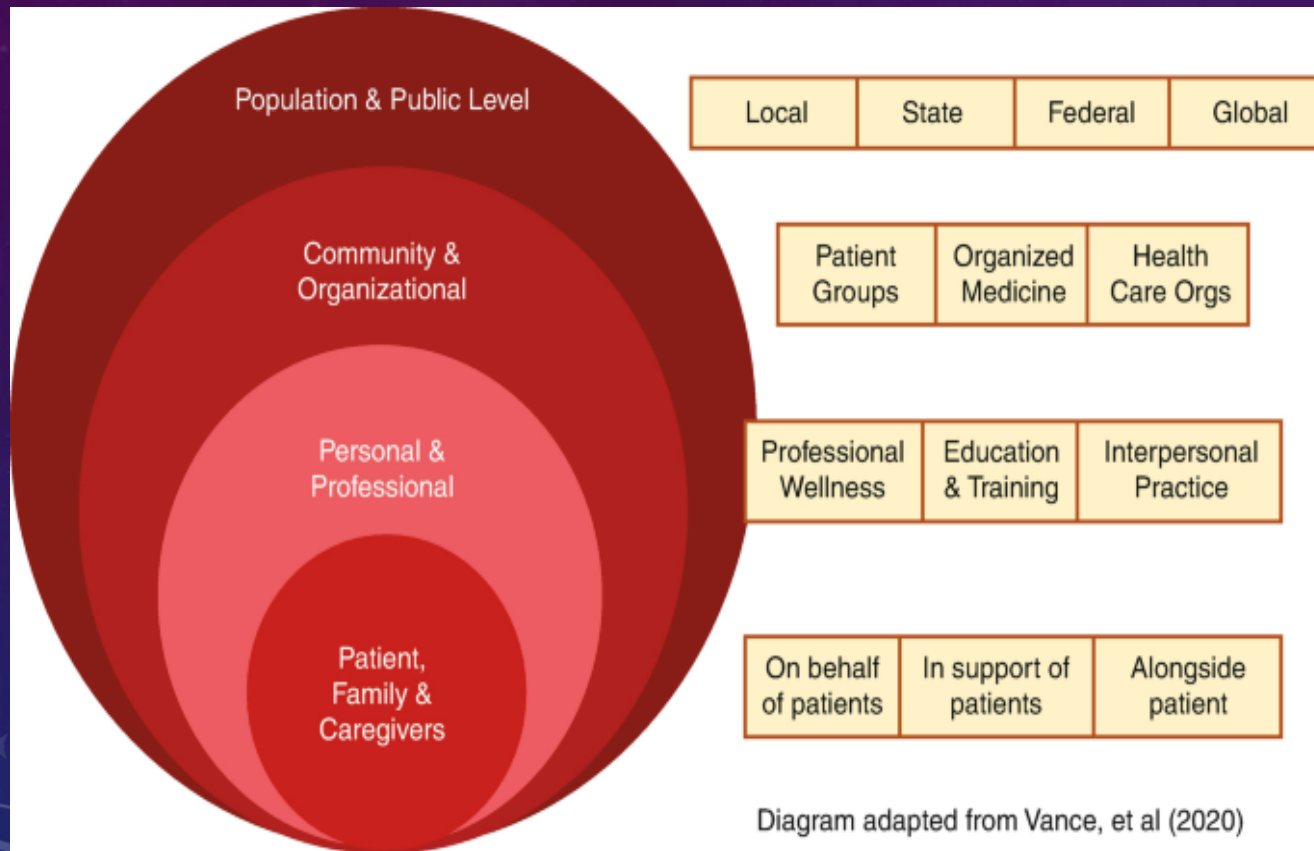


# REFUSE TO COLLUDE

- Focus on the symptoms, stability of the patient
- Inform the patient that what they say can be legally used against them
  - Remember HIPPA does NOT apply if records are requested in a subpoena
- There is no medical test to determine if someone is having a miscarriage or a therapeutic abortion
- There is no legal requirement to report your patient for suspicion for a SMA



# ADVOCACY



- Protecting and Expanding Access to Abortion
- Codifying the right to abortion in state constitutions
- Dedicating state funds to subsidize the cost of abortion care
- Enacting shield laws to prevent prosecution of providers and patients
- Passing the Women's Health Protection Act

# LAW CHANGES IN NEW ENGLAND

States	Protect patient data	Removes criminal penalties for “non-licensed”	Anti-abortion center prohibitions	Expands insurance coverage of abortion	State universities to have access to repro health needs	Funding for repro health services	Protecting providers from lawsuits and discrimination
CT	X				X		X
MA	X				X	X	X
ME	X	X		X			X
NH							
RI				X			
VT	X		X				X

# TRACK HOW REPRODUCTIVE POLICIES ARE AFFECTING COMMUNITIES

“I felt like they wanted to say something, but they couldn’t. And they were afraid. I felt like they had all of this information in their heads and in their hearts and wanted to give it to us but couldn’t.”

## **Texas Senate Bill 8 and Abortion Experiences in Patients With Fetal Diagnoses**

*A Qualitative Analysis*

*Courtney C. Baker, MD, MPH, Emma Smith, MD, MPH, Mitchell D. Creinin, MD, Ghazaleh Moayedi, DO, MPH, and Melissa J. Chen, MD, MPH*

1 YEAR  
POST  
ROE



PRISM

“

There is no such thing as  
pro-life or pro-choice.  
There are just people who  
need abortions and the  
people who love them.  
That's it. That's all of us.  
**Everyone.**

GHAZALEH MOAYEDI, DO, MPH, FACOG  
OBGYN & ABORTION PROVIDER

@dr.ghazal\_moayedi