

An Internists' Action Plan to Reduce Morbidity and Mortality Under Abortion Restrictions

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Following the US Supreme Court's decision in *Dobbs v Jackson Women's Health Organization*,¹ an acquaintance was 18 weeks pregnant and considered high risk due to comorbid conditions. She expressed to me her fear of potential complications in light of the recent abortion restrictions, and as we discussed the unfortunate gray area created by the overturn of *Roe v Wade*² and *Planned Parenthood v Casey*,³ I advised her to discuss a theoretical action plan with her obstetrician.

This acquaintance is not alone in her concerns. Dr Lynch and I both have had to discuss this delicate matter with many of our patients. One patient—the mother of other young children—had already begun to research hospital systems that would allow for safe care, including locations out of state. In case of an emergency, she would be required to travel a long distance for life-saving care—a circumstance that for many is not financially feasible. What civilized country places women in such a position of vulnerability?

When the *Dobbs* decision was announced, I was driving from Milwaukee, Wisconsin,

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to Minneapolis, Minnesota. En route, I approached my state capital, Madison, and felt drawn to stop and speak out in support of not only my patients, but of all women. As I walked toward the capitol building in my white coat, I was approached by various news outlets and was empowered by see-

rowing effects of these restrictive laws at the state level. And as an active member of the Reproductive Advocacy Group within the ACP Wisconsin State Chapter, I plan to advocate at our nation's Capital as well. There is much we can do to have influence.

—Jennifer Cichon Mackinnon

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ing other women in protest. I explained the consequences of this devastating ruling and the dangerous ramifications that could result: women suffering and even dying. I discussed the impact on families given that women are often positioned as the head of household. I described the importance of access to safe abortions—particularly for women with chronic disease and those on teratogenic medications. Overall, I was saddened for the two people who ultimately should be involved in this conversation—the patient and their clinician. This is not a politician's place.

Later, at the 2023 National American College of Physicians meeting, I attended a powerful talk on the importance of preserving this right, and it reminded me that we need to stay conscious of the potentially har-

Action Steps

Together, we began considering how we as internists could make a direct impact in our day-to-day practice. Here are some immediate action steps we can initiate:

1. Ask about contraception and prescribe it. This is paramount, as unintended pregnancy rates remain high—particularly among those of low socioeconomic status.⁴ Family-planning and control of reproductive health is not only key to economic stability but family stability. As internists, we need to champion these conversations and continue to engage in medical education to improve access to care for our patients. Several studies have shown the benefits of preventing unplanned pregnancies through the use of long-acting reversible contraception,^{5,6}

so this training becomes extremely valuable to our patients. Consider Plan B prescriptions for patients to have on hand in an event of an unplanned pregnancy and enact your contraception plan before your patient leaves their visit.

2. Advocate for your patient's health by focusing on excellent chronic disease management, including mental health. Poorly controlled chronic diseases have been linked directly to an increase in maternal morbidity and mortality. One study identified that nearly two thirds of severe maternal morbidity events were deemed preventable with antepartum interventions.⁷ These data are supported by statistics from the Centers for Disease Control and Prevention, which launch the "Hear Her Campaign"⁸ in 2020 to help prevent pregnancy-related death. As internists, we should feel comfortable and empowered to partner with our obstetric colleagues to help manage these chronic conditions and recognize when our patients require more urgent care. We are critical to eliminating this preventable mortality.
3. Help protect your patient's rights. Abortion is a standard of care that should be safely and readily available in all states. A recent

study identified that states that enacted an immediate ban on abortions after the leaked *Dobbs* draft decision in 2022 saw a 42% increase in internet searches of abortion-related terms and a 25% increase in contraception-related terms.⁹ By the age of 45, nearly 1 in 4 women will have had an abortion, and early abortion should not be considered a middle ground. Studies have shown upwards of 90% of patients would be affected by an early abortion ban, which would disproportionately affect patients who are Black and of lower socioeconomic status.^{10,11} Our patients' rights are endangered, and it is our job to help safeguard them and stand against this injustice. Please call, write, or email your state representatives, senators, and governor and explain as a physician why this right is essential.

We hope you will consider taking these action steps and share their importance with colleagues and learners. In our microcosms, we can create meaningful change and help save lives—the very epitome of why we chose this career.

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