

# Bleeding and in pain, a pregnant woman in Louisiana couldn't get answers

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When Kaitlyn Joshua found out she was pregnant in mid-August, she and her husband, Landon Joshua, were excited to have a second baby on the way. They have a 4-year-old daughter and thought that was just the right

age to help with a younger sibling.

At about six weeks pregnant, Joshua, 30, called a physician group in Baton Rouge. She wanted to make her first prenatal appointment there for around the eight-week mark, as she had in her first pregnancy. But Joshua said the woman on the line told her she was going to have to wait over a month.

"They specifically said, 'We now no longer see women until they're at least 12 weeks,'" Joshua recalled. "And I said, 'Oh, Lord. Is this because of what I think?' And they said, 'Yes.'"

Louisiana has a near-total abortion ban, which took effect Aug. 1, that has raised fears among physicians that they could be investigated for treating a miscarriage, since the same treatments are also used for abortion.

Joshua recalled the woman on the phone saying that since the U.S. Supreme Court decision overturned *Roe v. Wade*, there was what the woman called a gray area in Louisiana's law. The [medical practice](#) was delaying the first prenatal appointment with patients.

Joshua remembered her saying that many women miscarry in the first 12 weeks of pregnancy, and they didn't want to be liable for an investigation. For anyone convicted of providing an abortion, the law carries stiff penalties of 10 to 15 years in prison, up to \$200,000 in fines and the loss of a physician's license.

Since Louisiana's ban took effect, some doctors have warned that the law's language is vague, and that fear and confusion over the law would lead to delays in pregnancy care. And fear and confusion are precisely what Joshua and her husband experienced.

During those early weeks of pregnancy, Joshua felt symptoms she hadn't dealt with in her first pregnancy: mild cramping and spotting. Without access to a doctor, though, Joshua felt she had nowhere to go for answers.

"How in the world can we have a viable health care system for women, especially women of color, when they won't even see you for 12 weeks?" she said.

Joshua, who works as a community organizer, knew pregnancy can be dangerous, especially for Black women like herself. She also knew about Louisiana's dismal maternal health statistics: The state has one of the highest maternal death rates in the country, and Black women are at higher risk than white women, according to reports from the state's health department.

So Joshua booked an appointment weeks away with one of the few OB-GYNs she could find who was a woman of color. Then, when she was between 10 and 11 weeks pregnant, she started bleeding heavily, passing clots and tissue. She said the pain was worse than when she'd given birth.

Her husband was at work, so Joshua drove herself to the emergency room at Woman's Hospital in Baton Rouge. There the staff gave her an ultrasound, which they said showed that her fetus had stopped growing, she recalled. It was measuring seven or eight weeks gestation, not 10 or 11 weeks. Her [medical records](#) show her pregnancy hormone levels were abnormally low.

She was told her fetus had only a faint heartbeat. Joshua understood she was miscarrying. But hospital staffers wouldn't definitively confirm it and didn't explain what treatment options she'd have if she was having a miscarriage.

Joshua said a nurse told her: "It appears that you could be having one. But we don't want to say that's what it is. So let's just keep watching it. You can continue to come back. Of course, we're praying for you."

Joshua is Christian. She spends Sunday mornings at church. But she said the comment felt like an insult. "Folks need answers, not prayers. And that's exactly what I was looking for in that moment," she said.

The next day, her bleeding and pain were worse. Landon, her husband, was afraid for her life.

By the evening, Joshua was pacing her bathroom floor, bleeding and cramping, when she felt more blood and tissue come out of her body.

"It literally felt like I had almost birthed a child," she said. "And so I was like, 'No, I have to go somewhere, like, now.'"

She didn't want to return to the first ER, so she called her mother and husband and told them to meet her at Baton Rouge General in nearby Prairieville. There, a security guard put her in a wheelchair. Her jeans were soaked through with blood. Staffers gave her another ultrasound, and the technician told her she'd lost a lot of blood.

A doctor came in to talk about the ultrasound results. She told Joshua it looked like a cyst, not a pregnancy, and asked if she was positive she'd been pregnant—a question that made Joshua angry.

Joshua remembers the doctor then said that if she was indeed miscarrying, she should go back home and wait, then follow up with her OB-GYN in two or three days.

Joshua asked the doctor for treatment to alleviate her pain and speed up the process. There are two standard options for managing a confirmed

miscarriage, other than letting it pass on its own: a procedure called dilation and curettage, to remove pregnancy tissue; or medication, which can help clear the uterus more quickly. Both of the latter treatments are also used for abortions.

The doctor told her, "'We're not going to do that,'" Joshua recalled. "I just remember her saying, 'We're not doing that now.'"

The doctor also said she wouldn't refer Joshua somewhere else for miscarriage treatment, Joshua recalled, or give her discharge papers stating she was having a miscarriage, known in medical terminology as a spontaneous abortion.

"She stated that they're not going to put anywhere 'spontaneous abortion' because that would then flag an investigation on them," Joshua said.

Landon Joshua said he had the impression that the doctor was afraid to confirm his wife's miscarriage.

"She would not look me in the eye to tell me what was happening," Kaitlyn said.

Frustrated and scared, the Joshuas went home.

Both Woman's Hospital and Baton Rouge General said in statements to NPR that their pregnancy care has not changed since Louisiana's abortion ban passed. Baton Rouge General said its care of Kaitlyn Joshua was appropriate. NPR contacted the provider whom Joshua originally called for a prenatal appointment, and it denied that it had changed the timing of first appointments.

Both ERs Joshua visited deny that they have changed care because of Louisiana's ban.

In a statement, Dr. R. Cliff Moore, the chief medical officer and a maternal-fetal medicine specialist at Woman's Hospital—the first hospital Joshua visited—said bleeding during the first trimester is common and doesn't necessarily mean a patient is miscarrying. He added that diagnosing a miscarriage "requires complex medical analysis" that can take days or weeks. "Our hearts go out" to those who've experienced miscarriages, he added.

Baton Rouge General, the second ER, said it has not changed the way it manages miscarriage or the options provided to patients. In a statement, Dr. Kathleen Varnes, an ER doctor, said that the hospital "sympathizes with the pain and anxiety" Joshua experienced but that it believes her care was "appropriate." Every patient is different, she said, adding that "there are times when waiting and observing is the right approach, and other times when medication or a procedure may be necessary."

According to Joshua's discharge papers from Baton Rouge General, she was suffering from vaginal bleeding, which can, but doesn't always, lead to miscarriage. But in her medical charts, which Joshua later obtained from the hospital, staff wrote "it appears that she is having a miscarriage," and diagnosed her as having a "complete or unspecified spontaneous abortion without complication." Her medical records also note that Joshua's pregnancy hormone levels, called HCG, had declined from her previous ER visit, when they should have been increasing if her pregnancy was proceeding normally.

After Joshua signed forms allowing the hospital to comment on her care, Baton Rouge General said that because of Joshua's symptoms, "her discharge papers and treatment plan provided instructions on how to manage bleeding and when to follow up with a physician."

Other doctors and lawyers in the state are concerned that the abortion ban is affecting some health care decision-making. They point to the fact

that even after a state court briefly blocked Louisiana's ban last summer, Louisiana Attorney General Jeff Landry threatened the medical licenses of physicians, claiming they could still be prosecuted.

In September, at a Louisiana Department of Health meeting, Dr. Joey Biggio, the chair of maternal and fetal medicine with Ochsner Health, Louisiana's largest health system, said some OB-GYN doctors were afraid to provide routine care.

"There has now been such a level of concern created from the attorney general's office about the threat to them both criminally and civilly and professionally, that many people are not going to provide the care that is needed for patients, whether it's ectopic pregnancies, miscarriages, ruptured membranes, you know, hemorrhage," Biggio said. "And we need to figure out a way to be able to provide some clear, unequivocal guidance to providers, or we're going to see some unintended consequences of all of this."

## **The policy debate**

The author of Louisiana's abortion ban, Sen. Katrina Jackson, is a Democrat who opposes abortion. She maintains that the law is clear about miscarriages, saying in an emailed statement that "it does not prohibit medical treatment regarding miscarriages."

Sarah Zagorski, communications director for Louisiana Right to Life, which helped draft the ban, said no part of Louisiana's law requires a physician to delay prenatal care until 12 weeks of pregnancy. And she said the law specifically differentiates miscarriage care from abortion.

"It looks like the fault is not with the law, but with a misinterpretation of the law," Zagorski said.

Ellie Schilling, a lawyer with Lift Louisiana, a reproductive justice organization that challenged Louisiana's law in state court, said that while the law allows for miscarriages to be treated, it is written in legal language that doesn't translate easily into medicine or necessarily line up with an individual patient's set of circumstances. And this puts doctors in a very difficult situation.

"They're trying to interpret specific language and pair it up to specific patients to do some sort of calculation about, you know, have we reached this threshold yet? Or have we not?" she said.

Doctors also must consider whether someone else might later disagree with their decision, she added. "How is somebody else going to interpret that later? How is law enforcement or a prosecutor potentially going to interpret that later?"

She argued that the law needs to be clarified. "It puts providers and patients in a really dangerous situation," she said. "And to abdicate all responsibility for making the laws, before drafting the laws in a way that will work for physicians on the ground, is just irresponsible."

## **The patient's perspective**

In the week after Joshua's last ER visit, the heavy bleeding and piercing pains continued. While mourning the loss of what would have been her new baby, she remained worried about her own health. She feared getting worse and wondered how bad she would need to get to get treatment.

Joshua blames Louisiana's anti-abortion law for the care she received. "For me to have to navigate so many different channels to get health care should not be happening," she said. "This has to change. There needs to be clarity within the abortion ban" so that physicians are not confused or



afraid to provide care and support.

It took weeks, but Joshua was able to pass the pregnancy at home. If she had been given a choice, she would have chosen care that made the experience faster, less painful, less scary, and less risky, especially as a Black woman.

"This experience has made me see how Black women die. Like, this is how Black women are dying," she said.

It also has made Kaitlyn and Landon Joshua rethink their plans for more children.

"I love my kid. And so, she constantly makes me want another her. But in this moment, it's just too dangerous to get pregnant in the state of Louisiana," Kaitlyn said. "I don't think it's worth risking your life for a baby right now."

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