

## Illinois launches service to connect complex abortion cases with needed medical care

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A few weeks after the U.S. Supreme Court overturned Roe v. Wade, a 19-year-old woman traveled from Memphis to Chicago seeking an



abortion. But medical providers at a local clinic told her the procedure would require hospital care due to scarring from a previous cesarean section.

The unexpected complication added travel days and lodging costs the patient hadn't planned for, according to officials with the Chicago Abortion Fund, who scrambled to help the young woman find an <u>abortion</u> appointment a few days later at a Chicago hospital. The local nonprofit covered the cost of a hotel room, food and other necessities.

"I took her shopping. We went to Target together," Megan Jeyifo, executive director of the Chicago Abortion Fund, said in a recent interview. "We got clothes, underwear, food for her hotel room, snacks, water, just to make sure she sustained herself over the much longer time period that she was going to be here."

Seeking to address such situations, the state of Illinois in August is launching a service to help connect women seeking abortions who have more complex medical issues and need hospital care with the proper providers when stand-alone clinics can't provide the necessary services.

It's the latest effort by Democratic Gov. J.B. Pritzker to position Illinois as a safe haven for abortion patients and providers, and it comes as a near-total ban on the procedure is set to take effect Tuesday in neighboring Indiana.

As the number of out-of-state abortion seekers has surged in Illinois following the fall of Roe in June 2022, reproductive rights activists say they're also seeing more abortion patients with complications requiring hospital care.

Those can include emergency situations such as life-threatening pregnancies and dire fetal diagnoses. But sometimes even more common



medical issues, such as anemia, thyroid conditions, <u>heart problems</u> and—like in the case of the patient from Memphis—C-section scarring can require hospitalization when terminating a pregnancy.

Illinois' answer is the Complex Abortion Regional Line for Access, or CARLA, which includes a hotline staffed by a nurse who will aid patients with scheduling abortion appointments in local hospital systems. These patients also will be able to use the hotline to get help arranging payment for their treatment as well as other needs, including transportation and child care.

The hotline will be a partnership of the University of Illinois at Chicago, Rush University System for Health, the Illinois Department of Healthcare and Family Services, the Illinois Department of Public Health and the Chicago Abortion Fund.

The state is estimating the CARLA program will cost \$600,000 in the first year, with the money coming from the Healthcare and Family Services budget, according to the governor's office.

The hospital navigation program was one of several new state reproductive health initiatives Pritzker announced at a news conference Monday at UIC, where he lauded Illinois' role as an oasis of abortion care as many states in the Midwest and across the country have banned or highly restricted abortion after Roe was struck down.

Pritzker described the program as the first of its kind in the nation, adding that the hotline intended to "reduce disparities for hospital-based abortion care and speed up medically urgent referrals."

He added that streamlining hospital abortion care will also ease some of the burden on stand-alone abortion clinics in Illinois.



"In the 13 months since the Supreme Court made the retrograde and destructive decision to overturn Roe v. Wade, 14 states have outright banned abortion, stripping Americans of their rights to privacy, bodily autonomy and freedom," Pritzker said. "But in the Land of Lincoln, we've doubled down on our commitment to maintain and expand reproductive health access for patients and protect providers."

Also announced was a \$5 million grant program through the Department of Commerce and Economic Opportunity to help abortion providers pay for improvements, repairs, new facilities and security upgrades, among other costs associated with the influx of patients from out of state.

Pritzker's latest abortion initiatives were met with criticism by a leading opponent of abortion rights in Illinois, who accused the governor of focusing on the issue to the exclusion of other priorities.

"I'm tired of hearing billionaire J.B. Pritzker tell women in need that the only thing Illinois has to offer them is abortion," Eric Scheidler, executive director of the Chicago-based Pro-Life Action League. "Not economic security. Not quality child care. Not real health care. Just abortion.

"Instead of spending our tax dollars on luring vulnerable women from across the country to Illinois for abortions, Pritzker should be working to help Illinois families to thrive, especially those who need a helping hand."

Pritzker and other supporters said the CARLA program is essential because many complex abortion cases are extremely time-sensitive: Delaying the procedure can threaten the lives and health of patients, experts said.

Dr. Jonah Fleisher, an obstetrician-gynecologist and co-director of the



program, described recently treating a patient from a neighboring state who was 18 weeks pregnant and required hospital care because providers at a clinic suspected her placenta was attached to her uterus abnormally, a dangerous condition called placenta accreta.

"This increased her risk of serious bleeding during the abortion," Fleisher, assistant professor of clinical obstetrics and gynecology at the University of Illinois at Chicago College of Medicine, said at the news conference. "The clinic called our hospital and several others, trying to find the soonest appointment she could attend."

A dozen <u>phone calls</u> and voicemails later, Fleisher saw the patient about a week after her initial appointment at the abortion clinic; the hospital was unsure if it would be able to arrange the specialists and complicated resources she needed in enough time.

"When someone wants an abortion, the earlier they get it the safer it is," he said. "Reducing delays is especially important for those with medical problems that increase the risk of the procedure even more. Abortion is, medically, just like any other type of health care, sometimes requiring complex medical triage and coordination. Politics, however, have siloed, stigmatized and restricted abortion so much that we need (the Complex Abortion Regional Line for Access) to help patients get past these extra barriers quickly and safely."

Jeyifo said the number of patients calling the Chicago Abortion Fund who have required hospital-based care has risen "exponentially" since the demise of Roe.

In the year before Roe was overturned, the nonprofit served 26 patients requiring hospital care from five states; in the past year post-Roe, that number increased to more than 250 patients in need of <u>hospital care</u> coming from 19 states, she said.



These cases are often more complicated, requiring more travel time and planning assistance from Chicago Abortion Fund officials, Jeyifo said, adding that the new hotline will "ease this logistical burden."

"None of this is ideal and it should not be this way," she added. "No one should have to travel to a city they have never been in to access health care. No one should have to depend on strangers to access the things they need for that trip. But this is our reality in the fallout of this horrific decision. It is up to us together to be creative and nimble and there for people who are denied agency over their bodies and lives in their home states."

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