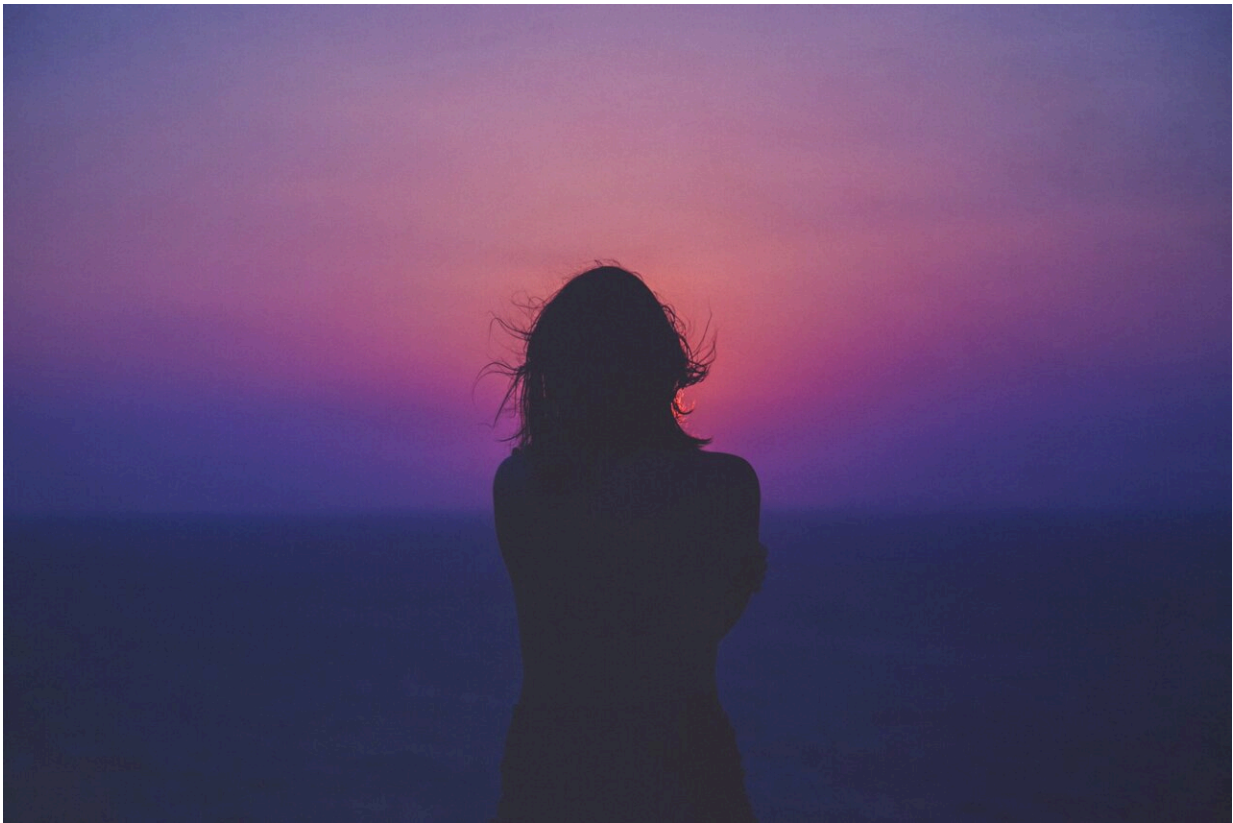


Medical leaders paint grim picture for maternal health unless Idaho alters abortion law

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Nampa OB-GYN Dr. Megan Kasper recently saw a young pregnant patient who, in her second trimester, was experiencing painful

contractions. Her cervix had dilated 5 centimeters. Still, she was several weeks away from the earliest gestational age where a premature infant is viable.

Kasper said all she could offer was expectant care, meaning she closely monitored the patient but wouldn't intervene unless her condition changed or worsened.

"My care of that patient did not change based on the (abortion) laws that went into effect in August 2022," Kasper said at a presentation about women's health care challenges at the state Capitol. "But the things I needed to manage in the background were different."

"What did I need to do to keep myself and the whole health care team out of trouble? ... What was going to be my threshold for her health status? If she started bleeding, how much bleeding was I going to tolerate? At what point would her bleeding be enough that I would feel confident in saying, 'OK, this is life threatening?'"

As lawmakers seek to finish the 2024 legislative session any day now, Kasper and several other doctors and medical leaders urged legislators to add a maternal health exception to the state's strict abortion ban. The only exceptions the law provides are for rape, incest and to "prevent the death of the pregnant woman." There are no exceptions for the health of the pregnant patient.

Democrats want the standard eased, but the overwhelmingly Republican Legislature has not obliged.

Doctors in Idaho who provide abortions, even to stabilize a pregnant patient with a complication, face a felony punishable by up to two to five years in prison. They could also have their medical licenses suspended for a minimum of six months for a first offense and permanently

revoked upon a subsequent offense.

Idaho doctors say the law has had a chilling effect on recruitment and retention of the state's already slim body of physicians, particularly those working in obstetrics.

In late February, a report released by the Idaho Physician Well-Being Action Collaborative said dozens of Idaho's obstetricians stopped practicing in the state in the first 15 months after the law took effect in August 2022. Over the same period, only two obstetricians moved to the state to practice.

And of the nine maternal-fetal medicine specialists working in Idaho before the ban was enacted, only four are left. Maternal-fetal specialists are obstetricians who undergo three additional years of training to manage the most complicated and high-risk pregnancies. Obstetricians in Idaho often seek their guidance on a case-by-case basis. But as their ranks dwindle, that's becoming harder to do.

Dr. Sara Thompson, an OB-GYN at Saint Alphonsus Regional Medical Center in Boise, told the lawmakers and others at the presentation that more are thinking about leaving if the law doesn't change.

"As my colleagues move out of state or retire, we've had difficulty replacing them," Thompson said. She noted that Idaho has no OB-GYN residency programs or fellowships. "So we cannot recruit new OB-GYN or maternal-fetal medicine specialists from within our borders. Out-of-state applications for open positions have decreased dramatically."

'Candidates are now looking elsewhere to practice'

Susie Keller, CEO of the Idaho Medical Association, said the state is unfortunately "digging itself into a workforce hole that will take many

years, if not decades, to fill."

And, as [physician shortages](#) persist nationwide, there's fierce competition for providers. The pool of OB-GYN applicants at Idaho hospitals has fallen to nearly half of what it once was, if hospitals have any applicants at all, said Brian Whitlock, president of the Idaho Hospital Association.

Idaho already has the lowest number of active physicians per capita in the country. The state is projected to be short 1,743 doctors by 2030, according to a study published in Human Resources for Health.

"Hospital administrators are telling us that the lack of clarity in Idaho's legal environment regarding the term health care has created uncertainty and fear," Whitlock said. "Candidates are now looking elsewhere to practice."

The chief physician executive at St. Luke's Health System, Dr. Jim Souza, said vacant positions that previously would have been filled in weeks are remaining open for months, with some not getting filled at all.

Dr. Loren Colson, a family medicine physician in Boise and president of the Idaho Coalition for Safe Healthcare, said that when his pregnant wife recently miscarried, their local pharmacist refused to fill a prescription to aid in the miscarriage. More than one in 10 pregnancies result in miscarriage, he said.

His wife, Kristin Colson, previously told the Idaho Statesman that she had experienced multiple pregnancy losses as the couple pursued fertility treatments. Managing a miscarriage with medication can make the experience faster and more predictable, according to the American College of Obstetricians and Gynecologists.

Idaho's abortion ban is even affecting the way women access birth control care.

"I had a patient who needed an IUD removed when she found out she was pregnant, and she had to go to two other providers before coming to me due to concerns of accidentally ending the pregnancy with the removal of the IUD," Loren Colson said. "And this isn't an isolated incident."

Souza said that only 21 of Idaho's 44 counties have access to any practicing obstetricians. According to the report from the local physician group, the vast majority, or about 85%, of obstetricians and gynecologists in Idaho practice in the seven most populous counties.

"There will be a significant increase in these complications that will lead to more high-end costly transports to centers like the one I lead," Souza said. "And some of those rescue attempts will end in complications that may be lethal or have permanent impacts on maternal health and reproductive capacity. Even a 15-mile increase in the distance a woman in an emergency has to travel delays an urgent intervention where seconds count. Imagine what 100 miles looks like."

Kasper said she practices in an "evolving maternity care desert" in southwest Idaho, which has seen the closure of two labor and delivery units in the last year, at West Valley Medical Center in Caldwell and Valor Health in Emmett.

She said she and other OB-GYNs in the region are doing what they can—seeing more patients and managing high-risk and low-risk pregnancies while being thoughtful about the ways they do so. She said watching the way access to women's health care is deteriorating has been sobering.

"And this is not in rural Idaho that I'm talking about," she said. "This is right here in the Treasure Valley."

Souza said the state's abortion ban is "ambiguous" on the circumstances in which a physician is allowed to act when a pregnant patient's health is at risk. He asked that legislators clarify the law.

"The law casts the issue as if it were a black-and-white binary thing," he said. "Those of use who manage life and death know that those are the poles on a spectrum where in between lies health. We are trying to move upstream in that, to preserve life."

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