

AAPLOG Polling Insights: How to Discuss Abortion With Our Patients

Executive Summary

In the wake of the historic Supreme Court Dobbs ruling which overturned Roe v. Wade, disinformation and alarmist claims are increasingly being spread for political purposes. As the world's leading association of pro-life medical professionals, we refuse to allow fear-mongering, partisanship, and untrue messages to impact our patients' care.

AAPLOG commissioned a nationwide poll which was fielded June 3-6, 2022 (N = 1,600 registered voters nationally; Margin of Error +/- 2.45%). Our polling revealed several key insights about how to discuss factual information about abortion and women's healthcare. Most notably:

- Abortion-Related Data Collection Is Important and Must Improve 79% of respondents agree that we need transparency in data collection to truly assess the risks abortion presents to women and their health; this is especially relevant given demonstrated failures in FDA data collection surrounding chemical abortions and related complications^{1,2}
- Protecting Our Patients from Chemical Abortion Risks 73% of respondents agree that "Common sense provisions are needed" when patients seek abortions examples given included in-person consultations and parental consent for minors³; 51% said information about screening's role in detecting ectopic pregnancy drove them to support "Common sense provisions over chemical abortions"
- Consistency in Standards of Care 85% of respondents agree that abortion providers should be held to the same standards of care as other health professionals, such as training for the procedures they're performing and meeting standards for outpatient facilities (significant majorities persisted across political affiliations and actually increased by a percentage point among pro-choice respondents)

Women deserve the best available medical care and the best information about that care. We have developed the attached memo and polling to allow our members to support all our patients and advocate for sound healthcare policies in the weeks ahead.

^{1) &}quot;Research on the safety of induced abortion, and particularly those that are chemically induced, continues to be handicapped in the United States by the absence of a comprehensive national reporting system of pregnancy outcomes." A Longitudinal Cohort Study of Emergency Room Utilization Following Mifepristone Chemical and Surgical Abortions, 1999–2015 (Health Services Research and Managerial Epidemiology)

²⁾ Mifepristone Adverse Events Identified by Planned Parenthood in 2009 and 2010 Compared to Those in the FDA Adverse Event Reporting System and Those Obtained Through the Freedom of Information Act (Health Services Research and Managerial Epidemiology)

³⁾ Most respondents – 53% – said they were less likely to trust an organization "that has argued against parental consent for abortion, which ignores the risk of coercion, abuse, and even trafficking of young girls"

The Essential Role of Abortion-Related Data Collection

Nearly 80% of Americans (including 76% of pro-choice voters) agree that data collection transparency is needed in order to truly assess the risks of abortion to women—as physicians, we need to call for this transparency and highlight how inadequate US data is.

We must also emphasize to patients that the data on abortion-related mortality and complications of medication abortion is inadequate and biased.

Protecting Our Patients From the Risks of Chemical Abortion

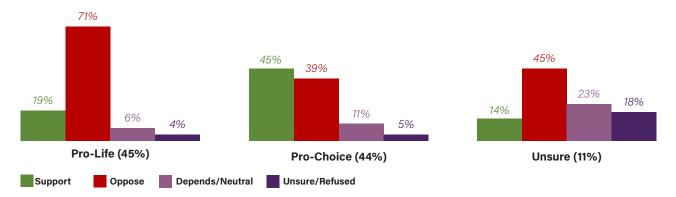
The majority agreed that women deserve fully informed consent—a component of care that is not provided at most abortion facilities. It's essential that women know the risks associated with abortion, especially medication abortion.

By 24 points, registered voters also oppose unsupervised, at-home medication abortions—we should discuss how dangerous these are, and that they were pushed even before Roe was overturned.

We can compare these to miscarriage management, where a lack of supervision would never be an accepted approach in that situation.

Of special note, **supervision** is an important aspect of how we discuss chemical or medication abortion. When respondents were asked if they supported or opposed unsupervised chemical abortion, a plurality of those unsure about their pro-life/pro-choice identity opposed it:

Chemical Abortion Pills by Key Demographics

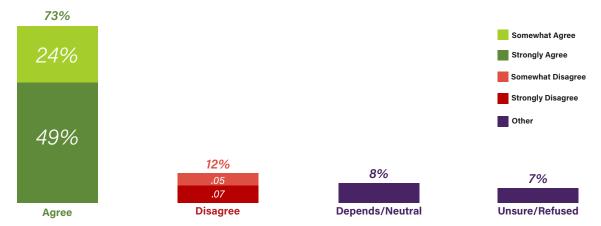


"Common Sense Provisions" governing chemical abortions also tested well – the majority of Americans across ideological categories all agreed that these provisions were important.

Examples given were parental consent for minors seeking chemical abortion and in-person visits.



Do you agree or disagree that common-sense provisions are needed, such as ensuring in-person consultations and parental consent for minors, to ensure the safety of patients seeking abortion?



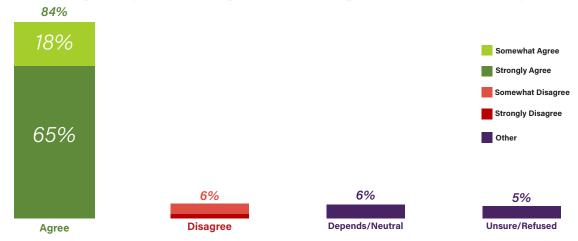
Finally, the most popular reason for adding "common sense provisions" to chemical abortion was its importance in diagnosing potential existence of an ectopic pregnancy prior to abortion – a narrow majority of all respondents agreed that this made them more likely to support the provisions.

Consistency in Standards of Care

Nearly all American voters across political lines agreed that abortion providers should be held to the same safety and quality standards as other medical professionals and facilities; voters also support common sense safeguards. We should be educating our leaders to (at the minimum) put commonsense safeguards in place, such as regular clinic inspections, admitting privileges, informed consent, ultrasounds, etc.

The vast majority of Americans believe that women and their children deserve excellent healthcare and the chance at life, liberty and the pursuit of happiness—we must focus on the excellent healthcare that we can provide that does not include abortion. Physicians should focus on all the support and care we can give each patient (for instance, perinatal palliative care in the setting of an adverse prenatal diagnosis).

Do you agree or disagree that abortion providers should be held to the same standards of care as other health professionals, such as training for the procedures they are performing and meeting standards for outpatient facilities?



Key Takeaways

Based on our nationwide polling, AAPLOG makes the following additional recommendations to members:

- Once people were educated about what Roe really allowed and fetal development, we saw a marked increase in the number of people supporting abortion restrictions or the overturn of Roe. This shows the importance of not only taking care of the medical needs of our patients, but also educating them. Facts really can help calm fears.
- When introduced to realities of fetal development (for instance the heartbeat, unique DNA, and ability to feel pain), respondents were more likely to agree that the preborn child was a human life.
- Only 1/3 of Americans still supported Roe v Wade when they understood that it allowed for abortions through all 9 months of pregnancy—it's important to emphasize that this SCOTUS decision is actually reasonable and returns the power to individual states to be able to prevent abortions at certain points in pregnancy, such as when preborn babies can feel pain, consistent with the desires of the people of their state.
- We saw an increase in the number of people who oppose abortion altogether or at certain points after learning that preborn children feel pain or other fetal development milestones—an aspect of abortion we need to discuss with our patients. They should understand the reality of the life that is growing inside of them.
- More concern about mental health impact than physical impact of abortion—focus on providing better mental health support for our patients, especially those with an unplanned pregnancy.
- The majority of respondents want abortion available in a situation to save the life of the mother—we need to help our patients, colleagues and public understand that we have always and will always be able to intervene to save a woman's life, regardless of what individual states decide about abortion.
- Legalized and more readily-accessible medication abortions have not meant safer abortions—in fact, ER visits are increasing. This is something we should all be able to agree on: women deserve safer healthcare!
- People do not trust an organization that does not support safety precautions for women seeking abortions—an insight that's helpful to discuss with colleagues. ACOG has never supported a single abortion restriction, even to protect women. How can we trust what they say about abortion? (see our new Committee Opinion on ACOG's non representation of its members).

