## Y AAPLOG

## AAPLOG Statement in response to Zurawski vs. State of Texas

Our hearts go out to all the women and their families who filed a lawsuit (Zurawski v. State of Texas) asking for clarity for patients and physicians from the state of Texas on their abortion law. As physicians who care for women and their children every day in our medical practices, we recognize the heartbreak of losing a child or learning that the child one so desperately wanted has a life-limiting condition. Women and families in these situations, like all our patients, deserve the best and most compassionate care possible.

State laws such as Texas' that restrict abortion are aimed at one thing – protecting the citizens of that state. The Texas law clearly defines the term "abortion" as procedures done to intentionally end the life of the human being in the womb. However, unnecessary confusion over whether and under what circumstances women can receive life-saving treatment has led to fear and intimidation – for patients and for physicians.

As an organization that represents more than 7000 women's healthcare professionals, including practicing OB/GYNs and Maternal Fetal Medicine specialists, we know that intentionally ending the lives of our fetal patients is not healthcare. Tragically, there are indeed conditions in pregnancy that necessitate separating a mother and fetus prior to term. These life-saving separations can be done in a way that maximizes the chances of survival of the fetus. The intention of these separations is always to save as many lives as possible, and never primarily to end the life of any human being.

However, we know that sometimes life-threatening situations occur at gestational ages where the human being in the womb will not survive the separation. Even in those cases, where the death of the infant is inevitable, the infant can be cared for after delivery with compassion and dignity by providing comfort and support, since ending his or her life was not the goal of the separation, rather an unintended consequence.

This previable separation procedure, which is by definition not an abortion under Texas law, can and should be done before the mother is critically ill - if her condition has a high risk of maternal morbidity or mortality if left untreated. While an exhaustive list of such conditions would be impossible, reasonable guidance has been provided by Dr. Jeff Wright, a Maternal Fetal Medicine specialist, in his article "What is Not an Abortion."<sup>1</sup> We believe this list provides a good benchmark for determining whether a pregnant woman has a potentially "life-threatening physical condition aggravated by, caused by, or arising from a pregnancy that, as certified by a physician, places the woman in danger of death or a serious risk of substantial impairment of a major bodily function." If the clinical circumstance is proportional to the risk of the conditions in this list, maternal-fetal separation may be indicated. In all these situations, both mother and prenatal child are treated with care and dignity.

Abortion is about intent, not procedure. Abortion has the sole intent of ending the life of an embryonic or fetal human being. There is not a single state law limiting abortion that does not allow physicians, using their best medical judgment, to intervene and deliver a woman facing a life-threatening complication of her pregnancy.

State laws, such as those in Texas, that prohibit abortion clearly allow for appropriate medical interventions in the situation where the mother's life is at risk. In order to ensure that all patients receive timely and appropriate care, hospital systems should provide a formal and clear explanation of their state laws to their physicians along with appropriate clinical guidance (such as what is provided in Dr. Wright's article). All patients deserve excellent healthcare – these laws do not prevent that from happening but rather ensure that every patient is treated with dignity and respect.

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## References

1. Wright J. What is NOT an Abortion? *Issues Law Med.* 2022 Fall;37(2):175-178. PMID: 36629765.