

Women's Health
and Abortion Care:
A Nurse's Perspective

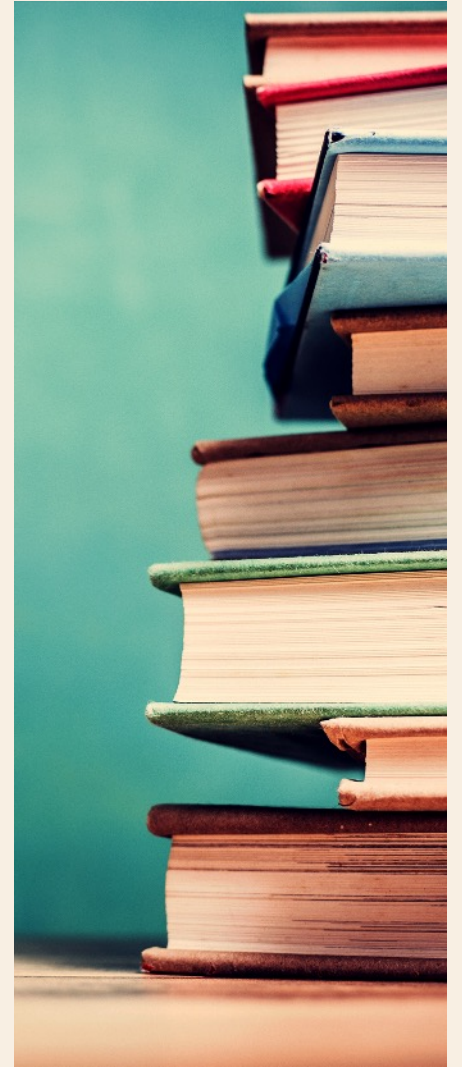
Alexandra Bates, DNP, RN

June 27, 2023



Objectives

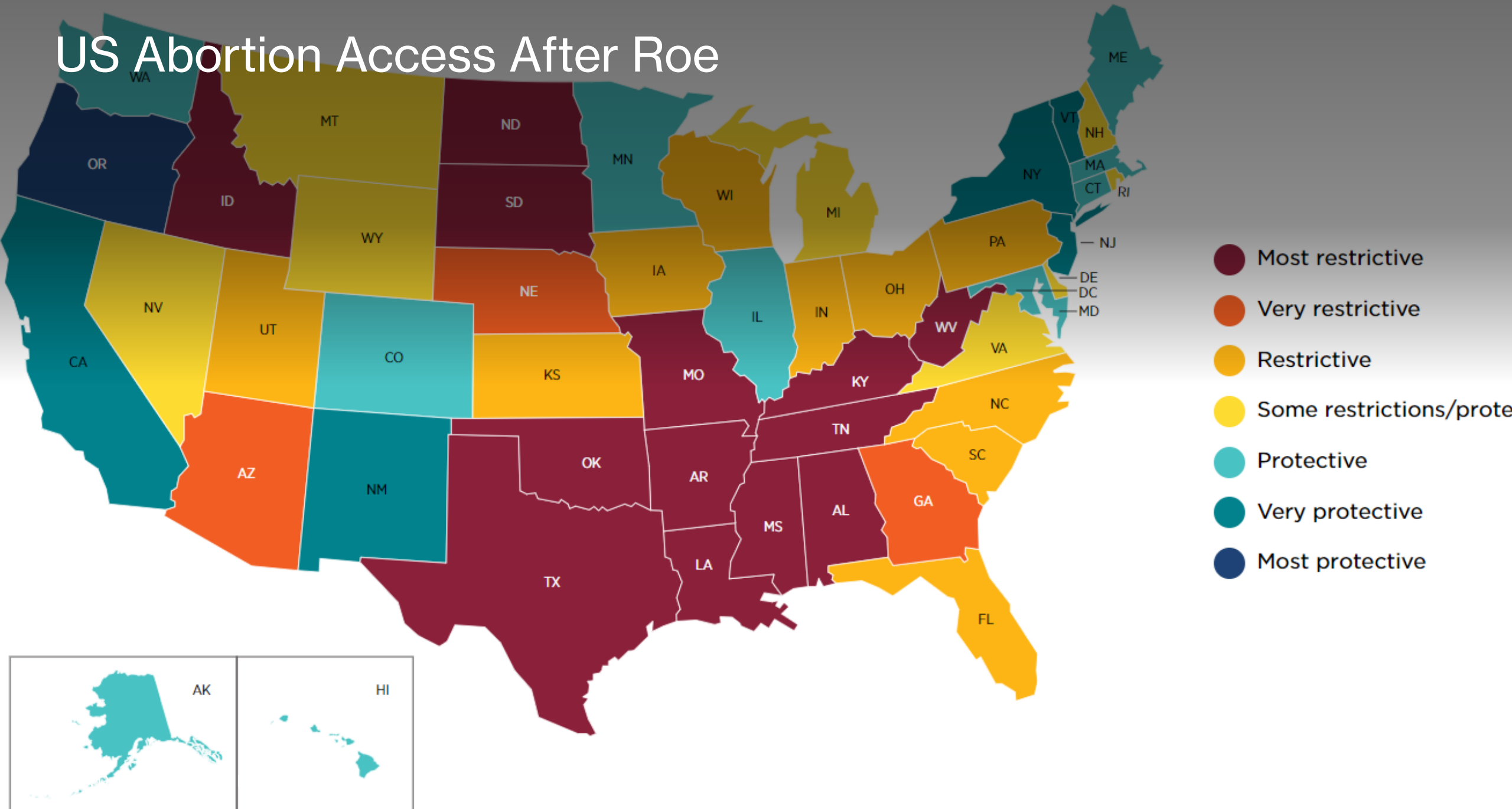
- ❖ To report on the legality of abortion across the United States.
- ❖ To review conditions where abortion is medically necessary.
- ❖ To discuss the role of the nurse as an advocate for access to abortion care.

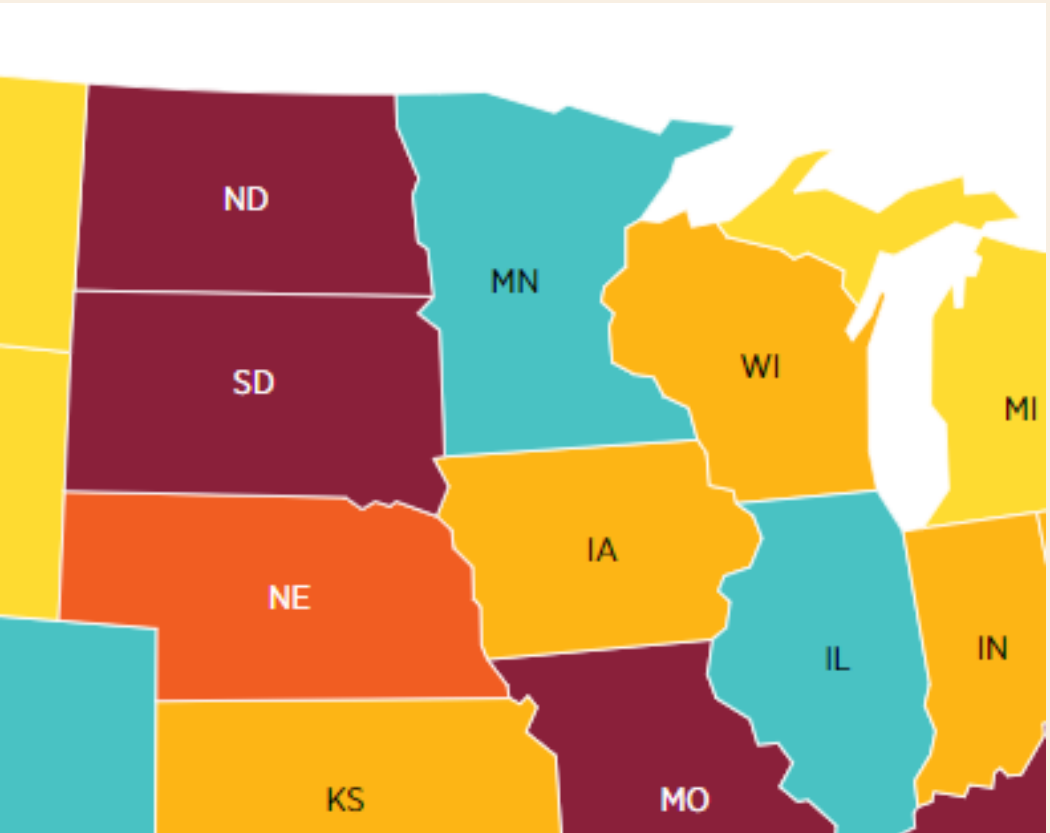


Objective #1

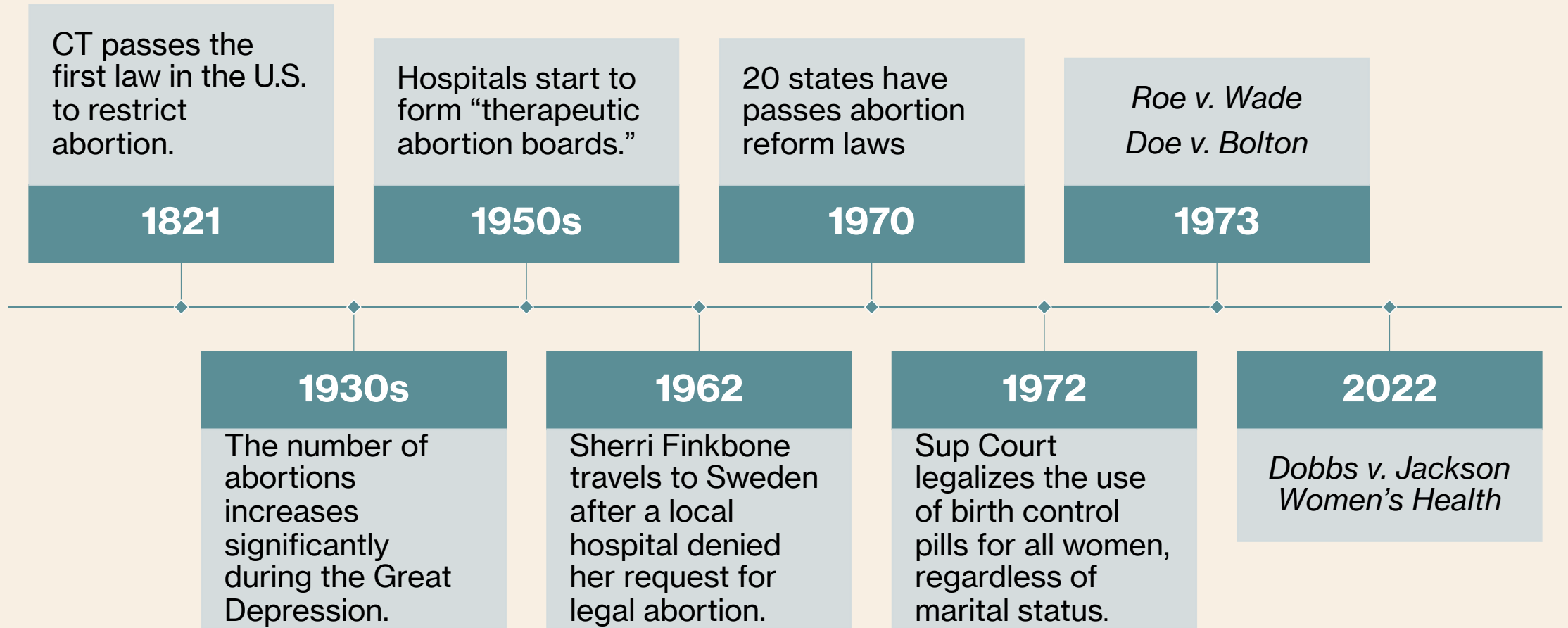
To report on the legality of abortion across the United States.

US Abortion Access After Roe





A Brief History of Abortion in the United States



One Year Post-Roe

Abortion is completely banned in 13 states: AL, AR, ID, KY, LA, MS, MO, ND, OK, SD, TN, TX, WV

Abortion is unavailable in Wisconsin because of ongoing legal complexities.

In Arizona, a ban on abortion at 15 weeks of pregnancy is in effect.

In Georgia, a six-week abortion ban is in effect.

In Ohio, abortion is legal up to 22 weeks but there is a six-week abortion ban in effect.

In Utah, an 18-week abortion ban is in effect.



One Year Post-Roe

In Wyoming, a trigger law that would have banned abortion in the state had been blocked by the court.

In Florida, a six-week abortion ban was signed in April 2023, and their state Supreme Court is deciding if this will be upheld.

In Nebraska, a six-week abortion ban failed when one Republican legislator voted against it, but a ban on abortion at 12 weeks was passed as an amendment to a ban on gender-affirming care.

In North Carolina, a 12-week abortion ban is set to go into effect on July 1st.

In South Carolina, a six-week abortion ban was signed into law in May 2023 but is temporarily blocked following a legal challenge.





One Year Post-Roe: Attacks on Medication Abortion



- ❖ In Arkansas, a new law threatens physicians with loss of their medical license if they mail medication abortion pills.
- ❖ In Florida, if their state Supreme Court upholds the recent abortion ban, part of that legislation includes a ban against mailing medication abortion pills to patients.
- ❖ Montana passed a new law, effective this October, that requires new reporting requirements for mifepristone that is not required for other drugs or procedures.
- ❖ Wyoming banned medication abortion with limited exceptions, effective this July 1st.
- ❖ There's also a legal case with national implications, *Alliance for Hippocratic Medicine v. U.S. Food and Drug Administration*, that attempts to revoke FDA approval for mifepristone.

One Year Post-Roe: Further Restrictions to Ban Abortion

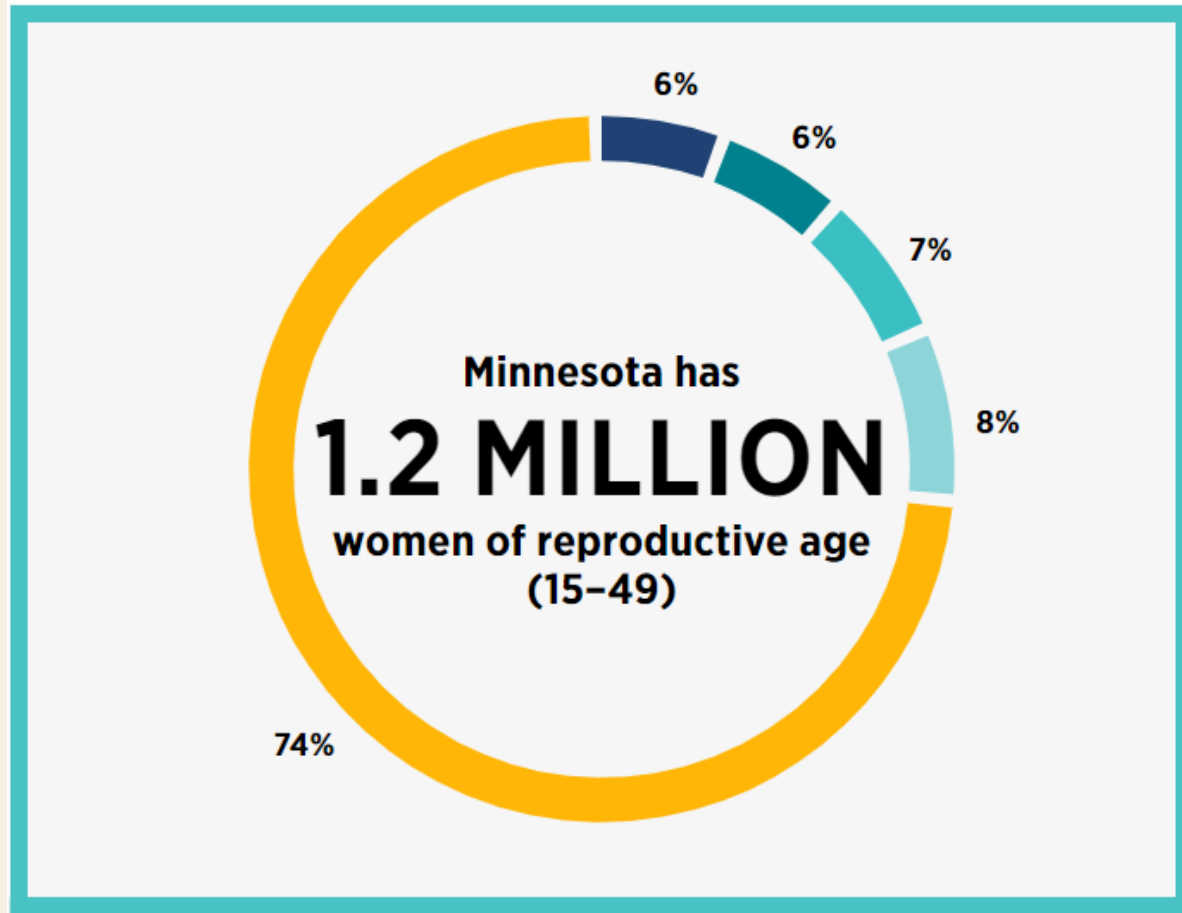
- ❖ In Sept 2021, Texas passed S.B. 8, which empowers any private individual to sue anyone who “aids and abets” an abortion in Texas after six weeks gestation.
- ❖ In April 2023, Idaho passed House Bill 242, which explicitly restricts helping a pregnant minor travel out-of-state to get an abortion.



Abortion Policies in Minnesota

- ❖ Abortion is banned at fetal viability, generally 24-26 weeks of pregnancy
- ❖ State Medicaid funds cover abortion
- ❖ State provides protections from harassment and physical harm for anyone entering an abortion clinic
- ❖ State has a shield law to protect abortion providers from investigations by other states; may cover patients and support organizations

Minnesota Demographic Info



Minnesota Abortion Statistics



11,060

abortions were
obtained in Minnesota
in 2020



**10.2 ABORTIONS
PER 1,000 WOMEN**
aged 15-44 in Minnesota in 2020



7 CLINICS
provided abortion
care in Minnesota in 2017

Texas Abortion Statistics



58,030
abortions were
obtained in Texas in
2020



**9.5 ABORTIONS
PER 1,000 WOMEN**
aged 15-44 in Texas in 2020



21 CLINICS
provided abortion
care in Texas in 2017

South Dakota Abortion Statistics



130
abortions were
obtained in South
Dakota in 2020



**0.8 ABORTIONS
PER 1,000 WOMEN**
aged 15-44 in South Dakota in 2020



1 CLINIC
provided abortion
care in South Dakota in
2017

One year post-Roe, the abortion landscape is increasingly restrictive and very patchwork.

Are there any questions or comments anyone would like to share at this point?

Objective #2

- ❖ To review conditions where abortion is medically necessary.

Abortion Can Be Medically Necessary

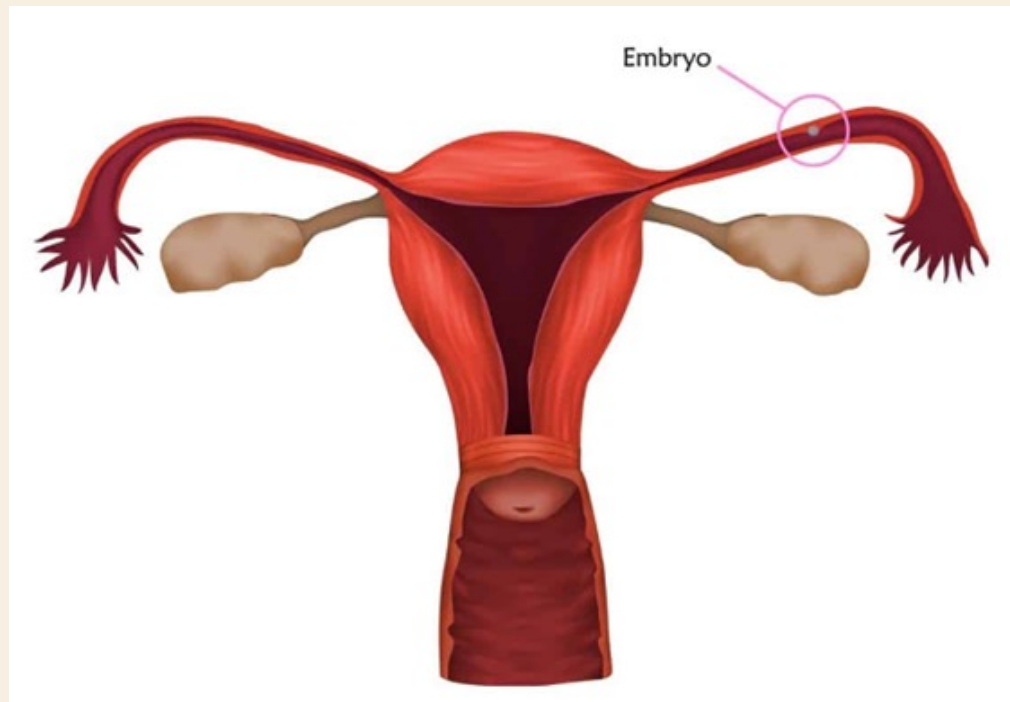
The American College of Obstetricians and Gynecologists and Physicians for Reproductive Health released the following joint statement:

“The science of medicine is not subjective, and a strongly held personal belief should never outweigh scientific evidence, override standards of medical care, or drive policy that puts a person’s health and life at risk.

“Pregnancy imposes significant physiological changes on a person’s body. These changes can exacerbate underlying or preexisting conditions, like renal or cardiac disease, and can severely compromise health or even cause death. Determining the appropriate medical intervention depends on a patient’s specific condition. There are situations where pregnancy termination in the form of an abortion is the only medical intervention that can preserve a patient’s health or save their life.

“As physicians, we are focused on protecting the health and lives of the patients for whom we provide care. Without question, abortion can be medically necessary.”

Ectopic Pregnancy



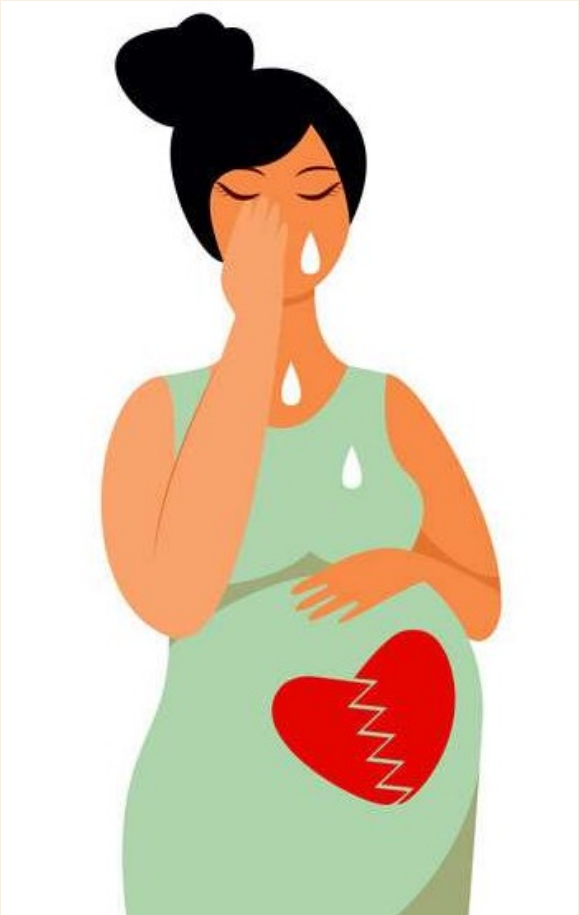
Severe Fetal Abnormalities



Severe Pre-eclampsia



Missed Abortion



Cancer Treatment



Situations Where Medications or Procedures Used for Abortion Care May Also Be Used for Non-Abortion Care

MISOPROSTOL (CYTOTEC) USED TO PREVENT ULCERS



DILATION & CURETTAGE TO TREAT CANCER OR REMOVE POLYPS



Objective #3

- ❖ To discuss the role of the nurse as an advocate for access to abortion care.

ANA Position Statement on Sexual and Reproductive Health (SRH)

Approved March 7, 2022:

ANA affirms:

- ❖ *Everyone has the right to privacy and the right to make decisions about SRH based on full information and without coercion.*
- ❖ *Nurses are obligated to share with their patients in an unbiased manner all relevant information about SRH choices that are available and to support that patient regardless of the decisions that patient makes.*
- ❖ *Abortion is a reproductive health alternative that nurses and other providers can discuss when counseling patients.*
- ❖ *SRH care should be widely available, accessible, and affordable for all.*
- ❖ *Nurses have the right to refuse to participate in SRH care based on ethical grounds, as long as patient safety is assured, and alternative sources of care have been arranged.*

The Role of the Nurse as an Advocate for Access to Abortion Care

- ❖ *Nurses should be knowledgeable about principles of reproductive justice as they relate to nursing care, health equity, and equitable access to care.*
- ❖ *Nurses providing SRH care should strive to create a non-judgmental atmosphere of shared decision making based on mutual respect, adequate factual information, and freedom from bias.*
- ❖ *Nurses who have concerns about the provision of specific SRH services have an obligation to notify potential employers and patients of those concerns, and to assist in referral to an alternative source of care.*



Final Discussion

- ❖ What do you think the role of the nurse is in advocating for access to abortion care? Do you agree with ANA's current statement? Does it go far enough?
- ❖ What are your thoughts on the overturning of *Roe v. Wade*? How can medical professionals make sure our voices are heard when it comes to legislation that affects our work and our patients?