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Bills to "protect" women who seek abortions ignore the needs of women going to term

BY IRENE ORDOWER AND LYNN M. PALTROW

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The Missouri Legislature is considering legislation (SB 264, HB 46 & 434) that the sponsors claim will prevent women from being coerced into having an unwanted abortion. Concern for a woman's right to informed consent before an abortion is commendable. But the fact that the bills protect only the interests of women who plan to end their pregnancies raises serious questions about legislative commitment to the pregnant women who intend to have their babies. Missouri law already requires informed consent for an abortion, but it doesn't require the same for full-term pregnancy procedures.

While approximately 7,000 women in Missouri have abortions each year, a far greater number of women, more than 81,000, go to term. By focusing exclusively on abortion, the legislation dangerously implies that the provision of health care to women going to term is fully informed and medically justified. The Missouri bill requires that women be provided with "medically accurate information that describes the proposed abortion method, medical risks, alternatives to the abortion and follow-up care information." While such information routinely is provided in the context of abortion, there is significant evidence that equivalent information is not provided to women regarding childbirth delivery methods.

According to the World Health Organization, the rate of births by Caesarean surgery, based on medical need, should not be more than 15 percent of all deliveries. Yet today approximately 30 percent of all births are Caesarean. Some providers and hospitals have even higher rates (40 percent to 50 percent of all births). This rise in Caesarean surgery rates has not been

accompanied by overall improvements in maternal or child health and creates risks that do not exist with vaginal births.

Moreover, Listening to Mothers II, the largest survey of women's experiences during pregnancy, childbirth and the postpartum period, found that one-quarter of the survey participants who had Caesareans reported that they had experienced pressure from a health professional to have the surgery. Seventy-three percent of women who experienced episiotomy, or vaginal cutting, during delivery, reported that they had no choice in the matter.

Missouri wants to add yet another law to the already-numerous ones regulating abortion. But it does not even have a law that requires health care providers to give expectant parents information about Caesarean surgery rates and related information, including rates of births using medical interventions such as labor induction and episiotomies. Only two states, New York and Massachusetts, have Maternal Information Acts that give families the information they need to avoid providers who are not willing to, or who are not trained to, support vaginal birth without unnecessary and costly medical interventions.

Evidence-based research does not in fact demonstrate that women seeking abortions are deprived of information or best medical practices. A recent and highly regarded report on maternity care practices, however, found that interventions during labor and childbirth that "have been shown not to be effective, or to be appropriate only in limited circumstances are in wide use" while good practices that have been shown to work, are grossly underused. The best available evidence supports vaginal birth after Caesarean surgery (VBAC) for most women who have had a Caesarean previously. Nevertheless, the International Caesarean Awareness Network has documented more than 800 hospitals, including 38 percent of Missouri hospitals, that require women to undergo a planned repeat surgery. These women are denied the right to give or withhold informed consent. They are coerced into repeating major surgery, whether they actually need it if they want to deliver in a hospital setting or with the obstetrician they trust.

The Missouri legislation could easily be modified to address these issues.

The proposed bill could apply to women going to term by inserting the following

words instead of the words "an abortion": Health care providers would be required to inform the woman that "she is free to withhold or withdraw her consent to have any medical intervention anytime without fear losing treatment and assistance benefits." And, further in the spirit of the bill, hospitals facilities could be required to display a sign that notifies a pregnant woman that it is illegal to coerce a woman to have an unwanted episiotomy or Caesarean surgery and "prominently display statements encouraging a pregnant woman seeking a vaginal birth after a Caesarean to contact agencies that help women carry an unborn child to full term" without unnecessary medical interventions.

Rather than passing another law designed to make it harder for pregnant women to gain access to abortion services, Missouri could demonstrate a real commitment to pregnant women by ensuring that all of them, including those going to term, are guaranteed informed consent.

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