St. Joseph County Department of Health

"Promoting physical and mental health and facilitating the prevention of disease, injury and disability for all St. Joseph County residents"

FOR IMMEDIATE RELEASE

June 30, 2022

On June 24, 2022, the Supreme Court of the United States (SCOTUS) in their **decision regarding Dobbs case** held that, *"The Constitution does not confer a right to abortion; Roe and Casey are overruled; and the authority to regulate abortion is returned to the people and their elected representatives."*. The state of Indiana's current abortion law is among the most regulated in the nation. On July 25th, the Indiana General Assembly will review this existing law, and because of the SCOTUS decision, will reevaluate Indiana's laws regarding abortion. Because SCOTUS has returned decisions about abortion access to the people and the states, we encourage everyone to share their views on women's reproductive health, pregnancy, and abortion with their state representatives and senators.

As a public health department, part of our role is to inform and educate our community on how policy decisions impact public health. It is our understanding that the Indiana General Assembly is considering whether to maintain or modify Indiana's current exceptions to abortion during pregnancy. The St. Joseph County Department of Health believes that women, their partners and families, and medical professionals must maintain the authority to make the judgment surrounding the need for termination of a pregnancy under exceptional circumstances to protect the lives of women and prevent an increase in maternal morbidity and mortality. We have contacted the elected officials who represent St. Joseph County at the Indiana Statehouse to share this view. We also encouraged their support for other public health interventions such as access to affordable healthcare including prenatal care, family planning, and other social supports which determine the overall health of women of reproductive age and can decrease the need for abortion.

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227 W. Jefferson Blvd. | 8th Fl. | South Bend, IN 46601
P: (574) 235-9750 | F: (574) 235-9960

THE HEALTH & WELL-BEING OF WOMEN, INFANTS, CHILDREN, AND FAMILIES

POLICY RECOMMENDATIONS FOR INDIANA

ST. JOSEPH COUNTY DEPARTMENT OF HEALTH
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Research demonstrates that states with the highest number of abortion restrictions have poorer maternal child health outcomes and fewer laws that support women and children's well-being. This is the case in Indiana where we are ranked towards the bottom 50 states and in the Midwest for the health and well-being of mothers and infants. The Indiana code regarding abortion states that "childbirth is preferred, encouraged, and supported over abortion," yet we lack the presence of strong policies to support family health and well-being and economic stability, especially for families with low incomes.

MATERNAL AND INFANT HEALTH

- 80% of reviewed maternal deaths in Indiana were preventable.
- 55% of reviewed infant deaths in St. Joseph County had some-to-good chance of prevention.
- Indiana and St. Joseph County continue to have significant racial, ethnic, and socioeconomic disparities in birth outcomes with the infant mortality rate for Black infants in St. Joseph County at 3X the rate of white infants.
- Indiana is ranked 42nd for infant mortality and our maternal mortality rate is among the highest in the nation.
- The maternal smoking rate in Indiana is nearly twice the rate in the United States.

THE ANNUAL STATE OF BABIES 2022 YEARBOOK REPORT

- Indiana is home to 245,727 babies.
- 42.3% live in households with incomes less than 2X the federal poverty rate.
- 7.5% of infants and toddlers do not have health insurance, compared to 5.1% in the USA.
- 76.3% of Indiana mothers work. (75.5% of white mothers, 86.5% of Black mothers, and 66.2% of Hispanic mothers.)
- Just 3.7% of families in poverty in Indiana receive TANF (Temporary Assistance for Needy Families) benefits, compared to 18.5% in the USA. Indiana is "one of 12 states that has the same nominal benefit level in 2021 as it did in 1996, meaning that benefits have fallen by 41% in inflation-adjusted terms."
- The child maltreatment rate in Indiana of 32/1000 is twice the rate of children in the USA.
- 2% of children in Indiana attend state-funded preschool compared to 30% across the country.
- The wage gap for women in Indiana is 72% compared to 77% nationally.
- Infant care in Indiana costs $3,574 (39.5%) more per year than in-state tuition for four-year public college.
- Nearly three quarters of the lowest-income Hoosiers have to spend at least half of their income on housing. This is the worst rate in the Midwest and 13th worst in the country."

THE OPPORTUNITY

Elected officials have the power to enact laws that support women, pregnancies, and families raising children. A focus on these types of laws will improve birth outcomes for women and families who choose to continue a pregnancy, contribute to reducing unintended or mistimed pregnancies, and increase the ability of women and families to choose to continue a pregnancy because the supports are in place for them to do so.

Both the St. Joseph County Fetal Infant Mortality Review (FIMR) and the Indiana Maternal Mortality Review Committee cite multiple policy areas that can improve infant, fetal, and maternal mortality through health-related action, but it is policy and laws that improve the overall health and well-being of people in Indiana that will make the most significant impact and close the gap in racial, ethnic, and socioeconomic disparities in birth outcomes in our state and communities.

With this in mind, it becomes essential for our elected leaders to explore and enact the types of laws and programs that will better support infants and families. Example of these policies include:

PROTECT PREGNANT WORKERS

- **Strengthen Indiana's 2021 to law to guarantee reasonable workplace accommodations**
- **Require paid time off to attend prenatal visits, ultrasounds, lab work, and other appointments necessary to have a healthy pregnancy and birth.**

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

Revisit proposed changes to TANF that were proposed in 2021 legislation including:

- **Increase the amount of direct assistance so families have secure housing, food resources, and transportation to provide the stability they need. The amount of assistance has not increased since 1988.**
- **Remove barriers that unnecessarily prevent families from qualifying for TANF.**

PAID FAMILY LEAVE

- **It is well established that access to paid family leave improves both maternal and infant health and decreases infant mortality.**
- **Paid family leave should be available to all families. FMLA and private business benefits leave too many Hoosier families without access to paid leave and contributes to disparities in birth outcomes.**

INCREASE TAXES ON CIGARETTES

- **A recent study found a 10 percentage-point increase in total cigarette tax as a percentage of the retail price was associated with a 2.6% decrease in neonatal mortality and a 1.9% decrease in infant mortality globally.**
- **In the United States, the states with the highest cigarette taxes have the lowest infant mortality rates.**

EVIDENCE BASED COMPREHENSIVE REPRODUCTIVE HEALTH EDUCATION

- **Improve Indiana's curriculum code regarding reproductive health education to include information about how reproductive health is connected to eventual healthy pregnancies, health insurance and health system literacy, and infant safety.**

AFFORDABLE CHILDCARE AFFORDABLE HOUSING UNIVERSAL PRESCHOOL

Contact: Sally Dixon, RN, Coordinator of Maternal Infant Health Initiatives at the St. Joseph County Department of Health at 574-250-8680 or sdixon@sjcindiana.com.

MAINTAINING EXCEPTIONS IN INDIANA'S ABORTION LAW

Life of the Mother, Rape or Incest, and Fatal Fetal Abnormality

The St. Joseph County Department of Health, in collaboration with maternal infant health professionals in our community, believe that women, their partners and families, and medical providers must continue to possess the authority to make the judgment surrounding the need for termination of pregnancy under these exceptional circumstances in order to protect the lives of women and prevent an increase in maternal morbidity and mortality. We urge our state officials to learn and understand that abortion is necessary in the management of pregnancy complications and pregnancies resulting from rape or incest.

LIFE OF THE MOTHER

Every day in our hospitals, the reality of pregnancy complications impact the decision making of families and medical providers, at times, requiring the termination of pregnancy to protect the life of the mother. The decision to induce abortion occurs after all other medical treatments are exhausted and clinical markers point toward the growing threat to maternal health. In these cases, the woman and her family, along with obstetric and neonatology providers, make the excruciating decision to move ahead with terminating a pregnancy to protect the life of the mother. Depending on the gestational age of the pregnancy and fetal development, preparations are made for comfort care or resuscitation of the baby in consultation with neonatology and parents. Termination, in hospitals, is most often accomplished through the use of medication to induce labor or by cesarean section in a dire emergency.

It is important for legislators to understand how removing the exception for life of the mother would alter care in hospital emergency rooms and obstetric units across our state. In any other medical emergency, physicians and nurses rush into action to provide life-saving treatment. These legislative changes would require physicians and nurses, who can save the life of a woman by inducing abortion, to instead stand by while:

- **A woman's repeated lab results reflect a health status that is deteriorating rapidly and will eventually pass the point of no return, despite intervention.**
- **Changes in maternal vital signs, including blood pressure and heart rate, stop responding to resuscitative interventions.**
- **Despite transfusions of multiple blood products, a woman continues to hemorrhage.**
- **A woman suffers a stroke or eclamptic seizure because of preeclampsia.**

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DEFINITIONS OF ABORTION USED IN MEDICAL PRACTICE

- **Spontaneous abortion the loss of a pregnancy, naturally, before 20 weeks gestation. Commonly called a miscarriage.**
- **Missed abortion is the asymptomatic death of an embryo or fetus without contractions to naturally expel the products of conception.**
- **Threatened abortion is the term for the presence of signs and symptoms that indicate a spontaneous abortion may occur.**
- **Induced abortion is a medical intervention provided to end the medical condition of pregnancy and includes the use of medications to induce contractions or a procedure.**

The examples below are an extremely abbreviated list of the many instances where pregnancy complications can put the life of the mother at risk and are treatable by abortion.

- Ectopic Pregnancy due to hemorrhage and certain maternal death without intervention.
- Hemorrhage - due to placental complications, HELLP Syndrome, clotting disorder, DIC, other surgery, or threatened abortion.
- Preeclampsia affects 5-7% of all pregnancies in the United States and is the leading cause of maternal death, severe maternal morbidity, maternal intensive care admissions, cesarean section, and prematurity.
- Sepsis (systemic infection), the second leading cause of maternal death. A maternal death due to sepsis changed Ireland's abortion laws.
- Management of Early Pregnancy Loss for missed abortion, threatened abortion. Please read about the recent experience of an American woman and her husband in Malta where abortion is banned.
- Non-pregnancy related acute and chronic medical conditions such as cancer or cardiomyopathy.

RAPE AND INCEST

Studies estimate that between 1-5% of rapes result in pregnancy and that nearly 2.9 million women in the United States have experienced rape-related pregnancy in their lifetime. It is essential that victims of sexual assault have control over what happens to their bodies in the aftermath of a crime. Some victims may decide to continue the pregnancy to parent or place an infant for adoption, while others may decide that they cannot endure the trauma of a pregnancy that resulted from crime and choose abortion. We believe that the government should not interfere with that choice due to the documented, life long health impact for women of sexual assault.

- **One-third of women who are raped will develop Post Traumatic Stress Disorder (PTSD) at some point in their lifetime.**
- **More than 30% will experience a major depressive episode. One-third will contemplate suicide.**
- **Women who are raped are 13X more likely to develop major problems with alcohol abuse and 26X more likely to develop serious drug use disorder.**
- **And long term, the trauma of sexual abuse can adversely affect the well-being of women, even when they go on to have a wanted pregnancy with their chosen partner.**
- **The psychological impact for victims of incest are similar, with the additional challenge that "a child's proximity to the aggressor and repeated exposure to sexual abuse, increases the possibility of pregnancy and can postpone access to healthcare to identify a pregnancy."**

FATAL FETAL ABNORMALITY

Indiana's current code regarding abortion permits termination of pregnancy for the diagnosis of a fatal, life-limiting fetal abnormality after a physician informs women of the availability of perinatal hospice. Through our Fetal Infant Mortality Review program, we understand that the concept of perinatal hospice is not exclusive of continuing a pregnancy to the spontaneous onset of labor, because women who choose to terminate their pregnancy early also engage with perinatal bereavement/hospice programs. The grief associated with the news of a lethal fetal anomaly is devastating for women and their families.

- **Following the initial diagnosis, a great deal of testing is done to confirm the presence of the fetal abnormality through Maternal Fetal Medicine specialists, neonatologists, and frequently, evaluation at hospitals that specialize in fetal medicine.**
- **Families are connected to the perinatal bereavement, hospice, and/or palliative care programs at their delivery hospital as they navigate the news and decisions they face.**
- **Following the confirmation of the fatal anomaly diagnosis, women and their families make deeply personal decisions about how to proceed, including decisions about how long to continue the pregnancy.**
- **In some cases, the decision to terminate the pregnancy early is made to increase the chance of a live birth, and to have time with their baby, prior to death, as continuing the pregnancy increases the risk of experiencing a stillbirth.**
- **To gain an understanding of how this process impacts families and to understand why the exception for fatal fetal anomaly needs to continue, please read about New Hampshire family experiences following a ban after 24 weeks, which reflect our local families' experiences with a diagnosis of lethal fetal anomaly.**

PLEASE CONTACT:

Sally Dixon, RN, Coordinator of Maternal Infant Health Initiatives at the St. Joseph County Department of Health to arrange a time to speak with maternal infant health professionals regarding this important issue at 574-250-8680 or sdixon@sjcindiana.com. We can connect you to obstetricians, neonatologists, nurses, and/or social workers who are willing to share their knowledge and experience and clarify the definition of abortion and its place in maternal health.