Georgia Doctors Forced to Wait for Women to Develop Life-Threatening Infections Before Terminating Nonviable Pregnancies Due to State Abortion Ban

Executive Summary

In a survey of Georgia OBGYNs conducted by the office of U.S. Senator Jon Ossoff, with assistance from the American College of Obstetricians and Gynecologists (ACOG), respondents reported that they had to send women home to await infection before terminating nonviable pregnancies due to restrictions under Georgia's abortion ban, putting women at risk of unnecessary complications, including hysterectomies or even death.

Background

Senator Ossoff's office, with assistance from the American College of Obstetricians and Gynecologists (ACOG), conducted a survey of ACOG's Georgia membership, seeking information about the impact of Georgia's six-week abortion ban on the OBGYN workforce and the ability of Georgia OBGYNs to offer full-spectrum medical care to their patients.

Survey Findings

Several Georgia OBGYNs reported that Georgia's abortion ban prevented them from following best medical practice, specifically regarding treatment of previable preterm prelabor rupture of membranes ("Previable PPROM"), by forcing doctors to wait for patients to develop infections before operating.

Previable PPROM occurs when a patient's water breaks before the fetus is viable at roughly 24 weeks. The American Society for Maternal-Fetal Medicine (SMFM) recommends offering an abortion to all patients with Previable PPROM.[1] Studies show that patients who continue pregnancies with PPROM have a significantly higher risk of complications including hemorrhage and infection – which can rapidly lead to death if termination is not timely performed.[2]

Yet multiple Georgia OBGYNs reported that under the State's abortion ban, which does not permit abortion to protect a woman's health unless and until "an abortion is necessary in order to prevent the death of the pregnant woman or the substantial and irreversible physical impairment of a major bodily function of the pregnant woman,"[3] they were forced to deviate from the medical standard of practice and send patients home to wait for active infection to set in before terminating previable pregnancies.

ACOG has noted that exceptions to abortion bans for medical emergencies are often unclear and difficult for doctors to interpret in practice. According to ACOG, "the specific language used

---

[1] Society for Maternal-Fetal Medicine (SMFM). Battarbee AN, Osmundson SS, McCarthy AM, Louis JM., SMFM Publications Committee. Electronic address: pubs@smfm.org. Society for Maternal-Fetal Medicine Consult Series #71: Management of previable and periviable preterm prelabor rupture of membranes. Am J Obstet Gynecol. 2024 Oct;231(4):B2-B15.

[2] Sklar A, Sheeder J, Davis AR, Wilson C, Teal SB. Maternal morbidity after preterm premature rupture of membranes at <24 weeks' gestation. Am J Obstet Gynecol. 2022 Apr;226(4):558.e1-558.e11.; Abrahami Y, Saucedo M, Rigouzzo A, Deneux-Tharaux C, Azria E., ENCMM group. Maternal mortality in women with pre-viable premature rupture of membranes: An analysis from the French confidential enquiry into maternal deaths. Acta Obstet Gynecol Scand. 2022 Dec;101(12):1395-1402.

[3] H.B. 481

in many of these laws to describe exceptions is often confusing and unclear. Many clinicians on the ground are raising questions about what constitutes a 'medical emergency' under their state law's exceptions. In other words, how sick is sick enough to intervene? While clinicians know how to provide evidence-based and lifesaving care for their patients based on years of training and experience, it is impossible for a law to appropriately capture how or whether a "medical emergency" exception applies to a particular clinical situation."[4]

In an interview, one survey respondent, Dr. Lara Hart, described a case in which a patient was forced to have an unnecessary hysterectomy because doctors waited for infection to set in instead of promptly terminating her previable twin pregnancy after her membranes ruptured. This was a wanted pregnancy, Dr. Hart said, but the fetuses had no chance of survival and, as Dr. Hart explained, "in this situation, you can save the mother or you can save nobody."

Yet according to Dr. Hart, the team of doctors that initially treated the patient were hesitant to terminate the pregnancy because of Georgia's abortion law. Dr. Hart stated that when she encountered the patient, the patient had been in the ICU for three days following the rupture of her membranes and had deteriorated to the point of being put on a ventilator before the ICU determined that the only remaining option was to deliver the previable fetuses and thereby end the pregnancy. Dr. Hart had to perform a C-section to terminate the pregnancy, and during surgery, she discovered severe infection in and damage to the uterus. The patient began to hemorrhage, and Dr. Hart was forced to perform an emergency hysterectomy to save the patient's life. As a result of the hysterectomy, the patient will never be able to conceive and carry a biological child.

Georgia OBGYNs shared the following accounts of waiting for infection to set in before treating PPROM cases in the survey:

- One Georgia doctor explained, "we are jeopardizing the care of women. If someone comes in with previable rupture of membranes, everyone is scared to do the right thing (induce the labor) because there is a heartbeat. Instead we are forced to wait for the mother to show signs of illness severe enough to allow for induction. . . . We are risking the life of the mother for an unborn fetus that has NO chance for survival. The fact that politicians can dictate how I manage patients is infuriating and disrespectful of my years of training. These are WANTED pregnancies that cannot survive. The mother may risk serious illness (sepsis, hysterectomy) to satisfy an arbitrary law that seems to value the life of an unborn fetus over the life of the mother."
- Another doctor shared an account illustrating the risks of waiting for infection to set in before operating: "Patient came in with previable PPROM, wanted to proceed with [induction of labor] after hearing the risks vs benefits of continuing vs terminating the pregnancy, however we could not proceed with [induction of labor] due to the new law. Patient came back with a fever a few days later and was induced. She was fortunate she did not need a hysterectomy."
- Similarly, another doctor relayed an encounter involving a "[p]reviable PPROM patient, waited until signs of infection for induction, she got sicker than she needed to due to laws; has happened multiple times."

[4] ACOG, Understanding and Navigating Medical Emergency Exceptions in Abortion Bans and Restrictions, August 15, 2022, available at https://www.acog.org/news/news-articles/2022/08/understanding-medical-emergency-exceptions-in-abortion-bans-restrictions.

- Yet another doctor shared a story involving a "17 week ruptured patient with continued cardiac activity. Typically would be offered induction. Not offered - sent home to await labor or possibly infection."
- Another doctor described a similar experience: "[Patient] with Previable PPROM at 18 weeks []—had to await onset of labor or evidence for infection to offer induction."
- Another doctor described a case where the patient had, "PPROM at 14 weeks, previously considered inevitable abortion. [P]atient at increased risk of sepsis. Does 'heart beat' law prevent offering induction of labor. Law is very unclear."
- Another doctor confirmed, "[p]reviable PPROM patients are required to 'get sick' before we can offer induction of labor."