

Philadelphia Department of Public Health
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**Provided for Pennsylvania House Democratic Policy Committee Hearing
July 26, 2022
Post-Roe Pennsylvania**

Good afternoon Chair Bizarro, and the House Democratic Policy Committee. I am Dr. Aasta Mehta, Medical Officer of Women's Health for the Philadelphia Department of Public Health and a practicing OB/GYN in Philadelphia. Thank you for the opportunity to provide testimony for the topic of Post-Roe Pennsylvania.

Abortion is essential to public health. Evidence shows that access to reproductive health services, including the right to safe abortions, improves health outcomes and supports economic mobility and success. Being denied access to abortion results in poor health, financial, and family outcomes for woman and birthing people. Furthermore, restricting access to abortion services would place the government squarely between a patient and their doctor, denying individuals autonomy over their own bodies and their own healthcare decisions.

Most Pennsylvanians support safe access to abortion, and for good reason. There is extensive evidence that access to abortion is associated with improved maternal and infant health outcomes. Policies that would prohibit or restrict access to abortion in Pennsylvania would expose pregnant individuals to increased psychological distress, significant health risks caused from seeking abortion services outside of the healthcare system, and a higher risk of complications during childbirth. Furthermore, after childbirth, it would place women and birthing individuals at increased risk of postpartum depression and the children at increased risk of serious health problems.

Pennsylvania is currently amid a maternal mortality crisis—a crisis that disproportionately harms Black and low-income people and will be exacerbated by state-wide abortion restrictions. Studies show carrying a pregnancy to term is markedly more dangerous than a safe abortion with the risk of death of childbirth approximately 14 times higher than that with abortion. Similarly, the overall morbidity associated with childbirth exceeds that with abortion. Despite having some of the finest academic medical centers in the nation, Philadelphia's pregnancy-related death rate is above the national average. Between 2013-2018, the city suffered 110 deaths associated with pregnancy. Fifty-two percent of the pregnancy-associated deaths occurred in women under the age of 30. Seventy-five percent of the women with pregnancy-associated deaths were known to have Medicaid. Black women accounted for 58 percent of the pregnancy-associated deaths despite only accounting for 43 percent of births. And Black women in the city are four times more likely to die from pregnancy-related causes than White women. A ban on abortion access would codify existing health inequities and lead

to a rise in pregnancy related deaths. The roots of disparities in maternal mortality are pervasive in our society. Structural racism, residential segregation, transgenerational poverty, and lack of access to high quality care coalesce in the untimely deaths of so many Philadelphians. It is critical that we do not limit access to abortion as these restrictions would further entrench these inequities in our city.

The risk of death during pregnancy is often related to other public health issues, such as intimate partner violence, socioeconomic disadvantage, substance use, and mental health needs. Eliminating access to abortion services would only exacerbate these problems. Women without access to abortion services are more likely to experience depression and anxiety than those with access. The risk of death with pregnancy intersects with other public health crises in our city, particularly substance use disorder and mental health needs. Additional abortion restrictions or a ban would affect these conditions too—with devastating consequences for the health of our community. Individuals denied abortion are more likely to experience depression and anxiety than those who can obtain one. If people struggling with these conditions become pregnant and cannot access a desired abortion, the results can be devastating. This sharply contrasts with what people experience after obtaining a desired abortion, as the vast majority feel comfortable with their decision.

Restricting comprehensive reproductive healthcare would impact more than just abortion, it would directly impact a multitude of pregnancy-related issues including miscarriage and ectopic pregnancy management, emergency contraception, and in vitro fertilization (IVF). During the initial phase of pregnancy development, following fertilization, approximately one-quarter of pregnancies will not continue to develop or will develop abnormally and require treatment. The medical and surgical management for these conditions is the same used for abortion. Passing prohibitive anti-abortion laws could inhibit necessary medications and procedures physicians use to treat the most common complication of pregnancy—miscarriage. One of the most dangerous complications to occur in early pregnancy, and the leading cause of death during the first trimester of pregnancy, are ectopic pregnancies, or when pregnancies implant outside the uterus and are unable to mature. If undiagnosed, these pregnancies often rupture, leading to massive internal bleeding, infection, and death. To prevent life-threatening complications, ectopic pregnancies must be medically treated or surgically removed. Proposed abortion restrictions in Pennsylvania, such as in SB 106, would impede the ability of physicians to treat a condition that directly endangers the life of the mother.

Emergency contraception is not an abortion, but rather a method of birth control which prevents a fertilized egg from implanting in the uterus. If someone is already pregnant, emergency contraception does not terminate or harm the pregnancy. Surveys show that roughly a quarter of women in the United States have, at some point in their lives, used emergency contraception pills to prevent an unintended pregnancy. Yet there are still abortion restrictions being pushed that would jeopardize access to a contraception that is effective, safe, and legal throughout the United States.

Infertility can be an emotional and physically difficult experience. Reproductive assistive technologies have assisted countless people struggling with infertility in building a family. In 2019, 83,946 infants were born in the United States using assisted reproductive technologies. In vitro fertilization (IVF), is the process of combining an unfertilized egg with sperm outside the body in vitro -- "in glass." Often, more embryos are created than are used in one cycle, as it may take multiple attempts before an implanted embryo successfully results in a pregnancy. The remaining embryos may be frozen or destroyed in accordance with the desires of those to whom the embryos belong. The prohibition of abortion, beginning at conception, would prohibit destruction of these embryos, creating far reaching ethical consequences.

The Philadelphia Department of Public Health works tirelessly to protect and promote the health of all Philadelphians and to provide a safety net for the most vulnerable. We have an obligation to safeguard those protections to ensure that all women and birthing individuals have access to the healthcare services they need, including those to prevent and treat unplanned pregnancies. Abortion restrictions do not promote public health, nor do they reflect the opinions of constituents, scientific evidence, and modern medical practice. We strongly believe that pregnant people should have the freedom to determine whether, when, and under what circumstances they become parents and reject any legislation that would limit someone's access to health care options based on their ability to become pregnant.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Aasta D. Mehta', with a long horizontal line extending to the right.

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