

RESOLUTION

Subject: Life-Limiting Anomaly Inductions
Submitted by: Greater Louisville Medical Society
Referred to: Reference Committee

WHEREAS, certain genetic errors cause malformations that do not allow for life outside of the uterus, now known as life-limiting; and

WHEREAS, serious congenital malformations account for roughly 3% of all pregnancies with a life-limiting rate of roughly 0.3%¹⁻²; and

WHEREAS, genetic testing can be done as early as 10 weeks through maternal blood samples that can show some of these life-limiting conditions; and

WHEREAS, confirmation of genetic results can be obtained within weeks of genetic results; and

WHEREAS, knowledge of severe fetal anomalies or a life-limiting pregnancy can increase the risk of severe maternal anxiety and depression; and

WHEREAS, a study reporting a survey of nearly 900 maternal fetal medicine specialists notes that 76% of respondents felt strongly or very strongly that termination of pregnancy should be allowed for life-limiting anomalies²; and

WHEREAS, a large U.S. single-institution study of women with life-limiting anomalies before 24 weeks gestation, showed 77% elected for termination²; and

WHEREAS, a study involving 44,750 deliveries had 163 cases of life-limiting anomalies and 65% of those life-limiting experienced death in utero. Of those 35% that progressed to delivery, all cases resulted in death with only 1 surviving to 5 weeks¹; and

WHEREAS, the CDC reported the number of infant deaths at 315,392 (of 49,126,572 live births) between 2003 and 2014 (with the ICD-10 code of termination of pregnancy). Of those 315,392 deaths, only 6 lived one day or more after birth³; and

WHEREAS, delivery of a pre-term fetus brings fewer complications and cesarean sections compared to full-term infants; and

WHEREAS, 27% of Kentucky medical school students plan on choosing Obstetrics and Gynecology residencies and 63% strongly agree that they will go outside of Kentucky because of restrictive women's rights laws⁴; and

WHEREAS, 83% of those surveyed strongly agree that abortion bans will exacerbate healthcare disparities in Kentucky⁴; and

WHEREAS, 85% of survey respondents report they strongly agree that abortion bans affect women’s access to comprehensive care in Kentucky⁴; now, therefore, be it

RESOLVED, that KMA proposes/supports legislation to allow delivery inductions at any age for lethal anomalies after confirmation by a provider. This will help reduce patient anguish and risk, NICU costs and resources, mitigate the barriers to recruitment of needed obstetrical providers, and improve healthcare disparities.

References

1. Clare O'Connor, Rebecca Moore, Heather Hughes, Barbara Cathcart, Shane Higgins, Rhona Mahony, Stephen Carroll, Peter McParland, Fionnuala M. McAuliffe, Jennifer Walsh. How accurate is the prenatal diagnosis of a fatal fetal abnormality? *American Journal of Obstetrics & Gynecology*. Feb 7, 2020;(222): Issue 1, S524-S525. <https://doi.org/10.1016/j.ajog.2019.11.850>
2. R. Jacobs, Gillian Dean, Erika J. Wasenda, Lauren M. Porsch, Erin L. Moshier, David A. Luthy, Maureen E. Paul. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal–fetal medicine specialists. *Contraception*. January 2015, (91), Issue 1, 12-18. <https://www.sciencedirect.com/science/article/abs/pii/S0010782414006994>
3. Mortality Records with Mention of International Classification of Diseases-10 code P96.4 (Termination of Pregnancy): United States, 2003-2014. Health Policy Data Requests - Mortality Records with Mention of Termination of Pregnancy (cdc.gov). Health Policy Data Requests - Mortality Records with Mention of Termination of Pregnancy
4. Dodwani, Shriya. Impact of Abortion Restrictions on Medical Students of Kentucky Survey dates: March 22, 2024 – May 29, 2024 (no official publication yet).