

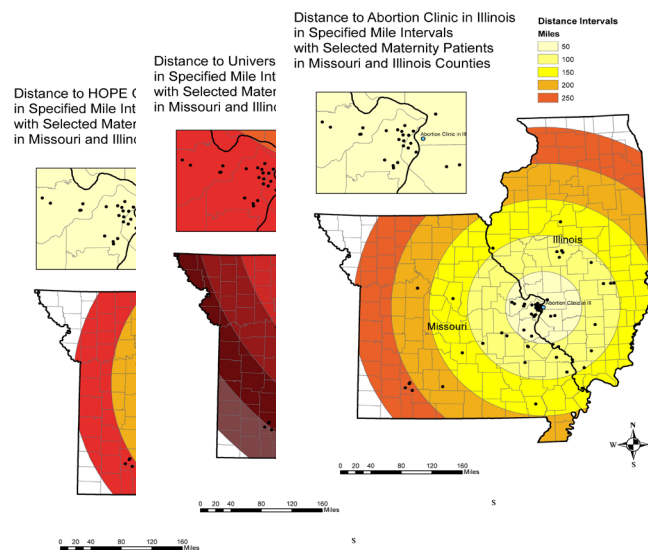
**Foundation for SMFM  
2019 Reproductive Health Mini-Sabbatical Grant**

“Missouri’s abortion law: Access to care for patients with lethal fetal anomalies at a Midwest tertiary care center”

Leilah Zahedi-Spung, MD  
Washington University in St. Louis  
MFM Fellow, PGY-6



Thank you for this incredible honor and opportunity. The Reproductive Health Mini-Sabbatical Grant has helped to develop a career trajectory for me that fits my passion: the link between maternal-fetal medicine (MFM), reproductive health, and advocacy. I have had the opportunity to connect and work with an amazing array of professionals and organizations throughout this project, which was focused on the intersection between MFM and reproductive health. In addition, this project has opened doors to me within the field of reproductive health advocacy as an MFM fellow.



My project examined the impact of abortion restrictions on the geographical distance from the Washington University in St. Louis Fetal Care Center and access to termination of pregnancy services. First, we extracted data on patients referred to our Fetal Care Center with severe or lethal fetal anomalies over a one-year time period. I then worked directly with a geocoding team in order to create maps that demonstrated the distance the patient travelled to first obtain Fetal Care Center consultation and then also modeled the distances the patients needed to travel to obtain an abortion. We then modeled the geographic differences if the current Missouri abortion law banning all terminations after 8 weeks of gestation went into effect (currently enjoined). From July 2018 to June 2019, 13% of patients referred to the Fetal Care Center were diagnosed with severe or lethal fetal anomalies. Of these, 35% of the women underwent an abortion and 65% of the women carried the pregnancy to delivery. Of the women who carried to delivery, the majority had a fetal or neonatal loss (20% intrauterine demise and 64% neonatal death). Women traveled a median of 50 miles one-way to reach the Fetal Care Center, and women who underwent an abortion traveled a median of 100 miles one-way to obtain that abortion. If the Missouri ban were to go into effect, women would be traveling a median distance of 292 miles in order to obtain an induction termination. These results demonstrated the huge burden of travel the women of Missouri already experience to access abortion care, and illustrates that the current abortion law, if enacted, would make accessing abortion care unattainable, likely both related to gestational age restrictions as well as distance of travel to other states to receive care. We are currently preparing a manuscript with these results.



Additionally, I collaborated and met important leaders in organizations such as Physicians for Reproductive Health, State Innovation Exchange (SiX), and NARAL Pro-Choice Missouri. Working with these organizations has shown me how many facets there are to reproductive health advocacy and given me a better appreciation for the important role that I will play as a Maternal-Fetal Medicine Physician. Although the COVID-19 pandemic has impacted the legislative sessions this year, we are planning to collaborate with advocacy groups to utilize our data to educate legislators in Missouri on the impact of the abortion law on women and families in Missouri.

Lastly, through the opportunities this award has provided, I have met other MFM physicians interested in reproductive health advocacy and have created professional connections that will continue to be key to my career development and leadership opportunities both locally and within SMFM. I have joined the Reproductive Health Advisory Board as a fellow member, which will also provide future opportunities for professional networking and mentorship. The experiences and mentorship I have gained through this project have solidified my career trajectory as an MFM with a specific focus on maintaining the breadth of reproductive choices and pregnancy planning for women with complex pregnancies. I will continue to pursue research and advocacy in this field and look forward to building bridges between professional societies and advocacy groups within MFM and reproductive health/family planning to protect the rights and safety of the patients for whom we all care.

