

**Foundation for SMFM
2019 Garite Mini-Sabbatical Grant**

“Understanding the development and implementation of public health policy as a maternal-fetal medicine specialist”

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If someone asked me at the start of my training where I saw myself in 10 years, I would have answered with confidence, “clinician, researcher, educator.” It would have been a safe bet and a sincere answer because I didn’t learn about the interplay between legislation and medical practice until medical school was long over. However, as I progressed through my residency, I realized that my ability to practice evidence-based medicine that I learned in school was being curbed by legislation led by ideology not science.

The Ohio state Senate, for example, passed a bill mandating that physicians tell patients about the possibility of reversing Mifepristone medication abortions despite the science pointing towards significant morbidity associated with such attempts. The Senate bill would have forced me and other providers to discuss a potentially harmful, unproven, non-standard of care treatment with patients who are already in vulnerable positions. This is one of the most recent of the many experiences that started me down a path of involvement with legislative advocacy, especially for reproductive rights and justice.

When speaking to other physicians to understand why they are *not* involved in advocacy, I commonly hear, “I am a doctor, I just need to do my work,” or “you cannot change anything,” or as I was told when I was interviewing for fellowship, “you don’t need to be an MFM to do this.” These conflicting physician opinions were the impetus of my application for the [Garite Mini-Sabbatical](#) – to understand the impact of legislation on our day-to-day practice, the work that goes on behind the scenes to ensure that we can continue to practice the way we do, and to see if physician voices really CAN make a change.



For my mini-sabbatical, I traveled to Washington, DC in March 2020 and partnered with the staff team from the [Society for Maternal-Fetal Medicine](#) (SMFM) to learn more about advocacy. I had a chance to lobby for Title X programs on Capitol Hill. Title X family planning clinics provide preventive care, STI testing, well-woman exams and contraceptive services to underserved and uninsured populations. The Administration recently changed the rules so that Title X clinicians no longer need to provide all forms of contraception. I shared my patient stories to highlight the importance of providing *all* contraceptive options. My patients with pulmonary emboli, hypertension, or cancer have specific contraceptive needs and limiting their options significantly limits

their ability to plan if or when to have a family. Further, the recent restrictions have withdrawn funding from any clinic that offers abortion counseling, even if the patient requests it. Clinics are required to refer ALL patients to prenatal care and are not required to refer patients to abortion providers if the

patient requested it. I discussed with Congressional offices that this violates physician's ethical obligation to provide accurate information to patients, our ethical obligation to refer patients to providers who perform procedures we do not, and our moral obligation to put patients first. I revealed that as a result of this gag rule, several physicians have left Title X clinics, as it required them to violate their primary oath to do no harm.



The most exciting day in Washington was rallying at the Supreme Court of the United States. Although it had been a long time since I last took to the streets for a cause that was important to me, the SMFM team joined thousands of people in front of the Supreme Court to demonstrate their opposition to the *June Medical Services v. Russo* case. SMFM, as one of many other organizations, had submitted legal briefs [making the case that requiring abortion providers to have admitting privileges does not improve outcomes](#) and only decreases access to care, which specifically increases health care disparities.

I was lucky to have the opportunity to enter the Supreme Court of the United States and witness the proceedings and, most importantly, hear Ruth Bader Ginsburg speak! Live! My life was complete! While the outcome of the case will not be known until this summer, this case was yet another assault on the right of people to have equal access to comprehensive reproductive healthcare options.



Ultimately, my time in DC gave me the opportunity to better understand the intersection of healthcare policy and clinical practice. It highlighted the importance of physicians being advocates, not only at the bedside, but at every level of healthcare policy making. It emphasized the importance of physician stories and the impact they have on legislators' understanding of the implications of their policies – giving them memorable, real-life examples. If someone asked me today where I see my career I can confidently say – advocate, clinician, researcher, and educator – but an advocate first of all.

I would highly recommend every MFM and every physician to do their part – check SMFM's advocacy page to see how you can [get involved](#), apply for the [Garite Mini-Sabbatical](#) or the [Reproductive Health Mini-Sabbatical Award](#), both now open for applications, and sign up to be a part of the State Liaison Network. Together through advocacy we can make a difference!