

UC Davis

UC Davis Previously Published Works

Title

O23 HOW DO CALIFORNIA OB-GYNS UNDERSTAND THE CONCEPT OF VIABILITY?

Permalink

<https://escholarship.org/uc/item/26m2q7b6>

Journal

Contraception, 151

ISSN

0010-7824

Authors

DiCenzo, N

Donnelly, K

Gosdin, M

et al.

Publication Date

2025-11-01

DOI

10.1016/j.contraception.2025.111076

Peer reviewed

O21

BLEEDING EXPERIENCE AFTER MEDICATION ABORTION PRIOR TO FETAL CARDIAC ACTIVITY

AK Hoover

Emory University School of Medicine, Atlanta, GA, US

AE Heyse, MA Cohen, P Goedken, C Cwiak

Objectives: The purpose is to elucidate the bleeding experience after very early medication abortion in the setting of an abortion ban at fetal cardiac activity. The aims are to characterize the duration and quantity of bleeding and cramping, symptoms, and efficacy.

Methods: This is a prospective cohort study. A survey was administered prior to abortion initiation. Follow-up surveys were administered via text message daily for three days, weekly for four weeks, and once at six weeks. Chart abstraction was performed to obtain demographic and follow-up data.

Results: Some 250 participants were enrolled. At baseline, 73% of respondents reported typically moderate menses and 76% reported pregnancy symptoms. On days 1-3, participants reported bleeding at rates of 84.4%, 95.6%, and 98.4%, respectively. Less than half of respondents reported bleeding heavier than menses. Cramping on days 1-3 was noted at rates of 88.0%, 86.7%, and 79.2%, respectively. More than half of respondents reported cramping heavier than with menses on days one and two. At one week, 93.2% reported continued bleeding, with 24.0% heavier, 30.0% like, and 46.0% lighter than menses; 51.6% reported cramping, and 65.2% reported pregnancy symptoms resolved. At two weeks, 51.9% reported bleeding, 29.9% reported cramping, and 65.6% reported pregnancy symptoms resolved. At six weeks, approximately 73.0% of respondents had resumed menses while 11.3% had a positive pregnancy test.

Conclusions: Bleeding with medication abortion prior to fetal cardiac activity was similar to menses while cramping was heavier. Bleeding, cramping, and pregnancy symptoms had resolved by two weeks in most patients. Patient counseling on expectations should be adjusted accordingly.

<https://doi.org/10.1016/j.contraception.2025.111074>

O22

IMPACT OF DOBBS ON SEVERE EARLY PREGNANCY MORBIDITY AT AN ACADEMIC HOSPITAL IN UTAH

SE Nourse

ASCENT Center for Reproductive Health, Salt Lake City, UT, US

A Gero, TT Hunt-Smith, DK Turok, LM Gawron, R Simmons, MP Debbink, JS Sanders

Objectives: We evaluated the relationship between *Dobbs v Jackson Women's Health Organization* and severe early pregnancy morbidity (SEPM) in pregnancies less than 24 weeks.

Methods: We identified pregnant patients at University of Utah hospital from January 2017 to December 2023 with diagnosis codes, blood product administration records, or intensive care transfer records indicating SEPM at less than 24 weeks. We defined SEPM using CDC severe maternal morbidity (SMM) diagnosis codes, ACOG/SMFM SMM criteria, or abortion-related morbidity including hemorrhage, pelvic infection, or damage to pelvic organs. We reviewed records to verify the presence of SEPM and assessed

preventability using the Alliance for Innovation on Maternal Health SMM review form. We performed an interrupted time series analysis comparing the pre- and post-*Dobbs* rate of SEPM per 10,000 pregnancies per month and the rate of preventable events per 100 SEPM events per quarter. A sensitivity analysis excluded years affected by the COVID-19 pandemic.

Results: At baseline, we saw 16 SEPM events per 10,000 pregnancies (95% CI, 10.7-20.4). Prior to *Dobbs*, the rate of SEPM declined by 0.03 events per 10,000 pregnancies each month (-0.14, 0.10). Immediately following *Dobbs*, we found a non-significant increase in severe early pregnancy morbidity of 1.0 event per 10,000 pregnancies (-5.4, 7.4) and an additional monthly decline of -0.1 severe morbidity events per 10,000 pregnancies (-0.50, 0.34). An increase in proportion of preventable SEPM was noted immediately following *Dobbs* of 18 preventable events per 100 SEPM events (6.7, 29.5).

Conclusions: Following the *Dobbs* decision, overall rate of SEPM events did not increase, though the rate of preventable events increased.

<https://doi.org/10.1016/j.contraception.2025.111075>

O23

HOW DO CALIFORNIA OB-GYNs UNDERSTAND THE CONCEPT OF VIABILITY?

N DiCenzo

University of California, Davis, Davis, CA, US

K Donnelly, M Gosdin, M Creinin, MJ Chen

Objectives: We aimed to understand how California obstetrician-gynecologists (Ob-Gyns) interpret the construct of fetal "viability" used in California abortion legislation.

Methods: We conducted a qualitative study with California generalist Ob-Gyns and Complex Family Planning (CFP) subspecialists. One interviewer conducted audio-only interviews using a semi-structured guide, which included informing the participants mid-interview of the legislative text to elicit responses. We recorded, transcribed, de-identified, and coded the interviews. We performed reflexive memoing and thematic analysis throughout data collection and ended recruitment once we reached thematic saturation.

Results: We enrolled 12 generalists and 9 CFP subspecialists. Most (n = 19) practiced in an urban environment (12 in Northern and 9 in Southern California), with 12 in academic and 9 in community settings. Most participants defined viability as the earliest potential for fetal "intact" survivability and NICU resuscitation. Physicians who didn't perform abortions were often unsure of state law, but assumed abortion was restricted after 24 weeks. Most physicians expressed more concern about institutional policies and support than about state law. After learning that there is no specific gestational duration restriction in California, physicians expressed fear of expanding abortion care past 24 weeks due to perceived personal risk and assumed patients could receive care elsewhere. Some abortion providers expressed difficulty navigating their own personal limits for abortion care in the absence of explicit policy limits, while others concluded that viability should only be in the eyes of the patient.

Conclusions: California Ob-Gyns have varied interpretations of viability, dependent mainly on their individual institutional policies, creating barriers to later abortion care.

<https://doi.org/10.1016/j.contraception.2025.111076>