

Abortion Bans Have Consequences For Wanted Pregnancies, Too

13-Minute Listen

MARY LOUISE KELLY, HOST:

On the morning of May 10, Elizabeth Weller went for a walk after breakfast. It was a warm morning in Houston where she lives with her husband, James. She was 4 1/2 months pregnant.

ELIZABETH WELLER: We knew that after we bought the house that we kind of just wanted to start filling it with kids. And it took immediately. And we were really pleasantly surprised by how quick it happened.

KELLY: The Wellers had just found out the sex of their baby. They were having a girl, and the anatomy scan showed everything looking great.

WELLER: There was nothing wrong with her - no development issues wrong.

KELLY: But when Elizabeth got back from her morning walk, she felt something shift inside.

WELLER: This burst of water just falls out of my body. And I screamed because that's when I knew something wrong was happening.

KELLY: What followed was a medical crisis, exacerbated by Texas' restrictive anti-abortion law.

ELAINE CAVAZOS: She has had the very worst thing happen to her, and that will color any subsequent pregnancy. It will be hard.

KELLY: Elaine Cavazos is a perinatal psychotherapist in Austin. Elizabeth's

pregnancy crisis began and ended weeks before June 24, when the Supreme Court struck down the federal right to abortion. But the Wellers and 28 million other Texans were already living under the state's near-total abortion ban, which started in September of last year. And that law was affecting pregnancy care across the board, even in medical emergencies.

CAVAZOS: It's just really unimaginable to be in a position of having to think, how close to death am I before somebody is going to take action and help me?

KELLY: CONSIDER THIS - restrictive anti-abortion laws have serious consequences for wanted pregnancies, too. We'll bring you the story of one woman who was caught in a medical emergency when her pregnancy took a sudden turn.

(SOUNDBITE OF MUSIC)

KELLY: From NPR, I'm Mary Louise Kelly. It's Wednesday, August 3.

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KELLY: It's CONSIDER THIS FROM NPR. Since the Supreme Court overturned Roe v. Wade, laws banning or severely restricting abortion have been implemented in a dozen states. But Texas had a head start. That state's near-total ban on abortions went into effect in September last year, immediately creating uncertainty for doctors treating pregnancy complications.

THERESA PATTON: For example, patient comes in 17 weeks with her water broken. That's a non-viable pregnancy. The biggest risk to the patient is that she could become infected.

KELLY: Theresa Patton is an OB-GYN in Dallas. She spoke to NPR last fall, soon after the Texas ban went into effect.

PATTON: We don't want a patient to get sick for a pregnancy that is not going to progress. It's not going to continue. So we offer that termination. Now, am I going to be in legal trouble for offering that termination now?

KELLY: Texas and other states with new bans have now added criminal punishments for doctors who perform abortions.

LISA HARRIS: The threat of a criminal penalty means that doctors may hesitate to act. It may mean that they won't act at all. And that will be to the detriment of their patients.

KELLY: Dr. Lisa Harris is an OB-GYN who teaches at the University of Michigan. She says that hesitation to act becomes even more problematic when complications arise.

HARRIS: Every year, there are women who would have died within days or even hours from pregnancy complications. Those can be things like someone is hemorrhaging or someone is septic, meaning they have an infection that may have started in their uterus, but it's spread to their whole body, and their organs are beginning to fail.

KELLY: States with abortion bans typically make an exception to preserve the life of the mother during medical emergencies. But what that means, who decides what constitutes a life-threatening medical emergency isn't always clear. And that's where we'll get back to the story of Elizabeth Weller, who was taking her morning walk in early May when her pregnancy suddenly changed.

WELLER: This burst of water just falls out of my body. And I screamed because that's when I knew something wrong was happening.

KELLY: NPR's Carrie Feibel spoke with Elizabeth and her husband, James, about what happened next. She'll pick up the story from here.

CARRIE FEIBEL, BYLINE: James rushed home, and they drove to the ER at

Houston Methodist Hospital in The Woodlands.

WELLER: And I asked the technician - I was like, is she OK? She goes, well, it's kind of hard to tell 'cause there's very little amniotic fluid. At the time, I had no idea what that meant.

FEIBEL: It was premature rupture of membranes. Her waters had broken too soon. It happens in about 3% of pregnancies. If it's later in pregnancy, sometimes doctors can delay delivery - give the fetus more time to develop. But sometimes the baby is born far too early and dies or is born with serious disabilities.

Elizabeth was admitted to the hospital. And later that night, her OB-GYN called to talk it through. She was 18 - almost 19 weeks pregnant. There was still a fetal heartbeat, but it could stop at any moment. The watery cushion of amniotic fluid had disappeared. That also meant the lungs in the fetus would stop developing. Her doctor said one option was to try to stay pregnant, although this could be very risky and would likely not work.

WELLER: And she says, let's say if you get to the week of viability, which is around 24 weeks - I can't promise you that she will continue to live past that point. And because there's no amniotic fluid left, she's no longer going to be a developed baby.

FEIBEL: Elizabeth's doctor wouldn't do an interview for this story. But Dr. Alan Peaceman, a maternal-fetal specialist at Northwestern University's Feinberg School of Medicine, says the chance of a fetus surviving in that state from 18 until 24 weeks is virtually zero.

ALAN PEACEMAN: It's almost inevitable that the pregnancy is going to be lost anyway. And many women would say, why do I have to continue to carry a pregnancy that is doomed? And that's a huge psychological burden.

FEIBEL: Prolonging the pregnancy also meant Elizabeth could develop a

serious or even life-threatening infection in her uterus. So her other option was to end the pregnancy. Elizabeth was distraught and heartbroken. She could never have imagined making that decision, but now she felt continuing the pregnancy was wrong. It felt scary and also cruel.

WELLER: You have to ask yourself, would I put any - any living thing through the pain and the horrors of having to try to fight for their life the minute that they're born?

FEIBEL: James was in total agreement. But the next morning, they learned it wasn't their decision to make. The Texas law was making it hard for her OB to arrange the procedure.

WELLER: I remember hearing her from my room, speaking loudly about how nothing is being done here.

FEIBEL: Her doctor came back to her bedside. Elizabeth says she looked defeated.

WELLER: And she starts to cry. And she tells me, they're not going to touch you and that you can either stay here and wait to get sick, where we can monitor you. Or we discharge you, and you monitor yourself. Or you wait till your baby's heartbeat stops.

FEIBEL: The Texas abortion law meant they couldn't end the pregnancy as long as there was a fetal heartbeat. There was one exception - for a medical emergency. But wasn't this a medical emergency? Elizabeth was told, no, not yet. She had to wait for more signs of a growing infection in her uterus. Dr. Peaceman in Illinois says the hospital in Houston was dealing with a state law that doesn't define what qualifies as a medical emergency.

PEACEMAN: It's terrible, but the care providers are treading on eggshells. They don't want to get sucked into this - into a legal morass.

FEIBEL: Houston Methodist Hospital declined to comment on the specifics of

Elizabeth's care, except to say they follow all state laws and that there's a medical ethics committee that sometimes reviews complex cases.

WELLER: At first, I was really enraged at the hospital and administration.

FEIBEL: To Elizabeth, it already felt like a medical emergency. She had cramps. She was passing blood. But she was told those weren't the right symptoms. She needed a fever of 100.4 and chills. Her discharge had to be darker, and it had to smell bad. Then they could proceed and end the pregnancy.

WELLER: To them, my life was not in danger enough.

FEIBEL: Elizabeth says she realized later the hospital was just as trapped as she was.

WELLER: It wasn't that the Methodist Hospital was refusing to perform a service to me simply because they didn't want to. It was because Texas law put them in a position to where they were intimidated to not perform this procedure.

FEIBEL: Under Texas law, doctors can be sued by almost anyone for performing an illegal abortion. Elizabeth was discharged, but she was barely out the door when her phone rang.

WELLER: But as I'm leaving Methodist, I get a call from Methodist, and it's this woman who is saying, hi, Ms. Weller, you're at the 19-week mark, so I'm here to call you to register for your delivery on October 5 so I can collect all your insurance information. How are you doing, and are you excited for the delivery? And I just cried and screamed in the parking lot. This poor woman had no idea what she was telling me. And I told her, no, ma'am, I'm actually headed home right now because I have to await my dead baby's delivery. And she goes, I'm so sorry. I'm so sorry. I didn't know.

FEIBEL: Elizabeth went home to wait for one of two things to happen - both

awful - for the fetal heartbeat to stop or to get sick enough to become a medical emergency. The next day, Thursday, she started throwing up. But when she called, they said vomiting wasn't one of the symptoms they were looking for. On Friday, she called back and begged to get in. Maybe the fetal heartbeat had finally stopped. They went to the office. The heartbeat was still there. Her OB had been calling other hospitals, but none of them would help. Right there in the office, James started looking for flights to states with less restrictive abortion laws.

WELLER: And he and I kept telling each other, what is the whole point of the Hippocratic oath? To do no harm - and yet we're being pulled through this.

FEIBEL: They went back home. They started booking tickets. And then, suddenly, Elizabeth felt another gush of fluid leave her body. The color and odor were much worse. They called the doctor again. Now, they were told to go to the ER and hurry. These symptoms showed the infection was getting worse. Elizabeth and James rushed back to Methodist. They were still checking into the ER when her OB called again. The ethics panel had reached a decision.

WELLER: They found a doctor from East Texas who spoke up and was so patient-forward, so patient-advocating that he said, this is ridiculous. Everybody there agreed and decided that what was happening was unethical, and they decided to induce you tonight.

FEIBEL: Elizabeth and James stood up and threw their arms around each other. They said, thank you out loud over and over.

WELLER: We shouldn't have been celebrating. And yet we were because the alternative was hell.

FEIBEL: It was Friday night. They induced labor, and it was so painful that she needed an epidural. After midnight on Saturday, May 14, she gave birth. Their daughter was stillborn, as expected.

WELLER: They laid down this beautiful baby girl in my arms, and she was so tiny. And she rested on my chest. I cried, and I told her, I'm so sorry I couldn't give you life. I'm so sorry.

(SOUNDBITE OF MUSIC)

FEIBEL: Six weeks later, the Supreme Court overturned Roe v. Wade. What happened to the Wellers could now happen in many other states. And there are already reports of risky delays for this problem and other pregnancy complications.

WELLER: This is the one situation in my entire life where I have felt absolutely hopeless and that I was drowning, and no one was willing to save me. The state of Texas put me through that mental anguish because I couldn't get the help that I needed.

FEIBEL: As abortion rights topple in state after state, a terrible question remains. Even the strictest bans have an exception for the woman's life. But right now, almost no one knows exactly how close to the edge her life needs to be.

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KELLY: That was NPR's Carrie Feibel reporting. It's CONSIDER THIS FROM NPR. I'm Mary Louise Kelly.

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