



Roe v. Wade Has Been Overturned by The Supreme Court

Reproductive rights have become a battleground with all the usual players: misogyny, racism, and patriarchy. The right to decide when, whether, and how to have a child is fundamental to a person's autonomy, dignity, and equality. This right affects every aspect of a woman's and person's life – economic status, educational aspirations, career goals, health, and family well-being. Midwives have been present in the battle for reproductive freedom since ancient times. Women and people capable of reproduction have always wanted to decide, for themselves, whether or not to be pregnant, give birth, and raise children. **The ability to choose whether or not to be pregnant is a basic human right.**

The midwifery code of ethics mandates that we engage in a process of non-coercive, evidence-based informed consent, and shared decision-making, empowering reproductive-aged persons to make their own decisions, **inclusive of abortion choices.** New York Midwives (NYM) recognizes the vital role access to comprehensive reproductive and sexual health plays in reducing health and economic disparities. **NYM will continue to voice our opposition** to any regulation, federal or state, that would restrict access to the full-range of sexual and reproductive health services, including abortion, or any activity which would compromise the safety of such care. The world's major health and human rights organizations affirm that when individuals have full autonomy over their reproductive health, entire communities benefit from the increased education and economic leverage of the individual. **As midwives, we trust that reproductive-aged persons are the experts of their own well-being,** and we support each person's right to self-determination, access to comprehensive health information, and active participation in all aspects of care.

The history of who gets to choose whether or not a pregnancy occurs, or can continue, has long been made political in this country. This began in large part with Africans brought to this country against their will to forcibly work, setting the financial foundation for the United States to become a capitalist superpower. Enslaved Africans were some of the first documented women made to forcibly give birth thereby guaranteeing a continued pool of unpaid labor¹. Massive birth control trials were performed on poor people in Puerto Rico.² Unconsented sterilizations of BIPOC people have been documented in America's recent history³. The United States has alarming maternal and infant morbidity and mortality rates, and those statistics completely fall off a

¹<https://nmaahc.si.edu/explore/stories/historical-significance-doulas-and-midwives#:~:text=Early%20African%20American%20midwives%20were,to%20expand%20their%20labor%20force.>

² <https://www.washingtonpost.com/politics/2020/09/25/ice-is-accused-sterilizing-detainees-that-echoes-uss-long-history-forced-sterilization/>

³ <https://www.washingtonpost.com/news/retropolis/wp/2017/05/09/guinea-pigs-or-pioneers-how-puerto-rican-women-were-used-to-test-the-birth-control-pill/>

cliff in non-white populations.⁴⁵⁶ In New York State, women, birthing people, and their families face similar – and often worse – statistics.⁷⁸⁹

New York Midwives, along with allied organizations, realized that the Reproductive Health Act was needed in New York to codify abortion rights in the state, in the event that *Roe v. Wade* was overturned and the issue of abortion legality returned to the states. That time came today.

The New York State Reproductive Health Act (RHA) (A.1748 / S.2796), enacted on January 22, 2019, the 46th anniversary of the United States Supreme Court's *Roe v. Wade* ruling, amended New York law to ensure that every woman and person can make the family planning decisions that are best for the individual and family. RHA expanded abortion rights, decriminalized abortion, and eliminated several restrictions on abortion in New York State¹⁰.

With the passage of the Reproductive Health Act, advanced practice clinicians (APCs), including physician assistants, nurse practitioners, and **licensed midwives**, are able to lawfully provide abortion services if they have the appropriate qualifications, and if this falls within their scope of practice. By clarifying that APCs may legally provide care, the RHA improved abortion access to traditionally underserved areas such as rural and low-income communities. Empowering these clinicians makes abortion safer and more accessible.

Midwives and other APCs can prescribe mifepristone and misoprostol by ordering them through mail order and brick-and-mortar pharmacies once the FDA accepts the manufacturer's protocols.¹¹ New York State has no limits on medication abortion provision via telehealth services.¹² This means that providers and pharmacies who are certified to dispense and prescribe these medications will be able to provide medication abortion by telemedicine since these medications can soon be acquired from pharmacies throughout New York State.

New York Midwives will work with allied organizations and the state legislature to remove any obstacles to midwifery-led abortion provision. Prior to the recent leaked supreme court opinion that overturned *Roe v. Wade*, nine percent of abortions performed in New York were provided to non-residents. That number is expected to climb drastically.

- In addition to removing obstacles, NYM will work with allied organizations to pinpoint care deserts within NYS, and connect providers with those who choose abortion care.

⁴ https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.htm#anchor_trends

⁵ [https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm#:~:text=In%202020%2C%20861%20women%20were,20.1%20in%202019%20\(Table\).](https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm#:~:text=In%202020%2C%20861%20women%20were,20.1%20in%202019%20(Table).)

⁶ <https://www.forbes.com/sites/joshuacohen/2021/08/01/us-maternal-and-infant-mortality-more-signs-of-public-health-neglect/?sh=e8183b33a508>

⁷ https://www.health.ny.gov/community/adults/women/task_force_maternal_mortality/docs/maternal_mortality_report.pdf

⁸ <https://nyhealthfoundation.org/resource/complications-of-childbirth-racial-ethnic-disparities-in-severe-maternal-morbidity-in-new-york-state/>

⁹ https://www.health.ny.gov/statistics/vital_statistics/docs/infant_mortality_report_nys_2002-2012.pdf

¹⁰ <https://legislation.nysenate.gov/pdf/bills/2019/s240>

¹¹ <https://www.pharmacist.com/Pharmacy-News/fda-expands-access-to-mifepristone-to-mail-order-and-community-pharmacies>

¹² <https://www.kff.org/womens-health-policy/issue-brief/the-intersection-of-state-and-federal-policies-on-access-to-medication-abortion-via-telehealth/>

- When hospitals and care systems work against free choice in New York, NYM will advocate that a public-facing roster of those entities be maintained on a state website. People deserve to know where they can get safe and supportive care.¹³
- NYM will increase training opportunities for midwives in New York State to provide surgical and medication abortion procedures to increase the provider workforce.
- NYM will participate with state agencies and allied organizations to allocate and distribute the \$35 million dollars in funding that the governor has offered.

New York Midwives remains, as ever, a pro-abortion organization. We are working steadfastly with legislators and community members to **ensure New Yorkers continue to have access to the abortion care** that they both desire and deserve. We invite you to join us in this fight.

In solidarity,

Helena A. Grant, MS, CNM, LM, CICP- Acting President of NYM

Cynthia Lynch, LM, CNM- Co-Vice President of NYM

Sherrie Hunter Kelly, MSN, CNM- acting Co-Vice President, NYM, co-chair NYM Legislative Committee

Whitney Hall, CM, MA, MS- President, NYSBCA, Secretary of NYM

Danielle Assibu-Gilmore, MSN, MBA, CNM, LM- Treasurer of NYM

Genevra DiLorenzo, LM, CNM, IBCLC- New York City Representative of NYM

Ellie Miller, MSN, CNM - Student and New Midwife Representative of NYM

Patricia O. Loftman, CNM, LM, MS, FACNM- BILPOC (Black, Indigenous, Latinx, People of Color) Representative to NYM

Debbie Mercer-Miller, MBA- Member At-large, NYM

¹³ https://www.nyclu.org/sites/default/files/field_documents/2022_nyclu_abortionaccessroadmap.pdf