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We call it “Maternal-Fetal Medicine” for a reason: The mother comes first. But current New York law doesn’t always allow that.

My colleagues, my patients, their families and I share the same goal – a healthy woman who has a healthy baby. Unfortunately, things don’t always work out that way. And New York law does not always permit me to do what’s safest for my patients.

There are three ways New York law keeps me from providing the best care:

First, some women need life-saving therapy for conditions like cancer or heart disease that they cannot receive while pregnant. Other patients experience severe and potentially life threatening pregnancy complications, such as preeclampsia or HELLP syndrome. The law must permit physicians to provide the safest care to these women.

Second, we sometime do not identify lethal fetal conditions until the third trimester. When fetal health deteriorates, there are often health complications for the woman. New York shouldn’t force a woman to wait until her life is at risk before she can end the pregnancy – especially when continuing pregnancy will not change the prognosis for the fetus.

And third, fetal complications may not be identified until close to 24 weeks in some pregnancies. It can then take days or weeks of further testing to make an informed decision about whether to continue the pregnancy. This forces a woman to choose between having an abortion before having all the facts, or continuing pregnancy at the risk of needing to later leave the state for adequate care.

It’s my job as a doctor to help patients and their families make medical decisions that are hard under any circumstances. I should not have to worry that the right course for my patient and her family is illegal in New York.

My colleagues and I must be able to do what we’re trained to do: Put the mother first.