



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Restrictions to Comprehensive Reproductive Health Care

Position Statement

Excellence in women's health care is an essential element of the long-term physical, intellectual, social, and economic well-being of any society¹. The American College of Obstetricians and Gynecologists and the American Congress of Obstetricians and Gynecologists (ACOG) continue to support efforts to improve the dignity, autonomy, rights, and health of women in the United States and globally². ACOG is concerned that a growing number of U.S. health care systems and hospitals limit the scope of reproductive health care services that they provide. Because of hospital mergers and acquisitions, some communities lack any alternatives to hospitals that prohibit certain essential reproductive health services.

ACOG recognizes that access to comprehensive reproductive health care services is essential to women's health and well-being. Women should have access to scientifically based health care. Prohibitions on essential care that are based on religious or other non-scientific grounds can jeopardize women's health and safety.

Restrictive hospital policies can damage the patient–physician relationship. In some instances, physicians are prohibited from informing patients about treatment options that are not permitted at the hospital, depriving patients of valuable information and the option of going elsewhere for treatment (if alternatives exist in the community). Moreover, in some hospitals, even certain emergency treatments are prohibited, such

¹ American College of Obstetricians and Gynecologists. Access to women's health care. Statement of Policy. Washington, DC: American College of Obstetricians and Gynecologists; 2013.

² American College of Obstetricians and Gynecologists. Global women's health and rights. Statement of Policy. Washington, DC: American College of Obstetricians and Gynecologists; 2015.

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as emergency contraception and treatment of ectopic pregnancy^{3, 4}. Where reproductive health care services are prohibited, health care providers are put in the difficult position of having to withhold needed care until patients' conditions deteriorate to a point at which care is permitted. Ultimately, the health of women and quality of the patient–physician relationship suffer.

ACOG recognizes that access to health care services (including, but not limited to, options for the appropriate management of miscarriage, ectopic pregnancy, infertility, pregnancy termination, sterilization, and contraceptive methods) is in the best interest of women, their families, and their communities. If hospital mergers, federal, state and local legislation, hospital policies, and/or business-related decisions threaten to create restrictive institutional circumstances for patients and clinicians, ACOG suggests that the obstetrician-gynecologist consider the following responses:

- Stay involved in hospital and political leadership in the community.
- Work to ensure that comprehensive reproductive health care remains available within communities.
- Continue to include women's health advocacy-related educational topics and clinical competencies in residency curriculum.
- Report poor patient outcomes and harms that result from limitations in care.

It is best to maintain the availability of care within a community, so that women who need care have alternatives to hospitals where it is restricted. Some localities have devised creative approaches to pending mergers, such as splitting off reproductive health services into a separate business entity before the merger occurs^{5, 6}. If no such

³ Freedman LR, Stulberg DB. Conflicts in care for obstetric complications in Catholic hospitals. *AJOB Primary Research* 2013;4(4):1-10.

⁴ National Health Law Program. Health care refusals: undermining quality care for women. Los Angeles (CA): NHeLP; 2010. Available at: <http://www.healthlaw.org/publications/health-care-refusals-undermining-care-for-women-.VxZOVvkrLcs>. Retrieved April 21, 2016.

⁵ Uttley L, Reynertson S, Pawelko R, Law SA, Hasbrouck P, Gottschalk K. Merging Catholic and non-sectarian hospitals: NYS models for addressing the ethical challenges. New York (NY): MergerWatch; 2012. Available at: <http://static1.1.sqspcdn.com/static/f/816571/23042588/1372882137057/Models+of+Catholic-secular+hospitals+mergers+in+NYS.pdf?token=JKbP2Du6uWM+LtV7iZI49K36Qx8=>. Retrieved April 27, 2016.

⁶ MergerWatch. Working with the community: hospital merger compromises that protect patients. New York (NY): MergerWatch; 2005. Available at: http://static1.1.sqspcdn.com/static/f/816571/11901657/1303759416977/ch_compromises.pdf?token=RdLK1kYMWObtwpUNscSAWHLIAbw=. Retrieved April 21, 2016.

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solution can be found, and insufficient care or restrictive options for care are provided, or appropriate care is withheld, the accrediting body of the institution can be contacted. For inpatient facilities, this may include the state regulatory agency, DNV GL (an accrediting organization for hospitals), the Joint Commission, or another accrediting body. For outpatient facilities, this may include the state regulatory agency, Accreditation Association for Ambulatory Health Care, the American Association for Accreditation of Ambulatory Surgical Facilities, the Joint Commission, or another accrediting body.

In addition to reporting insufficient, withheld, or restrictive care, health care providers should strive to identify resources and alternative solutions to maximize the available health care options for patients. Alternative solutions may include referring patients to other health care systems or clinicians capable of providing the full range of health care options or identifying a regional “network” of facilities or health care providers not subject to care restrictions whose information can be made available to patients.

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