Episode 54: Monthly Check Up – March 2019

Dr. Joe Chappelle: Hello everyone, and welcome back. I'm Joe Chappelle and you're listening to episode 54 of the OB/GYN Podcast.

Today is the Monthly Check Up for March 2019, and to help me get through these topics I have two great guests. We have Dr. Jillian Kurtz, welcome back.

Dr. Jillian Kurtz: Hi, everybody.

Dr. Joe Chappelle: And Dr. Vai Umesh. Nice to have you back as well.

Dr. Vai Umesh: Yep. Excited to be back.

Dr. Joe Chappelle: Now, I don't have a lot of preamble today, except to say that the National Perinatal Association meeting in Providence, Rhode Island is in a couple weeks, and like I said in a previous episode, Dr. Ballas and I will be there. I'll be recording some interviews with some of the speakers and then I have some free time on Thursday evening. So, if any of you listeners are going to be in the area and you want to get together, have a drink or just hang out, then please let me know and we'll see what we can arrange. The best way to do that is to send me an email at feedback@obgyn.fm and as always, that's in the show notes and then we can take it from there. So, I hope to hear from some of you and I'm excited to get some face time with some of the listeners.

Alright, well onto today's show. We have three great topics. If we get through two of them today, I'm going to be excited, so the third one will be a bonus.

The first one is, on our last Monthly Check Up, we talked about the new abortion law in New York and a couple other places that have similar laws, and I made a comment saying that the only way to really combat the negative use of these laws was to have women tell their stories about why they had a termination during that timeframe, after 24 weeks. And it just so happens that not long after that podcast was put out, that CNN posted an article with three women's stories, and I found them to be very moving and very powerful, and I actually wanted to go through the three of them, because I think they actually highlight some issues in OB/GYN and some reasons that you wouldn't necessarily think about when you're thinking about these late-term abortions.

Before I do that, actually, obviously, Jillian, you were on the episode with me and Vai, you weren't. Is there any thoughts you have about the late-term abortion that we didn't bring up last time or any thoughts you've had since either thinking about the episode or listening about it? And I'll start with Jillian.

Dr. Jillian Kurtz: Sure. Well, one is we should stop calling it late-term abortion and call it later in pregnancy abortion to try and be more accurate. But, I think that after our discussion I kept thinking about it and I felt sort of guilty that I sort of had a shrug your hands sort of attitude about it in regards to helping to dispel some of

the disinformation that's been going on on social media. And since then I've been trying to be more of an advocate and help the lay community understand the nuances of this law and really what it means.

Dr. Joe Chappelle: Yeah. Actually I want to thank you because the late-term abortion moniker that has been applied to this has obviously a negative connotation to it and it shows you how susceptible people are to branding because I'm just spewing it out of my mouth as if it's a real term, and it's not at all. So, I want to thank you for that. Vai, what do you think?

Dr. Vai Umesh: This is something that's really interesting mainly because we don't get as much exposure to this in residency as say, terminations that occur at an earlier gestation. I think, as you progress you kind of read up on it, you do see a few patients and then the stories kind of stick with you. And I think the article, the CNN article was excellent for showing you the other side. Even as providers sometimes I think the human aspect of it is lost upon us because we, often times, especially as residents, see these patients in a very controlled medical setting, and you don't know as much of the backstory, you don't know much of their decision-making, and you kind of see them when they have made the decision. So, this is something that I was very excited to learn more about and I am excited to talk about. But in terms of my exposure to it, I'm hoping to have more experience with it just because it seems to be such an important topic, especially given the legislative implications as well.

Dr. Joe Chappelle: Yeah. I think what you said there about not knowing their stories... This is my personal experience, and you guys can disagree with me, and I'm okay with that, is when I have women who are going through something like this I often... In my attempt to disassociate, because unfortunately, in OB/GYN, we do see bad things. and the only way to, for me anyway, to get through that, is to disassociate a little bit. And I don't go out of my way to find their stories, because I know that in a lot of times that's going to break me, and I'm not going to be able to provide the medical care for them that I need to. And maybe that's my own failing, but I find that in myself. I don't know, do you guys have any experience of that?

Dr. Vai Umesh: I can sort of talk about my first experience. In our OB/GYN program, we rotate at Planned Parenthood, and this was my first experience dealing with terminations and this, I believe truly exemplifies what you just mentioned, Dr. Chappelle, which is, at these clinics, often times there's 15-20 people scheduled and our attempt is to provide care for as many people as possible and that involves somewhat expediting these cases and we have a work flow, where there's an intake, the nurses talk to the patients, make sure they're medically cleared and as the practitioner, you meet them literally for the procedure, oftentimes, they're already sort of sedated, and then you don't really have any follow-up with them after the fact. So, it truly feels like procedure, after procedure,

after procedure, and there's very little contact with the patient outside of this. And I don't know. I mean, a part of me thinks that perhaps this is the only way to maybe be able to do 20 procedures, say in a day, as opposed to connecting with people and then having sort of the emotional turmoil that that may cause. But on the flip side, I had a very interesting response to this. I've always wanted to be able to provide these procedures, but doing them, the end I felt like I'd done something wrong. And I don't really know why. Because truly, I don't believe that it's wrong, but something about that day didn't sit well with me. I don't know if that's because I felt like I was doing a procedure without any patient contact, or whether the volume of the procedures was what was troubling. I don't know. It was a very difficult thing for me to process, and it took a lot of talking to people, and I still obviously haven't figured it out, but it was just something that I did not expect to react to in that way.

Dr. Joe Chappelle: I want to thank you for sharing that. That's... You know, it is a very emotional thing, both for the providers and for the patients. And in some senses, I think you're right, that in... Unfortunately, in our modern medical setting that we have, especially with women who don't have good access to care, we end up... You know, a small number of providers performing a lot of services and it ends up becoming almost like a factory line in order to get it done. But that doesn't mean it doesn't take an emotional toll on us, and it certainly doesn't mean that we don't care of the emotional status of the people that we're helping. But we don't necessarily have that time to give them, if we want to provide the medical services that we're also trying to provide. So, thank you. That's actually very difficult thing to talk about Vai, so thank you. Jillian did you have thoughts?

Dr. Jillian Kurtz: No. Just to sort of, to encourage Vai to pursue it again, because I think that's a very natural, normal response to being exposed to something like that for the first time. And I don't necessarily think it means that you won't be able to provide those services in the future. You just have to develop, I don't know, a defense mechanism, like Dr. Chappelle said. Sometimes you purposefully dissociate a little bit in order to accomplish the task at hand.

Dr. Joe Chappelle: Yeah. I think I said it before, but I'll say it explicitly, is that performing or providing these services isn't just difficult for the woman who's getting the services, it's difficult for us as well as the providers.

Dr. Jillian Kurtz: Right. Exactly.

Dr. Joe Chappelle: And I don't think that anybody, even the people who are the strongest advocates of abortion, termination, I don't think they would disagree with that. And everyone has their own way of coming to terms with that. But it is something that can be both powerful and emotional for us as well. So, I think that your feeling there is correct. And what you decide to do with that going forward, that's between you and, you know, you, essentially.

Dr. Vai Umesh: No, I mean, I think that one positive thing that came from this is it was clear after talking to some of the other residents, a lot of people felt that way, and we've been talking about setting up some kind of a debrief session after these Planned Parenthood rotations because we inherently debriefed on our own, but I felt like this was one of the few cases where a structured sort of session with someone who does have experience could help facilitate a better conversation that would maybe allow for some level of resolution, but just something that we were kind of talking about on the side.

Dr. Joe Chappelle: Yeah. That's a great idea. And, you know, would have to ask the Ryan people if that's part of their curriculum. Now, we have a… we call it a Ryan rotation, because we have a Ryan program, but it's some kind of a Ryan fellowship at Stony brook. But certainly, I think that that should be part of it because it's just recognizing that it does affect everybody, and some people, actually probably everybody needs an outlet to talk about that. Even if that's something you want to pursue for the rest of your life, you still having an outlet to talk about it is good.

Dr. Jillian Kurtz: No, I think that's a great idea. I mean, we know that there are a shortage of OB/GYN physicians willing and able to do these procedures, so the more we can do to facilitate this process and make people overcome some of these challenges that maybe otherwise they would just give up on the idea of practicing these procedures, you know, to help them incorporate it into their practice.

Dr. Joe Chappelle: Absolutely. So, there are three stories in this scene. And actually, I think they did a very good job of choosing three that are pretty representative. I mean, they're not all exactly the same, as this, but they kind of represent some more themes, if you will. So, I want to kind of go through them. And this is really for our listeners out there who maybe didn't read the article or aren't exposed to this and don't really know why people are seeking these terminations after 24 weeks. So in the first one, it was a woman who… she had good prenatal care, although I've actually seen this in women who didn't have prenatal care up until 24 weeks, and then after 24 weeks they get a diagnosis that their baby's situation is not compatible with life after birth, and so what do you do with that? And some women I think they choose to deliver their baby as normal and knowing that the baby's going to die. And then other women decide that that's not something that they would like to do, and they would rather terminate that pregnancy prior to that because they feel like that is best for themselves and for their baby. And so that's the first story here. And the theme in these, and a lot of them is cardioplegia. And cardioplegia, for those who don't know, is usually injecting, I think it's potassium… I forgot exactly what it is. Potassium something. Basically in the amniocentesis, you pass a needle through the skin into the uterus and into the heart of the fetus, inject the potassium and it causes the heart to stop.

So, it's a way of ending the fetus's life there. And then, in this particular case, then the woman went on to have a vaginal delivery I believe. And just her talking about the ability to decide when her baby would die and what circumstances, that was very powerful to me, because when she was thinking, you know, "my baby's going to be born and then maybe suffer after the baby's delivered if it goes to term, whereas I can control my fetus's-" I mean, she calls it her baby, but her baby's suffering… And that was powerful to me. I don't know if you guys have any thought about that before we continue on to the next story.

Dr. Jillian Kurtz: Well, I think it just highlights what a difficult decision that you would have to make as a mother and you don't envy the circumstance that she's in. I'm grateful that she has the option to terminate. But it's definitely not an easy decision that she had to make.

Dr. Vai Umesh: Yeah, the part especially when she kind of compares how, normally when her baby kicks used to bring her so much joy, so now with this diagnosis, literally every movement and every thing that brought her joy has a complete 180 on how it affected her. And I think that living with that, that part was the part that was probably the most heartbreaking, her describing that.

Dr. Joe Chappelle: Yeah. Like I said in the last episode, once you get into these actual stories from real people, you have to be a monster or a robot not to sympathize with these people or empathize with them, because it is so heartbreaking. And even in a written format here, you can feel the pain, and this is, I believe, this is many, many years later that she's sharing this story, and you can still feel the rawness in that. So, even though she decided to do this, she still carrying that with her this many years later. But it seems like she still feels that that was the right thing to do. And I don't really disagree with her, but it's powerful.

So, I think that for… This is almost the easier case, because you know the baby's not going to live, and so do you decide to end that suffering early or not? And to me that's… And we actually had this conversation with… When I was in private practice, I did all the D&Es for our practice, not after 24 weeks at our hospital at the time, but less than 20 weeks, and even then, for the women who had a baby with trisomy 13, like, okay to me, you can make the decision relatively easily. Your baby's not going to live no matter what you do. Like, this is not compatible with life. Or other anomalies that there may be. And then we can have that conversation, and for those women it was… and maybe it wasn't easier, I'm not them, but it seemed like it was a little easier, because it wasn't really like they were making any choice whether it was going to live or not live. It was never going to be able to live outside the womb. And then you get into another anomaly, let's say trisomy 21 and that's a lot more of a grayer area, because there's a large range of spectrum there of disorder. So, that one's harder. But I've definitely seen this kind of thing pretty often and to me that's a little more straightforward than maybe the other two

that we're going to get into. Actually, the second one is actually also pretty straightforward. The last one is, I think, the difficult one.

Dr. Vai Umesh: Yeah. I definitely agree. I think that, especially even, I'm thinking about societal support. I feel like more people, as you mentioned, find this somewhat I guess quote, unquote, "acceptable" because it seems like the humane thing to do, versus what is sometimes perceived as a selfish act by people who aren't as supportive of these procedures. And I think, I wonder if that also changes how… the kind of support she receives, and her ability to be able to talk about it more openly because she doesn't feel like she's maybe doing something wrong constantly. So, she doesn't get-

Dr. Jillian Kurtz: Well, I think-

Dr. Vai Umesh: Yeah. Sorry. Go ahead.

Dr. Jillian Kurtz: No, no, I didn't mean to interrupt. I'm sorry. I just, was going to say I totally agree with you, because the very last person who we'll get into in a second, she withheld her name, whereas these woman proudly said "this is who I am, this is my story," and I bet, like you said, a lot of this is because she's viewed as this selfless mother who was thinking about her unborn child and not wanting her unborn child to suffer. And that was what was motivating her and that is something that we can applaud.

Dr. Joe Chappelle: I think, exactly. Even if you are not a fan of abortion per se, that story I think will resonate with you more than our last one, right? It's not as challenging.

So, the second one, and this is actually something that we see relatively- and I'm actually going to share a story after I talk about this particular lady, and some of that's still affecting me. This woman, she developed extremely early preeclampsia. She was 24 weeks when she developed the preeclampsia, although the fetus was measuring two or three weeks behind that, so 19 or 20 weeks. And she was sick enough where her provider said "if you don't deliver this fetus-", because we know that preeclampsia has to do with the placenta, that "you may die, may stroke and die. And so, we're recommending that you terminate this pregnancy for your own health." And, again, I think that this is also not as challenging because, mother dies, fetus dies, and at 24, really 20 or 22 weeks, those babies don't do very well. Most of them don't live. But one of the quotes I found that was very moving to be here, was that she tried to negotiate with them. Because she didn't want to terminate her baby, obviously, because her baby was absolutely normal. She was the one who was ill because of the pregnancy, right? And so, she was a physical therapist, so she told them that if she had a stroke from the preeclampsia, she could try to rebuild herself because she'd done that before, because she was a physical therapist. And if the baby had issues, then she would rehab the baby because, again, she was a physical therapist, and she was willing to do that. And

when we see this in other situations in life, where people negotiate bad outcomes and they try to come to terms with it, but that particular paragraph, and it's only I think three or four sentences, almost broke my heart. It was so sad to me. I don't know, I mean, is this different than the first case, or is it pretty similar to you guys?

Dr. Jillian Kurtz: Well, I think that she's probably left with more guilt after it because she chose her life over the life of her baby, which, you know is not really true, but I'm sure that she felt a little more guilt about this.

Dr. Vai Umesh: And this one, as you mentioned, it sort of almost felt like the decision was somewhat made for her. The paragraph you mentioned, absolutely, that was very difficult to read, but more the way the narrative goes, it kind of just seemed like she was not really given much of a choice and it was sort of a no-brainer from the medical perspective of how to handle this, and I don't know if that makes it easier or harder, but it definitely seemed more definitive than say even the first or the last story.

Dr. Joe Chappelle: I think you're right, Jillian, because in the first one, the fetus was not going to live, right? So, it was not as big of a thing. And this one, otherwise normal fetus, although a couple of weeks behind and probably was not going to do well over the long term with the significant growth restriction, was still otherwise a healthy fetus. That does make it, I think guiltier, more guilt for the mother. I wish I|… We always wish we can make it not be guilty, but I don't know that there's a way to do that. I think it's inherent in human beings to feel that guilt.

So, my story with this is, is… This is probably about a year ago now, we had a woman, it was her third baby, she was 23 weeks and she had a, basically a massive stroke at home and when she came in to us, she had no brain activity and so I had to have a very difficult… with the neurosurgeon, myself, and the family, a very difficult discussion about what to do with her because she was… The baby was fine. She was 23 weeks pregnant. But she had no brain function, her brain stem was done from this massive stroke that she had. She had an undiagnosed AVM, which is the reason she had the stroke. And the neurosurgeon and I, we were talking, you know, can we get two, or three, or four or five weeks where this baby continue to develop? And the neurosurgeon, based on his experience basically said no. Like, we can try to keep her alive through intubation and stuff like that, but with the brain stem gone, she's not going to regulate the rest of her body anyway, so it's not going to work. But of course, we didn't know that. You don't know that until you know it, right?

Dr. Jillian Kurtz: Right. You're making assumptions.

Dr. Joe Chappelle: Correct. But based on his experience, that was the case. And so, to talk to the family and say, you know, even at 24 weeks, if we get a week, the life… The morbidity and mortality at 24 weeks is not great, at 25 weeks is not much better and at 28 weeks it's maybe getting to the point where it's decent. And the

fact that we don't think we can keep her alive that long to do that, what do we do with that? And that was probably the most challenging thing that I have done. And just the other day I was walking by, we've a respite room near our ER, where this conversation took place, and I walked by it the other night when I was on-call and I actually had a… Like an emotional visceral response to seeing that room, because I'm still carrying that conversation with me. I don't know if you can tell, I'm actually a little emotional talking about it.

Dr. Jillian Kurtz: What ended up happening?

Dr. Joe Chappelle: That was very, very difficult. They ended up withdrawing support for her and letting them both pass. And she, within an hour or two of doing that, she passed. The CT scans of her brain were very impressive, but not in a good way. But that was very challenging for me to try to counsel someone with an assumption. That was very, very difficult for me. I don't know that I did it well, and I don't know if I'll do better next time, but we're not trained for that, right?

Dr. Jillian Kurtz: No. That's awful.

Dr. Joe Chappelle: Yeah. So that's my challenging experience. I'm going to need a second on that one.

Dr. Vai Umesh: Yeah. I mean, it's interesting, this kind of talks, it ties it into what we started talking about, which is… I mean, this article, the purpose of this is to shed light on these three women and their stories, but I really do think something that is not as openly talked about is the effect on providers. And this is a different kind of situation, where a difficult conversation as you clearly exemplified, it takes a toll, you carry that with you. How this sort of agony that providers have to go through when you have to counsel patients and without putting your perspective or your opinion in the way of their decision-making, but still trying to remain unbiased in a situation that really is difficult to stay objective in. So, there's just, I feel like there's something there and there's definitely something really worth probing and doing a little bit more digging on how that even impacts women's decision-making. Because we're the ones who provide the options. Were the ones that oftentimes, the one and only people they talk to about this. So, there's a huge role providers play. And I think that is often sort of pushed under the rug in terms of the impact we can have.

Dr. Joe Chappelle: Yeah. I mean, in this particular case I had felt like… Well, I've talked in the past, and no one listening will be surprised, that I think that informed consent is mostly BS, right? And, in this particular case, they were looking for someone to tell them what to do, or at least to give them an avenue of what to do. And so, the neurosurgeon and I, we told them that it was unlikely that this baby would survive no matter what we did, and so, I don't know if we used the word "we recommend", but basically recommended withdrawing support, and so, in some ways, that was my decision. I mean, they made the decision at the end of the day,

but I led them to that decision. So, I feel like I take ownership of that, and I feel like maybe that's why I still carry that with me. And I don't think I would've done it differently if I had to do it again. And that, like you were saying, Vai, that's a small sliver. What I'm feeling right now and what is coming through this microphone right now is a small sliver of what these women have to go through and carry with them for the rest of their lives. But it really made me appreciate more about the decision, the hard decisions that these women are making and the effect that has on the rest of their life. So, it was, I don't know, "eye opening" is the wrong- "heart opening" maybe might be the right word for it.

Alright, so moving on to our last one, and I think… Without argument probably the most challenging of the three of these, is the young woman who, as Jillian said, did not give her name, who… She was young, she was 19 years old, she was living with a host family in Florida and she found out she was pregnant. And she had grown up without her mother, who had abandoned her, which she says applies to this and I have no doubt it colors her experience. And she decided, and it was actually relatively early in the pregnancy when she accepted the fact that she was pregnant, she was in denial for a long time, so she was like 30 weeks pregnant and she decided that she could not care for this baby and did not want to have it. So, she went to some pretty significant lengths in order to find the place that would help her with this termination. And she went through with it and they were able to terminate. And she seems to feel like she made the right decision for her life. That the trajectory of her life would've been very different if she had had gone on to have this baby, even if she had given it up for adoption.

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So, in a case like this, which I think is way more challenging, do you think this alters the conversation around termination? Are these kind of cases that we think that shouldn't be legal, or should all termination be legal after 24 weeks? I think this is a lot stickier. So, I'd like to hear from you guys, what you guys think. What do you think Vai?

Dr. Vai Umesh: So, this one for sure. I think this story resonated with me, I would say the most, mainly because I have had personal experience with so many patients coming to our clinic when they are much further along, knowing actually early on that they didn't want to carry the pregnancy and the reason being lack of access to resources. So, the thing that they kind of alluded to here, where she jumps around from clinic to clinic kind of falsely being misguided about her options, even being told to come back in a week, come back in two weeks. All of the sudden, it adds up and now she is much past 24 weeks and her decision has never changed. So, that part of it, for me was very hard to read and I understand how that can happen. I have seen it happen. It is very easy for that- the one week, the two weeks to just add up. And that to me is a failure of our system. Because this would not have been a conversation that would've- this woman's story would not

even have been published had she just gotten access or care at the first place she went to. So, I think that was a first part of this that I wanted to talk about.

Dr. Jillian Kurtz: No, I think I'm really happy that CNN chose to include this third patient characterization because I think that it highlights, like you said Vai, a really important point that the reason that women might be electively choosing to terminate their pregnancies in the third trimester is most often because of barriers to access in the first and second trimester, when it would've been cheaper and safer for those patients. She was an immigrant. So, she was not a native English speaker, so that had to have been a barrier. She was in Texas, which is a state which isn't super friendly to abortion. So, it just sort of highlights that she probably knew that she didn't want to keep this pregnancy much earlier on, but for lots of reasons going against her, sort of got pigeonholed into having to do it in the third trimester, when it wasn't ideal for her or for her providers.

Dr. Joe Chappelle: And less safe.

Dr. Jillian Kurtz: Right.

Dr. Joe Chappelle: Right? Even from just a strict medical point of view, it's much safer to do it earlier in the pregnancy than it is later. I don't think you can overstate what you just said Jillian, and I think Vai as well, is that the overall move to a strict access to not only termination but actually also just medical care in general, we took a step forward, maybe half a step forward with the Affordable Care Act, and now we've taken half a step back with access to care, but if you don't have access to care, and you don't have access to early termination, these are the stories that will come out.

Now, sure, there are still people who will wait until later in the pregnancy because they're in denial or whatnot, and it almost think seems like that's the case here, but I think you're right Jillian, if you read through the lines here, she decided much earlier and probably just didn't have a place to go. And also, she was living with a host family and I think there was some dynamics there that run into it. But if she had had access to care earlier, this story wouldn't exist. So, in many ways, this story is the failure of our healthcare system and not her failure.

Dr. Jillian Kurtz: I agree.

Dr. Joe Chappelle: But that being said, and this is something I brought up in the last podcast, and this is the political side of this, like, her story is the story that's going to be blown up big and put on an anti-abortion poster. So, how do we combat that? And I'm not sure we can. First of all, I'm not sure we have to, or that we should. But I'm also not sure that we can. Because the people who are opposed to abortion are never going to see her story in a light that makes sense to them. And so, maybe just even trying to that is just a fool's errand and we shouldn't even

try. Which isn't to say I'm not happy that CNN put this up there, because it is a real facet of life that we have to confront. But I do have concerns for the political aspect.

Dr. Vai Umesh: Yeah, and I think at some point in the article, they mention, I think it was this one, where they say the perception is that it shouldn't be that women just all the sudden, second trimester, decided not to be pregnant anymore, and it was just a "I woke up one day, and now I want a termination." I think recognizing that just because this is a story that you don't fully understand, it seems like "oh, why couldn't you have just delivered and given this baby up for adoption?" That is not the discussion to be had. The discussion to be had is: This was an agonizing decision in the same way that it was agonizing for the other two women. Even if the outcome or the premise is something that you don't agree with. So maybe being able to empathize with that this is a decision that she will live with for the rest of her life, that tore her up on the inside to have to make, will maybe try to help connect the three stories, because that is the common factor. But the premise is obviously what sometimes takes away from that component, I think.

Dr. Joe Chappelle: That was well said, Vai.

Dr. Jillian Kurtz: Well, I think that the physician wrote, or made a nice statement, the one who actually ended up performing the procedure for her. He said that the decision that an abortion is absolutely necessary to preserve their mental or physical health and/or safety of their unborn child from a life of suffering, regardless- he doesn't judge them for what brought them to that decision. He just knows that they had decided this was absolutely necessary to preserve their mental or physical health, and I think that's important to give them, give the patients the reproductive autonomy to make that decision.

Dr. Joe Chappelle: Absolutely. I think you're absolutely right. The last thing… Although I try not to get too political on this show, every once in a while my bias comes out and so this is going to be one of those times. There was a great line from the patient at the end of this, and her quote was "you want the orphanages to have more kids? You want more kids on the street?" And I'm not really saying that from her, but from a political point of view, the people who are against abortion are also people who are against social services, who are against medical care, so they're perfectly fine with allowing all these babies to be born, but they don't actually want to support them after they're born. So, they can be pro-life, actually they're pro-birth but they're not pro-life, right? Like they don't actually want the people to succeed, and they don't want them to have good lives, they just want to make sure they're born. And that is the grossest hypocrisy that I can possibly find. And every time I see that, it makes me angry to the point where I start to rage a little bit. I'll keep it inside for today. But that hypocrisy just kills me. Like, you can't be… well, we'll call it pro-birth, you can't be pro-birth and not pro-life. I don't understand how you can possibly be that way. Especially if you're Christian. I was raised catholic. Like, if you're Christian and you believe that you should be looking

out for the poorest amongst us? Then, that includes looking out for these babies once they're born. But many times? No, you just turn your back on them. We don't care about them once they're born. And that's what angers me the most. I'll get off my soapbox there.

So, that was a very emotional topic for me, and I'm sure for the two of you as well. And I want to thank the two of you for sharing your experiences and your emotion on this subject with me, because it's not easy to talk about. And from here, we're actually going to a maybe… maybe an even more difficult topic in some ways. But certainly, a new topic, and that is embryo adoption. And a lot of these same issues are going to come up in embryo adoption, which I find fascinating, and I'm actually glad I have Jillian here for this, because I'm sure she has some good thoughts on it.

Dr. Jillian Kurtz: Mm-hmm.

Dr. Joe Chappelle: So, embryo adoption is exactly what it sounds like. When you do IVF and you get multiple eggs and they make embryos, many times they'll freeze a number of those embryos and store them for a number of years until you decide you don't want them and then they'll discard them. And again, that goes back to abortion, so some people that feel that abortion is wrong, also feel that discarding embryos is wrong in a way that discarding eggs is not wrong, because embryos are, to them, human life. And so, there has been a growing movement towards embryo adoption, which, to be clear, is not all from the pro-life people. And I think it makes sense in general, you have these embryos, they're there, they're viable, they're already done, you don't have to go through IVF, and so it makes sense to be able to adopt those embryos as opposed to going through the whole IVF cycle yourself, especially if you can't. So, I think that's a good option. But I guess, tied into the abortion stuff here, especially when the pro-life groups come into the embryo adoption. So, I know very little about this topic, and so I want to ask Jillian if she has any experience first with embryo adoption, or heard about it, or knowing of the stuff that's going on with it.

Dr. Jillian Kurtz: Yeah. I mean, I was really excited when you chose this sort of REI slanted article, so I'm happy to participate, but this is an increasingly relevant topic. As you said, we're doing more IVF than ever before, we're getting better at doing it, we're making more blastocysts, and then there's a push towards single embryo transfer. So, instead of putting back two or three, we're only putting back one, so we will end up with a lot more leftovers in the freezer, and what do we do with those leftovers is a big dilemma. So, usually, an IVF center will have you make a decision prior to undergoing IVF: What do you want to do with your leftover embryos that you will probably end up having? So, one option is just pay a quarterly storage fee, pay like $150, keep them in the freezer indefinitely, because I don't want to think about it for right now. The second option is to donate to research, embryonic stem-cell research. The third option is, like you said, discard. And the

forth option is embryo donation. Which is the least popular of all the options. I think there was a survey that found only 11% of couples were even open to embryo adoption.

So, there's lots of IVF centers that have their own embryo banks, so this article was talking about embryo adoption organizations that receive federal funding but tend to have a sort of religious agenda that they're pushing on their patients, and the biggest thing I wanted to emphasize to listeners is: There's other options, lots of IVF centers have embryo banks that are not religious-affiliated and will happily get your LGBT patients pregnant.

Dr. Joe Chappelle: I mean, fair enough, that's good. I think, also… No, obviously your experience… Actually, you actually did experience… So where was your residency again?

Dr. Jillian Kurtz: Residency was in Columbus, Ohio.

Dr. Joe Chappelle: Okay, alright, so it's kind of middle of the country. Not quite Nebraska or Kansas or Colorado, but over in that area. A little bit… Sometimes I want to… I think, what you're saying is most likely correct for the East Coast, West Coast, you know, coastal cities. But sometimes I'm not sure with the experiences in the middle of the country, and I hope that you're right that there's IVF clinics out there that do this, and they don't have to go through these organizations that are in this paper. But I don't know that to be true because I don't live in that part of the country. That's the only thing I say.

Now, as far as embryo adoption…. So, traditional adoption, you know, adopting a baby that is already born is not cheap, it is certainly very stressful, and it is hard to do. It's often very far from where you live, it can cost $10,000 or more to do so, and in some states, like in New York state, there's a five week window after the baby is born where the parent or parents can decide that they want to revoke the adoption and take their baby back. And that's huge. So, you could actually go there, have it all set up, do the adoption, take the baby home perhaps, and then five weeks later have that baby taken back. And I don't know how often that happens, I haven't gone into the research on that, but even the possibility of that happening is hard. And so, in this particular case, assuming that that is not the case, but honestly, I don't know, but you're paying for the embryo and the implantation and so… It is still not cheap. I think it says something like $8,000 in here, so, maybe less than a traditional adoption, but still nowhere near cheap.

Dr. Jillian Kurtz: No.

Dr. Joe Chappelle: Quite a bit of money.

Dr. Jillian Kurtz: Right. So, in theory, the embryo is supposed to be free, because you're not supposed to be able to buy or sell a baby. You can buy and sell gametes, sperm and eggs, but in theory the embryo itself is supposed to be free. But is

associated with lots of costs, like the transfer fee, and the medication fee, and you know, the legal fees and everything that goes into it.

Dr. Joe Chappelle: Right. And, to be fair, in the traditional adoption, most of that is legal fees and traveling and all that stuff too, it's not… Obviously you're not paying for the baby. Vai, you have a comment?

Dr. Vai Umesh: No, I was going to say, you guys kind of just touched on this, the thing that stood out to me from this was one of two things. One is: Who owns them? So, obviously… Is it the center that mitigates and facilitates all of this, or is it the couple themselves that technically own the embryos? And then, do they get a fee for when someone gets one of the embryos? Is there a money exchange? And, if there is, that doesn't sit very well with me, because the whole question is when do you define life? And if you're defining life as a lot of the centers say, the embryo is what they consider human life, which is why they can't necessarily discard it. Then, you're exchanging money for the embryo, and how is that a lot different than, I mean, a little bit, long-term slavery, right? It's the same thing. You're paying for life. And I guess that concept was a little bit interesting. But I think you guys kind of said that sometimes you can offset that by saying you're paying for the legal fees and the processing fees, but not necessarily the embryo itself.

Dr. Jillian Kurtz: Well, the donating couple does not receive any money, in any of these circumstances the donating couple is always… is just donating. But with these agencies, the donating couple does get to choose the recipient couple in some instances. And I think that's the difference, is that with the embryo banks that I was referring to, those are anonymous embryo banks, where, you know, I would have surplus embryos, and I would donate them to this bank. And somebody could look through a catalogue, and say, "oh, Jillian Kurtz, she was a doctor and, you know, you get all the criteria, and so you can sort of choose what characteristic you want out of your embryo. With the websites and- that they were discussing, the ones that have received federal funding that have sort of Christian slanting themes, there I think the recipient is chosen by the donor.

Dr. Joe Chappelle: Right. From the paper, at least they say they have some kind of voice in who gets to choose their embryo. So, this is actually, I want to bring this back to our last discussion and the woman who went to the quote, unquote, "abortion clinic" in Texas that happened to be a religious place. There's actually an episode of John Oliver last year that talked very well about this, about these centers whose goal is not to provide abortions, obviously, but they don't build themselves that way. So, women go there not really knowing what they're getting. And you can see that in her story, where she went there, and they showed her videos about God and the sanctity of life and blablablabla. But she went there because she didn't understand that that's what she was getting into, right?

And so, here, we have the same thing, where we have these religious institutions that are running some embryo banks, and, if you go there and you're LGBTQ, they're not going to give you an embryo. They're not going to tell you they're not giving it because you're LGBTQ, but they're not going to do it because the people who are donating the embryos aren't going to allow you to have that. So, they're going to say, "it's not our decision, it's the people whose embryo it is who are deciding not to," which is… it's a little bit fake there.

But I actually wanted to come back to what Jillian said that probably the majority of the embryo donation places are not religiously affiliated? And so, this is almost like the opposite of what I was talking about and the politics in the last paper, where people would use that last patient's story to say "this is why we shouldn't have terminations, because she decided she didn't want to be pregnant." On this case, we have a paper that is really, really focusing on the religious aspect of some of these embryo clinics, and it's probably not the majority experience in the United States. Now, we can definitely argue, and I would argue that these places who are discriminating based on this, even if they quote, unquote say "they're not discriminating, that it's the people's embryos," they are. They shouldn't receive federal funding. Go ahead, Jillian.

Dr. Jillian Kurtz: No, I was going to say I totally agree. And what I don't really understand is, where is that federal funding going to? If they're still charging $7,500 to $10,000 to the recipient couple for transfer fees and legal fees, that's how much we would charge in our private for-profit IVF center. So, I just don't understand where the federal funding is going to and that bothers me a little bit.

Dr. Joe Chappelle: Yeah. And I feel the same way. And I also feel the same way about the religious abortion clinics. That I have no problem with those places existing, as long as they're upfront about the services they're providing. And they say that "listen, were a religious affiliated, we have… the people get to choose who gets their embryos, so know that coming in," and that's fine. I have no problem with that. But I don't feel like they're being honest here. And they're certainly on the abortion side, not being honest with the clinics that they're running. And the federal money going to those people who are not only doing what they're doing, but also doing it dishonestly? That is what really drives me nuts.

Dr. Jillian Kurtz: It also bothers me that, I think this is a very difficult decision for a couple to have to make regarding their surplus embryos. It's an emotional thing. I mean, they can sort of view these embryos as potential siblings to their existing children, and this is a difficult decision to have to make, and some of these websites sort of shame them with the language that they use. I looked a couple of them up just yesterday in preparation for this podcast, and they say things like "you could just thaw them and let them die, or you can donate to us." Like, they literally say "let them die." And when they're referencing the female partner, they always

say “wife,” instead of “your female partner.” So, that really bothers me. I feel like they’re shaming people into making a decision under their specific agenda.

Dr. Joe Chappelle: Yeah. And, again, if they’re honest and open about what that agenda is, and someone chooses to go there knowing that that’s their agenda? I’m okay with that.

Dr. Jillian Kurtz: Right.

Dr. Joe Chappelle: Perfectly okay with it. But when you try to hide what your agenda is and then also take federal dollars, which we hope go to places that don’t discriminate, that’s when I start having issues with it. I’m all for… well, in general, unless we get into white supremacy or other hate groups, right? That people band together based on their beliefs, I don’t have necessarily a problem with that as long as you’re being open about who you’re inviting to go there. There are plenty of other options. Now, if this is the only options available for embryo transfer, I’d have a problem with that. But as you were saying, there are plenty other places you can go that aren’t these places. And so, I think that’s okay. And people can disagree with me there, and that’s okay too. I think there’s room for disagreement on this topic. I would say I also laugh because the place was called like the “Snowflake-“

Dr. Vai Umesh: Yeah. “Snowflake Embryos…” something.

Dr. Joe Chappelle: Which I really thought was a fantastic name. “Snowflakes Embryo Adoption.”

Dr. Vai Umesh: And just for my own learning actually, how long are embryos good when they are frozen? Is there sort of a shelf life after a certain point that you wouldn’t transfer?

Dr. Jillian Kurtz: I think ASRM recommends not transferring greater than 12 years or something like that, but it’s quite a long time and I’m not sure that that’s… that might be somewhat arbitrary. Just, in theory, once it’s been frozen for 12 years, there may be some damages to the embryo itself.

Dr. Joe Chappelle: One thing is a little off-topic here. I mean, it’s a related topic. There was an article a few months ago about a man who had donated sperm multiple times when he was younger, and he’s now in his like, forties or early fifties, and he has family of his own, he’s got three kids, two kids, and these women did 23andMe and he had done 23andMe. And they found him. And he found that he had three or four daughters that he didn’t know he had, he had donated the sperm. And of course, he had thought he had done it anonymously and so he had to tell his wife “hey, listen, apparently I have three or four daughters.”

Dr. Vai Umesh: Wow.

Dr. Joe Chappelle: Yeah. Hey, you know, cool, right? And they wanted to meet him, and it was actually a really nice story, where the whole family went out there

including his wife and his kids and… I think he maybe had two sons. So, they were very excited to have sisters. And the wife was actually very supportive and blablabla. But it's gets into this deeper thing of the anonymity that went along with previous sperm or egg donation, or maybe even embryo donation, and the current medical… about… to do DNA testing, is that going to last? And does that fundamentally change the nature of these donations, whether it be sperm or embryos. I don't know. Do you guys have any thoughts on that?

Dr. Jillian Kurtz: No, I think that's a great point. And at our facility we require that patients go through psychological counseling before getting a donor of any kind, whether it's sperm, egg or embryo donation, and they have a conversation about that. How will you approach this issue in the future if your kid wants to do 23andMe how are you going to approach that topic and come up with sort of, like, some strategies ahead of time so that you don't encounter some family crises in the future.

Dr. Vai Umesh: Yeah. What you mentioned, Dr. Chappelle, that would be like my biggest fear with this. Especially, I think there was a point when, a while ago there was a big story that came out about a girl who was in college, who was paying for college by donating her eggs, and I remember just talking about it with a bunch of my friends, and I think the thing that I thought about that, was I don't know if I- I don't know how I would handle a child showing up like ten years later going like, "hey, you're my biological mom." I'm not- I mean, I'm not saying I have an opinion necessarily one way or the other, but I think that would be a huge factor for me to ever agree to do this. Just because I feel like I would have ownership of that, no matter when that person came into my life, and I think that would be very hard to dissociate from. So…

Dr. Joe Chappelle: It's got to be challenging. My own experience… I'm doing a lot of personal divulgence tonight. But in my own experience, my father- biological father, I wasn't raised by him, I was raised by my step-father and my mother. And I didn't meet him until I was 20 or 21. I knew him when I was 3 or 4, but that doesn't really count. You have no memories from then. And that was really challenging for me. To have all of the sudden this other parent… I mean, I knew he existed that entire time, so it's not quite like the story, where you just find out, maybe, you're adopted at some point. But being able to try to explore that side of my life without also feeling like I was somehow… There's a better word for it but like, dissing my step-father who had raised me? That was really hard for me to navigate that thing. And both of them were actually really great about it, so it was great. But it gave me a lot of angst. So, I can only imagine, adding on top of that, being… having a sperm donation or egg donation and having a parent that didn't even know you existed to begin with. Right? It's got to be very challenging.

Anyway. So, I think that we're going to save our last topic for another day. It's actually a good article, so I think we might save it for our Journal Club for next

month. I think we spent enough time talking about hard subjects tonight. So, before I wrap up, Jillian, Vai, do you guys have any other things that we didn't talk about in these two things? There definitely was a theme that ran through them. It's a lot about the personal experience of the women that are going through it, the experience of the providers that are going through it and maybe some of the other political stuff that comes along with it. So, I don't know, any other thoughts before we close up for tonight? What do you think, Vai?

Dr. Vai Umesh: With regards to the last article, sort of another thing that crossed my mind, was just the concept of adoption. So, I don't have numbers for this or anything like that, but I wonder, if embryo adoption becomes something that more couples opt to do, how does that take away from the rates of adoption of children both domestically and internationally. And, is there- should there be a push to have more parents try to adopt children that are already in the system? Is that even our- and I'm not saying providers, but is that someone else's job to do that? Just some interesting things. Because it is saddening to me that if we're creating life or propagating life from cells, what are we now doing about kids that otherwise would've gone to these homes? So, just an interesting thought.

Dr. Jillian Kurtz: Well, I think you'd need to have a study where you surveyed couples, because I think those are two separate categories of people. The category of person who is willing to adopt an outside person, versus the category of couple that will do anything and everything possible to have their own baby. These couples go through round after round, after round of IVF determined to have their own baby. And then they finally say "okay, you know what? I'm okay with embryo adoption." I don't think, from my limited perspective, and this is just anecdotal, I don't think it's people who were otherwise going to adopt an outside child from, you know… And then chose instead to undergo embryo adoption. I think it's couples that were going to give up on having a child altogether and said "okay, let's do an embryo adoption." But a study needs to be done.

Dr. Vai Umesh: Yeah. I was just thinking, mainly because they've sort of given up on this idea if their own biological material, so I thought that was my thinking as to why they may overlap, but I totally see what you're saying, with the mindset being very different.

Dr. Joe Chappelle: Yeah. I think Vai, I think you raised an important point though, and I think Jillian and I, we don't have the data to really know what that effect is. But I think it's very important, going back to our last women from the CNN article, do we want more kids at orphanages? Is that what we're trying to do? No matter how we get there? And if we do find that a significant number of people are going for embryo adoption as opposed to the babies that are already alive, I think that it's challenging from a societal point of view.

And we get into this sometimes from, in a public health point of view, which is, sometimes what is good for society is not good for the individual. But those are difficult conversations to have, especially because humans, as we have discussed are very good at the one on one and very bad at the multitudes. But I think, Vai, I think from of public health policy point of view, I think that studies, that Jillian says, need to be done. And Jillian, that might be a good study.

Dr. Jillian Kurtz: I was just thinking that.

Dr. Joe Chappelle: Just saying. But I think that that study probably needs to be done to give us the information to know how concerned we should be about that problem. We may decide at the end of the day not to do anything about it, but if we don't know how big of an issue it is, then we can't even think about whether we want to do something about it. So, I think those are very, very good points. And now, in about 6 months Jillian's going to have a paper published about-

Dr. Jillian Kurtz: I know! The wheels are already turning.

Dr. Joe Chappelle: Alright, well I want to thank you both for your time tonight and for sharing your thoughts and emotions about these very difficult topics. And I look forward to discussing these more on future episodes, because I don't think that they're topics that are going to go away. And if we as OB/GYNs don't take the lead on some of these conversations, I'm afraid that other people will and the outcomes of that won't be great. So, thank you both.

Dr. Jillian Kurtz: Thank you.

Dr. Vai Umesh: Thank you for having us. Yeah, this was great.

Dr. Joe Chappelle: So, like I promised you guys in the last episode, I will have an episode on diabetes in pregnancy. As we were discussing before the show started, my entire family had the flu last week, so that kind of put a damper on my ability to get anything accomplished. But it will get done. I'll get it out there for you. I'm very excited about it. And so, until you can listen to it, I want to say thank you for listening and I'll see you guys next time. Good night.