With the Supreme Court's decision to overturn Roe v. Wade, the Indiana Legislature is mobilizing to draft legislation about making abortion illegal in our state. The Indiana Senate introduced SB1 last week, which in its current state leaves vital exceptions to allow for abortion. While there will undoubtedly be considerable debate on these topics, we, the Indiana Chapter of the American College of Cardiology (Indiana-ACC), the largest organization of cardiovascular professionals in the state, are concerned that newly drafted policies may not take into consideration safeguards for protecting maternal health.

Hoosier mothers are currently dying at an alarming rate. Indiana's maternal mortality rate is 43.6 per 100,000, making it the third highest in the country. In addition, cardiovascular conditions are the major cause of death for women during pregnancy. Women who have heart disease prior to pregnancy are at risk of death as are those who develop heart conditions while pregnant. Pregnant patients can develop severe high blood pressure, blood clots in the lungs, heart failure, and heart attacks at any time during their pregnancy. Pregnancy naturally causes the pulse to be elevated and by the middle months of pregnancy, the volume of blood in the body is twice what it usually is. These changes put stress on the body, and for those with heart disease, progressive and critical illness can ensue. In addition to prompt diagnosis and treatment with medications and sometimes surgery, some women are at such grave risk that termination of pregnancy is recommended.

Pregnancy termination for some women is critical to save the mother's life. The discussion of this option is never easy, and it is not undertaken lightly. A decision for termination is undertaken only after shared decision-making between the pregnant patient and her health care professional, focusing on the risks and alternatives. The Indiana-ACC does not have a policy on abortion, but we are committed to improving heart health of women of all ages. We are the content experts on maternal CV health, promote the physician-patient relationship, and stand for the sanctity of shared decision-making. Clinicians must be able to safely discuss every option available to their patients, without fear for themselves. It is then incumbent on us to follow through, without judgment, on the pathway the patient has chosen.

In summary, "right-to-life "and "right-to-choice" will continue to be debated in this country, but in the meantime, Indiana legislators who are currently charting our path on this topic must not forget the unintended consequences that maternal mortality will likely increase. The right to life should also pertain to the mother. Therefore, we strongly urge our legislators to carve out exceptions when maternal health could be or is in jeopardy as deemed so by their health care professional. Newborn health cannot be considered in isolation from maternal health as the two are intrinsically linked. The most important predictor of fetal viability and having a healthy child in the future is maternal health.

Respectfully,

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