

# ISHLT Statement on Access to Abortion and Reproductive Care

The International Society for Heart and Lung Transplantation (ISHLT) is an international society committed to improving the care of patients with advanced heart or lung disease worldwide. We are devoted to improving the lives of all patients with advanced heart and lung disease through transplantation, mechanical support and innovative therapies via research, education and advocacy.

Recognizing that abortion is a controversial issue approached in many ways around the world, the June 24, 2022, United States Supreme Court decision overturning *Roe vs. Wade* provides an important opportunity to remind those making health policy decisions of the added complexities end-stage heart and lung diseases bring to the reproductive decisions facing women of child-bearing potential, particularly those who have received a heart and/or lung transplant.

Although fertility improves after a successful transplant and successful post-transplant pregnancies are possible, routinely prescribed immunosuppressive medications, particularly mycophenolate mofetil, can have teratogenic effects. Moreover, reports from Transplant Pregnancy Registries suggest that pregnancies in transplant recipients carry risks of rejection, graft loss and death, particularly in lung transplant recipients. Finally, pregnancies in transplant recipients carry an increased risk to the fetus of miscarriage, prematurity, and low birth weight.<sup>1-4</sup> For these reasons, transplant recipients of child-bearing potential should be counseled to avoid unplanned pregnancies. Nonetheless, up to 40% of pregnancies reported to the Transplant Pregnancy Registry International were unplanned, with the majority of these in the adolescent/young adult transplant recipients.<sup>5,6</sup> Pregnancy in patients with pulmonary hypertension confers similar risks to both the patient and the fetus, particularly in patients with associated heart disease.<sup>7</sup> Pregnancy in patients supported by ventricular assist devices is rare but also considered high risk as are pregnancies in patients with other advanced respiratory and cardiac diseases.<sup>8</sup>

Finally, adding these pregnancy risks to the existing racial / ethnic disparities in prenatal care and obstetric outcomes has the potential to exacerbate disparities already present in the transplant field.<sup>9</sup>

Because of these concerns, we believe that abortion must remain a safe and accessible option for our patients.

ISHLT is committed to the well-being of our patients, wherever in the world they reside, including access to routine and emergency contraception as well as safe abortion care when needed. We stress the importance of discussing routine contraception options and family

planning with our patients of child-bearing age and support our colleagues throughout the world who care for our vulnerable patients, including those who provide reproductive care services.

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