



IDAHO ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR IDAHO

## Impacts of Idaho's Trigger Law on Delivery of Care

Idaho's Trigger Law is so vague as to make it difficult for physicians and other medical professional to interpret whether interventions would be considered illegal in a variety of instances, including the following:

**Ectopic pregnancy**—Pregnancy outside the uterus, often in the fallopian tube. Not compatible with life in vast majority of cases. In some instances, an ectopic pregnancy may have a heartbeat. Standard of practice would be to stop or remove the ectopic pregnancy due to risk to the mother.

**Molar pregnancy**—Noncancerous tumor in the uterus. There may or may not contain an embryo or placental tissue, but even if there is, the pregnancy is non-viable.

**Fetal anomalies**—Such as anencephalic pregnancy where the fetus doesn't have a developed head or brain or chromosomal abnormalities that won't allow the fetus to survive outside of the uterus. This is not compatible with life but may have a heartbeat. Specifically with anencephaly, this can cause complications including polyhydramnios, a condition in which there is too much fluid in the amniotic sac, causing pressure on the mother's organs and diaphragm. There are many other physical abnormalities that may make the fetus unable to survive outside of the uterus and may cause significant health problems to the mother.

**Miscarriage**—This is a "clinically diagnosable pregnancy" that is unable to continue to viability or has already died. In some circumstances, a fetus may have a heartbeat but will never be carried to term. Without medical intervention, this can become a life-threatening situation for the pregnant person. Complications include hemorrhage and infection that can lead to death if untreated.

## **A host of maternal health complications including:**

**Preeclampsia/HELLP:** Medical conditions not completely understood but lead to multi-organ damage that could result in death of the mother. There are certain signs and risk factors that can be identified early on that increase mother's risk of developing these conditions.

**Preterm Premature Rupture of Membranes:** Amniotic sac breaks prematurely. This is the "bag of water" surrounding the fetus. Without this protective sac, the uterus and fetus can become infected. The pregnant mother would normally be given the option to try to continue the pregnancy and risk infection, or to induce labor, which in some cases is before the fetus is mature enough to survive outside of the uterus. In many cases, even if the mother decides to wait, labor begins spontaneously, before the fetus is old enough to survive on its own. Once it is inevitable, the standard of care would be to manage that labor and delivery actively, even if it results in the death of a pre-viable newborn.

**Abruptions:** Placenta tears away from the uterus, causing hemorrhage. Can lead to excessive blood loss, disseminated intravascular coagulation (DIC), multiorgan failure, or death.

**Placenta Previa/Vasa Previa:** Placenta or umbilical vessels pass over the cervix. Labor can cause hemorrhage and death of the fetus, with risk of hemorrhage to the mother as well.

**Maternal Malignancy:** Pregnancy could interfere with treatments and management of a cancer. This could include surgical interventions, radiation, and chemotherapy which could all be harmful to the fetus and result in death, however if left untreated a malignancy could lead to the death of the mother.

**Maternal Cardiac Disease:** A variety of structural diseases of the heart including the valves, chambers and blood vessels that put the mother at high risk of cardiac arrest and death if they carry a pregnancy to term.

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