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Bristol, Maine

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Senator Ingwersen, Representative Meyer, and Members of the Joint Committee on Health and Human Services

The Maine Section of ACOG writes today in support of LD 94 - An Act to Eliminate Miscarriage Reporting Requirements. ACOG represents more than 60,000 physicians and partners dedicated to advancing women's health and health equity, including 148 members here in Maine.

ACOG opposes laws and legislation requiring ob-gyns to report pregnancy outcomes to law enforcement or other governmental agencies. According to ACOG guidance, ob-gyns should protect patient autonomy, confidentiality, and the integrity of the patient-physician relationship, and it follows that we strongly advocate against mandated reporting. While reports on birth-related outcomes can be helpful data for public health purposes, it is always important we first and foremost center patient privacy.

There exists long-standing, outdated, policies, guidelines, rules, and laws that place the care of pregnant people in an "exceptionalism" framework; that is, pregnant people and their providers are subject to unique constraints and obligations that don't exist within other sectors of medicine. According to the Guttmacher Institute, "It is exceptionally rare for medical procedures to be subject to mandated reporting in state or federal systems. Births and deaths are tracked by vital statistics systems for specific demographic and governance purposes (and to meet federal requirements for the issuance of birth and death certificates); infectious diseases are in some cases subject to mandatory reporting to aid in contact tracing and to avert epidemics."<sup>i</sup> This is especially notable when early pregnancy loss is common, occurring in 10% of all clinically recognized pregnancies.<sup>ii</sup> Approximately 80% of all cases of pregnancy loss occur within the first trimester.<sup>iii</sup>

I've cared for so many folks experiencing miscarriage, too numerous to count. This is often a heartbreaking, very personal medical event and to mandate that individuals report these very private life events to the state is offensive and cruel. How a person manages a pregnancy loss and where this occurs is strictly in the purview of the patient and the state has no privilege to sensitive and private health information such as this. Furthermore, given the trends of rollback and elimination of reproductive freedom and the alarming escalating

climate of pregnancy surveillance and criminalization in the U.S., mandatory reporting of miscarriage can be the difference between assured of privately disclosing medical information and facing criminal charges.

By passing LD 94 and repealing the reporting requirement for pregnancies that end in miscarriage before 20 weeks gestation, the Maine Legislature will take another step toward treating reproductive health care with the same deference as all other medical care. Moreover, the legislature will protect the sensitive healthcare privacy of Maine citizens. The Maine Section of ACOG requests the Committee advance passage of LD 94.

Respectfully,

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<sup>i</sup> Guttmacher Institute, *With Risks to Patients and Providers Growing, States Should Revisit Abortion Reporting Requirements*, <https://www.guttmacher.org/2025/03/risks-patients-and-providers-growing-states-should-revisit-abortion-reporting-requirements> (Mar. 2025).

<sup>ii</sup> Wilcox AJ , Weinberg CR , O'Connor JF , Baird DD , Schlatterer JP , Canfield RE , et al . Incidence of early loss of pregnancy . *N Engl J Med* 1988 ; 319 : 189 – 94 . (Level II-3); Wang X , Chen C , Wang L , Chen D , Guang W , French J . Conception, early pregnancy loss, and time to clinical pregnancy: a population-based prospective study . *Fertil Steril* 2003 ; 79 : 577 – 84 . (Level II-2); Zinaman MJ , Clegg ED , Brown CC , O'Connor J , Selevan SG . Estimates of human fertility and pregnancy loss . *Fertil Steril* 1996 ; 65 : 503 – 9 . (Level II-3).

<sup>iii</sup> Early Pregnancy Loss. ACOG Practice Bulletin No. 200. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2018;132:e197-207.