APPENDIX I

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

PLANNED PARENTHOOD OF THE HEARTLAND, INC., EMMA GOLDMAN CLINIC, and JILL MEADOWS, M.D.,

Petitioners,

Equity Case No. _____

v.

KIM REYNOLDS ex rel. STATE OF IOWA and IOWA BOARD OF MEDICINE,

Respondents.

AFFIDAVIT OF JILL MEADOWS, M.D. IN SUPPORT OF PETITIONERS' MOTION FOR TEMPORARY INJUNCTIVE RELIEF

- 1. I am the Medical Director of Planned Parenthood of the Heartland (PPH). My duties and responsibilities include providing reproductive health care to patients of PPH, including abortion services. I am a board-certified Obstetrician/Gynecologist (obgyn). Prior to this position, I was an Associate Professor in the Department of Obstetrics and Gynecology at the University of Iowa. Currently, I am an adjunct clinical faculty member and continue to train medical students and residents from the University of Iowa and other institutions. In addition, I have given academic presentations on medical abortion to family medicine and gynecology physicians. My CV is attached hereto as Exhibit A.
- 2. I submit this affidavit in support of Petitioners' Motion for a Temporary Injunction to enjoin enforcement of Section 4 of Senate File 359 ("the Act") to be codified at Iowa Code § 146C.2 (2018), based on my own personal knowledge. I understand that the Act bans abortion as soon as embryonic or fetal cardiac tones are detected, which occurs as early as six weeks of pregnancy (and sometimes earlier), measured from the last menstrual period

("Imp"). The Act will make it virtually impossible, if not impossible, to access abortion in Iowa. I anticipate that patients who can scrape together the resources will travel out of state for medical care, and many others who cannot do so will be forced to carry an unwanted pregnancy to term.

I. PPH and Its Services

- 3. PPH provides a full range of reproductive health care services at eight health centers in Iowa, including well-women exams, cancer screenings, STI testing and treatment, a range of birth control options including long-acting reversible contraception or LARC, transgender healthcare, and medication and surgical abortion. Medication abortion is the use of a combination of the drugs mifepristone and misoprostol taken by mouth to safely and effectively end an early pregnancy without surgery, in a process similar to an induced miscarriage. It is available in the first 10 weeks of pregnancy, as measured from the first day of the last menstrual period (lmp). Surgical abortion is the use of suction and/or additional instruments to end a pregnancy. In Iowa, we provide surgical and medication abortion at two health centers, in Des Moines and Iowa City. We currently provide abortion through 20.6 weeks lmp, which complies with the 20 week *post-fertilization* statutory limit in Iowa and is a minimum of several weeks before any fetus would be viable.
- 4. Three of our other health centers provide medication, but not surgical, abortion: in Ames, Cedar Falls and Council Bluffs. We recently had to close three other health centers that were providing medication abortion after the legislature barred abortion providers from participating in certain publicly-funded non-abortion family planning programs.
 - 5. In 2017, we provided over 2300 abortions in Iowa.
- 6. Most patients are at least six weeks lmp into their pregnancy by the time they contact us seeking an abortion. Many people do not even know they are pregnant before this very

early point. (The Imp method of dating a pregnancy counts from the last menstrual period, which occurs weeks before implantation. Thus, by the time a woman misses her period and has reason to suspect she is pregnant, she is almost always more than four weeks pregnant as calculated by Imp, and in many cases already at or near six weeks of pregnancy Imp.) Even for those few patients who realize they may be pregnant sooner than that, it can often take them weeks to confirm the pregnancy, decide to terminate, research their options, contact us, find a time when they can travel to us and we can see them, and put together the financial resources they need to travel to us and obtain treatment.

- 7. In a typical pregnancy, embryonic or fetal cardiac tones are detectable (by transvaginal ultrasound) as early as six weeks into a pregnancy. For patients who are five to six weeks pregnant lmp, we sometimes are able to see the gestational sac but unable to detect any embryonic cardiac tones. When there is an empty intrauterine gestational sac visualized on ultrasound or an embryo visualized without fetal heart activity detected, based on ultrasonographic criteria, the ultrasound may be 1) consistent with very early pregnancy 2) suspicious for miscarriage or 3) diagnostic of miscarriage. Miscarriage is common at this stage of pregnancy, occurring in about 15–20% of recognized pregnancies.
- 8. In the case of sonographic findings suspicious for miscarriage, we give patients the options of 1) being referred to their preferred obgyn for further evaluation; 2) rescheduling so that we can do another ultrasound at least one week later to re-evaluate or 3) proceeding with a termination procedure, either medical or surgical. Patients make that decision based on personal circumstances. Some people strongly prefer to reschedule because, if miscarriage is confirmed, their insurance will cover their medical costs. This is a particularly important consideration for our many lower-income patients, who otherwise may have to choose between paying for a

procedure and paying basic living expenses.

9. In 2017, of over 2300 abortions we provided, only 45 (approximately 2%) occurred before six weeks lmp.

II. The Act's Effects

- 10. If allowed to take effect, the Act would gravely harm my patients.
- 11. The Act would prevent virtually all, if not all, of our patients from obtaining an abortion in Iowa.
- 12. In addition to the medical and practical impediments I have just described to patients' obtaining an abortion before six weeks, Iowa also recently enacted a mandatory delay statute requiring us to provide patients with an ultrasound, offer them the "option" of hearing cardiac tones, and then send them home to wait at least 72 hours before returning for the abortion procedure. As I explained in my testimony in the case I brought challenging that other law, practically speaking that delay period would delay patients an average of at least a week, and in many cases longer. Thus, if both laws took effect, it would be functionally impossible for patients to have an abortion in Iowa outside the Act's very narrow exceptions. This would be all the more so for our minor patients. Most of these patients cannot immediately obtain written parental authorization, which means that under Iowa law they cannot have an abortion until 48 hours after a parent has been notified or until they have obtained judicial authorization, Iowa Code § 135L.3 (2015), neither of which can realistically happen before six weeks. ¹
 - 13. By making it virtually impossible to access abortion in Iowa, the Act would

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¹ Even if there were some way in theory for patients to have an abortion in compliance with both the 72-hour mandatory delay and the Act's six-week cut-off, that would come at the terrible cost of forcing patients to race to a health center for an abortion, even if they were not yet fully decided.

deprive these individuals of the ability to control their own lives and to protect their own health, safety and welfare and that of their family.

- 14. People seek abortions for a variety of medical, familial, economic, and personal reasons. 59% of women who seek abortions are mothers who have decided that they cannot parent another child at this time,² and 66% plan to have children or have another child when they are older (and, for example, financially able to provide necessities for them, and/or in a supportive relationship with a partner so their children will have two parents).³ About one in four women in this country will have an abortion in their lifetime.⁴ The vast majority of these women are poor or low-income (75% as of 2014).⁵
- 15. I know from decades of providing abortion how important this care is to Iowans. My patients seek an abortion for many different reasons. Most are already parents, and make their decision considering their own welfare and that of their family. These patients often make the decision to terminate because they know they lack the resources to meet the needs—emotional, financial, interpersonal or otherwise—of another child in addition to their existing family. Others decide that they are not ready to become parents, and want to gain an education and/or a profession before starting a family. In some cases, such as where a person is suffering

² Jenna Jerman, Rachel K. Jones, & Tsuyoshi Onda, Guttmacher Inst., <u>Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008</u>, at 7 (2016), https://www.guttmacher.org/sites/default/files/report_pdf/characteristics-us-abortion-patients-2014.pdf.

³ Stanley Henshaw & Kathryn Kost, <u>Abortion Patients in 1994–1995: Characteristics and Contraceptive Use</u>, 28 Fam. Plan. Persp. 140, 144 (1996).

⁴ Rachel K Jones and Jenna Jerman, <u>Population group abortion rates and lifetime incidence of abortion: United States</u>, 2008–2014, 107 Am. J. of Pub. Health 1904, 1908 (2017).

⁵Jenna Jerman et al., <u>supra</u> n.2, at 11.

domestic violence (e.g., by a parent or partner), she may decide that termination is the safest option for herself and her family. Some patients suffer complications in their pregnancy or medical conditions caused or exacerbated by pregnancy, such as hypertension, thromboembolic risk, or cardiovascular risk, and seek to terminate to protect their own health. Still others learn that a wanted pregnancy is severely compromised, and make the painful decision that termination is the most compassionate decision they can make for their potential child and for their family as a whole.

abortion. People of childbearing age who do not have access to safe and legal abortion face significantly increased risks of death and poor health outcomes. For this reason, major medical organizations such as the American College of Obstetricians and Gynecologists ("ACOG"), the American Medical Association ("AMA"), the American Academy of Family Physicians ("AAFP"), the American Osteopathic Association ("AOA"), and the American Academy of Pediatrics ("AAP") have affirmed that "[r]eproductive healthcare is essential to a woman's overall health, and access to abortion is an important component of reproductive healthcare." Similarly the American Psychiatric Association has deemed access to abortion "a mental health

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⁶ Br. of Amici Curiae ACOG, AMA, AAFP, AOA, & AAP in Supp. of Pets. at 4, Whole Woman's Health v. Hellerstedt, 136 S. Ct. 2292 (2016) (No. 15-274), 2016 WL 74948 at *4; see also AAP Comm. on Adolescence, The Adolescent's Right to Confidential Care When Considering Abortion, 139 Pediatrics 1 (2017) (stating that access to abortion in important for adolescent health and well-being "because of the significant medical, personal, and social consequences of adolescent childbearing"); see also ACOG, Comm. on Health Care for Underserved Women, Op. 613: Increasing Access to Abortion 1 (2014, reaffirmed 2017) ("Safe, legal abortion is a necessary component of women's health care.").

imperative with major social and mental health implications," and the American Psychological Association has affirmed that "freedom of choice and a woman's control over her critical life decisions promotes psychological health."

- 17. Individuals forced to carry an unwanted pregnancy to term face a range of serious adverse outcomes. They are exposed to increased risks of death and major complications from childbirth. As many as 10% of women who carry to term are hospitalized for complications associated with pregnancy aside from hospitalization for delivery. The main risks associated with carrying a pregnancy to term are hemorrhage, infection, and worsening medical conditions. Other potential complications are preeclampsia and eclampsia, embolism, and trauma to the genital tract. Women who carry to term are many times more likely to experience anemia, hypertensive disorder, pelvic and perineal trauma, obstetric infection, and hemorrhage than women who obtain an abortion. In
 - 18. Additionally, delivery itself, whether vaginal or cesarean, poses significant risks,

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⁷ Am. Psychiatric Ass'n, <u>APA Official Actions: Abortions and Women's Reproductive Health Care Rights</u>, https://ajp.psychiatryonline.org/doi/pdf/10.1176/appi.ajp.2010.167.6.726 (last visited May 8, 2018).

⁸ Am. Psychol. Ass'n, <u>Abortion Resolutions</u>, http://www.apa.org/about/policy/abortion.aspx (last visited May 7, 2018).

⁹ Elizabeth G. Raymond & David A. Grimes, <u>The Comparative Safety of Legal Induced Abortion and Childbirth in the United States</u>, 119 Obstetrics & Gynecology 215, 216 (2012); <u>see also Ctrs.</u> for Disease Control and Prevention, <u>Reproductive Health: Severe Maternal Morbidity in the United States</u>,

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html (last visited May 11, 2018) (reporting that severe maternal morbidity "has been steadily increasing in recent years and affected more than 50,000 women in the United States in 2014").

¹⁰ Anne Elixhauser & Lauren M. Wier, Agency for Healthcare Research & Quality, <u>Complicating Conditions of Pregnancy and Childbirth, 2008 (Statistical Brief #113)</u> (2011), http://www.hcup-us.ahrq.gov/reports/statbriefs/sb113.pdf.

¹¹ F. Carol Bruce et al., <u>Maternal Morbidity Rates in a Managed Care Population</u>, 111 Obstetrics & Gynecology 1089, 1092 (2008); Raymond & Grimes, supra n.9, at 216.

many times greater than those associated with abortion. ¹² Risks associated with vaginal delivery include hemorrhage, infection, and lacerations of the cervix. Cesarean delivery, which is common in childbirth, is a major invasive surgical operation and associated risks include injury to surrounding organs (particularly bladder and bowel), hemorrhage, and infection, in addition to the risks associated with anesthesia.

- 19. Individuals forced to carry an unwanted pregnancy to term, and their newborns, also are at risk of other negative health consequences such as reduced use of prenatal care, lower breastfeeding rates, and poor maternal and neonatal outcomes.¹³ Some of these risks may be higher for individuals living in rural areas, where there are fewer medical providers.¹⁴ The medical risks and adverse outcomes for patients carrying to term and their children are worse for patients struggling with poverty, as most of our patients are, as compared to the general population.¹⁵
 - 20. Individuals forced to carry an unwanted pregnancy to term are significantly less

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¹² <u>Compare</u> William M. Callaghan et al., Severe Maternal Morbidity Among Delivery and Post-Partum Hospitalizations in the U.S., 120 Obstetrics & Gynecology 1029, 1031 (2012), <u>and</u> Bruce et al., <u>supra</u> n.11, at 1092, <u>and</u> David A. Asch, et. al, Evaluating Obstetrical Residency Programs Using Patient Outcomes, 302 JAMA 1277 (2009), <u>with</u> Ushma D. Upadhyay et al., Incidence of Emergency Department Visits and Complications After Abortion, 125 Obstetrics & Gynecology 175, 180–181 (2015).

¹³ A.P. Mohllajee et al., <u>Pregnancy Intention and Its Relationship to Birth and Maternal Outcomes</u>, 109 Obstetrics & Gynecology 678 (2007); Jessica D. Gipson, Michael A. Koenig, & Michelle J. Hindin, <u>The Effects of Unintended Pregnancy on Infant, Child, and Parental Health: A Review of the Literature</u>, 39 Stud. Fam. Plan. 18 (2008).

¹⁴ ACOG, Comm. on Health Care for Underserved Women, <u>Op. No. 586: Health Disparities in Rural Women</u> 1–2 (2014, reaffirmed 2016).

¹⁵ Charles P. Larson, <u>Poverty during pregnancy: Its effects on child health outcomes</u>, 12 Paediatr Child Health 673 (2007); Janet L. Peacock, J. Martin Bland, & H. Ross Anderson, <u>Preterm delivery: effects of socioeconomic factors</u>, psychological stress, smoking, alcohol, and caffeine, 311 BMJ 531 (1995); Lindsay M. Silva et al., <u>Low socioeconomic status is a risk factor for preeclampsia: the Generation R Study</u>, 26 J. of Hypertension 1200 (2008).

likely to be able to bring themselves and their family out of poverty. And individuals who are victims of partner violence will, in many cases, face increased difficulty escaping that relationship (because of new financial, emotional, and legal ties with that partner). 17

- 21. The Act's harms will be especially grave for people who need to terminate a pregnancy for health reasons or safety reasons. The Act exempts only those patients with a physical condition that threatens their life or poses "a serious risk of substantial and irreversible impairment of a major bodily function." S.F. 359, § 2 (2018) (to be codified at Iowa Code §146A.1(6)(a)). Thus it prevents me from providing an abortion in other circumstances where I would deem this care necessary to a patient's health or safety, such as a dangerous domestic violence situation, a severe depression or other psychiatric condition exacerbated by an unwanted pregnancy, or physical health risks such as hypertension or thromboembolic risk that, even if they may not be sufficiently extreme to meet the Act's definition, are nonetheless real and could be alleviated by an abortion. I have treated patients in all of these circumstances.
- 22. I also am very concerned that I, or another provider, might perform an abortion based on a judgement that this exception applies, only to have that judgment second-guessed by the Board of Medicine. Specifically, the Board might question my medical judgments as to the seriousness of the risk, whether that risk is to a "major" bodily function, or whether the potential damage to that function is "substantial and irreversible." Those are all determinations as to which individual professionals might disagree. In making that determination, I would face a conflict

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¹⁶ Ushma D. Upadhyay, M. Antonia Biggs & Diana Greene Foster, <u>The Effect of Abortion on Having and Achieving Aspirational One-Year Plans</u>, 15 BMC Women's Health 102 (2015); Diana Greene Foster et al., <u>Socioeconomic Outcome of Women Who Receive and Women Who are Denied Wanted Abortions in the United States</u>, 108 Am. J. Pub. Health 407 (2018).

¹⁷ Sarah C.M. Roberts et al., <u>Risk of Violence From the Man Involved in the Pregnancy After Receiving or Being Denied an Abortion</u>, 12 BMC Med. 144 (2014).

between the imperative of protecting my patient (which is both a personal imperative and the professional ethical obligation commonly termed "beneficence"), and the fear that I could lose my license. It is terrible for patient safety to place providers in that dilemma at a time when they should be focused on providing the best care possible for their patient.

- 23. The Act also will particularly harm patients who are desperate to end a pregnancy because they believe it may be a result of rape or incest, as well as adult or adolescent patients who are at risk of abuse if a pregnancy is discovered. While the Act ostensibly exempts patients who are pregnant as a result of rape or incest, it does so only if they reported that abuse within an arbitrary period (45 days for rape, 145 days for incest), which victims often do not do because of a range of reasons, including out of shame and/or fear of repercussions for themselves or their partners or families. I am also concerned that the Board of Medicine might disagree with a determination I make that a victim has reported "rape," for example in a situation where she reported a incident in which she was not physically forced to have sex but I believed she did not give consent under the circumstances.
- 24. I also do not understand what the Act means when it requires victims to report abuse to a "private health agency which may include a family physician," and specifically which physicians would be included in that definition. S.F. 359, § 3 (2018) (to be codified at Iowa Code §146C.1). Finally, I cannot tell from the language of the Act whether I can take a patient at her word when she says she reported the incident, or whether I am supposed to verify that fact somehow (and if the latter, how I would do that). Again, the Act will jeopardize patient health and safety by placing providers in danger of losing their license if their interpretation of the exemptions is more lenient than the Board of Medicine's.
 - 25. For individuals who receive a severe fetal anomaly diagnosis, which would

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invariably occur after six weeks lmp, the Act bars physicians from terminating these pregnancy unless they certify that the fetus has a condition that is "incompatible with life." Id. I do not know exactly what that means. For example, if a maternal fetal medicine specialist tells a patient that her fetus is *unlikely* to survive to term, or long past birth, does that probability mean that the abnormality is "incompatible with life"? Additionally, this definition prevents physicians from providing an abortion to a patient who receives a diagnosis that her fetus, if it survives to birth, will live a short, incapacitated, painful life. To me, it is unconscionable that patients and their families would lose the ability to decide that termination is the most compassionate decision for that potential child.

- 26. Even for individuals who have a health condition or fetal diagnosis sufficiently severe to clearly fit within the Act's exceptions or who meet the Act's overly narrow rape or incest exceptions, the Act would make it far more difficult, or perhaps impossible, for them to access an abortion—particularly on a timely basis. If the Act went into effect and prevented us from providing abortions in most cases, it is highly unlikely that we could continue to maintain the staffing, medical equipment, supplies and medical skills necessary to provide abortion at all the health centers where we currently provide it. As a result, many individuals in these dire circumstances would only have access to care if they were able to travel long distances, potentially out of state.
- 27. I would also be extremely concerned that some of these individuals would be so desperate to terminate their pregnancy that, deprived of legal medical supervision, they would attempt to self-induce. Already, some individuals in Iowa, faced with current barriers to care,

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consider or even attempt self-induction.¹⁸ If the Act takes effect, it is likely that many more people would attempt self-induction, including in ways that will seriously jeopardize their health and even their lives. We know this from experience in the United States and elsewhere: whenever abortion is banned or severely restricted, people die from unsafe abortion.¹⁹

28. For all of these reasons, I believe that the Act will deprive my patients of access to critical health care and will threaten their health, safety, and lives. I strongly object to the Act's preventing me and other physicians from providing our patients with the medical care they are seeking.

Signed this day of May 2018.

Jill Meadows, MD

SHERI SCHNELL COMMISSION NO. 719901 MY COMMISSION EXPIRES

A012 Ex. 2

¹⁸ C. Kerestes et al., <u>Prevalence</u>, <u>attitudes and knowledge of misoprostol for self-induction of abortion in women presenting for abortion at reproductive health clinics</u>, 95 Contraception 515 (2017).

¹⁹ Lisa B. Haddad & Nawal M. Nour, <u>Unsafe Abortion: Unnecessary Maternal Mortality</u>, 2 Rev. in Obstetrics & Gynecology 122 (2009); <u>see also ACOG</u>, <u>Op. 613: Increasing Access to Abortion</u>, <u>supra n.5</u>, at 2 ("[H]istorical and contemporary data show that where abortion is illegal or highly restricted, women resort to unsafe means to end an unwanted pregnancy, including self-inflicted abdominal and bodily trauma, ingestion of dangerous chemicals, self-medication with a variety of drugs, and reliance on unqualified abortion providers.")

JILL LYNELLE MEADOWS, MD

Medical Director Planned Parenthood of the Heartland 850 Orchard Street Iowa City, IA 52246

EDUCATION

B.S., Macalester College, St. Paul, MN-1991 M.D., University of Iowa College of Medicine, Iowa City, IA-1995 Resident, Obstetrics and Gynecology, Beth Israel Medical Center, New York, NY-1995-1999

PLANNED PARENTHOOD OF THE HEARTLAND

Colposcopy Program Director-2013 to 2014

Medical Director-July, 2010 to present
Abortion Services Director-2010 to present
Early Pregnancy Complications Director-2010 to present
Sedation Program Director-2010 to present
Ultrasound Director-2011 to present
Preceptor for medical students and residents-2010 to present
Laboratory Director-2013 to present
LEEP Program Director-2012 to 2014

Principle Investigator-Mixed Methods Study of Women's Experiences with Second-Trimester Abortion Care Principle Investigator-Open-Label Study of a Levonorgestrel-Releasing Intrauterine System for Long-Term Reversible Contraception-2015-present

Principle Investigator-Non-Surgical Alternatives to Treatment of Failed Medical Abortion-2016-present

PROFESSIONAL HISTORY

Academic Positions

Clinical Assistant Professor, University of Iowa Carver College of Medicine, Dept. of OB/Gyn-1999-2005 Clinical Associate Professor, University of Iowa Carver College of Medicine, Dept. of OB/Gyn-2005-2010 Clinical Adjunct Faculty, University of Iowa Carver College of Medicine, Dept. of OB/Gyn-2010 to present

Certification

American Board of Obstetrics and Gynecology-2002

Current Licensure

lowa-1999 Nebraska-2010 Oklahoma-2016

Professional Affiliations

American Medical Student Association-1991-1995; Chapter President, 1992-1993 American Congress of Obstetricians and Gynecologists, Junior Fellow/Fellow (2002)-1995 to present Association of Reproductive Health Professionals-2007 to present

Offices

University of Iowa gynecology clinical consultant, Family Practice E-mail Consult Service-1999-2002 University of Iowa departmental Inform Patient Record "super-user"-1999-2004 University of Iowa Gynecology Pre-operative Educational Conference Coordinator-1999-2009

University of Iowa Dept. of OB/Gyn liaison to the Emma Goldman Clinic-1999-2010

Medical Director, Family Planning Council of Iowa Medical Review Committee-2002-2008

Reproductive Health Advisor for the medical student free Mobile Health Clinic-2003-2007

University of Iowa Fibroid Clinic Coordinator (multidisciplinary clinic with Interventional Radiology)-2003-2009

University of Iowa Women's Health Curriculum Task Force-2004

University of Iowa Medical Education Committee-2004-2006

Medical Consultant, Female Breast and Pelvic Exam Program Teaching Video and Simulated Patient Gynecologic Exam Program-2005-2008

University of Iowa Physician Assistant Program Review Committee-2005

University of Iowa First Case Start Improvement Project Committee-2005

Medical Director, University of Iowa Women's Health Clinic-2005-2007

University of Iowa OB/Gyn Resident Education Committee-2005-2007

Faculty Advisor, Medical Students for Choice-2005-2010; awarded Carver College of Medicine Medical Student Government Outstanding Student Organization, 2007-2008

University of Iowa liaison for the Family Practice resident OB/Gyn rotation-2006-2007

University of Iowa Perinatal Illicit Drug Screening Protocol Subcommittee-2006-2007

University of Iowa Protection of Persons Subcommittee-2006-2008

University of Iowa Hospitals and Clinics Quality and Safety Advisory Council-2006-2008

Reviewer, Obstetrics & Gynecology journal-2006-2010

Coordinator, University of Iowa Women's Health Center Procedure Clinic-2009

Medical Director, University of Iowa Ryan Residency Family Planning Training Program-2009

Board of Medical Directors, Physicians for Reproductive Health-2013-present

University of Iowa Service Activities

Private gynecology and obstetric clinics-1999-2010

Teaching of medical students and residents-1999-2010

Staff resident continuity of care clinics-1999-2010

Staff Labor and Delivery-1999-2010

Staff Colposcopy/LEEP Clinic-1999-2010

Staff Ambulatory Surgery Center and Main OR-1999-2010

Staff Emma Goldman Clinic-1999-2010

Staff VAMC gynecology clinic/OR-1999-2009

Medical student shadow/AMWA mentor-1999-2010

Interview prospective medical students-2000-2008

Premedical student shadowing-2000-2008

Staff Fibroid Clinic-2003-2010

Medical student advisor-2005-2010

Medical Student Service Distinction Track Mentor-2007-2009

Staff Procedure Clinic-2009-2010

Publications

"Medication for Medical Abortion", Currents, Vol. 4, #4, pp. 9-10, Fall 2003

"Mixed-methods Study of Women's Experiences with Second-trimester Abortion," Poster, NAF annual meeting, April 2016.

"Mixed-methods investigation of women's experiences with second-trimester abortion care in the Midwest and Northeast United States," KellyBlanchard, Jill L.Meadows, Hialy R.Gutierrez, Curtiss PSHannum, Ella F.Douglas-Durham, Amanda J.Dennis. Contraception, 96: 401-410. December 2017.

Grants

University of Iowa New Clinical Initiative Grant for Fibroid Clinic-2005-2007

Ryan Residency Family Planning Training Grant-2009

Awards

The Elliot Blumenthal Award for best resident research project/presentation-1998
The University of Iowa Vagina Warrior Award-2004
Emma Goldman Clinic Golden Speculum Award-2005
The University of Iowa Jean Y. Jew Woman's Rights Award-2005
National Abortion Federation C. Lalor Burdick Award-2013

LECTURES

University of Iowa

Lectures to third-year medical students, "First Trimester Bleeding" (every six weeks)-1999-2001 Lecture to residents and medical students, "Ectopic Pregnancy"-4/25/00

Lecture to residents and medical students, "Evaluation and Treatment of Abnormal_Bleeding in Perimenopausal Patient"-5/16/00, 6/16/0

Lecture to residents and medical students, "Chronic Pelvic Pain"-10/31/00

Obstetrics and Gynecology case studies-2000-2009

Lecture to Internal Medicine residents, "Abnormal Uterine Bleeding"-9/28/00, 10/5/00, 1/4/01, 4/5/01

Lectures to 3rd year medical students, "Normal and Abnormal Uterine Bleeding" (every six weeks)-2001-2006

Clinician mentor to 2nd year medical students for Foundations of Clinical Practice-2002-2005

Lecture to residents and medical students, "Induced Abortion"-10/15/02

Lecture to residents and medical students, "Dysmenorrhea"-5/27/03

Lecture to residents and medical students, "Misoprostol in Obstetrics"-11/4/04

Lecture to residents and medical students, "Spontaneous Miscarriage, Evaluation and Treatment"-2/10/04

Faculty Facilitator, Foundations of Clinical Practice Personal and Professional Development-2005-2006

Lecture to 3rd year medical students, "Abortion and Women's Health" (every six weeks)-2006-2010

Lecture to residents and medical students, "Management of Miscarriage"-2/13/07

Lecture to residents and medical students, "Abortion Overview"-7/8/08

Lecture to residents and medical students, "Dysmenorrhea"-10/21/08

Clinical Skills Workshop for third year medical students using papayas (every six weeks)-2009; for residents 1/13/09 and 6/09

Lecture to residents and medical students, "Induced Abortion"-7/8/08

Lecture to second year medical students (FCP). "Spontaneous and Induced Abortion Overview"-11/7/08

Lecture to reproductive epidemiology students, "Fibroids" and "Spontaneous and Induced Abortion Overview"-12/4/08

Lecture to residents and medical students, "Ryan Program Overview"-1/13/09

Lecture to residents and medical students, "Mifepristone/Misoprostol for Second Trimester Medical Abortion" - 2/16/09

Lecture to residents and medical students, "DMPA for Contraception"-3/10/09

Lecture to residents and medical students, "First Trimester Medical Abortion"-6/9/09

Lecture to residents and medical students, "OCPs-The Basics"-8/11/09

Lecture to residents and medical students, "Primary Reproductive Health and the Law"-10/13/09

Journal Club with residents and medical students: "Rates of Serious Infection after Changes in Regimens for Medical Abortion," NEJM-12/09

Planned Parenthood of the Heartland

Reversal Agents for Moderate Sedation-11/1/10 Sedation Basics Review-5/4/12 BHCG Review webinar-10/15/12 Miscarriage Management webinar-1/14/13 Delayed Post Abortion Complications webinar-3/11/13

Delayed Post Abortion Complications presentation, clinician meeting-9/9/14

2015 Medical Standards & Guidelines Abortion Update/Sedation webinar-2/15

Presentation on Abortion Services to PPHeartland Board-1/16

Delayed Post Abortion Complications presentation, clinician meeting-9/20/16

Invited Lectures

"Evaluation and Treatment of Abnormal Bleeding in The Perimenopausal Patient," Visiting Professor lecture, Broadlawns, Des Moines, IA-5/7/01

"RU-486 Update," Conference presentation, University of Iowa Family Practice refresher course, Iowa City, IA-4/6/01

"RU-486 Update," OB/Gyn Postgraduate Conference, Iowa City, IA-9/22/01

"Elective Induction of Labor," University of Iowa OB/Gyn Grand Rounds-5/22/02

"Ectopic Pregnancies," Visiting Professor lecture, Mason City, IA-10/13/04

"Misoprostol in Obstetrics," Visiting Professor lecture, Mason City, IA-10/13/04

"Abnormal Bleeding in the Perimenopausal Patient," Spring Nurse Conference, University of Iowa College of Nursing, Iowa City, IA-4/7/05

"Complications of Abortion, Current Controversies," University of Iowa OB/Gyn Grand Rounds-5/25/05

"Symptomatic Fibroid Treatment," Women's Health Conference, University of Iowa Dept. of Nursing Services and Patient Care-10/12/05

"This is God's Work," Panel participant, NAF Annual Conference, San Francisco, CA-4/25/06

"First Trimester Bleeding," Visiting Professor lecture, Davenport, IA-4/29/06

"Management of Spontaneous Abortion," Visiting Professor lecture, Davenport, IA-4/29/06

Periodic presentations to local AMWA and MSFC chapters-2000-2009

"Abnormal Uterine Bleeding," Iowa Nurse Practitioner Society Annual Conference, Des Moines, IA-10/19/07

"Management of Early Pregnancy Loss;" "Medication Abortion," Options for Early Pregnancy Loss or Therapeutic Abortion Workshop, Iowa City, IA-9/12/08

"Dysmenorrhea Treatment," Iowa Pharmacists CME, Iowa City, IA-9/16/08

"Carhart vs. Gonzalez: A Plaintiff's Perspective," Des Moines University-12/4/08

"Essure Hysteroscopic Tubal Occlusion: Sterilization and Beyond," University of Iowa OB/Gyn Grand Rounds-4/14/09

Implanon Training Session, Cedar Rapids, IA-4/21/09

"Induced Abortion," Reproductive Health Elective, Des Moines University-2/15/11

"Medical Students for Choice-Finding Your Voice," MSFC Regional Conference, Minneapolis, MN-3/24/12

Nebraska roundtable discussion on family planning education, sponsored by the Urban Institute-University of Nebraska Medical Center, 9/13

COMMUNITY SERVICE

Emma Goldman Clinic GBLT annual free clinic volunteer staff-2000-2008

Iowa City Area NOW Chapter President-2002-2005

Reproductive Health free mobile medical clinic volunteer staff, Broadway Neighborhood Center-2003-2006 Riverside Theatre actor housing host-2004-2005

Iowans Marching for Women's Lives Coalition Chair-2006

Church worship committee chair-2008

Iowa Abortion Access Fund board member-2008-2010; Development Committee-2008; Vice President and Policies & Procedures Committee Chair-2009; President-2010

Children's Moment church leader-2010-2016

First Christian Church Mission and Witness committee member-2012-2016; Chair-2014-2016

Coralville Ecumenical Food Pantry volunteer-2013-2015

First Christian Church Deacon/board member-2014-2017

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IN THE IOWA DISTRICT COURT FOR POLK COUNTY

PLANNED PARENTHOOD OF THE HEARTLAND, EMMA GOLDMAN CLINIC, and JILL MEADOWS, MD	
Petitioners,	Equity Case No
v.	
KIM REYNOLDS ex rel. STATE OF IOWA and IOWA BOARD OF MEDICINE,	AFFIDAVIT OF ABBEY HARDY- FAIRBANKS, M.D.
Respondents.	

- 1. I am the Medical Director of the Emma Goldman Clinic (EGC). I provide reproductive health care to patients of EGC, including abortion services. I am a board-certified Obstetrician/Gynecologist (obgyn). At the Emma Goldman Clinic I am responsible for training medical students and residents. In addition, I have given academic presentations on medical and surgical abortion to family medicine and gynecology physicians. I attach my CV hereto as Exhibit A.
- 2. I submit this affidavit in support of Plaintiffs' Motion for a Temporary Injunction to enjoin enforcement of Section 4 of Senate File 359 ("the Act") to be codified at Iowa Code § 146C.2, based on my own personal knowledge.
- 3. EGC is an independent reproductive health care clinic. It provides a full range of reproductive health care services at its Iowa City location. These services include well-women exams, cancer screenings, STI testing and treatment, a range of birth control options including

long-acting reversible contraception or LARC, transgender healthcare, and medication and surgical abortion. We provide medication abortion using mifepristone and misoprostol during the first 70 days of pregnancy, as measured from the first day of the last menstrual period (LMP). We provide for surgical abortions through 19.6 weeks gestation by lmp.

- 4. In 2017, of over 600 abortions EGC provided, only 11 (approximately 2%) occurred before six weeks lmp.
 - 5. EGC currently provides surgical abortion through 19.6 weeks lmp.
- 6. I am concerned the Act effectively bans abortion for my patients at EGC who desire to end an unwanted pregnancy.
- 7. The Act will harm my patients, as they will be prevented from receiving the abortions they need to end undesired pregnancies. Given that we do not regularly see pregnant patients until after a fetal cardiac tone can be detected, they will not have the chance to choose abortion, even if they otherwise need or want it.
- 8. My patients will lose their ability to decide their future and determine what is best for their welfare and that of their family.
- 9. My patients select abortion to end a pregnancy for diverse reasons. Sometimes their concerns are financial. Other times they are victims of domestic or sexual abuse. Sometimes they worry that the pregnancy will have ill effect on their own health. Statistically, most women seeking abortion already have had at least one child and understand what is involved in carrying a pregnancy and caring for a child. They have thought about what is best for their particular unique situation. In some cases, a wanted pregnancy has complications that makes termination the choice they believe is best for their potential child.
 - 10. The Act contains an exception for patients with a physical condition that threatens

2 A018 Ex. 4 their life or poses "a serious risk of substantial and irreversible impairment of a major bodily function." Iowa Code § 146B.1(6). This is an extremely limited exception. For example, I would not be able to provide my patient with an abortion based on physical health risks such as previous severe pregnancy related complication.

- about how I will determine whether a pregnancy is the result of "rape" or whether an embryo or fetus has a condition that is "incompatible with life." These exceptions are not well-defined and reasonable professionals can have differing opinions.
- 12. I have first-hand knowledge of how restrictions to abortion results in harm to women's health. My patients already face significant financial, legal and logistical barriers to seek abortion care. Restrictions disrupt the relationship that patients have with their provider and are an obstacle to safe and timely medical care
- 13. Maternal mortality during pregnancy, delivery and postpartum in the United States, unlike other developing nations, is increasing.² Women who opt to continue pregnancies are exposed to increased risks of death and major complications from childbirth and those rates are 14 times higher than for abortion.³
- 14. Unwanted pregnancies are especially hard on low-income and poor women, as well as women in abusive relationships.

A019 Ex. 4

¹ Increasing access to abortion. Committee Opinion No. 613. American College of Obstetricians and Gynecologists. Obstetrics and Gynecology 2014; 124:1060–5.

² Moaddab A, Dildy GA, Brown HL, Bateni ZH, Belfort MA, Sangi-Haghpeykar H and Clark CL. Health Care Disparity and Pregnancy-Related Mortality in the United States. Obstetrics and Gynecology. 2018. 131(4):707-712.

³ Raymond EG and Grimes DA. The comparative safety of legal induced abortion and childbirth in the United States. Obstetrics and Gynecology. 2012 119(2 Pt1):215-9.

- 15. We know that when abortion is banned or severely restricted, women will seek means to end unwanted pregnancies that are outside of the extremely safe practice of legal abortion. They can be significantly harmed or die from doing so.
- 16. If this Act is allowed to stand, it will prevent my patients from accessing a procedure they need. As a physician, I know that keeping women from accessing this crucial option will threaten their health and safety.

Signed this 14th day of May 2018.

The undersigned, being first duly sworn on oath, depose and state that I am the Affiant making the foregoing statement; that I have read the same and know the contents thereof; and, certify under penalty of perjury and pursuant to the laws of the state of Iowa, that the statements and allegations contained therein are true and correct as I verily believe.

Abbey Hardy-Fairbanks, MD

Subscribed and sworn to before me by Abbey Hardy-Fairbanks, MD this

May , 2018.

NOTARY PUBLIC, STATE OF IOWA

DIXIE L BIXLER
Commission Number 769003
My Commission Expires
July 27, 2020

Abbey Hardy-Fairbanks, MD, FACOG

Associate Clinical Professor
University of Iowa Hospitals and Clinics
Medical Director Women's Health Center
Medical Director Emma Goldman Clinic
Ryan Program Co-Director

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I. EDUCATIONAL AND PROFESSIONAL HISTORY

Undergraduate Education

1999-June 2002 The Colorado College; Colorado Springs, Colorado

Bachelor of Arts, Biology, cum laude, with distinction

Graduate Education

2002- 2006 Creighton University School of Medicine; Omaha, Nebraska

Doctor of Medicine

Postgraduate Education

2006- 2010 Dartmouth-Hitchcock Medical Center; Lebanon, NH

Internship and Residency in Obstetrics and Gynecology

Licensure

Iowa 4/26/2010

Renewal 7/1/2011-present

DEA 3/23/2018

Buprenorphine waiver for treatment of opioid use disorder

Board Certification

12/7/2012 Diplomate of the American Board of Obstetricians and Gynecologists

Maintenance of certification 2013, 2014, 2015, 2016, 2017

4/2012 Fellow of the American Congress of Obstetricians and Gynecologist

Specialty Professional Memberships

2006-2012 Junior Fellow, American College of Obstetricians and Gynecologists

2008-present Member American Institute of Ultrasound Medicine 2011-present Member American Reproductive Health Professionals

2012-2017 Junior Fellow, Society for Family Planning

2013-present Fellow, American College of Obstetricians and Gynecologists

2017-present Full Fellow, Society for Family Planning

Professional and Academic Positions

07/2010- 6/2015 University of Iowa Hospitals and Clinics, Iowa City, IA

Clinical Assistant Professor of Obstetrics and Gynecology

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Abbey Hardy-Fairbanks, MD, FACOG

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07/2010-11/2010	University of Iowa Hospitals and Clinics Department of OB/GYN Ryan Program Assistant Director
11/2010-present	University of Iowa Hospitals and Clinics Department of OB/GYN Ryan Program Co-Director
06/2010-present	University of Iowa Hospitals and Clinics Emma Goldman Reproductive Health Clinic/UIHC Liaison
5/2011-present	University of Iowa Hospitals and Clinics Procedure Clinic Director
6/2016-present	University of Iowa Hospitals and Clinics Academic promotion: Assistant Clinical Professor in Obstetrics and Gynecology
7/2016-present	Emma Goldman Reproductive Health Clinic Medical Director
7/2017-present	University of Iowa Hospitals and Clinics Women's Health Center, University of Iowa Medical and Clinical Director

Grants Received

6/2010-present University of Iowa Hospitals and Clinics

LARC grant director and coordinator. Grant to provide low-cost long acting reversible contraceptive devices to those without coverage or excessive co-

pay with the goal to also increase learner exposure to long acting

contraceptive devices.

8/2012-05/2013 Investigator initiates trial grant recipient

Kinetic Concepts, Inc.

Grant provided single use negative pressure devices and device support for

study period. 110 devices awarded in the grant

5/2013-8/2013 Grant recipient: Iowa Medical Student Research Program.

Summer research fellowship Grant

Supervision of Ivy Lin, BS

5/2015-8/2015 Grant recipient: Iowa Medical Student Research Program.

A022 Ex. 4-A

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	Summer research fellowship Grant Supervision of Allison Rapp, BS
5/2016-8/2016	Grant recipient: Iowa Medical Student Research Program. Summer research fellowship Grant Supervision of Kelsey Sheets, BA and Petra Hahn, BA
5/2017-8/2017	Grant recipient: Iowa Medical Student Research Program Summer research fellowship grant Supervision of Sara Bakir, BA
5/2018-8/2018	Grant recipient: Iowa Medical Student Research Program Summer research fellowship grant Supervision of Sara Bakir, BA

Honors, Awards and Recognitions

05/2008	ACOG Resident Reporter American College of Obstetrics & Gynecologists; District I
05/2010	Dartmouth-Hitchcock Medical Center- Excellence in Resident Research Award
06/2010	Dartmouth-Hitchcock Medical Center- Jackson Beecham Humanism Award
01/2012	Exxcelence in Family Planning Research course. Previously known as the "Berlex Course". Tucson, AZ
2/29/2014	2 nd place for outstanding poster: <i>The Impact of Clinical Clerkships on Medical Students</i> " <i>Attitudes towards Contraception and abortion</i> . APGO/CREOG 2014. The Council on Resident Education in Obstetrics and Gynecology/Association of Professors of Gynecology and Obstetrics Annual Meeting. Atlanta, GA.
10/11/2014	Winner "Top 15" Research Poster Award. <i>Mid-Trimester pregnancy interruption:</i> provider perspectives, practice and knowledge. SFP 2014. Society of Family Planning Annual Clinic Meeting. Miami, FL
6/2014	University of Iowa, Carver College of Medicine

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	M3 Junior Faculty Teacher of the Year
6/2014	American College of Obstetricians and Gynecologists CREOG National Faculty Award for Teacher of the Year. University of Iowa OB/GYN Residency program.
4/2015	University of Iowa, Carver College of Medicine Nominated M3 Junior Faculty Teacher of the Year
6/2015	University of Iowa Hospitals and Clinics Excellence in Clinical Coaching award Department of Graduate Medical Education
10/2015	University of Iowa Hospitals and Clinics Clinician of the Year University of Iowa Physicians
5/2016	University of Iowa, Carver College of Medicine M3 Junior Faculty Teacher of the Year

Abbey Hardy-Fairbanks, MD, FACOG

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II. TEACHING

<u>T</u>

Teaching Assignme	ents		
07/2010-present	Full-time clinical faculty in the General Obstetrics and Gynecology Division of the Department of OB/GYN, University of Iowa College of Medicine. 20-40 hours/week clinical teaching, 48 weeks/year Resident Continuity of Care Clinic Ambulatory surgery Colposcopy/laser/cryotherapy/LEEP clinic Labor and Delivery Benign Gynecology Inpatient Service In-house "staff" call- involves remaining in hospital night/weekends and holidays for purposes of resident and medical student education and training. OB "group" call- back-up call from home nights/weekends/holidays		
01/2010-present	Gynecologic ultrasound analysis staff		
01/2010-present	American Institute of Ultrasound in Medicine certified		
08/2010-present	Resident research mentor and co-investigator		
07/2010-present	M3 lecture series, presented during six week core clerkship 12/2010-present "Induced Abortion" Given every 6 weeks. 1/2010 "Intrapartum Management" -Faculty mentor for M3 students on OB/GYN core clerkship		
07/2010-2015	M2 lecture series, Foundations of Clinical Practice III, Medicine and Society 11/1/2010 "Spontaneous and Induced abortion" 10/31/2011 "Abnormal Uterine Bleeding" 11/4/2010 "Spontaneous and Induced abortion" 11/4/2011 "Contraception" 11/5/2011 "Spontaneous and Induced abortion" 12/13/2012 "Spontaneous and Induced abortion" 12/13/2012 "Contraception" 11/7/2013 "Spontaneous and Induced abortion"		
7/2015-present	M2 Medicine and Society (MAS) III course lecturer 3/28/2016 "Women's Health and Public Health"		

4/28/2017

4/30/2017

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"Women's Health and Public Health"

"Women's Health and Public Health"

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4/30/2018 "Women's Health and Reproductive Justice" 12/2010-present University of Iowa Ryan Program Lecture Series 12/14/2010 "History Lesson: Contraception and Abortion legislation" 1/18/2011 "Medical Abortion" 3/1/2011 "Surgical abortion in the first trimester" 6/19/2011 "Care of women before Roe v. Wade" Hosted a panel discussion with several providers who trained prior to Roe Versus Wade. 10/25/2011 "US CDC MEC for Contraception" 6/19/2012 "Emergency Contraception" 7/24/2012 "Care of women before Roe v. Wade" Hosted a panel discussion with several providers who trained prior to Roe Versus Wade. 11/14/2012 "Oral contraceptive pills in depth" "Oral contraceptive pills in depth cont" 1/9/2013 4/14/2014 "Complicated abortion procedures" 5/4/2014 "Pre-operative assessment for second trimester pregnancy interruption" 5/27/2015 "Miscarriage management 7/28/2015 "Second trimester abortion 12/15/2015 "First and second trimester pregnancy loss" 7/26/2016 "Roe versus Wade and other historical contexts" 3/28/2017 "Second trimester abortion" 7/3/2017 "Ryan Program Introduction and Papaya work-shop" 4/10/2018 "Tubal sterilization and Ethical implications" 03/28/2010-present M2 Problem Based Learning OB/GYN Small Group Session, FCP IV Fall 2015 Medicine and Society Small group (M1), weekly Problem based learning small group (M2), weekly Spring 2016 Fall 2016 Problem based learning small group (M1), weekly Spring 2017 Clinical based learning small group (M1), weekly Spring 2018 Clinical based learning small group (M1), weekly 01/2010-6/2013 Mentor- resident class of 2013 3/23/2011 Discuss OB/GYN career choices with University of Iowa Premedical Club

3/29/2011

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Lecture to M1 and M2 students concerning OB/GYN specialty, Carver

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	College of Medicine, University of Iowa
6/2011-present	Faculty mentor Medical Students for Choice, University of Iowa Carver College of Medicine group
3/2011-present	Mentor for pre-medical students interested in OB/GYN. Allow shadowing of myself in private clinic or while on L&D to expose them to life as a physician in OB/GYN
8/2011-12/2011	Foundations of Clinical Practice Small group for M2 physical exam and history taking faculty facilitator.
2/2013-present	M3 OB/GYN Ethics discussion co-facilitator. Required lecture/discussion group for each student on OB/GYN rotation. Review ethical papers for medical students and facilitate lecture on ethics of OB/GYN care.
3/2013-7/30/2014	Thesis committee member for Kasey Diebold. "Development of model for prediction of post-operative infections following cesarean delivery"
4/17/2013, 9/4/2015, 9/14/2017	University of Iowa Health Sciences Research day judge
7/2014-present	Medical student research distinction tract mentor
12/2014-present	American Medical Women's Association national mentor program for medical students
5/2016-8/2016 5/2017-8/2017	C.A.R.E Program. Shadowing program for pre-medical student athletes University of Iowa
7/29/2016	Women in Medicine: a panel for athletes seeking careers in health care Gerdin Learning Center, Student Athletic services
9/21/2017 10/23/2017	Medical Students for Choice Lecture: Induced abortion in the US University of Iowa Carver College of Medicine Leopold Society and Medical Students for Choice event Manual uterine aspiration and IUD insertion simulation

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Formal Presentations

<u>Presentations</u>	
10/2007	"Nifedipine for Toclolysis" Journal Club, Department of Obstetrics and Gynecology, Southern New Hampshire Medical Center, Nashua, NH
11/2007	"Medical Abortion: Dose and Timing" Journal Club, Department of Obstetrics and Gynecology, Dartmouth-Hitchcock Medical Center
02/2008	"Progesterone and Preterm Birth" Journal Club, Department of Obstetrics and Gynecology, Dartmouth-Hitchcock Medical Center, Lebanon, NH
04/2008	"Common Dermatologic Findings in the Outpatient Setting" Resident Lecture Series, Department of Obstetrics and Gynecology, Dartmouth-Hitchcock Medical Center, Lebanon, NH
08/2008	"The Great Masqueraders and other Enigmas" Obstetrics Case Conference, Dartmouth-Hitchcock Medical Center Obstetrics and Gynecology, Lebanon, NH
10/2008	"Abnormal presentations of common maladies" Obstetrics Case Conference, Dartmouth-Hitchcock Medical Center Obstetrics and Gynecology, Lebanon, NH
01/2009	"Fetal Complications" Obstetrics Case Conference, Dartmouth-Hitchcock Medical Center Obstetrics and Gynecology, Lebanon, NH
07/2009	"Ureteral injuries in gynecologic surgery, recognition, and management" Urogynecology Interdisciplinary Conference Dartmouth-Hitchcock Medical Center Departments of Urology and Urogynecology, Lebanon, NH
08/2009	"Patient Recruiting in Clinical Research" Dartmouth Hitchcock Resident Research Conference, Lebanon, NH
12/2009	"Advanced Maternal Age and the risk of Stillbirth" Journal Club, Department of Obstetrics and Gynecology,

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	Dartmouth-Hitchcock Medical Center, Lebanon, NH
02/2010	"Asthma in Pregnancy: Pathophysiology and Treatment" Grand Rounds, Department of Obstetrics and Gynecology, Dartmouth-Hitchcock Medical Center, Lebanon, NH
10/2010	"Asthma in Pregnancy" Post-Graduate Conference University of Iowa Hospitals and Clinics, Iowa City, IA
10/12/2011	"Epidemiology of Abortion in the United States" Graduate Course, Epidemiology of Reproduction School of Public Health, University of Iowa, Iowa City, IA
10/17/2011	"Family Planning for MFM Specialists" MFM Fellow Lecture Series University of Iowa Hospitals and Clinics, Iowa City, IA
3/23/2015	Interactions of reproductive health and abortion with society and public health. Guest lecture to the Leopold Society. Student interest group in OB/GYN Carver College of Medicine; University of Iowa
7/17/2015	Medicine and athletics Formal presentation to student athletes interested in health professions careers
9/14/2015	Abortion in the law MFM Fellow Lecture Series University of Iowa Hospitals and Clinics, Iowa City, IA
10/26/2015	Psychological implications of abortion: what is the evidence? Women's Wellness Clinic Lecture Series University of Iowa Department of Psychiatry
1/22/2018	Long Acting Reversible Contraception University of Iowa College of Pharmacy

Teaching committees

6/2008-6/2010 Department Research Committee, Resident representative

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Dartmouth-Hitchcock Medical Center, Department of OB/GYN

10/2008 Pathology Residency Internal Review Committee,

Graduate Medical Education, Dartmouth-Hitchcock Medical Center

05/2009 Hospice Fellowship Internal Review Committee,

Graduate Medical Education, Dartmouth-Hitchcock Medical Center

10/2015-present Resident Education Committee

University of Iowa Department of Obstetrics and Gynecology

CME Conferences Organization and Planning

2011 Miscarriage Management

Course organizer and presenter in conjunction with the Abortion Access Fund and Planned Parenthood. Conference for rural family practice

and general practitioners.

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III. SCHOLARSHIP/PROFESSIONAL PRODUCTIVITY

Publications or creative works

- a. Peer-Reviewed
 - **Hardy-Fairbanks AJ,** Baker ER. Asthma in Pregnancy: Pathophysiology, diagnosis and management. *Obstetrics and Gynecology Clinics of North America*. 2010 Jun; 37(2):159-72. PMID: 20685546
- **Hardy-Fairbanks, AJ,** Strobehn, K, and Aronson, MP. Urinary Tract Injuries in Pelvic Surgery: Prevention and Recognition. *Contemporary OB/GYN*. October 1, 2010.
- Cowman WL, Hansen JM, Hardy-Fairbanks AJ, Stockdale CK. Vaginal misoprostol aids in difficult intrauterine contraceptive removal: a report of three cases. *Contraception*. 2012 Sep; 86(3):281-4. PMID: 22364817
- **Hardy-Fairbanks AJ**, Lauria MR, Mackenzie T, McCarthy M. Intensity and Unpleasantness of Pain Following Vaginal and Cesarean Delivery: A Prospective Evaluation. *BIRTH*. 2013; 40(2): 125-133. PMID: 24635467
- Hardy-Fairbanks AJ, Pan SJ, Decker MD, Johnson DR, Greenberg DP, Kirkland KB, Talbot EA, Bernstein HH. Immune Responses in Infants Whose Mothers Received Tdap Vaccine during Pregnancy. Pediat Infect Dis J. 2013; 32(11) 1257-60. PMID: 20685546
- Cowman W, **Hardy-Fairbanks AJ**, Endres J, Stockdale CK. A select issue in the postpartum period: contraception. *Proc Obstet Gynecol.* 2013; 3(2) Article 1 [15 p.].
- Tikkanen S, Button A, Zamba G, **Hardy-Fairbanks AJ**. Effect of chlorhexidine skin prep and subcuticular skin closure on postoperative infectious morbidity and wound complications following cesarean section. *Proc Obset Gynecol.* 2013; 3 (2): Article 2 [10 p.]
- Wahle EM, Hansen JM, Cowman WL, **Hardy-Fairbanks AJ**, Stockdale CK. The effect of vaginal misoprostol on difficult intrauterine contraceptive removal. Med J Obsetet Gynecol 2014; 2(1): 1020.
- Murray ME, **Hardy-Fairbanks AJ**, Racek A, Stockdale CK. Pain control options for first trimester surgical abortions: a review. Proc Obstet Gynecol. 2014;4(2):Article 2 [6p.].
- Hansen, Santillan MK, Stegmann BJ, Foster T, **Hardy-Fairbanks AJ**. Maternal demographic and clinical variables do not predict intrauterine contraception placement: Evidence for postplacental intrauterine contraception placement. Proc Obstet Gynecol. 2014;4(2):Article 4

A031 11 Ex. 4-A

Abbey Hardy-Fairbanks, MD, FACOG

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[7p.].

- O'Shea AS, Steines JC, **Hardy-Fairbanks AJ**. Retroperitoneal hematoma following hysteroscopic removal of levonorgestrel intrauterine system: a case report. Proc Obset Gynecol. 2014;4(2):Article 7 [3p].
- Roberts KE, **Hardy-Fairbanks AJ**, Stockdale CK. The effects of obesity with pregnancy termination: a literature review. Proc Obstet Gynecol. 2014;4(2): Article 3 [5p.].
- Dickerhoff LA, Mahal AS, Stockdale CK, **Hardy-Fairbanks AJ**. Management of cesarean section scar pregnancy with dehiscence in the second trimester: a case series and review of the literature. J Reprod Med. 2015;60(3-4):165-8. PMID 25898481
- Swift SH, Zimmerman BM, **Hardy-Fairbanks AJ**. Effect of single-use negative pressure wound therapy on post-cesarean infectious wound complications for high-risk patients. J Reprod Med. 2015; 60(5-6):211-8. PMID: 26126306
- Lin I, **Hardy-Fairbanks AJ**. Impact of obesity on rates of successful vaginal delivery after term induction of labor. Proc Obset Gynecol. 2015 August; Article 1 [5 p.]. Available from: http://ir.uiowa.edu/pog_in_press/. Free full text article.
- Brock EN, Stockdale CK, House HR, **Hardy-Fairbanks AJ**. The impact of clinical clerkships on medical students attitudes toward contraception and abortion: a pilot study. Proceedings in Obstetrics and Gynecology, 2015;5(2). Available from: Available from: http://ir.uiowa.edu/pog_in_press/. Free full text article.
- Mancuso A, Lee K, Zhang R, Hoover E, Stockdale C, Hardy-Fairbanks AJ. Deep sedation without intubation during second trimester surgical termination in an inpatient hospital setting. *Contraception*. 2016; pii: S0010-7824(15)30214-6. PMID: 27713005
- **Hardy-Fairbanks AJ**, Mackenzie T, McCarthy M, Goldman MB, Lauria MR. A randomized controlled trial comparing two types of retractors at caesarean delivery. J Obstet Gynaecol. 2017. 37(8):1009-1014. PMID: 28635352
- Smid MC, Dotters-Katz SK, Grace M, Wright ST, Villers MS, **Hardy-Fairbanks AJ**, Stamilio DM. Prophylactic Negative Pressure Wound Therapy for Obese women after cesarean delivery: A systematic review and meta-analysis. Obstetrics and Gynecology, 2017. PMID: 29016508
- Goad LM, Williams HR, Treolar MS, Stockdale CK, Hardy-Fairbanks AJ. A pilot study of

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Abbey Hardy-Fairbanks, MD, FACOG

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patient motivation for postpartum contraception planning during prenatal care. Int J Women's Health and Wellness. 2017;3(1):048. https://clinmedjournals.org/articles/ijwhw/international-journal-of-womens-health-and-wellness-ijwhw-3-048.pdf

- Brock EN, Stockdale CK, House HR, Hardy-Fairbanks AJ. Effect of Clinical Clerkships on Medical Student Attitudes toward Abortion and Cotraception. Madridge J of Women's Health Eman. 2017; 1(1):4-6. http://madridge.org/journal-of-womens-health-and-emancipation/MJWH-2017-102.pdf
- Hoover E, Hardy-Fairbanks AJ, Stockdale CK. Use of Vaginal misoprostol prior to placement of an intrauterine device: a review. J of Gynecol Res Obstet. 2017; 3(2): 029-033. https://www.peertechz.com/articles/use-of-vaginal-misoprostol-prior-to-placement-of-an-intrauterine-device-a-review.pdf
- Williams HR, **Hardy-Fairbanks AJ**, Stockdale CK, Radke S. Management of vaginal wall perforation during a second trimester dilation and evacuation. Accepted to Proceedings in Obstetrics and Gynecology, Volume 7(3).
- Michaels LL, Stockdale CK, Zimmerman MB, **Hardy-Fairbanks AJ**. Factors affecting the contraceptive choices of women seeking abortion in non-urban area. Accepted to J Reprod Med. 8/2016
- Mancuso A, **Hardy-Fairbanks AJ** and Mejia R. Laparoscopic guided dilation and evacuation following a uterine perforation. Accepted to J Reprod Med. 3/2016

b. Reviews

Hardy-Fairbanks AJ. Asthma in Pregnancy. The Iowa Perinatology Letter. December 2010.

Hardy-FairbanksAJ, Elson M, Lara-Torre E. Contraception for Women with Migraines. Pearls of Exxcelence. The Foundation for Exxcelence in Women's Health. March 2017. https://exxcellence.org/pearls-of-exxcellence/list-of-pearls/contraception-for-women-with-migraines/

c. Books and Chapters

Hardy-Fairbanks AJ and Swanson J. Office-based Gynecology, Chapter 20: Long Acting Reversible Contraception. Wiley and Sons. Editor Amy Garcia, MD. Publication pending.

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d. Abstracts

- Hardy-Fairbanks AJ, Pan SJ, Johnson DR, Bernstein HH. *Immune Responses in Infants Following Receipt of Pertussis Immunization by their Mothers during Pregnancy.* Accepted to the late breaker session of the Infectious Disease Society of America Annual Clinical Meeting, Vancouver, British Columbia, September 2010. Abstract and oral presentation
- Hansen JM, Santillan MK, Stegmann BJ, Foster, TC, **Hardy-Fairbanks AJ**. Maternal demographic and clinical variables do not predict IUC placement: evidence for postplacental IUC placement. Contraception. 2012 March:85(3):322
- Swift SH, Zimmerman BM, **Hardy-Fairbanks AJ**. Effect of single-use negative pressure wound therapy on post-cesarean infectious wound complications for high-risk patients. Oral presentation at: COGI 2013. 18th World Congress on Controversies in Obstetrics, Gynecology and Infertility; 2013 October 24-27; Vienna, Austria.
- Brock EN, Stockdale CK, **Hardy-Fairbanks AJ**. The Effect of Clinical Clerkships on Medical Students" Attitudes Toward Abortion and Contraception. Obstet Gynecol. May 4, 2015. http://journals.lww.com/greenjournal/Abstract/2015/05001/The Effect of Clinical Clerkships on Medical.202.aspx
- Kerestes CA, Sheets K, Stockdale C, **Hardy-Fairbanks AJ**. Prevalence, attitudes and knowledge of misoprostol for self-induction of abortion in women presenting for abortion at reproductive health clinics. Oral presentation at 41st National Abortion Federation Annual Meeting. Hotel Bonaventure, Montréal, Québec, Canada. April 24th, 2017.
- Kerestes CA, Stockdale CK, Hardy-Fairbanks AJ. Provider Perspectives on Self-Sourced Abortion. Oral presentation at 42nd National Abortion Federation Annual Meeting. The Westin Seattle. Seattle, WA. April 23rd, 2018.

e. Posters

- Hardy-Fairbanks, AJ, Lauria, MR, Mackenzie, T, McCarthy, M. A Randomized Controlled Trial Comparing Two Types of Retractors at Cesarean Delivery. American College of Obstetrics and Gynecology Annual Clinical Meeting, Washington, DC. 5/3/2011
- Hansen JM, Santillan MK, Stegmann BJ, Foster TC, **Hardy-Fairbanks AJ**. Maternal Demographic and Clinical Variables do not predict IUC placement: Evidence for postplacental IUC placement. American Reproductive Health Professional Annual Clinical Meeting, Las Vegas, NV.

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9/15/2011

- Whale EM, Hansen JM, Cowman WL, Hardy-Fairbanks AJ, Stockdale CK. The effect of vaginal misoprostol on difficult intrauterine contraceptive removal: A retrospective chart review. ACOG 2012. American Congress of Obstetrics and Gynecology District IV Annual Clinical Meeting. Phoenix, AZ. 9/21-9/23/2012.
- Michaels LL, Stockdale CK, Zimmerman MB, **Hardy-Fairbanks AJ**. Factors affecting the contraceptive choices of women seeking abortion in Iowa. ACOG District VI Annual Clinical Meeting 2013. Maui, Hawaii. 9/26-9/28/2013.
- Lin I, Bolger H, Wen C, **Hardy-Fairbanks AJ**. Impact of obesity on induction of labor at term. ACOG District VI 2014. ACOG Tridistrict Annual Meeting. Napa, CA. 9/4-9/7/2014.
- Brock EN, Stockdale CK, House HR, Che W, **Hardy-Fairbanks AJ**. The Impact of Clinical Clerkships on Medical Students" Attitudes towards Contraception and abortion. APGO/CREOG 2014. The Council on Resident Education in Obstetrics and Gynecology/Association of Professors of Gynecology and Obstetrics Annual Meeting. Atlanta, GA. 2/28-3/1/2014. Winner 2nd place for Excellent Research Poster
- Krohn M, Hansen J, Che W, Stockdale CK, **Hardy-Fairbanks AJ**. *Mid-Trimester pregnancy interruption: provider perspectives, practice and knowledge*. SFP 2014. Society of Family Planning Annual Clinic Meeting. Miami, FL. 10/11-10/13/2014. Winner Top 15 Research Poster.
- McDonald M, Che W, Stockdale CK, **Hardy-Fairbanks AJ**. Vaginal misoprostol versus concentrated oxytocin for midtrimester labor induction: a retrospective chart review. SFP 2014. Society of Family Planning Annual Clinic Meeting. Miami, FL. 10/11-10/13/2014.
- Brock EN, Stockdale CK, **Hardy-Fairbanks AJ**. The Effect of Clinical Clerkships on Medical Students" Attitudes Toward Abortion and Contraception. ACOG 2015. American Congress of Obstetricians and Gynecologists Annual Clinical Meeting. San Francisco, CA. 5/2-5/6/2015.
- Rapp A, Racek A, Stockdale CK, **Hardy-Fairbanks AJ**. Patient satisfaction with immediate postdelivery long acting reversible contraception placement. Research day 2015. Carver College of Medicine Research Day.
- Goad L, Williams H, Treolar M, Stockdale CK, **Hardy-Fairbanks AJ**. A pilot study of patient motivation for postpartum contraception planning during prenatal care. ACOG joint-District 2015.

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ACOG joint district-V, VI, VII, VIII and IX annual meeting. Denver, CO. 9/18-9/20/2015

- Treolar M, Williams H, Goad L, Stockdale CK, Hardy-Fairbanks AJ. A pilot study of patient motivation for postpartum contraception planning during hospitalization following delivery. ACOG joint-District 2015. ACOG joint district-V, VI, VII, VIII and IX annual meeting. Denver, CO. 9/18-9/20/2015
- Mancuso AC, Lee K, Zhang R, Stockdale CK and **Hardy-Fairbanks AJ**. Deep sedation without intubation during second trimester surgical terminations in an inpatient. SFP 2015. North American Forum on Family Planning Chicago, IL. 11/14-11/15/2015
- Rapp A, Racek A, Stockdale CK, Hardy-Fairbanks AJ. Patient satisfaction with immediate post-delivery long acting reversible contraception placement. ACOG 2016. American Congress of Obstetricians and Gynecologists Annual Clinical Meeting. Washington DC, 5/20/16-5/23/2016.
- Williams HR, Treolar M, Goad L, Stockdale CK, **Hardy-Fairbanks AJ**. Postpartum contraception acceptance and readiness (PCAR). SFP 2016. North American Forum on Family Planning. Denver, CO. 11/5-7/2016
- Hahn P, Hoff T, Stockdale CK, **Hardy-Fairbanks AJ**. Comparison of outcomes in low-risk women in Centering Pregnancy® versus individual certified nursing midwife prenatal care. ACOG ACM 2017. American Congress of Obstetricians and Gynecologists Annual Clinical Meeting. San Diego, CA. 5/6/17-5/9/2017
- Williams HR, Goad LM, Treolar MS, Mejia RB, Stockdale CK, Hardy-Fairbanks AJ.
 Postpartum contraception acceptance and readiness for long acting reversible contraception.
 ACOG ACM 2017. American Congress of Obstetricians and Gynecologists Annual Clinical Meeting. San Diego, CA. 5/6/17-5/9/2017
- Hoff T, Hahn P, Sharma D, Huntley J, Hardy-Fairbanks AJ, Stockdale CK. Postpartum LARC use in low-risk women in group vs individual CNM prenatal care. ACOG ACM 2017. American Congress of Obstetricians and Gynecologists Annual Clinical Meeting. San Diego, CA. 5/6/17-5/9/2017
- Songer K, Richards H, Stockdale CK, Hardy-Fairbanks AJ. Inappropriate use of vancomycin for GBS prophylaxis in women who report a penicillin allergy. American Congress of Obstetrics and Gynecology tri district (VI, VII, XI) annual clinical meeting. Hyatt Regency Hill County, San Antonio, TX 9/15-17/2017.

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Goad L, Meurice ME, Barlow R, Kerestes C, Stockdale CK, **Hardy-Fairbanks AJ.** Efficacy-based contraceptive counseling for women experiencing homelessness in Midwest. Oral presentation: American Congress of Obstetrics and Gynecology tri district (VI, VII, XI) annual clinical meeting. Hyatt Regency Hill County, San Antonio, TX 9/15-17/2017.

f. Other publications

Abstract/Video/Oral Presentation: **Hardy-Fairbanks AJ**, Whiteside JL. *Pelvic Surgery After Kidney Transplant: Technique and Comment*. American Urogynecology Society Annual Clinical Meeting, 09/2010.

g. Areas of Research Interest and Current Projects

2014-present	Postpartum contraception acceptance and readiness study. Principal investigators- Hardy-Fairbanks AJ, Mejia R, Stockdale CK, Williams H.
2014-present	Patient satisfaction with post-placental IUD and implant placement for postpartum contraception Principal investigators- Hardy-Fairbanks AJ, Stockdale C, Racek A
2016-presemt	Comparative outcomes in group versus individual prenatal care. Principal investigators: Hardy-Fairbanks AJ, Stockdale C, Hoff T.
2016-present	Self-sourced abortion in Midwest, patient perspectives and experience Principal investigators: Hardy-Fairbanks AJ, Stockdale C, Kerestes CA
2016-present	Internet site information quality on self-sourced medical abortion Principal investigators: Hardy-Fairbanks AJ, Stockdale C, Kerestes CA
2016-present	Provider experiences and attitudes concerning self-sourced medical abortion Principal investigators: Hardy-Fairbanks AJ, Stockdale C, Kerestes CA
2015-present	Touching Hearts mementoes for families undergoing dilation and evacuation, qualitative study Principal investigators: Hardy-Fairbanks AJ, Stockdale CK, Radke S, Richards H
2017-present	Antibiotic use for GBS prophylaxis

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Principal	l investigators:	: Hardy-Fair	banks AL	Hope R.	Songer K
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2018-present Impact of defunding Iowa Family Planning Waiver Program on Unplanned

Pregnancy and Contraception Use.

Principal investigators: Hardy-Fairbanks AJ, Ulmer K, Bakir S

h. Invited lectures	
05/2008	Pain Following Cesarean Section and Vaginal Delivery Resident Research Day, Department of Obstetrics and Gynecology, Dartmouth-Hitchcock Medical Center
03/2009	Quantifying Postpartum Pain following vaginal and cesarean delivery: a prospective evaluation. New England Perinatal Society Annual Scientific Meeting, Newport, RI
05/2010	A Randomized Controlled Trial comparing two types of retractors at cesarean delivery. Resident Research Day, Department of Obstetrics and Gynecology, Dartmouth-Hitchcock Medical Center, Lebanon, NH
12/2010	How to Avoid the Scrooge: Women and Holiday Stress. University of Iowa Hospitals and Clinics, Iowa City, IA, Community Health Seminar Series.
4/12/2011	National Abortion Federation Annual Meeting, Chicago, IL. Panel discussion: Fostering relationships between University Ryan programs with independent abortion clinics.
5/4/2011	American College of Obstetrics and Gynecology Annual Clinical Meeting, Washington, D.C. Ryan Program Panel discussion for medical students concerning residency choices for those interested in family planning careers.
03/7/2011 & 4/22/2015	Motherhood and Medicine. Panel discussion by AMWA. University of Iowa Carver College of Medicine. University of Iowa, Iowa City, IA
05/2011	Birth Options in Iowa. National Public Radio, Iowa Public Radio. Talk of Iowa.

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10/5/2011	Post-Cesarean Infectious Complications 2011 University of Iowa Obstetrical Nursing Conference Hampton Inn. Corphyillo Joyee
08/2/2012	Hampton Inn; Coralville, Iowa Deciding to provide abortion: provider perspectives. Panel discussion by Medical Students for Choice. University of Iowa Carver College of Medicine.
2/2/2013	Conscious birthing in Iowa: Doulas and Hospital Practitioners. Panel discussion at 6th Annual Conscious Birth Summit. Iowa City Public Library. Iowa City, IA
6/12/2013	Abnormal Uterine Bleeding Visiting Professor for Siouxland Family Medicine Residency Program St. Luke's Hospital, Unity Point Health. Sioux City, IA
11/5/2013	Early Pregnancy Failure University of Iowa Hospitals and Clinics Department of OB/GYN grand rounds presentation.
4/21/2014	Complex Contraception Visiting Professor for Siouxland Family Medicine Residency Program St. Luke's Hospital, Unity Point Health. Sioux City, IA
9/18/2014	Evaluation and Treatment of Abnormal Uterine bleeding Visiting Professor for Broadlawns Family Medicine Residency and Grand Rounds Program. Broadlawns Medical Center, Des Moines, IA
9/18/2014	Evaluation and Treatment of Abnormal Uterine bleeding Visiting Professor Iowa Lutheran Family Medicine Residency and Grand Rounds Program Iowa Lutheran Hospital, Unity Point Health, Des Moines, IA
10/7/2014	Miscarriage Diagnosis and Management Children's and Women's Health Conference: Women's Health. 2014 Annual University of Iowa Obstetrical Nursing Conference Holiday Inn; Coralville, Iowa
3/7/2015	Reproductive Health Clinic Collaborations: The latest Hybrid Motor in Medical Education. Panel discussion 2015 CREOG & APGO Annual Meeting

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	JW Marriott San Antonio Hill Country Resort; San Antonio, TX
4/1/2015	Reproductive Health and Societal implications Community Health Outreach Seminar Course guest lecturer Carver College of Medicine University of Iowa, Iowa City, Iowa
4/22/2015	American Medical Women's Association: Being a mom in medicine Carver College of Medicine University of Iowa, Iowa City, Iowa
5/4/2015	Junior Fellow Round Table: Family Planning 2015 American Congress of Obstetricians and Gynecologists Annual Clinical Meeting San Francisco, CA
6/30/2015	Non-Tubal Ectopic Pregnancies University of Iowa Hospitals and Clinics Department of OB/GYN grand rounds presentation.
1/12/2015	Abortion in the United States Visiting Professor Cedar Rapids Family Medicine Residency Unity Point Health, Cedar Rapids, IA
1/16/2015	Doctors and Midwives, a necessary collaboration. Panel discussion at 10 th Annual Conscious Birth Summit. Iowa City Public Library. Iowa City, IA
4/6/2016	Immediate Postpartum Long Acting Reversible Contraception. 42 nd Annual Iowa Conference on Perinatal Medicine. Iowa Statewide Perinatal Care Program and the University of Iowa Carver College of Medicine West Des Moines Marriott, West Des Moines, IA
4/18/2016	Prevention of abortion complications through collaborations between Ryan programs and independent abortion clinics. National Abortion Federation Annual Clinical Meeting JW Marriott, Austin, TX
5/20/2016	Cesarean scar ectopic pregnancy: diagnosis and management Dartmouth-Hitchcock Medical Center

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	Department of Obstetrics and Gynecology Grand Rounds Lebanon, NH
2/3&4/2017	Building a Ryan Program: multi-day workshop for new Ryan program directors and coordinators
	Building enthusiasm for teaching residents and medical students, Lead facilitator Examples of Ryan Programs
	New Service Development, Office and hospital based procedures: expanding services And now you know how to build a Ryan Program? Workshop Wrap up
	Laurel Center, University of California, San Francisco. Ryan Program National Office
3/7/2017	Complex Contraception decision making: CDC MEC use
	Visiting Professor for Broadlawns Family Medicine Residency and Grand
	Rounds Program. Broadlawns Medical Center, Des Moines, IA
3/10/2017	Through the Looking Glass: enchanting your medical students with flipped classrooms, team-based learning and clinical opportunities focused on family planning Presenter, large group session at APGO/CREOG Annual National meeting,
	2017 Hyatt Regency Hotel, Orlando Florida
9/21/2017	Abortion today in the Midwest: a policy update
	Medical Students for Choice. University of Iowa Hospitals and Clinics, Carver College of Medicine
10/2/2017	Immediate postpartum long acting reversible contraception: cutting edge contraception Children's and Women's Services Fall Nursing Conference
	University of Iowa Hospitals and Clinics, Stead Family Children's Hospital Radisson Hotel and Conference Center, Coralville, IA
10/14/2017	Career Paths in Family Planning: Workshop for Career planning in reproductive health
	How did I get here? How to be successful as an academic generalist in family planning
	Small group discussion
	North American Forum on Family Planning Hyatt Regency Hotel and Conference Center, Atlanta, GA
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1/17&18/2018 Building a Ryan Program: multi-day workshop for new Ryan program

Directors and coordinators

Relationships with Independent Clinics, Lead facilitator

Examples of Ryan Programs

Laurel Center, University of California, San Francisco. Ryan Program

National Office

3/1/2018 All Hands on Deck! Hands-on and digital simulation for teaching family planning

procedures.

CREOG & APGO Annual Meeting. Gaylord National Resort and

Convention Center in National Harbor, MD.

3/3/2018 Winds of Change: Bold Innovations in Undergraduate Medical Education in Family

Planning.

CREOG & APGO Annual Meeting. Breakout Session. Gaylord National

Resort and Convention Center in National Harbor, MD.

4/6/2018 Contraception Update

University of Iowa Family Medicine Annual Refresher Course. Coralville

Marriott Hotel and Conference Center. Coralville, IA

IV. SERVICE

Professional Affiliations

2002-2006	Member and past officer, Medical Students for Choice
2002-current	Member, American Medical Women's Association
2007-current	Member, Physicians for Reproductive Choice and Health
2011-current	Member, American Institute of Ultrasound Medicine
2008-current	Member, Society for Women's Health Research
2011-2016	Junior Fellow, Society for Family Planning
2013-present	Member, Society for Academic Specialists in General Obstetrics and Gnecology
2016-present	Full Fellow, Society of Family Planning

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Offices held in professional organizations

2003-2004 American Medical Women's Association

President of Creighton School of Medicine Section

2006-2010 American College of Obstetricians and Gynecologists

Section Vice chair

Department, collegiate and university national committees

2006-06/2010 RISE Committee

Resident Information Service/Technology Committee Dartmouth-Hitchcock Medical Center, Graduate Medical

Education Advisory Committee

2007-2008 Electronic Prenatal Record Work Group

Dartmouth-Hitchcock Medical Center, Department of Obstetrics &

Gynecology

2008-06/2009 Medical Abortion Protocol Committee, Dartmouth-Hitchcock

Medical Center, Department of Obstetrics & Gynecology

05/2008-06/2009 Resident Interview Planning Committee

Dartmouth-Hitchcock Medical Center, Department of Obstetrics &

Gynecology

4/2014-2016 Labor and Delivery infection prevention committee

University of Iowa Hospitals and Clinics

5/2016-present Labor and Delivery Safety Standards committee

University of Iowa Hospitals and Clinic

3/2015-present Supervisor of Natasha Clark, ARNP; Abbey Costello, ARNP; Brandy

Mitchell, ARNP

University of Iowa Hospitals and Clinics Women's Health Center

Relevant community involvement

2002-2006 YWCA Omaha Women against Violence

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	Sexual assault medical advocate and hotline volunteer
2008	Women's Health and Contraception Class taught at The Haven, a family homeless shelter White River Junction, VT
04/2009	Women's Health, Contraception and STD's Class taught at Tri Delta Sorority, Dartmouth College; Lebanon, NH
12/2010-11/2015	Board Member, Iowa Abortion Access Fund, Iowa City, Iowa
9/2011-present	Emma Goldman Clinic—Women Migrant Worker Clinic Volunteer, African American Clinic Volunteer, LGBT Clinic Volunteer
10/19/2013	Keynote speaker: Iowa Abortion Access Fund Annual Auction.
9/2014	Consultant for contraception for Brides Magazine.
10/18/2014	Keynote speaker: Iowa Abortion Access Fund Annual Auction.
7/14/2016, 7/16/2017	Speaker at Day or Remembrance, ceremony to honor those how have lost pregnancies and children
1/19/2018	Keynote Speaker Emma Goldman CHOICE Fundraising Event. Brown St. Inn, Iowa City, IA
2/24/2018	Keynote Speaker: Vaginal Monologues by Medical Students for Choice. Proceeds to benefit Emma Goldman Clinic

International experience and involvement

Summer 2002	Bermuda Biological Station for research—Effect of greenhouse gas on coral reproduction and growth. St. Georges, Bermuda
Summer 2003	Project C.U.R.E.— Creighton University Relief Effort Chimbote, Peru
2/2006	Obstetrics in a Developing Nation—Medical school rotation Santiago and surrounding areas, Dominican Republic

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