NPWH
NURSE PRACTITIONERS IN WOMEN'S HEALTH
Caring for Women

July 2022 NPWH Monthly Newsletter Message

We invite you to attend our upcoming NPWH 25th Annual Women's Healthcare Conference in Houston, Texas. The planning committee of women's health nurse practitioners has spent many hours developing an exceptional clinical education agenda covering a diversity of topics, including but not limited to reproductive care, menopause, contraception, writing for publication, breast care, and more. To see the full program, **click here.**

We have heard from many of our members regarding concerns about attending our conference in Houston, Texas, this year. In March 2022, NPWH issued a statement about our location choice and legal obligation to be fiscal stewards to the organization. We want to take a moment to expand on this statement in the name of transparency. We strive to use this as an opportunity to continue facilitating our organization's mission and vision in a state where it is most needed, and best operationalize our funds to ensure quality conference education.

Today, Texas has the second largest number of women's health nurse practitioners working to serve the women and patients of the state. WHNPs play a critical role in providing high-quality, evidence-based healthcare to the diverse population of the women's and gender-related community.

Between 2010 and 2020, Texas's population grew by 16.3%, with 50.1% of the Texas population being women. Texas's Hispanic/Latino population has had the most significant growth of an ethnic group, increasing by 2.2 million from 9.5 million in 2010 to 11.7 million in 2020.[1] The economic status of women in Texas is low compared to other states in the U.S., with the greatest need for support in employment and earnings, health and well-

being, and reproductive rights.[2] Over 700 women die each year in the U.S. from pregnancy-related complications up to one year after giving birth. In Texas, approximately four out of five of these deaths are preventable. [3] Texas has some of the most restrictive abortion bans in the country. Our colleagues in Texas and 25 other states are now faced with working in a new landscape that will be challenging because of a lack of reproductive healthcare, including contraception and abortion care.

NPWH wants to support and provide the latest evidence-based clinical guidance, high-quality continuing education, and advocacy for patients, providers, and the WHNP profession in all 50 states in our country. Abandoning Texas abandons the 901 WHNPs and the thousands of other APRNs who live there. It would negatively affect the patients our community of WHNPs and other APRNs care for each day.

We cannot abandon our colleagues in the 26 states that now, or will shortly, ban access to abortion care. We must work collaboratively rather than continue to allow our country's and profession's division. We believe every WHNP and APRN who makes the decision to be a women's and gender-related healthcare provider does because they want to offer preventable healthcare services and restore the health and well-being of their patients.

To be frank, there is a financial aspect to this as well. NPWH would pay nearly $1 million in penalties to cancel our meeting at the time of the SCOTUS ruling, plus hundreds of thousands of dollars to shift our meeting to a new location if one was available given the timeframe. The penalty money would go directly into the Texas economy and significantly affect the operations of NPWH.

When you decide to boycott our conference and our organization, the legislatures of Texas are not impacted. However, our organization and, more importantly, the women in Texas and the WHNPs and APRNS providing women's and gender-related healthcare are gravely affected by this decision. We have heard from numerous providers in Texas and other states that now have abortion bans, “Please don’t abandon us, we need your support, and we need your presence.”

The following map illustrates the number of WHNP-BCs in states with abortion bans. Nearly 7,000 WHNPs are caring for the women's health gender-related population in states with abortion bans. We cannot desert them and the communities they serve during this critical time in our history.

NPWH's mission includes protecting and promoting a woman's right to make her own choices regarding her health and well-being within the context of her lived experience and her personal, religious, cultural, and family beliefs. NPWH will continue to advocate on behalf of our providers and the patients they care for. We support policies that preserve patients’ rights to all reproductive healthcare, which includes abortion care for pregnant people [4]. We will continue to provide support and current information as our members navigate the evolving reproductive health landscape. Total abortion bans will affect pregnancy-related mortality resulting in an increase in deaths by 7% in the first year and up to conservatively 21% in subsequent years.[5]

“The National Association of Nurse Practitioners in Women’s Health (NPWH) asserts that board-certified women’s health nurse practitioners (WHNP-BCs) are crucial partners in addressing the maternal healthcare crisis. WHNP-BCs are clinical experts in providing routine and complex women’s and gender-related healthcare, promoting healthy behaviors before, during, and after pregnancy; preventing the development of risk factors for maternal health complications prior to pregnancy; identifying and addressing existing risk factors prior to and during pregnancy and postpartum, and optimizing maternal health outcomes.” [6]

The more we join in supporting the WHNP community in all 50 states and the patients they serve, the better outcomes for our country's women's health and gender-related populations.

In this together,



Shawana Moore
DNP, MSN, CRNP, WHNP-BC
Board Chair



Heather L. Maurer
MA, CAE
Chief Executive Officer

[1] USAFACTS.org
[2] www.statusofwomendata.org
[3] www.statusofwomendata.org
[4] *The word woman is embedded in our Mission Statement. For greater inclusivity, the term 'pregnant people' has been included, as used by the Center for Disease Control and Prevention and the National Institute of Health. 1,2 References **https://clinicalinfo.hiv.gov/en/guidelines/perinatal-hiv/whats-new-guidelines** **http://www.phsa.ca/transcarebc/Documents/HealthProf/Gender_Inclusive_Language_Clinical.pdf**
[5] **The Pregnancy-Related Mortality Impact of a Total Abortion Ban in the United States: A Research Note on Increased Deaths Due to Remaining Pregnant | Demography | Duke University Press (dukeupress.edu)**
[6] NPWH Clinical Position Statement: **WHNPs as Partners in Addressing the Maternal Health Crisis** June 2022

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