The provision of care for obstetrical and gynecological emergencies has long been complicated by an uncertain legal environment including ambiguity pertaining to consent for care of minors and state restrictions relating to pregnancy termination. When providers are uncertain about legal boundaries there may be clinical repercussions that could limit access to care for a broad spectrum of obstetric and gynecological conditions. On June 24, 2022, with *Dobbs v Jackson,* the Supreme Court repealed the constitutional right to abortion, effectively restricting access to procedures used for managing life-threatening obstetric emergencies in more than one-third of states. At the same time, the federal government provided guidance that federal laws—namely the Emergency Medical Treatment and Labor Act (EMTALA)—supersede such state laws and require that patients receive stabilizing care for any active or imminent life-threatening emergency. EMTALA was enacted in response to highly publicized incidents of inadequate, delayed or denied treatment of uninsured patients including pregnant women by hospitals.

The contradictory legal landscape creates uncertainty for providers regarding the use of medications and procedures which could broadly impact care for obstetric and gynecological emergencies. As a result, it is imperative to understand baseline rates and outcomes of obstetric emergencies that could be affected by shifting access to termination services and associated emergency care. Similarly, given EMTALA's role in ensuring access to emergency care, it is important to understand whether EMTALA citations associated with obstetric emergencies reflect the same temporal and regional variation in the availability of termination services.

To fill these gaps in our understanding of the effect of changing laws on obstetric emergencies, we propose a multidisciplinary pilot study to estimate: the incidence of, treatments for, and outcomes of obstetric emergencies and related EMTALA citations in the period preceding the *Dobbs* decision. We will rely on three sources of data: Optum Clinformatics Database of medical claims for privately insured patients, HCUP's state emergency and inpatient discharge databases, and our existing database of all EMTALA citations. The goal of this initial investigation will be to build a multidisciplinary research team and provide pilot information for a research program examining how passage and enforcement of laws related to obstetric care (e.g., EMTALA, abortion-restrictive state laws) impact the incidence of and outcomes for obstetric emergencies. Aims for the pilot stage of this project are:

(1) Establish a consensus definition of obstetric emergencies that should be either impacted or unaffected by recent restrictions—including abruption, ectopic pregnancy, and incomplete abortion—that is consistently recorded in administrative claims and discharge databases.
(2) Characterize trends in obstetric emergencies paying particular attention to differences by state, time, diagnostic severity, patient characteristics, and hospital features.
(3) Review the most recent years of EMTALA citation events (2017-2021) related to obstetric emergencies to describe and characterize the content of those citations including: patient chief complaint, pregnancy characteristics, citation details, and hospital features.

Based on our pilot findings, we propose to write an R21 or other more substantial federal or foundation grant to obtain more recent data that will allow us to examine differential outcomes for obstetric emergency care (measured in both encounters and EMTALA citations) in states before and after the *Dobbs* decision, treating as controls those states where access to pregnancy termination services was unchanged compared to those where access was curtailed.

We have assembled a new, multidisciplinary team including clinicians and researchers from the Departments of Emergency Medicine and Obstetrics and Gynecology and the Schaeffer Center for Health Policy and Economics. Sarah Axeen, PhD, health policy researcher and Seth Seabury, PhD, health economist, have extensive experience analyzing administrative datasets and utilizing natural experiments to estimate the impact of policy change on health care use and outcomes. Drs. Brian Nguyen and Rauvynne Sangara are experts in complex family planning and maternal and fetal medicine who will determine the selection of relevant obstetric cases and provide clinically- and policy-relevant groupings of outcome measures for analysis. Drs. Sophie Terp and Michael Menchine are national experts in EMTALA who will bring their existing database of EMTALA citations and research and clinical expertise in emergency medicine. The project team will be managed by Co-PIs Terp and Nguyen. All investigators will collaborate on project planning and drafting and dissemination of findings.