EXHIBIT 18

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION

PLANNED PARENTHOOD CENTER FOR CHOICE; *et al.*,	)	
Plaintiffs,	)	CASE NO. 1:20-cv-323-LY
v.	)	
GREG ABBOTT, in his official capacity as Governor; *et al.*,	)	
Defendants.	)	

DECLARATION OF RITA GOLIKERI WOOD, D.O., IN SUPPORT OF PLAINTIFFS' MOTION FOR A PRELIMINARY INJUNCTION

RITA GOLIKERI WOOD, D.O., hereby declares under penalty of perjury that the following statements are true and correct:

1. I am an obstetrician-gynecologist ("OB/GYN") with a private practice in Fort Worth, Texas.

2. I obtained my medical degree from the Texas College of Osteopathic Medicine at University of North Texas Health Science Center.

3. I completed a residency in obstetrics and gynecology at John Peter Smith Hospital in Fort Worth.

4. I am a member of the American College of Obstetricians and Gynecologists ("ACOG") and the Texas Medical Association.

5. I provide the following testimony based on my personal knowledge as well as my training and experience as an OB/GYN.

6. In my office, I provide general gynecological care, family planning services, and obstetrics care. In January and February of this year, I treated 15 patients per day, on average.

7. I also provide labor and delivery services in a hospital setting. I currently have admitting privileges at two hospitals in Fort Worth. In January and February of this year, I delivered approximately 20 to 25 babies.

8. Since the COVID-19 outbreak, I have altered my practice in various ways to minimize the risk that my patients, my colleagues, or I will be exposed to the virus. For example, I have cancelled office visits for routine gynecological care and family planning services. I treat these patients via telemedicine when possible. My office screens patients for COVID-19 symptoms by phone in advance of their appointments and declines to see symptomatic patients, instead referring them for virus testing and treatment as consistent with current federal and state guidelines. We also take patients' temperatures at the door and similarly screen out those with fevers. We have tried to minimize the number of people in the office at a given time by asking patients not to bring companions and having them wait in their cars until I can see them.

9. Currently, I see fewer than ten patients per day in my office—primarily those who are pregnant or have urgent gynecological needs that cannot be addressed through telemedicine.

10. Some obstetrical care may be provided via telemedicine, but much of it requires in-person visits.

11. I currently recommend that patients with low-risk, uncomplicated pregnancies come in for an appointment once per month during the first trimester and early second-trimester. Beginning at 28 weeks of pregnancy, I recommend that they come in every two weeks. Patients with high-risk pregnancies or complications need to come in more often. I typically request a urine sample from patients during each visit. The samples are tested by a medical assistant in an on-site laboratory in my office.

12. Factors that make pregnancies high risk include being over 35 years old; obesity; underlying medical conditions such as high blood pressure, diabetes, epilepsy, etc.; and carrying twins or higher order multiples. Pregnancy-related complications include abnormal placentation; gestational diabetes; and pre-eclampsia, among others.

13. Approximately 30 percent of my obstetrical patients are high-risk or have complications.

14. In addition to regular office visits, obstetrical patients also require ultrasound examinations to determine whether the pregnancy is developing normally. For patients with low-risk, uncomplicated pregnancies, I currently recommend one ultrasound examination at the start of care to establish gestational age and viability of the pregnancy; one at 18-20 weeks of pregnancy; and one in the late second trimester or early third trimester. Patients with high-risk pregnancies or complications require more frequent ultrasounds.

15. My recommendations about the frequency of pre-natal visits and ultrasound examinations are based on guidelines from ACOG and the Society for Maternal-Fetal Medicine.

16. When treating pregnant patients in my office, I typically wear the following forms of personal protective equipment ("PPE"): non-sterile gloves, surgical masks, and scrubs. I may also wear sterile gloves if I need to perform a sterile vaginal examination. I change gloves between patients and may also change gloves several times during a single patient's appointment, depending on the circumstances. I also change my mask between patients. The medical assistant who processes urine samples wears non-sterile gloves and changes them periodically.

17. The ultrasound technician in my office typically wears non-sterile gloves for both transvaginal and transabdominal ultrasound examinations. I sometimes perform ultrasound examinations myself, and I also wear non-sterile gloves. The choice between transvaginal

ultrasound and transabdominal ultrasound varies based on several factors including the sensitivity of the ultrasound machine; the gestational age of the pregnancy; and the size and shape of the patient's body.

18. I am currently offering all pregnant patients the option of wearing a surgical mask in my office.

Dated: April 2, 2020

Rita Golikeri Wood

Rita Golikeri Wood, D.O.