PRO-LIFE LAWS AND PREGNANCY COMPLICATIONS: RESPECTING THE SANCTITY OF LIFE FOR BOTH MOTHER AND BABY

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TODAY'S DISCUSSION:

- Life-threatening pregnancy complications
- Pro-life laws' exceptions
- Pro-abortion medical organizations' actions and physicians' need for guidance
- Data deficiencies
- Maternal mortality definitions
- Complications of abortion
- Predictions of maternal mortality in pro-life states

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Science & Statistics for Life

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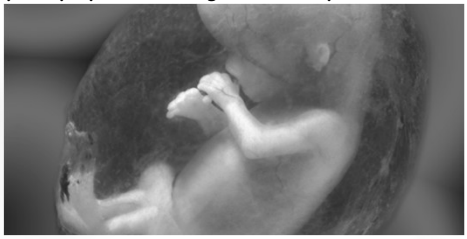
"If you don't believe in miracles, perhaps you have forgotten that you are one."



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WHO DOES ABORTION AFFECT?

One in four women:

- **24% Catholic**
- **17% Protestant**
- **13% Evangelical**

At least one in 5 men affected

Only 7-14% of ob/gyns will perform elective abortion, so in most cases it is not "between a woman and her doctor", nor is it "necessary healthcare"

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WHAT DOES THE AMERICAN CHURCH BELIEVE ABOUT ABORTION?

2021 Barna American Worldview survey:

51% of Americans think they have Biblical worldview

- But only 6% actually do

Only 60% of Christians believe life is sacred

Many Christians believe the Bible is ambiguous about abortion:

- Evangelicals 44%
- Protestants 62%
- Catholics 58%

2023 FRC Center for Biblical Worldview:

Among regular churchgoers:

- 16% admitted to having ever paid for, encouraged, or chosen to have an abortion

Asked their feelings about abortion:

- 27% pro-life without exceptions
- 36% pro-life with exceptions
- 22% pro-choice or unsure
- 56% wanted the church to teach more about abortion

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The Josiah Manifesto

Jonathan Cahn

- The righteous are not to live their lives in a state of survival but in a state of mission.
- It is not enough for the righteous to not bow down to the gods of their age, their culture, and their world. They must actively stand against them.
- The righteous must not ultimately be defined by that which they stand against but by that for which they stand.
- Their lives must bring forth life, healing, restoration, salvation and redemption.
- They must love in the face of hatred, bless in the face of persecution, return good for evil, and manifest heaven in the face of hell.

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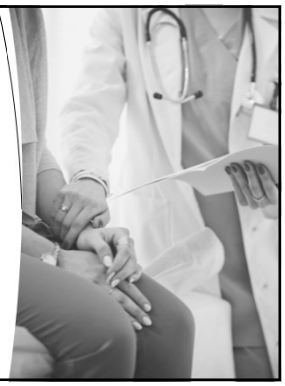
Is Elective Abortion "Necessary Healthcare"?



Healthcare: "maintenance and restoration of the health of the body or mind"

- Prenatal care and delivery of babies is healthcare
- Disrupting the normal physiologic process of pregnancy and ending the life of an unborn human being is the antithesis of healthcare

If abortion were necessary for women's health, every obstetrician would perform this intervention

- Only 7-14% of obstetricians will perform an elective abortion if requested by a patient
- Medical solution addressing societal problems

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DOBBS V JACKSON WOMEN'S HEALTH CENTER

SCOTUS June 24, 2022

- **6-3 upheld Mississippi's 15-week restrictions**
- **5-4 overturned Roe v Wade**

1973 Roe v Wade:

- **1st trimester no restrictions allowed on abortion**
- **2nd restrict only for safety of mother**
- **3rd may restrict to protect fetal life**

1973 Doe v Bolton: Must allow abortion at any gestational age for "life and health" of mother ("well-being")

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Fear-mongering articles claim:

"Women will die from abortion restrictions"

'Women will die': how new abortion bans will harm the most vulnerable

How repealing Roe v Wade in the US will lead to more women's deaths

A large body of evidence shows that restricting access to abortion doesn't reduce the number of abortions, only increases the risk of death for those who need them

REPRODUCTIVE RIGHTS IN AMERICA

For doctors, abortion restrictions create an 'impossible choice' when providing care

Alexandria Ocasio-Cortez says 'people will die' as a result of the Supreme Court ending the federal right to abortion

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Life-threatening pregnancy emergencies:

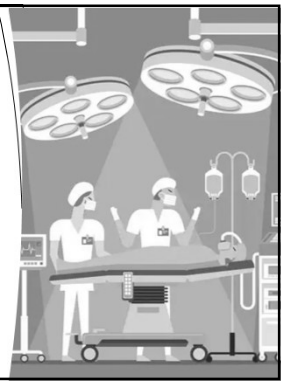
Hypertensive emergency

- Preeclampsia with severe features
- HELLP Syndrome
- Eclampsia
- Liver rupture
- Cerebrovascular accident

Maternal heart disease

- Class III/IV heart failure
- Ejection fraction < 30%
- Severe valvular disease
- Certain congenital heart malformations
- Pulmonary arterial hypertension
- Cardiomyopathy

Other rare conditions



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Previable Premature Rupture of Membranes (PPROM)

Because of Texas' abortion law, her wanted pregnancy became a medical nightmare

July 26, 2022 · 5:04 AM ET

Heard on Morning Edition

Carrie Feibel

▸Prognosis for fetus is poor:

- Risk of stillbirth or death within first month of life is high
- Delivery often occurs before viability due to labor or infection
- Born-alive infants may be unable to breathe due to lack of lung maturation from deficiency of amniotic fluid

▸Risk to the mother is high:

- Microscopic infection in 94% of placentas
- Risk of chorioamnionitis or sepsis if pregnancy continues

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Previable Premature Rupture of Membranes (PPROM)

The American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) 2022 Practice Guideline *Concluding Pregnancy Ethically*:

"It is acceptable to deliver a patient before the gestational age at which the fetus could survive outside the womb only if the mother's life or health is in danger, which is proportional to the danger the fetus/neonate will face at birth…Previable induction of labor is justified in cases of intrauterine infection…"

The American College of Obstetricians and Gynecologists (ACOG) 2020 Practice Bulletin *Prelabor Rupture of Membranes*:

"Women presenting with (P)PROM before neonatal viability should be counseled regarding the risks and benefits of expectant management versus immediate delivery. Counseling should include a realistic appraisal of neonatal outcomes. Immediate delivery (termination of pregnancy by induction of labor or dilation and evacuation) and expectant management should be offered."

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States With Strong Pro-Life Laws Currently on the Books

1. Alabama
2. Arizona
3. Arkansas
4. Florida
5. Georgia
6. Idaho
7. Iowa
8. Kentucky
9. Louisiana
10. Michigan
11. Mississippi
12. Missouri
13. North Dakota
14. Ohio
15. Oklahoma
16. South Carolina
17. South Dakota
18. Tennessee
19. Texas
20. Utah
21. West Virginia
22. Wisconsin
23. Wyoming

State with strong pro-life law

States With Laws Preventing Medical Treatment to Save Life of Pregnant Woman

State with law preventing treatment

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Texas laws:

Texas Heartbeat Act, 2021:

- The prohibitions "do not apply if a physician believes a medical emergency exists"

Texas HB 2, 2013:

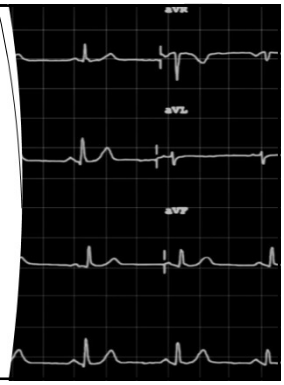
- "does not apply to abortions that are necessary to avert the death or substantial and irreversible physical impairment of a major bodily function of the pregnant woman."

1925 Texas law prohibiting abortion:

- "Nothing in this chapter applies to an abortion procured or attempted by medical advice for the purpose of saving the life of the mother."

Federal Hyde Amendment 1976:

- Prohibits federal Medicaid payment for elective abortions but allows payment for abortions performed for the "life of the mother"



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Texas laws:

Texas Human Life Protection Act, August 2022:

- A "person may not knowingly perform, induce, or attempt an abortion"
- An exception is allowed if a "medical emergency" is present: "[if] in the exercise of reasonable medical judgment, the pregnant female…has a life-threatening physical condition aggravated by, caused by, or arising from a pregnancy that places the female at risk of death or poses a serious risk of substantial impairment of a major bodily function unless the abortion is performed or induced."
- Nowhere in this law is a requirement that the threat be immediate

Defines "abortion" as "the act of using or prescribing an instrument, a drug, a medicine, or any other substance, device, or means with the intent to cause the death of an unborn child of a woman known to be pregnant.

The term "abortion" does not include birth control devices or oral contraceptives."

The term "abortion" does not apply when these acts are done to:

"(A) save the life or preserve the health of an unborn child

(B) remove a dead, unborn child whose death was caused by spontaneous abortion (miscarriage)

or (C) remove an ectopic pregnancy."

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Is this physician fear warranted? Have obstetricians been prosecuted for intervening on a woman's behalf?

Performing an abortion in violation of *the Human Life Protection Act* could result in:

- A "felony of the first degree if an unborn child dies as a result of the offense"
- A "civil penalty of not less than $100,000 for each violation"
- "the appropriate licensing authority shall revoke the license…of a physician…who performs…an abortion in violation…"

February 2023 memorandum by legal scholar Paul Linton:

- An extensive review of Texas courts' decisions proves there has never been a physician prosecuted or disciplined for an abortion that fell within the scope of the "life-of-the-mother" exception.
- Not in the years preceding Roe v. Wade, not in the 50 years under Roe, nor in the months since the Dobbs decision reversed Roe.

In 2023, 17 abortions have been reported in Texas for emergencies.

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Why the silence?

AMA AMERICAN MEDICAL ASSOCIATION

Has **previously provided clarification for its members** on confusing laws, but regarding abortion restrictions it has made itself part of the problem, rather than the solution.

November 2022, AMA President Jack Resneck, rather than clarifying the law, implied doctors should be willing to break the law.

"Caught between good medicine and bad law, physicians struggle to meet their ethical duties to patients' health and well-being, while attempting to comply with reckless government interference in the practice of medicine that is dangerous to the health of our patients," he said. "Under extraordinary circumstances, **the ethical guidelines of the profession support physician conduct that sides with their patient's safety and health, acknowledging that this may conflict with legal constraints that limit access to abortion or reproductive care."**

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Why the silence?

The American College of Obstetricians & Gynecologists (ACOG) offers no advice to physicians attempting to navigate the confusing minefield of patient care, other than repeating their frequent refrain, **"Abortion is an essential component of comprehensive, evidence-based health care."**

ACOG District VII's chairman Dr. Charles Brown has decried the confusion but **has done nothing to help his Texas members** understand how to practice under the new laws.

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS · 1951 · WOMEN'S HEALTH CARE PHYSICIANS ·

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Who could provide guidance?

Texas Department of State Health Services (DSHS) has created a Medical Emergency Abortion Incident Report Form for reporting abortions performed for the life of the mother but has offered no other guidance to physicians.

Texas Medical Board has previously offered guidance to help physicians understand confusing laws. They have been asked by physician groups to provide clarification since the Human Life Protection Act went into effect.

Texas State Board of Pharmacy

Texas Board of Nursing

Texas Medical Association has not reassured their members even though their website notes that they would "work with state lawmakers to ensure a safe practice environment for physicians and their patients".

Texas Hospital Association could advise its member hospitals to create protocols but has not done so, even though some individual hospital systems has provided necessary clarification.

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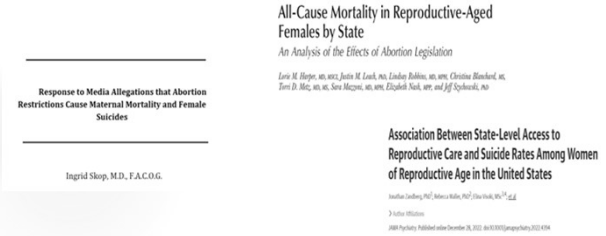
PEER-REVIEWED ABORTION ADVOCACY:



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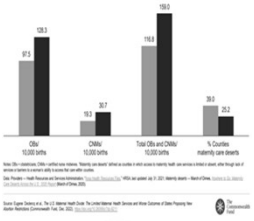
Commonwealth Fund: ***The U.S. Maternal Health Divide: The Limited Maternal Health Services and Worst Outcomes of States Proposing New Abortion Restrictions***

Summary: "In states that have banned or restricted abortion access, rates of maternal and infant deaths are much higher than in states that have preserved access"

Concluded: "Making abortion illegal makes pregnancy and childbirth more dangerous; it also threatens the health and lives of all women of reproductive age



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Obstetrics & Gynecology: ***All-Cause Mortality in Reproductive-Aged Females by State: An Analysis of the Effects of Abortion Legislation***

"An increasing number of laws restricting abortion was associated with increased maternal and infant mortality"

"Safe, legal abortion is a necessary component of women's health care. The American College of Obstetricians and Gynecologists supports the availability of high-quality reproductive health services for all women and is committed to improving access to abortion."

"The American College of Obstetricians and Gynecologists calls for advocacy to oppose and overturn restrictions, improve access, and mainstream abortion as an integral component of women's health care."

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JAMA Psychiatry: ***Association Between State-Level Access to Reproductive Care and Suicide Rates Among Women of Reproductive Age in the United States***

Summary: "The enforcement of laws restricting access to abortion and reproductive care from 1974 to 2016 was associated with suicide rates among reproductive-aged women but not women of post-reproductive age

Conclusion: "Restrictions to reproductive care represent a macro-level risk factor for suicide among reproductive-aged women".

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Will abortion restrictions worsen ob/gyn shortages?

- 40% ob/gyns in restrictive states have felt unable to care for miscarriages and medical emergencies
- 55% limitations on ability to practice within the standard of care
- 64% worsening maternal mortality
- Decreased ability to attract new ob/gyns
- 80% approve of pharmacy distribution of medication abortion whereas only 14% prescribe chemical abortion in-person and 5% by telehealth
- 18% of all ob/gyns provide elective abortion
- 55% have seen an increase in patients seeking more reliable contraception

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CORRELATION IS NOT CAUSATION

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Ignores Bradford-Hill criteria for determining causality, especially temporality

- Maternal mortality ratio (MMR) determinations lag by several years
- The most recent U.S. maternal mortality report published in 2022 analyzed data from 2017-2019.
- The first state to enforce an abortion restriction was Texas on September 1, 2021.
- The rest of the restrictions were not enforced until after the Dobb's decision on June 24, 2022.
- One cannot argue that abortion restrictions implemented in 2021 and 2022 led to maternal mortality in 2017 through 2019.

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Fallacious Assumptions:

Will ending all pregnancies end maternal mortality?

- Ignores potential for death following abortion, which is undercounted
- CDC data woefully incomplete and cannot accurately contrast deaths following childbirth compared to abortion

Black women:

- 3 times higher maternal mortality rates
- 3.7 times higher abortion rates
- Both can't be true if abortion protects against maternal mortality

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Deficiencies in U.S. abortion data collection: Frequency and complications

- No accurate central database in the U.S.
- Voluntary state reporting; some don't report
- Guttmacher Institute reports 30-50% more abortions than CDC
- Half of states mandate complication reporting from abortionists
- Fewer states mandate reporting from other physicians who care for injured women
- Few enforcement mechanisms or penalties for noncomplicance

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Deficiencies in U.S. abortion data collection: Maternal mortality

- CDC obtains most abortion-related mortality data from death certificates
- For many reasons death certificates frequently do not record a preceding abortion, particularly if due to mental health causes or remote from termination
- Finnish studies reveal that 94% of abortion related deaths, and 73% of maternal deaths are not identified on death certificates

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Maternal Mortality Definitions:

Pregnancy-associated death: the death of a woman while pregnant or within one year of the end of pregnancy from any cause

Pregnancy-related death: the death of a woman while pregnant or within one year of the end of pregnancy, irrespective of the duration or site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, excluding accidental or incidental causes

Direct: resulting from obstetric complication

Indirect: resulting from preexisting disease or disease that developed during pregnancy

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Definitions:

- **Maternal Mortality Ratio (MMR):** maternal deaths compared to 100,000 live births
- **WHO, CDC National Vital Statistics System (NVSS):** WHO International Classification of Diseases (ICD) O death codes on a death certificate indicating an associated pregnancy within 6 weeks
- **CDC Pregnancy Mortality Surveillance System (PMSS):** deaths are identified when death certificates indicate a current pregnancy or pregnancy within the past year. Epidemiologists then analyze the medical records of the deceased woman to determine pregnancy-relatedness
- **Pregnancy checkbox:** Improves detection but many false positives 2013: 147 deaths in women > 85 years old documented.

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Reasons that maternal deaths may not be documented on death certificates:

1. Preceding pregnancy not known
2. Initiating pregnancy event known but not documented
3. Technologic limitations
4. Incomplete or unavailable autopsy results
5. Mental health related deaths are often not considered to be pregnancy-related
6. Complete medical records are often unavailable
7. Coding deficiencies related to induced abortion are common
8. Induced abortion complications may be miscoded as resulting from spontaneous abortion (miscarriage)
9. Induced abortion history may be intentionally concealed
10. Ideologic commitments may cause the death certifier to omit notation of induced abortion as the precipitating event

Handbook of Maternal Mortality: Addressing the U.S. Maternal Mortality Crisis, Looking Beyond Ideology

Ingrid Skop, M.D., FACOG January 9, 2023

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Collaborative report by 36 states' Maternal Mortality Review Committees (MMRCs) 2017-2019

Timing of deaths:

- ¼ occur during pregnancy
- ¼ day of delivery or within a week
- ½ more than one week but less than one year after delivery

- 1/3 pregnancy-associated deaths were pregnancy-related
- 2/3 preventable
- 1/3 outside medical facilities
- 1/3 no or late prenatal care
- 2019: 754 women died from pregnancy-related causes
- 2019: 2 abortion-related deaths

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Causes and risk factors for maternal mortality:

Causes:

- Cardiovascular 13%
- Cardiomyopathy 9%
- Preeclampsia 8%
- Hemorrhage 13%
- Infection 10%
- Embolism 9%
- Mental health 9-23%
- Anesthetic reactions 2%
- Undetermined 7%

Risk factors:

- Obesity: Black 47%, Hispanic 47%, White 38%
- Hypertension: B 40%, H 26%, W 27%
- Diabetes: B 13%, H 12%, W 7%
- Thrombophilia (clotting disorder)
- Poverty: B 20%, H 16%, W 8%
- Unmarried birth: B 67%, H 39%, W 27%
- Location: rural 29/100,000, urban 18/100,000
- Advanced maternal age
- Mental health factors

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Mental health complications after abortion:

"Deaths of despair"

- Suicide and self-harm
- Homicide due to volatile relationships, IPV
- Opioid overdoses
- Accidents due to substance or alcohol abuse or high-risk-taking behavior

Groups at higher risk:

- Prior h/o mental health problems
- Prior abortion
- Abortion after first trimester
- Young age
- Pressure from others
- Wanted or meaningful pregnancy
- Lack of social support
- Feelings of stigma
- Low self-esteem, lack of control
- Ambivalence about decision

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IS ABORTION SAFER THAN CHILDBIRTH? WILL ABORTION RESTRICTIONS INCREASE MATERNAL MORTALITY?

- Elizabeth Raymond & David Grimes "Comparative Safety of Abortion and Childbirth" 2012: outspoken abortion advocates reported that abortion is fourteen times safer than childbirth using flawed, incomplete CDC data
- More complete, less biased: records-linkage study in a country/state with single payer healthcare and thorough record-keeping, so that records on all reproductive aged women and their medical care are available to be compared

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Is abortion safer than childbirth? In the year following abortion compared to childbirth:

California Medicaid:
- 162% increased risk of death from all causes
- 182% increased risk accidental death
- 254% increased risk suicide

Finland:
- nonpregnant 57/100,000
- childbirth 28/100,000 pregnancies
- miscarriage 52/100,000
- abortion 83/100,000

Denmark:
- childbirth 18/100,000
- miscarriage 31/100,000
- 1st trimester abortion 34/100,000
- 2nd/3rd trimester abortion 110/100,000

International Meta-analysis:
- risk of death after abortion twice as high within 6 months
- each additional abortion increases risk by 50%

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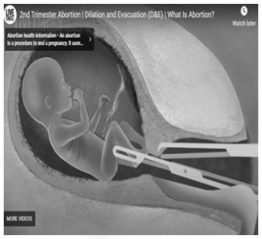
Complications after surgical abortion:

First trimester suction aspiration (1-2%)
- Bleeding, infection, cervical lacerations, uterine perforation, damage to surrounding organs

Non-intact dilation and extraction "dismemberment" D&E (4-50%)
- 129 facilities > 20 weeks
- 7 facilities > no gestational limits
- complications: 3-10%, hemorrhage 50%

Labor induction:
- 8-38% require surgical completion
- 69% performed without feticide
- How many are born alive? Is anyone watching?



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Medical (chemical) abortion:

- Mifepristone (Mifeprex or RU486) taken orally to block progesterone receptors, cutting off hormonal support for the pregnancy, resulting in disruption of the implantation site
- Misoprostol (Cytotec) taken sublingually, buccally or vaginally 24-48 hours later, inducing contractions to expel the pregnancy tissue
- Experience: Average woman bleeds two weeks, 40% describe "severe pain", often will see the aborted child

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Medical (chemical) abortion: Evolution of decreasing FDA supervision

- Increased from 7 to 10 weeks gestational age
- Initial in-person physician prescriber, now any medical provider without a visit
- Initial mandatory complication reporting, now only if results in death
- Three required visits, now none
- **Complications:**
  - 3.4-9.9% require surgery 1st trimester, 38.5% 2nd
  - 5-6% require ER treatment within a month
  - 4 times as many complications as surgical

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Medically unsupervised chemical abortion today: No in-person requirements

Ultrasound not required:
- Underestimation of gestational age will increase failures
- Missed diagnosis of ectopic pregnancy may lead to hemorrhage and deaths

Labs not required:
- Missed opportunity to provide RhoGAM prophylaxis
- Anemia undiagnosed, transfusions increased
- Chlamydia undiagnosed, future infertility

Face to face counseling not required:
- Sex traffickers, incestuous abusers, coercive fathers can obtain
- No informed consent or options counseling

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Alliance for Hippocratic Medicine v FDA

FDA is tasked with evaluating the safety and efficacy of drugs.

FDA failed to do its due diligence when it brought the abortion drugs to market in 2000, removed key safeguards in 2016 and stopped enforcing the in-person dispensing requirement in 2021.

On August 16, 2023 the Fifth Circuit panel agreed and returned to the original 2000 approval regulations.

Appeal to SCOTUS…

Some blue states have enacted "Shield Laws," which prevent lawbreaking abortionists and companies from being held accountable.

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How might abortion restrictions prevent, rather than cause, maternal mortality?

#1: Abortion restrictions will not prohibit medical interventions for maternal life-threatening emergencies

- Every state has an exception for "life of the mother"
- Except for treatment of ectopic pregnancy, abortion to save a mother's life is rare
- Emergencies usually occur in the second half of pregnancy
- An obstetrician can deliver by induction or cesarean section, D&E rarely indicated
- Often the baby's life can also be saved

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How might abortion restrictions prevent, rather than cause, maternal mortality?

#2: Abortion restrictions will prevent the increased risk of death in the year following abortion

- CDC maternal mortality data has many known limitations
- Better quality data from records-linkage studies document 2-4 times more deaths in the year following abortion than childbirth

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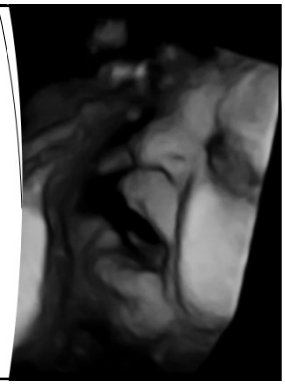
How might abortion restrictions prevent, rather than cause, maternal mortality?

#3: Abortion restrictions will limit later abortions which are more dangerous for a woman

- 10% U.S. abortions occur after the first trimester
- 1% second half of pregnancy
- U.S. one of only seven countries allowing post-viability abortions, often motivated by coercion and indecision
- Dilation & Evacuation (D&E) "dismemberment abortion" or labor induction (+/- feticide)
- CDC: 38% increased mortality each additional week
  - 76-fold increase after viability (22 weeks)



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How might abortion restrictions prevent, rather than cause, maternal mortality?

- #4: Abortion restrictions will reduce the incidence of repeat abortions
- Records-linkage studies document more deaths in the year following abortion than childbirth and these risks increase when women obtain multiple abortions
- First pregnancy ending in abortion leads to increased likelihood of more abortions, 1/3 will have no live births

Original Research

The Enduring Association of a First Pregnancy Abortion with Subsequent Pregnancy Outcomes: A Longitudinal Cohort Study

SAGE

James Studnicki[1], Tessa Longhenry[1], David C. Reardon[2], John W. Fisher[1], Donna J. Harrison[1], Ingrid Skop[1], Christina A. Cirucci[1], Christopher Craver[3], Maka Tsabakidze[1], and Zbigniew Ras[3]

Abstract

Introduction: Multiple abortions are consistently associated with adverse health consequences. Prior abortion is a known risk factor for another abortion.

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How might abortion restrictions prevent, rather than cause, maternal mortality?

#5: Abortion restrictions will prevent future mental health disorders in some women

- 2011 meta-analysis: 81% overall increase, 37% depression, 34% anxiety, 110% alcohol abuse, 230% substance abuse, 155% suicidal behavior
- Records-linkage studies document an increase in "deaths of despair" in the year following abortion compared to childbirth
  - Twice risk of accidental death
  - 6 times risk of suicide
  - 10-14 times risk of homicide

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How might abortion restrictions prevent, rather than cause, maternal mortality?

#6: Abortion restrictions will prevent some future pregnancy complications

- Surgical trauma to the uterine lining may lead to an abnormal placental attachment
- Placental abruption (premature separation) can occur if the attachment is not secure
- Placental accreta syndrome (pathologic invasion) can occur if the attachment is too strong
- Both can lead to life-threatening bleeding
- The risk of a subsequent preterm birth is increased after abortion and associated with higher maternal mortality

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How might abortion restrictions prevent, rather than cause, maternal mortality?

#7: Ending a pregnancy through abortion may increase the risk of breast cancer later.

- Nulliparous women and women who have children at advanced ages have a higher risk of breast cancer because of the loss of the protective effect of a full-term pregnancy at a young age
- There may also be a direct physiologic effect if abrupt cessation of pregnancy hormones by abortion arrests breast tissue development in an immature, cancer-prone stage
- Breast cancer occurs in one of eight American women

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How might abortion restrictions prevent, rather than cause, maternal mortality?

#8: Abortion restrictions may lead to more fathers taking responsibility for their children and decrease the rates of single motherhood

- The narrative "Her body, Her choice" has led many men to disengage when a woman chooses to carry a pregnancy to term
- Abortion has devastated the family structure in our country, increasing the odds that a woman lives in poverty as a single mother, which is associated with medical conditions (obesity, hypertension, diabetes) and social conditions (lack of healthcare access and support) that predispose to maternal mortality

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How might abortion restrictions prevent, rather than cause, maternal mortality?

#9: Many of the states that have implemented abortion restrictions have prioritized expanding a broad social support net which is likely to improve maternal mortality

For example, Texas has allocated over $200 million in Alternatives to Abortion funding

Across the U.S., over 2,700 pregnancy resource centers also provide care and counseling for women in crisis pregnancies, allowing them alternatives and the material, emotional and relationship support they may need in order to welcome their children

Her PLAN
PREGNANCY & LIFE ASSISTANCE NETWORK

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How might abortion restrictions prevent, rather than cause, maternal mortality?

#10: Abortion restrictions are unlikely to result in instrumental "coat-hanger" septic abortions

The false but frightening narrative that a woman denied abortion will seek it in an unsafe way, resulting in 5,000-10,000 deaths yearly, drove its widespread legalization in 1973, and is being recycled today as states implement restrictions.

Yet, in the years prior to Roe v. Wade, the CDC documented fewer than 100 deaths yearly from both legal and illegal abortions.

Abortion was becoming safer long before it was legalized due to improved surgical techniques, safer anesthesia, and widespread antibiotic use.

Even then, 90% of abortions were performed by physicians, albeit illegally.

Unfortunately, today abortion advocates are aggressively promoting unsupervised chemical abortion to women in states with restrictions.

Although these pills often lead to complications, they are unlikely to lead to many maternal deaths due to widespread availability of emergency services.

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How might abortion restrictions prevent, rather than cause, maternal mortality?

- #11: Abortion restrictions will encourage both men and women to change their sexual behavior and use more reliable contraception
- Studies of changes in state and international laws show that with limitations on abortion, the abortion rate goes down immediately
- Although the birth rate rises by a small amount temporarily, it often decreases to the prior rate with time
- As the "cost" of abortion rises, women discover other ways to decrease unwanted births
- Couples more likely to welcome their children

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How might abortion restrictions prevent, rather than cause, maternal mortality?

#12: Abortion restrictions will also reduce unwanted abortions, associated with adverse mental health outcomes

- 64% of women with a history of abortion reported feeling pressured by other people, such as their male partner or parents
- "Perceived pressure from others" to have an abortion is one of the risk factors for mental health problems after abortion identified by the American Psychological Association
- Restrictions will reduce the rate of abortion among women at high risk of negative psychological reactions to abortion

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How might abortion restrictions prevent, rather than cause, maternal mortality?

#13: Abortion restrictions have not been shown to increase maternal mortality rates in other countries

- The U.S. has the worst MMR of the developed countries despite having very high overall abortion rates, and late-term abortion rates second only to Communist China
- Countries as diverse as Chile, El Salvador, Poland and Nicaragua had improved MMR after they implemented abortion restrictions
- Demographically similar countries-Republic of Ireland and the United Kingdom-until recently had disparate abortion laws, but similar MMR

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Any Questions?

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