

Signposts in Reproductive Rights: Medical Intersections

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Discussion Questions

1. How common is unplanned pregnancy? How common is abortion?
2. Prior to the reversal of Roe v. Wade, who sought abortions?
3. When is an abortion medically necessary?
4. Is childbirth safer for a mother than an abortion?
5. How risky is self-managed abortion (via medication)?
6. How dangerous is abortion in places where it is not legal?

Medical Outcomes: Relevant Data

- Almost half of pregnancies (45%) in the U.S. are unplanned.¹ This percentage is at an all-time low, due to contraception (especially long-acting, reversible methods) and changes in women's roles in society (their life goals, economic realities, and presence in the workforce). Women are choosing to delay childbirth and have fewer children.
- About 40% of unintended pregnancies end in abortion; some in miscarriages. It is estimated that a third of all U.S. births are unplanned.²
- A woman is 14 times more likely to die in childbirth (8.8 deaths per 100,000) compared to abortion (0.6 per 100,000).³ Therefore, a woman who carries an unwanted pregnancy is risking her life, even if she chooses to put the child up for adoption.

Medical Reasons for Seeking an Abortion:

1. Ectopic pregnancy, incomplete miscarriage, hemorrhaging, sepsis, pre-eclampsia (high blood pressure in the mother), stillborn fetus, trauma to the mother.
2. Complex reasons related to the mother's health, such as a cancer diagnosis and its treatments that would damage a fetus, sickle cell anemia, heart conditions, kidney disorders.
3. Reasons related to the fetus: congenital issues; exposure to toxins in pregnancy; problems with the placenta, cervix, or uterus; heart or lung defects; infection; neural tube defects; anencephaly (major portion of the brain and skull are absent).⁴



4. Rape or incest: serious long-term consequences of prolonged trauma. Babies born from incestual relationships often have many birth defects, such as cystic fibrosis, premature birth, cleft palate, heart conditions, and neonatal mortality.⁵

Self-Managed Abortions: Relevant Data

- Abortion pills (mifepristone and/or misoprostol) are approved by the World Health Organization (WHO) and taken by millions of women worldwide to safely self-manage abortions at home.⁶ The medication is available from healthcare providers such as Planned Parenthood and can be obtained in the mail after a telehealth appointment when necessary. The medication must be taken within the first 9 weeks of pregnancy. The medication cannot be detected in bodily fluids within a few hours of use, and symptoms are the same as a natural miscarriage.⁷
- According to Planned Parenthood, “Having an abortion doesn’t increase your risk for breast cancer or affect your fertility. It doesn’t cause problems for future pregnancies like birth defects, premature birth or low birth weight, ectopic pregnancy, miscarriage, or infant death.”⁸ Unless a person has a rare and serious complication that has not been treated, abortion medications present “no risk to your future pregnancies or overall health.”⁹
- Both the American Medical Association and the American College of Obstetricians and Gynecologists support abortion as an essential component of health care.^{10,11} Both organizations oppose criminalizing self-managed abortion, because doing so will deter women from seeking medical attention.
- More than 68,000 women and girls die worldwide each year after unsafe abortions, accounting for 13% of maternal mortality.¹² More than 5 million women and girls are left with long-term medical consequences, including the inability to bear children.

Notes

1. Lawrence B. Finer and Mia R. Zolna, “Declines in Unintended Pregnancy in the United States, 2008-2011,” *New England Journal of Medicine*, 2016, 374.
<https://pubmed.ncbi.nlm.nih.gov/26962904/>
2. Isabel V. Sawhill and Katherine Guyot, “Preventing unplanned pregnancy: Lessons from the states,” *The Brookings Institution*, June 24, 2019.
<https://www.brookings.edu/research/preventing-unplanned-pregnancy-lessons-from-the-states/>
3. Elizabeth G. Raymond and David A. Grimes, “The comparative safety of legal induced abortion and childbirth in the United States,” *Obstetrics & Gynecology*, 2012, 119: 2, 215-219.
https://journals.lww.com/greenjournal/Abstract/2012/02000/The_Comparative_Safety_of_Legal_Induced_Abortion.3.aspx
4. Gynecological and Abortion Clinic in Boston, MA, “Medical Reasons for Abortion.”
<https://www.abortion-clinic-boston.com/abortion-service-in-boston-area-cat-1/medical-reasons-for-abortion>



5. Shirley Davis, “Incest and Genetic Disorders,” *CPTSD Foundation*, April 18, 2022. <https://cptsdfoundation.org/2022/04/18/incest-and-genetic-disorders/>
6. World Health Organization, “WHO issues new guidelines on abortion to help countries deliver lifesaving care,” *World Health Organization*, March 9, 2022. <https://www.who.int/news/item/09-03-2022-access-to-safe-abortion-critical-for-health-of-women-and-girls>
7. According to the Mayo Clinic, “About 10 to 20 percent of known pregnancies end in miscarriage. But the actual number is likely higher because many miscarriages occur very early in pregnancy—before you might even know about a pregnancy.” See this website for more information: <https://www.mayoclinic.org/diseases-conditions/pregnancy-loss-miscarriage/symptoms-causes/syc-20354298>
8. Planned Parenthood, “Does the abortion pill have long-term side effects?,” *Planned Parenthood*. <https://www.plannedparenthood.org/learn/abortion/the-abortion-pill/how-safe-is-the-abortion-pill>
9. Planned Parenthood, “Does the abortion pill.”
10. The president of the American Medical Association, Jack Resnick Jr., released this statement on June 24, 2022: “Ruling an egregious allowance of government intrusion into medicine,” *American Medical Association*, <https://www.ama-assn.org/press-center/press-releases/ruling-egregious-allowance-government-intrusion-medicine>
11. See this page for more information: ACOG, “Abortion,” *The American College of Obstetricians and Gynecologists*, 2022. <https://www.acog.org/topics/abortion>
12. Lisa B. Haddad and Nawal M. Nour, “Unsafe Abortion: Unnecessary Maternal Mortality,” *Reviews in Obstetrics and Gynecology*, 2009, 2:2, 122-126. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2709326/>