

April 30, 2004

Tommy G. Thompson
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Abortion statistics and maternal health

Dear Secretary Thompson:

In the challenges to the federal partial birth abortion statute, as on many other occasions, the proponents of legalized abortion make the claim that abortion is safer for women than childbirth. There is very good reason to believe that this claim is false. However, a fair scientific examination of this claim is hindered by the way the Centers for Disease Control (CDC) maintains its relative maternal mortality statistics.

I am writing to urge your office to direct a reassessment of the pertinent statistical measures. In short, the HHS should see to it that the American public -- and in particular, women contemplating the choice between abortion and continuing pregnancy -- have a genuine basis for an honest and meaningful comparison of the relative risks. If, in the alternative, the CDC is unable to provide a basis for a true comparison, it should so state.

The CDC has in the past reported maternal mortality as the “[n]umber of maternal deaths per 100,000 live births.” See, e.g., www.cdc.gov/epo/mmwr/preview/mmwrhtml/00054602.htm (Fig. 1, footnote *) (Maternal Mortality -- United States, 1982-1996). Abortion mortality, by contrast, is reported as the number of “[l]egal induced abortion-related deaths per 100,000 reported legal induced abortions.” See, e.g., www.cdc.gov/mmwr/preview/mmwrhtml/ss5212a1.htm (Table 19, footnote *) (Abortion Surveillance -- United States, 2000).

Here are some of the concerns with these statistics:

1. Denominator too small for maternal mortality rate

Maternal mortality should reflect deaths per pregnancy, not deaths per live birth. Stillbirths and miscarriages are fairly common occurrences.¹ To count maternal deaths associated with miscarriages, for example, while not counting the pregnancies, improperly inflates the maternal mortality rate.²

2. No maternal mortality rate adjustment for gestational stage

The relative risk of aborting versus continuing a pregnancy should reflect the prospective risks only, and not risks associated with stages of pregnancy already passed. For example, ectopic pregnancies cause a significant percentage of maternal deaths, and indeed are the leading cause of deaths in the first trimester. See, e.g., www.cdc.gov/mmwr/preview/mmwrhtml/00035709.htm (Current Trends: Ectopic Pregnancy -- United States, 1990-92). Obviously, a woman entering her second trimester faces zero risk of a first-trimester death from ectopic pregnancy, yet the undifferentiated CDC maternal mortality rate incorporates those first-trimester deaths. An abortion cannot eliminate risks that have already passed; only prospective risks should enter into the comparison.

3. Underreporting of abortion-related deaths

A true statistical comparison of the risks of death from abortion versus continued pregnancy is impossible if the statistics are inaccurate. Thus, the apparently common failure to report abortion-related deaths, see www.afterabortion.org/PAR/V8/n2/abortiondeaths.html (“The Cover-Up: Why U.S. Abortion Mortality Statistics Are Meaningless”), underestimates the abortion mortality rate. The same problem would apply to any underreporting of other maternal deaths. (And, of course, abortion-related deaths must be excluded from the maternal mortality rate if any comparison is to be made. Counting abortion deaths as maternal deaths as well -- or instead -- stacks the deck against childbearing and in favor of abortion.)

¹See, e.g., www.cdc.gov/nchs/releases/00facts/trends.htm (“6 million-plus pregnancies in 1996 in the U.S. resulted in 3.9 million births, 1.3 million induced abortions and almost a million fetal deaths,” i.e., “16 percent [ended] in a miscarriage or stillbirth”).

²Of course, live births should be counted only once for each labor, regardless of whether the woman bears at one time a single child, twins, triplets, or a greater number.

4. Disregard of non-immediate deaths

Recent studies indicate that abortion is associated with an increased rate of short-term and long-term maternal death. See www.afterabortion.org/physica.html (“A list of Major Physical Sequelae Related to Abortion”). A fair comparison of abortion with continued childbearing, like a fair comparison of smoking with nonsmoking, would take into account all such statistically significant increased death risks.

* * *

Women choose or decline abortions for many different reasons, and the decision for many may represent a complex balance of multiple considerations. It is a grave disservice to withhold from women the information needed for a genuine comparison between abortion mortality and the risk of mortality from continuing the pregnancy. Such information may be decisive for many women. Moreover, abortion businesses, which have profit motives for women to choose abortion, cannot be relied upon to present the full picture. Indeed, such businesses may be using statistics -- despite the flaws described above -- to help sell abortion to trusting lay women. Cf. www.abortion.com/questions.html (claiming that “statistically, childbirth is far more dangerous than abortion”).

I strongly urge you to direct the CDC to make all necessary adjustments to its preparation and presentation of statistical data to allow for an honest, unbiased comparison of the relative risks of abortion and continuing pregnancy.

Very truly yours,

Walter M. Weber
Senior Litigation Counsel

WMW:fd

cc: Timothy Goeglein
Terrell Halaska