

Senator Vitter Question for Dr. Diana Green Foster and Jodi Magee:

As you know, the federal ban on partial-birth abortions was put in place in 2003, and prohibits physicians from performing a partial-birth abortion except when it is necessary to save the life of a mother whose life is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical conditions caused by or arising from the pregnancy itself. Typically, this type of abortion would have taken place after 20 weeks gestation, the point at which scientific evidence supports the belief that a fetus responds to painful stimuli.

- Do you agree or disagree that the ban on partial-birth abortions should remain in place?

Physicians for Reproductive Health disagreed with the so-called “Partial Birth Abortion Ban” legislation when it was debated in Congress and considered by the Supreme Court. The law is not limited to abortions after 20 weeks; in fact it has no gestational limit. While we feel that this law is bad public health policy, we believe this law, like other laws we may disagree with, should be followed.

Senator Klobuchar

One of the common arguments used in support of this legislation is that it is intended to increase the safety of abortions and women’s health generally.

- Is increasing the safety in abortion procedures a legitimate concern based on current medical procedures?

Abortion is one of the safest medical procedures in the United States. We know that legal abortion in the United States has improved women’s health outcomes. From 1958-1967, at least 3,400 women died from abortion procedures, almost all of which were illegal.ⁱ For each death suffered from unsafe abortion, many other women had illegal abortions in circumstances that were degrading and led to dangerous complications. The number of deaths fell rapidly after abortion was legalized, as the medical community had predicted. We have long known that legal, accessible abortion means safe abortion. And we see this scenario play out internationally as well. According to the World Health Organization, one in eight maternal deaths (13%) is due to unsafe abortion.ⁱⁱ

Eighty-eight percent of abortions take place in the first trimester, and the risk of a major complication is very small—less than 0.05%.ⁱⁱⁱ As the pregnancy progresses, abortion is still very safe, but the small risk increases as a pregnancy develops. That’s why prompt access to abortion is crucial to women’s health. In comparison, the risk of complications including death from pregnancy and delivery is significantly higher.

As a physician organization, we support policies that make patients safer; the bills discussed at the March 15 hearing would not.

- What effect would an overall ban on abortions after 20 weeks have on women’s health?

S. 1553 would force a doctor to deny an abortion to a woman who has determined that terminating a pregnancy is the right decision for her, including women carrying a pregnancy with severe and lethal anomalies that may not be diagnosed until after 20 weeks in pregnancy^{iv} and women with serious medical conditions brought on or exacerbated by pregnancy.^v It contains no exception to preserve the health of the woman. Instead, it includes a vague life endangerment exception, which exposes doctors to the threat of criminal and civil prosecution, limiting their options for care that is often needed in complex, urgent medical situations.

The media has documented some of the effects of these bans at the state level. For example, Danielle Deavers of Nebraska was 22 weeks pregnant when her membranes ruptured. Her doctors told her that her baby would slowly be crushed by her uterus. Danielle’s pregnancy was doomed, but the doctors couldn’t induce labor because of Nebraska’s ban on abortion after 20 weeks, even though Danielle was at risk of infection. Danielle described her ten-day wait as torture. Her baby Elizabeth died 15 minutes after being born. Now Danielle speaks out about how this law affected her and her family. She says “The outcome of my pregnancy, that choice was made by God,” said Deaver, but “how to handle the end of my pregnancy, that choice should’ve been mine.”

Bans on abortion after 20 weeks put women, their families, and their doctors into untenable, unhealthy situations. These bills have nothing to do with women’s health and everything to do with preventing women access to abortion. That’s why Physicians for Reproductive Health and other medical organizations like the American Congress of Obstetricians and Gynecologists and the American Nurses Association oppose S. 1553.

ⁱ Stanley Henshaw, Unintended pregnancy and abortion in the USA: Epidemiology and public health impact, *Management of Unintended and Abnormal Pregnancy* at 33 (2009).

ⁱⁱ World Health Organization, *Unsafe abortion incidence and mortality: Global and regional levels in 2008 and trends during 1990 – 2008* (2012) available at http://apps.who.int/iris/bitstream/10665/75173/1/WHO_RHR_12.01_eng.pdf.

ⁱⁱⁱ Weitz TA et al., Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a California legal waiver, *American Journal of Public Health*, 2013, 103(3):454–461.

^{iv} These conditions can include anencephaly, renal agenesis, limb-body wall complex, neural tube defects such as encephalocele and severe hydrocephaly, limb-body wall complex, and severe heart defects.

^v Such conditions can include pulmonary hypertension, Marfan’s syndrome, severe valvular heart disease, Eisenmenger’s syndrome, cyanotic heart defects, hormonally sensitive cancers, kidney disease, preterm premature rupture of membranes with sepsis, placenta previa, severe preeclampsia, HELLP syndrome, and ovarian hyperstimulation syndrome.