

# Women Will Die

WHEN DOES  BEGIN?

Red [REDACTED]

Welp...there are going to be more dead poor women...Maternal mortality has increased since Dobbs.

Red, you are incorrect. Here is a quote from the Center for Disease Control's 2023 report, "In 2023, 669 women died of maternal causes in the United States, compared with 817 in 2022. The maternal mortality rate for 2023 decreased to 18.6 deaths per 100,000 live births, compared with a rate of 22.3 in 2022."

As a reminder, 2023 was the first full year of Roe's reversal and already, there was nearly a 4% drop. Just imagine how much the maternal mortality rate could be improved if abortion was ended in all states. Abortion is dangerous and harms women.

<https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2023/maternal-mortality-rates-2023.htm#ref1>

WHEN DOES  BEGIN?

Jamie [REDACTED]

Unfortunately because of the overturning roe vs. wade a lot of women who have ruptured ectopic pregnancies will now die.

Jamie, since 1883 when Robert Lawson Tait performed the first successful removal of a ruptured fallopian tube, women have received care for ectopic pregnancies. The mortality rate for ectopic pregnancies dropped from 72-90% in 1880 to 0.14% in 1990.

The standard of care for ectopic pregnancies has remained the same post-Roe. Claims that deaths would result due to the overturn of Roe are used as a scare tactic and ignore the reality of over a century of medical practice and the evidence since the Dobbs decision. Also, that long-time standard of care is not considered an elective abortion although it results in the removal of the embryo.

WHEN DOES  BEGIN?

Jim [REDACTED]

When a woman is told that the baby she is carrying is dead and she can't get an abortion and her body is shutting down and she will die. It's that moment when she's telling her friends and family "Goodbye" that life begins. Is that it?

Jim, following long-established medical practice and law, the woman's life rightly takes precedence in a situation where her life is at risk. Every pro-life law has this protection. If a woman does not receive appropriate medical care, that needs to be addressed with her doctor and via better training of medical staff and institutions. It is not an argument for elective abortion. The vast majority of abortions are not performed for medical reasons.

WHEN DOES  BEGIN?

**Diane** [REDACTED]

In every state with rigid restrictions to prohibit doctors from using their best judgement, this has come up. There are lawsuits in TX and TN by multiple women who were refused life saving medical care...

WHEN DOES  BEGIN?

**Robin** [REDACTED]

A few divided cells is not a human being and until the age of viability a fetus does not and should not have any legal rights. Look at the states with the restrictive laws. Women with complications are not being offered abortion as early as they were which is resulting in delays until it is an emergency and the woman risks dying. Women are intelligent and moral enough to decide for themselves. The anti-abortion laws have nothing to do with life and everything to do with power over women.

The exemption clauses in pro-life laws are working. Unfortunately, physicians who make poor patient care decisions then sometimes try to use those laws to obscure their poor decisions.

Furthermore, it is disingenuous to use the very rare instances of maternal health risk to **justify** abortion on demand. Please note the legal axiom, "Hard cases make bad laws". Laws are written to cover the majority of situations under their scope. Then language for exceptions can be written to address the "hard cases". That is what pro-life laws do. In the vast majority of cases abortion is chosen by a healthy woman to end the life of a healthy unborn human. Please address those situations rather than using rare situations to promote your position.

Robin, you have not provided any scientific evidence to counter the consensus of scientists that human life begins at conception. Steve Jacobs' landmark study found that 96% of biologists world-wide "affirmed that a human's life begins at fertilization". You have only provided your opinion.

Regarding the need of women to receive appropriate medical care, that needs to be addressed via better training of medical staff and institutions. It is not an argument for elective abortion. The vast majority of abortions are not performed for medical reasons.

Once another human life begins there are two humans who have a right to life, respect, and protection. We do not need to pit them against each other. You argue that "the anti-abortion laws have nothing to do with life and everything to do with power over women". Please remember that half the abortions are performed against females. In countries where gender selection abortion is widely practiced the percentage of females killed is even higher. Abortion is the ultimate "power over women".

<https://pubmed.ncbi.nlm.nih.gov/36629778/>

WHEN DOES  BEGIN?

Tim [REDACTED]

What is the maternal mortality rate in America? Mothers are persons too.

Tim, the maternal mortality rate in the United States is definitely too high. However, please remember that the mortality rate for legal abortions appears to be higher. We do not actually know the true rate because the United States does not have a national requirement for deaths due to abortion. California, a very populous pro-abortion state, is just one of the states that does not require reporting of abortions or their outcomes. However, here is what we do know.

Finland does require national reporting of abortion outcomes. In a 2004 study from Finland, researchers found that deaths following abor-

tion were over three times higher than after childbirth. Furthermore, a 2002 U.S. study by Dr. David Reardon linked Medicaid treatment records and death certificates and found significantly higher rates of death associated with abortion than with childbirth. The first step to truly understand the risks of abortion is to implement national reporting of abortion outcomes. Would you support that? Please read the Finnish study published in the American Journal of Obstetrics and Gynecology.

<https://www.sciencedirect.com/science/article/abs/pii/S0002937803011360?via%3Dihub>

WHEN DOES  BEGIN?

Michael [REDACTED]

Abortion is the procedure when a woman miscarries and the fetus doesn't get expelled. That is healthcare. If there is no abortion, the woman will die.

Michael, miscarriage and abortion are not the same thing. Abortion is the willful ending of a living human. Miscarriage care is simply helping the woman expel the dead fetus. One is healthcare. The other is not.



**Carolyn [REDACTED]**

...I don't know how you have lived so far. Pregnancy and giving birth IS permanent. It forever changes a woman's body. Pregnancy and giving birth IS riskier to a woman than an abortion. Educate yourself.

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You are correct that pregnancy permanently changes a woman's body. However, some of the changes are very beneficial. Physicians have known for decades that fetal cells cross the placenta during pregnancy and recent research is starting to uncover a host of benefits for the mother from this transfer including an overall reduced risk of rheumatoid arthritis and possible protection against breast cancer. So, in ways that we are just now discovering, babies can improve the physical life of their mothers. Please read this article from NPR.

<https://www.npr.org/sections/health-shots/2015/10/26/449966350/fetal-cells-may-protect-mom-from-disease-long-after-the-babys-born>



**Jim [REDACTED]**

You are not protecting the vulnerable. Women are dying because of the laws that your organization fought for. Five women are suing Texas due to those laws. It's amazing that they survived to sue. They are the lucky ones.

ed for performing abortions to save the mother's life under that law. So, again the law provides necessary protections for women and does NOT put physicians at risk. What is needed may be further training of physicians and medical establishments to correctly interpret the law.

Carolyn,...abortion is NOT safer than childbirth. You have fallen victim to the debunked 2012 study by E. G. Raymond and D. A. Grimes. They concluded that "the risk of death associated with childbirth is approximately 14 times higher than that with abortion." Their conclusion was based on a very simplistic calculation of dividing the number of pregnancy-related deaths in the US between 1998 and 2005 by the "mortality rate related to legal induced abortion". The result of this calculation was 14.66, thus the claim of 14-to-1.

However, the problem is that the United States did not then and does not now have a national requirement for deaths due to abortion. California, a very populous pro-abortion state, is just one of the states that does not require reporting of abortions or their outcomes.

In contrast, Finland does require national reporting of abortion outcomes.

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Jim, what happened to those women was horrendous. However, it was not the fault of the law but of the physicians and the medical establishments who did not use the clear protection for the women.

Did you know that the author of one of the abortion bans wrote to the Texas State Medical Board in August, concerned that hospitals "may be wrongfully prohibiting or seriously delaying physicians from providing medically appropriate and possibly lifesaving services to patients who have various pregnancy complications." He underscored that under the exceptions, hospitals had to protect the "mother's life and major bodily function." He and those of us who put premium value on human life are profoundly concerned about protection for women.

Also, the life of the mother exception language is the same exception language used in the 2013 law which protects unborn babies from abortion beginning at 20 weeks. No physician has ever been prosecuted for performing abortions to save the mother's life under that law. So, again the law provides necessary protections for women and does NOT put physicians at risk. What is needed may be further training of physicians and medical establishments to correctly interpret the law.

**Robin** [REDACTED]

The medical journals are starting to document the horrible outcomes since Roe was overturned and these restrictive laws went into effect. Normal practice when there is a serious complication prior to 22 weeks was to offer the woman the option to terminate the pregnancy since continuing it places significant risk on the woman's health and the odds of a healthy baby are very low. In Sept 2021 TX adopted 2 measures which added punitive damages and forced women to wait till their lives were in immediate threat. An article published in the American Journal of Obstetrics and Gynecology, describes the experience of 28 women in 2 large Texas hospitals over a period of 8 months following that legislation. All presented at less than 22 weeks' gestation with serious complications but could not be offered a safe solution in an abortion. Typical wait time till something terrible happened was 9 days. Here is what happened to the women as they waited: Most of them went into labor, or had a stillbirth, which meant the medical team could then legally intervene and empty the uterus. 57% of those pregnant women had some sort of complication, and for about a third of them, it was serious enough to require intensive-care admission, surgery, or a second admission to the hospital. One of the 28 patients ended up with a hysterectomy, which means she will never carry a pregnancy again. The authors of the article estimate, based on their pre-September practice, that about half of those maternal complications would have been avoided if immediate abortion had been offered as a choice. Women need to decide for themselves.

Robin, we want everyone to be safe – women and unborn babies. That is why policy needs to be based on real data not knee-jerk reactions. Let's look at the study that you are referring to. Here is the link to the original article in the American Journal of Obstetrics and Gynecology. [https://www.ajog.org/article/S0002-9378\(22\)00536-1/fulltext](https://www.ajog.org/article/S0002-9378(22)00536-1/fulltext)

The first thing to note is that the authors themselves acknowledge that this is an extremely small sample size – only 28 women at only 2 hospitals. Also, the article notes that both the hospitals are level IV designated maternal care facilities. Level IV facilities provide "care of the most complex maternal conditions and critically ill pregnant women and fetuses". So, the sample size is small and it is reasonable to assume that the women in the study were at high risk with probable poor outcomes regardless of whether they received an early abortion or not.

You stated that the authors claimed that half of the maternal outcomes could have been avoided with earlier abortion. However, I did not see that statement in the original AJOG article. Please provide the direct quote if I missed it. Even if the statement was made by the two authors that is a highly subjective claim. On what basis do they determine outcomes that never occurred?

Also, if earlier abortion truly was indicated, then that course could have been taken. The Texas abortion law allows for abortion to save the life of the mother or prevent "substantial impairment of major bodily function."

Abortion on demand is not the answer to better maternity care. The answer is better prenatal care to minimize high-risk pregnancies, better training for doctors, and probably better instruction regarding the law. This will result in better outcomes for both women and the unborn.

Nancy [REDACTED]

...FYI, pregnancy is a life threatening condition and the US has the highest maternal mortality rate in the developed world. We also have one of the highest infant mortality rates. Seems to me it would be better to save the mothers and babies that are wanted than to force women to put their lives at risk then let them and unwanted babies die. Not everyone subscribes to your religion or any religion and the Constitution guarantees freedom of religion. Why do your religious beliefs supersede another person's right to bodily autonomy? The argument is religious, not scientific.

Nancy, thank you for your thoughts. Respectfully, the definition of human life is a scientific, biological issue. At fertilization, all 46 chromosomes scientifically identifying the being as a human being are in place. The fetus is a **biologically** unique human being – **genetically separate** from their mother or father.

So, this is also a civic issue. The FIRST right enumerated in our Declaration of Independence is the Right to Life. That foundational right is reaffirmed in our Constitution and throughout our nation's body of law. Your comment that only the "wanted" should live takes us down a very dangerous path.

Regarding our nation's maternal and infant mortality rate, it is **extremely rare** that protecting the life of the mother is the reason for an abortion. That being said, we certainly need to continue to provide better prenatal care...

Jim [REDACTED]

**YOU WILL NEVER END  
ABORTION  
YOU WILL ONLY  
END SAFE  
ABORTIONS**

Jim, regarding "back-alley abortions", that is an image that quite honestly was manufactured by abortion advocates and yet debunked by more honest abortion proponents. Even as far back as 1960, Dr. Mary S. Calderone, a former director of Planned Parenthood, wrote in the American Journal of Public Health, "Abortion is no longer a dangerous procedure...whether therapeutic or illegal, is in the main no longer dangerous, because it is being done well by physicians." Illegal and legal abortions have long been done by physicians and midwives.

More importantly, we need to keep the focus on the main issue. If abortion takes the life of an innocent human being – which it does – then it is wrong and it is never safe. We as a society do not allow the taking of innocent life in any other context. Human beings have an inalienable right to life.