

Pregnancy Kills. Abortion Saves Lives.

Every pregnancy poses a “serious health risk” to the mother.

By Warren M. Hern

Dr. Hern is a physician and epidemiologist who specializes in late-abortion services.

Pregnancy is a life-threatening condition. Women die from being pregnant. We have known that for thousands of years.

They die from hemorrhage, infection, pre-eclampsia (which can lead to fatal seizures), obstructed labor, amniotic fluid embolism, thromboembolism, a ruptured uterus, retained placenta, hydatidiform mole, choriocarcinoma and many other causes that fill the obstetrics textbooks. Modern medicine can prevent and treat many, but not all, of these conditions. Some potentially fatal problems cannot be foreseen or prevented. Pregnancy always comes with some irreducible risk of death.

There are factors that put some women at higher-than-average risk of death from pregnancy: age (to be an early adolescent is more dangerous), high blood pressure, many previous pregnancies, diabetes, obesity, a history of cesarean delivery, uterine abnormalities, a scarred cervix, a placenta previa (in which the placenta covers the cervix). A placenta previa can result in sudden, catastrophic hemorrhage that is fatal, and it can require a cesarean delivery — which carries its own risks — since a normal vaginal delivery is impossible.

The measure of risk to a woman’s life from pregnancy itself is called the “maternal mortality ratio.” That is the number of women who die of causes related to or aggravated by pregnancy per 100,000 live births.

In Alabama, the [overall maternal mortality ratio](#) in 2018 was 11.9 per 100,000. Among white women, the 2018 maternal mortality ratio was 5.6; among black women, it was 27.6, making black women in Alabama almost five times more likely to die as a result of pregnancy than white women. For the United States overall, the maternal mortality ratio was 20.7.

By comparison, [a study in the journal *Obstetrics & Gynecology*](#) on abortion mortality from 1998 to 2010 found that for the 16.1 million abortions performed during that time, the overall death rate was 0.7 per 100,000 procedures. The death rate for early-abortion procedures — those that took place within the first eight weeks of the pregnancy — was less: 0.3 per 100,000.

Pregnancy is dangerous; abortion can be lifesaving.

Alabama’s new law claims that it does not prohibit abortion if there is a “reasonable medical judgment” that the pregnancy poses a “serious health risk” to the woman. An abortion may

(over)

be performed if a “reasonable medical judgment” “necessitates” that a pregnancy be terminated to “avert her death or to avert serious risk of substantial physical impairment of a major bodily function.” The definition of a “major bodily function” is not given, nor is it distinguished from a minor bodily function.

But pregnancy itself poses a “serious health risk” — including the risk of dying and losing *all* bodily functions. A woman’s life and health are at risk from the moment that a pregnancy exists in her body, whether she wants to be pregnant or not.

All of the above raises multiple important questions: Could a doctor who determines that a woman is pregnant also determine, as a consequence of that pregnancy, that a “serious health risk” exists? Could that doctor then end her pregnancy without fear of prosecution? Who decides what a “reasonable medical judgment” is or what a “major bodily function” is? What are the criteria for these judgments?

Does the Alabama legislature recognize that the effects of its new law, depending on how it is enforced, are unequal, since black women are more likely to die from pregnancy in Alabama than white women and so are more likely to benefit from the availability of safe abortion?

Surely the Alabama legislature has carefully considered all of the above in drafting this law, which affects more than 2.5 million women in that state, some of them more than others.

Or perhaps not. Maybe all of this is moot. Perhaps the goal of the Alabama law, in addition to triggering a legal challenge to *Roe v. Wade*, may be to discourage doctors from even practicing medicine in that state, lest they be accused of performing an illegal abortion and sentenced to prison for the rest of their lives. Perhaps the vagueness of the law and the confusion is the point. Vagueness and confusion are tools of tyranny.

The intent of the Alabama legislature and its new law is clearly to prohibit and prevent abortions from being performed. But does it?

Warren M. Hern, a physician and epidemiologist, is director of the Boulder Abortion Clinic in Boulder, Colo., where he specializes in late-abortion services. He is the author of the medical textbook “Abortion Practice,” a comprehensive guide to performing safe abortions.