

## **PREGNACY MORTALITY**

Any consideration of options for pregnancy should include the risks of both continuing a pregnancy with a plan to delivery and undergoing an abortion process.

## **RISK OF DEATH TO THE PREGNANT WOMAN WITH CONTINUING PREGNANCY**

According to the Centers for Disease Control and Prevention (CDC), there were 24 deaths per 100,000 births in the US in 2020, which is a significant increase over previous years<sup>i</sup>.

Considerable racial disparities in pregnancy-related mortality exist. In 2020 there were:

- 19.1 deaths per 100,000 live births for white pregnant women.
- 55.3 deaths per 100,000 live births for black pregnant women.
- 18.2 deaths per 100,000 live births for Hispanic pregnant women.

The most common causes of maternal death 2016-2018 were<sup>ii</sup>:

- Cardiovascular diseases, 16.2%.
- Infection or sepsis, 13.9%.
- Other non-cardiovascular medical condition, 11.4%
- Hemorrhage, 11.0%.
- Cardiomyopathy, 12.5%.
- Thrombotic pulmonary embolism, 9.4%.
- Hypertensive disorders of pregnancy, 6.8%.
- Cerebrovascular accidents, 7.0%.
- Amniotic fluid embolism, 5.7%.

## **RISK OF DEATH TO THE PREGNANT WOMAN AFTER AN ABORTION**

According to the Centers for Disease Control and Prevention<sup>iii</sup> (CDC), for the period 2013-2018, the national case fatality rate for legal induced abortions was 0.41 deaths per 100,000 abortion procedures. This rate is based upon n=22 deaths. A woman's risk of death associated with abortion increases with the length of pregnancy. The risk of the woman dying from an abortion by fetal gestational age is:

- 0.3 deaths per 100,000 induced abortions performed at 8 weeks or less<sup>iv</sup>
- 6.7 deaths per 100,000 induced abortion procedures at 18 weeks or more

In 2018, The National Academies of Sciences Engineering and Medicine concluded that abortion care in the US is safe, effective and can be provided in office-based settings<sup>v</sup>. Exhaustive reviews by panels convened by the U.S. and UK governments conclude that there is no association between abortion and breast cancer. There is also no indication that abortion is a risk factor for cancers<sup>vi, vii</sup>.

## **REFERENCES**

---

<sup>i</sup> [https://stacks.cdc.gov/view/cdc/113967/cdc\\_113967\\_DS1.pdf](https://stacks.cdc.gov/view/cdc/113967/cdc_113967_DS1.pdf)

<sup>ii</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health, Maternal Mortality, Pregnancy Mortality Surveillance System. Accessed 06.29.22

<sup>iii</sup> Kortsmits K, Mandel MG, Reeves JA, et al. Abortion Surveillance — United States, 2019. *MMWR Surveill Summ* 2021;70 (No. SS-9):1–29. DOI: <http://dx.doi.org/10.15585/mmwr.ss7009a1>. Accessed 06.29.22

---

<sup>iv</sup> Creanga, A. A. (2018). Maternal mortality in the United States: a review of contemporary data and their limitations. *Clinical obstetrics and gynecology*, 61(2), 296-306.

<sup>v</sup> National Academies of Sciences, Engineering, and Medicine. 2018. The safety and quality of abortion care in the United States. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24950>

<sup>vi</sup> Raymond and Grimes. The comparative safety of legal induced abortion and childbirth in the US. *Obstetrics and Gynecology*. 2012, 119:215-9

<sup>vii</sup> Boonstra HD et al., *Abortion in Women's Lives*, New York: Guttmacher Institute, 2006, <https://www.guttmacher.org/report/abortion-womens-lives>