

Science is clear on the matter: Abortion saves women's lives

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Rebecca Cohen

As a practicing OB/GYN in Denver, and an abortion provider, I'd like to correct some misstatements made in the media lately about women's health care and the role the governor of Colorado will play — especially under the threat of *Roe v. Wade* being overturned.

U.S. Rep. Jared Polis is absolutely correct. If *Roe v. Wade* is overturned and abortion rights are not protected in Colorado, women will die. They did before *Roe*. Banning abortion doesn't stop abortion. It just

means women resort to back alleys, bleach, physical self-harm and other unsafe, unproven methods to terminate a pregnancy instead of seeking medical care.

Restricting reproductive choice is dangerous for women, especially those at highest risk.

Abortion *is* health care. So is contraception. And decisions about both are fundamental to a woman's overall well-being and her ability to control the course of her own life. The American College of Obstetricians and Gynecologists, of which I am a member, has this to say: "Safe, legal abortion is a necessary component of women's health care."

I can tell you from experience that first trimester abortion is one of the safest medical procedures in the country. It is safer than colonoscopies, laser eye surgery, and vasectomies. It is much safer than carrying a pregnancy to term, according to a study published by the [National Institutes of Health](#), which states: "Legal induced abortion is markedly safer than childbirth. The risk of death associated with childbirth is approximately 14 times higher than that with abortion."

Women of color, poor women, and those with chronic medical conditions are at higher risk of pregnancy complications. As a physician, I provide honest, evidence-based guidance regarding all treatment options that optimize my patient's health. In some cases, abortion is a truly life-saving option — preventing a woman from bleeding to death, stopping the spread of infection from the uterus, or ending a pregnancy that causes a lethal burden on an already ill woman's heart, lungs, or kidneys.

In Colorado, state Medicaid will pay for abortion only when a pregnancy becomes an immediate threat to a woman's life (or if the pregnancy results from rape or incest). In many other states, Medicaid allows abortion when pregnancy threatens maternal health – and in these states, hospitalization for severe complications of pregnancy was less common.

Limiting access to abortion does not make abortion go away; instead, women seek unsafe and clandestine abortion. History tells us legal abortion substantially reduced women dying from illegal abortion.

According to the [Guttmacher Institute](#), after Roe, “One stark indication of the prevalence of illegal abortion was the death toll. In 1930, abortion was listed as the official cause of death for almost 2,700 women—nearly one-fifth (18%) of maternal deaths recorded in that year. The death toll had declined to just under 1,700 by 1940, and to just over 300 by 1950 (the introduction of antibiotics in the 1940s permitted more effective treatment of the infections that frequently developed after illegal abortion). By 1965, the number of deaths due to illegal abortion had fallen to just under 200, but illegal abortion still accounted for 17% of all deaths attributed to pregnancy and childbirth that year. And these are just the number that were officially reported; the actual number was likely much higher. Today in the United States, abortion is safe – for every 100,000 women that have an abortion, fewer than 1 will die of complications. Legal abortion saves women's lives.”

Federally qualified health centers (FQHCs) provide exceptional-quality primary care in underserved communities, but they cannot – and should not – take the place of Planned Parenthood. Without Planned Parenthood, Colorado's centers would need to at least double their caseload, and many already face strong demand and long waits to provide crucial services. And logistical issues aside, Colorado women have the right to control their own bodies, and their pregnancies.

As an OB/GYN physician, I trust and support women to make choices that are right for them – in regards to their health, their lives, and their reproductive freedom. I will not accept actions that limit women's choices and increase their risk of harm, especially when these actions are based on ideology, and not science. Colorado's governor shouldn't, either.

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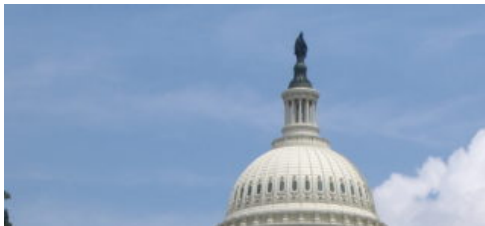
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