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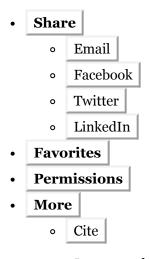
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Departments: Letters to the Editor

Abortion, Pregnancy, and Public Health

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the relative safety of abortion and childbirth.

Pregnancy-related mortality risk increases only slightly with age through age 34 years and rises substantially after age 40 years.1 As we note in our article, in 2008, the proportions of women in that older age bracket were nearly identical among women having abortions and childbirth.2 Therefore, the difference in distribution of the two groups in the lower age brackets is unlikely to have a major effect on underlying risk. However, other risk factors for mortality were more common in the abortion patients. Thus, our finding of a 14-fold lower mortality risk in abortion patients probably underestimates the true relative safety of choosing this option.

To ascertain abortion-related deaths, the Centers for Disease Control and Prevention actively monitors numerous sources, including state vital records, public health agencies, maternal mortality review committees, health care providers and provider organizations, private citizens, citizen groups, and media reports.3 Therefore, substantial inaccuracy in the statistics on abortionrelated deaths is unlikely. In contrast, childbirth-related deaths, which are identified primarily from death certificates, may have been somewhat undercounted, particularly in the earlier years included in our article.4 If the number of abortion-related deaths in our analysis was more complete than the number of childbirth-related deaths, abortion may be even safer relative to childbirth than we reported in our article.

Dr. Walsh apparently misunderstood the focus of our article: the comparative safety of two pregnancy outcomes for women. Our analysis shows that induced abortion in the United States is much safer than childbirth, a fact that every woman deserves to know.

Financial Disclosure: The authors did not report any potential conflicts of interest.

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REFERENCES

- Berg CJ, Callaghan WM, Syverson C, Henderson Z. Pregnancy-related mortality in the United States, 1998 to 2005. Obstet Gynecol 2010;116:1302-9.
- Raymond EG, Grimes DA. The comparative safety of legal induced abortion and childbirth in the United States. Obstet Gynecol 2012;119:215-9.
- Pazol K, Zane SB, Parker WY, Hall LR, Berg C, Cook DA. Abortion surveillance–United States, 2008. MMWR Surveill Summ 2011;60:1–41.
- MacKay AP, Berg CJ, Liu X, Duran C, Hoyert DL. Changes in pregnancy mortality ascertainment: United States, 1999–2005. Obstet Gynecol 2011;118: 104–10.

Abortion, Pregnancy, and Public Health

To the Editor:

Thank you for including Dr. Mitchell Creinin's thoughtful reflection on the hypocrisy of abortion legislation in this nation as it relates to real public health hazards.1 The disproportionate amount of government restrictions placed on abortion compared with activities that pose legitimate health risks (eg, smoking) demonstrates that our nation's battle over abortion has little to do with "protecting" women and much to do with controlling them. Bravo to Dr. Creinin for advocating that "every woman deserves factual medical information whenever she is making a decision whether or not to terminate a pregnancy." We must trust women to make the health decision best for them and leave the patriarchy behind. Abortion is a valid and necessary medical procedure, and it is crucial that physicians fight to ensure that all women have access to safe abortion if needed. I am a medical student and plan to provide abortion services because the alternative to women not having access to this service is unacceptable and does not resonate with my moral or professional conscience.

Financial Disclosure: The author did not report any potential conflicts of interest.

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REFERENCE

 Creinin MD. Abortion, pregnancy, and public health. Obstet Gynecol 2012;112:212-4.

Abortion, Pregnancy, and Public Health

To the Editor:

I read Dr. Creinin's recent editorial in the Green Journal and was amazed at the thought process used to reach his conclusions regarding the virtue of abortion.1 Although I long ago concluded that debate between those supporting and opposing elective abortion was futile, I simply cannot read this article and remain mute. Although I agree that tobacco abuse is a major health issue and that maximum effort by legislators and health care providers is needed to reduce this scourge, that issue cannot be compared with that of abortion. Today, I do not have to allow myself to be exposed to tobacco smoke. I am protected by laws that prohibit smoking in restaurants, on public transportation, and in public buildings. Essentially everywhere I go is smoke-free. Those who choose to smoke have the daily ability to make that choice. I think it is a bad choice, as I gather you do. Four hundred fortythree thousand deaths per year is a terrible waste of life and health care resources indeed.

One million two hundred ten thousand deaths per year from abortion remains a tragedy that clearly cannot be dismissed so easily as inconsequential because statistics show it to be a safe procedure for the mother. Dr. Creinin indicates that 2,856 women died from pregnancy-related complications over 7 years compared with 64 dying from abortion-related complications. So 2,965.67 unborn children must be terminated to save one woman from maternal death. All life is sacred and should be protected. As obstetricians, we have all witnessed the beginning of life. We cannot deny that it is life

I am saddened at the loss of health and life from tobacco, yet it is a choice for the vast majority who are affected. To ignore the obvious moral consequence of taking the life of an innocent unborn child evades schol-

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Got it, thanks!