

Myth vs. Fact: Correcting Misinformation on Maternal Medical Care

Medical Misinformation is Dangerous to Women

MYTH: Abortion is an essential healthcare service.

- [American College of Obstetricians and Gynecologists](#): “As obstetrician-gynecologists, we support the health, safety, and well-being of our patients by providing comprehensive medical care. This means working to ensure that all patients can access the full spectrum of maternal, sexual, and reproductive health care options, including abortion.”
- [NPR](#): “Many doctors and legal analysts adamantly disagree with Alito's view.”

FACT: The pro-abortion policies promoted by groups like the American College of Obstetricians and Gynecologists (ACOG) do not align with the views of many in the medical community or the countless Americans across the country that support commonsense protections for women.

- ACOG’s positions on abortion are far more extreme than the vast majority of OB/GYNs in the country.
- While claiming to be a medical organization representing OB/GYNs, ACOG has actively opposed doctors who do not agree with the group’s radical positions, and it refuses to represent the diversity of professional views in the OB/GYN community as a whole.
- ACOG has sidelined science for pro-abortion advocacy, treating abortion differently than actual medical care and ignoring the wealth of evidence showing significant harms to women from abortion, such as adverse [mental health outcomes](#) and an increased risk of [preterm birth](#) in future pregnancies.
- ACOG [rarely](#) surveys their members about their position and opinions on abortion.
- ACOG [refuses](#) to support ultrasounds prior to abortions – which are critical for providing informed consent to a patient.
- ACOG [opposes](#) restrictions on partial-birth abortions - their policies allow abortions to be performed at any time before delivery and by any method.

MYTH: Restrictions on abortion are an intrusion on the relationship between a doctor and a patient.

- [American Medical Association](#): “Ruling an egregious allowance of government intrusion into medicine”

FACT: Most abortion providers have no previous relationship with the patients they see.

- Abortion providers often have no previous [relationship](#) with their patients and tend to leave the medical care afterwards to other physicians who either have a prior relationship with the patient or who work in her local emergency room.
- It is not an intrusion on the doctor/patient relationship to protect the lives of BOTH of our patients.

MYTH: Unrestricted abortion access is necessary for providing life-saving care for pregnant women.

- [NPR](#): “Some abortions are necessary to save the life of a patient”
- [Reuters](#): “Fact Check - Termination of pregnancy can be necessary to save a woman’s life, experts say”

FACT: Elective abortion is not lifesaving medical care. OB/GYNs will still be able to offer lifesaving medical care to pregnant women. No laws on elective abortion will impact that.

- [93%](#) of practicing OB/GYNs do not perform elective abortions but have always been able to offer life-saving treatment to women and will continue to be able to do so regardless of state laws on abortion.
- When medically necessary to treat a life-threatening medical condition for the mother, doctors can end the pregnancy in a way that respects both patients’ lives. This is [vastly different](#) from elective abortion, which intentionally ends the life of a human being.
- Despite what the rhetoric and political posturing may be from abortion advocates, OB/GYNs are trained to [discern](#) when they need to intervene to save a mother’s life.
- Any competent OB/GYN physician is trained to make this determination well before the threat to the mother’s life progresses to the point where death is imminent.

MYTH: Women with ectopic pregnancies and miscarriages won’t receive care they need.

- [The New York Times](#): “They Had Miscarriages, and New Abortion Laws Obstructed Treatment”
- [Bloomberg](#): “Overturning Roe v. Wade Will Make It Harder to Treat Miscarriage”
- [CBS News](#): “People will die: OB-GYNs explain how ectopic pregnancy and other complications threaten lives without abortion care”
- [American College of Obstetricians and Gynecologists](#): “Abortion bans threaten to impede ectopic pregnancy treatment.”

FACT: These circumstances are entirely different than an elective abortion, which purposefully ends the life of an unborn child.

- The difference between a miscarriage and an elective abortion is clear. In a miscarriage, the baby has already died and therefore any treatment of a miscarriage would [not be an abortion](#). The procedures and treatments used for miscarriage management are [not prohibited](#) by abortion restrictions.
- An ectopic pregnancy [requires](#) removing an embryo to save a mother’s life so that both lives are not lost. This life-saving treatment is not prevented by any current law restricting or banning abortion. Claiming that it is only serves to confuse women and potentially cause critical delays in care.

MYTH: Maternal mortality will increase as a result of the Supreme Court’s ruling.

- [NBC News](#): “‘No question’ that U.S. maternal mortality rate will rise post-Roe, experts say”
- [The Guardian](#): “‘A matter of life and death’: maternal mortality rate will rise without Roe, experts warn”
- [American College of Obstetricians and Gynecologists](#): “Allowing states to set individual restrictive abortion policies...will force many people to face the known risks associated with continuing a pregnancy, including potential pregnancy-related complications and worsening of existing health conditions, as well as the morbidity and mortality associated with childbirth.”

FACT: The data clearly shows that restricting abortion does not lead to an increase in maternal mortality.

- The U.S. has had nearly unfettered access to abortion for nearly 50 years, while maintaining one of the [worst](#) maternal mortality rates and preterm birth rates in the developed world. Women deserve real solutions to improve their health and that of their children.

- In fact, [studies](#) from a diverse range of countries suggest that abortion is actually associated with higher maternal mortality rates and restrictions may lead to improved maternal health.
- Data from [Finland](#) found abortion is associated with 49.5 maternal deaths per 100,000 women compared to a rate of only 8.1 per 100,000 for all external causes of death after delivery.
- A study from [Mexico](#) found that states with laws restricting abortion had lower maternal mortality rates overall than states with more liberal abortion laws.
- A range of diverse [countries](#) from around the world, like Poland, Chile, El Salvador, and Nicaragua, have not seen their maternal mortality [worsen](#) after enacting abortion restrictions.
 - In fact, there are instances where the exact opposite has been found to be true. In [South Africa](#), [maternal mortality](#) worsened after abortion was legalized.

MYTH: Placing restrictions on abortion will diminish care for women.

- [Texas Tribune](#): “Abortion restrictions threaten care for pregnant patients, providers say”
- [Bloomberg](#): “Biden Warns Women’s Health at Risk After Court’s Roe Ruling”

FACT: Abortion restrictions often improve safety for women.

- Provisions like ultrasound requirements, hospital privileges, and waiting periods [protect](#) women who deserve thorough and quality care.
- For example, ultrasounds help [verify](#) the gestational age, which is critical to accurately assessing the risks associated with an abortion. The further along in the pregnancy a woman is the [greater risk](#) she faces from an abortion. There is no way to provide accurate informed consent for a woman if the gestational age of her pregnancy is not certain.
- Requiring abortion providers to have [hospital privileges](#) helps ensure that the patient is not abandoned by abortion providers afterwards in instances of complications and that the physician performing the abortion is, in fact, qualified to do so.
- Critics claim that waiting periods are coercion, yet [data](#) shows that women are often unsure about having an abortion and many receive little to no counseling beforehand. Any time a woman is making a significant life decision, she should be given adequate time to weigh that decision.

MYTH: Abortion does not have a long term impact on a woman's reproductive health.

- [The New York Times](#): “Only abortions that are associated with complications could potentially impact future fertility.”
- [Planned Parenthood](#): “No. A safe, uncomplicated, legal abortion does not affect a woman’s ability to have children in the future.”

FACT: Abortions increase a woman’s risk of preterm birth in a future pregnancy.

- The Institute of Medicine lists surgical abortion as an immutable risk factor for [preterm](#) birth.
- [Women](#) face a 35% increased risk of preterm birth in a future pregnancy after one surgical abortion and an almost 90% increase in preterm birth risk after two abortions.
- The increased risk of future preterm birth for women after they have an abortion represents a clear [long-term](#) health risk. Mothers who deliver preterm babies are at a higher risk of medical complications later in life including cardiovascular disease and stroke.

MYTH: Chemical abortions are a safe and convenient option for women.

- [The New York Times](#): “Growing evidence from overseas suggests that abortion pills are safe even among women who do not have a doctor to advise them.”
- [Everyday Health](#): “Abortion Pills Are Safe Without In-Person Exams”
- [Society of Family Planning](#): “Recent data demonstrate that people can safely and effectively self-manage their abortions with medications.”

FACT: The dangerous push in recent years to dispense abortion pills through the mail or without a doctor’s visit presents a grave threat to women’s health.

- Chemical abortions can now occur without an [in-person](#) visit with a physician or an ultrasound to examine for health concerns. This prevents a doctor from being able to determine how far along the pregnancy is or rule out a dangerous ectopic pregnancy. It also prevents adequate [screening](#) for coercion or intimate partner violence, both of which are common in women seeking abortions.
- [Symptoms](#) of a rupturing ectopic pregnancy mimic symptoms from a chemical abortion. If this causes a delay in diagnosis of even a few hours, it can be catastrophic.

MYTH: Restricting access to abortion will have a negative impact on women’s mental health.

- [USA Today](#): “‘A fight every day’: Roe v. Wade overturn a dire impact on mental health, experts say”

FACT: Numerous studies show women suffer from worse mental health outcomes after an abortion.

- From 1993 to 2018, there at least [75](#) studies examining the link between abortion and mental health. Two-thirds of those studies showed a correlation between abortion and adverse mental health outcomes.
- Studies show abortion significantly increases the [risk](#) of depression, anxiety, substance abuse, and suicidal behavior, when compared to women with unintended pregnancies who choose to carry the baby to birth.
 - A study from [Finland](#) found a 7X higher suicide rate after abortion compared to when women gave birth.
- There is consensus amongst most social scientist scholars that at least [20-30%](#) of women who have an abortion suffer serious, prolonged negative psychological consequences.
- The Turnaway study, most often quoted by abortion advocates as evidence that women are harmed by not being able to access abortion, actually showed that by 5 years later, [96%](#) of women were glad they had not had an abortion.