



## WOMEN'S HEALTHCARE DECLARATION

[WWW.WOMENSHEALTHMATTERS.ORG](http://WWW.WOMENSHEALTHMATTERS.ORG)

As medical professionals, we believe that excellent healthcare for women needs to be restored, especially as it relates to pregnancy. There are two particular areas of concern – the widespread use of drug-induced abortions and the dissemination of incorrect information targeted at healthcare professionals and patients in states with life-affirming legislation:

- The U.S. Food and Drug Administration (FDA)'s relaxed protocols regarding drug-induced abortion have increased the risks to women's health and safety by replacing the physician/patient relationship with invisible and inaccessible providers that are not adequately assessing women for factors that could increase their risk of complications or be life-threatening. The result is that our patients are being harmed – even dying.
- We are also concerned that life-affirming legislation has been deliberately mischaracterized, leading to confusion and incorrect information among healthcare professionals and patients, which has further endangered women's lives.

### **We affirm:**

1. Women deserve life-affirming healthcare during all phases of their lives. We are committed to providing life-affirming healthcare to all women and their babies, regardless of economic means, insured status, ethnicity, race, religion, health status, or any other demographic factor.
2. Life-affirming women's healthcare is defined as care that considers the healthcare needs of both of our patients – maternal and fetal. Pregnant women need to be able to trust that their doctors will recommend what is best for both them and their preborn children, regardless of current political or cultural trends.

3. Induced abortion<sup>1</sup> (also known as elective abortion) defined as the intentional ending of our fetal patients' lives, is not healthcare, and is never medically necessary to save a mother's life. It should be noted that all states legally allow ending a pregnancy if the intent is to save the life of the mother, the child, or both.
4. Life-saving medical interventions are always legal in all states, including those with life-affirming legislation.<sup>2</sup>
5. As medical professionals, we take an oath to never intentionally harm any of our patients. Induced abortion kills one of our patients (the preborn child) and carries significant potential harm to the other patient (the mother), including, but not limited to, increased risk of preterm delivery in future pregnancies, increased mental health risks including substance abuse and suicide, and risk of death from complications.<sup>3</sup>
6. Protecting the life and health of the mother is vitally important to us. Women experiencing a miscarriage, ectopic pregnancy, incomplete abortion, or a life-threatening pregnancy complication who seek care at any hospital or healthcare facility must be given immediate help.
7. Medical professionals who may have a moral objection to a specific treatment or procedure are protected by federal health care conscience laws.<sup>4</sup> In such a case, the hospital should immediately arrange for appropriate moral medical care consistent with the hospital's ethical standards.
8. All human beings, whether in utero or born, have equal dignity and worth, regardless of their level of ability or diagnosis. Parents of children with an adverse prenatal diagnosis should be offered appropriate support.<sup>5,6</sup> Because a prenatal diagnosis does not provide a postnatal prognosis,<sup>7</sup> neonatal consultation is recommended.<sup>8</sup> However, with or without consultation, compassionate and excellent medical care consisting of evaluation, stabilization, and clinically-appropriate treatments remain indicated.
9. The FDA's relaxed protocols regarding the abortion drug mifepristone endanger women's health and safety:
  - Initial approval of abortion drugs by the FDA in 2000 came with essential safety standards including at least three in-person doctor visits to check for ectopic pregnancy, severe bleeding, and life-threatening infections; prescription of the drugs by a physician; gestational age of seven weeks or less; and reporting of all serious complications to the FDA.<sup>9</sup> However, without evidence of the safety of its decision, the FDA removed direct physician oversight<sup>10</sup>

- By eliminating in-person physician supervision, women are now left at increased risk of complications due to undiagnosed ectopic pregnancy, lack of adequate screening for Rh status and intimate partner violence or coercion. They are also left without ongoing medical care if they experience severe bleeding, incomplete abortions, or potentially life-threatening infections.
- After taking abortion drugs, removal of the requirement for women to have scheduled follow-up medical care, other than vague instructions to go to the local emergency room if they think they are having complications, increases the risks of missing retained fetal parts and other complications from chemical abortions.
- Putting women at additional risk, the FDA no longer requires that any complication be reported other than death.<sup>11</sup> Knowledge of accurate data regarding complications related to these drugs has been robbed from physicians, patients, and the public.
- Drug-induced abortions have a higher risk of complications than surgical abortions.<sup>12</sup> The FDA's own label for these abortion drugs states that roughly one in 25 women who take the drugs will end up in the emergency room. Studies that the FDA cited in 2021 strongly indicate that removing the initial in-person office visit increases that number.<sup>13</sup>

10. Women in both life-affirming states and abortion permissive states have been harmed by induced abortion.<sup>14</sup> The abortion industry endangers women through distorting facts regarding care available to women experiencing a life-threatening medical condition. The deaths of women who delayed seeking care or who lacked a life-saving intervention by a physician because of these distortions is an outrage.<sup>15</sup>

11. Under existing life-affirming laws women are exempt from prosecution and no woman has ever been prosecuted for obtaining an induced abortion or for seeking medical help following an incomplete abortion. In life-affirming states, only institutions and abortion providers who break the law are prosecuted.<sup>16</sup>

### **We recognize:**

1. Life-affirming state laws do not prevent healthcare professionals from providing women care for a miscarriage, ectopic pregnancy, an incomplete abortion, or any other life-threatening condition related to pregnancy.
2. An ectopic pregnancy is a life-threatening condition that needs to be immediately addressed and can be legally treated in every state in the country, whether in states with life-affirming laws or not. For example, Catholic hospitals have

always treated ectopic pregnancies effectively according to specific Catholic moral guidelines.<sup>17</sup>

3. Distorted explanations of life-affirming laws regarding induced abortion and women's healthcare actively endanger our patients.<sup>18</sup>
  - Most physicians rely on their hospitals, hospital attorneys, state medical associations or professional organizations to explain their state laws to them, but many physicians are not receiving appropriate counseling and explanations of what their state laws allow.
  - Physicians may be delaying<sup>19</sup> or withholding necessary care for women with potentially life-threatening pregnancy complications due to uncertainty or lies they have been told about their state's laws. Laws do not penalize women seeking needed medical care,<sup>20</sup> whether abortion related or not. If women are told otherwise, they may delay seeking critically needed care.

## **In Conclusion**

To provide all women the excellent medical care they deserve as it relates to pregnancy, we call for the following substantial improvements:

- We call on state legislators to enact legislation that protects women in their state from the risks of induced abortion, including drug-induced abortions which are often unregulated mail-order and self-managed, and to require fully informed consent for women about the significant risks of induced abortion.
- We call on state and federal legislators and policy makers to enact policies that will ensure accurate and deidentified data collection on numbers of and complications related to induced abortions.
- We call on professional medical organizations to give accurate guidance on laws, as well as to seek evidence-based solutions to improve the care of pregnant women, especially African-American women, Hispanic women, and other women from historically underserved communities in the U.S.
- We call on state health agencies to hold abortion facilities in their state to the same health and safety standards that they require of other medical institutions and to investigate complaints about these facilities that have endangered women's lives across the U.S.<sup>21</sup>
- We call on medical boards to hold accountable hospitals and medical professionals who fail to provide life-saving care to women suffering from miscarriage, ectopic pregnancy, complications following an induced abortion, or any other life-threatening emergency during pregnancy.

- We call on all hospitals and hospital systems to quickly and accurately educate their staff about their state laws to ensure that patients who present with a miscarriage, an ectopic pregnancy, complications following an induced abortion, or any other life-threatening emergency in pregnancy receive expeditious and life-saving care.
- We call on the abortion industry to stop the political fearmongering that is preventing women from seeking the immediate care they need.
- We call on all obstetricians to provide improved informed consent before prenatal testing.<sup>22</sup> If a suspected fetal anomaly is found, the inherent value of the unborn child remains intact; thus, consultations from appropriate experts should be obtained.<sup>23</sup> Additionally, humbly admitting that the extent to which the suspected anomaly will affect the baby is not known prior to birth, no family should ever feel pressured to terminate their child's life. Our goal is to help these babies and their families live well, for as long or as little an amount of time as they are given.
- We call on the FDA to instate strict safety protocols on abortion drugs in order to ensure that women have adequate screening and ongoing care if they choose to take these high-risk drugs.

By taking these actions, together we can restore the medical standard of care that women deserve surrounding pregnancy. Only then will women's healthcare in the U.S. be made safe. Women's health matters.

This declaration was signed by the following organizations on October 22, 2024:

Alliance for Hippocratic Medicine (AHM)

American Academy of Medical Ethics (AAME)

American Association of Christian Counselors (AACC)

American Association of Pro-Life OBGYNs (AAPLOG)

American College of Family Medicine (ACFM)

American College of Pediatricians (ACPeds)

Catholic Health Care Leadership Alliance (CHCLA)

Catholic Medical Association (CMA)

Christ Medicus Foundation

Christian Medical & Dental Associations (CMDA)

Guiding Star Project

North Carolina Physicians for Freedom (NCPFF)

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<sup>1</sup>CDC's *Abortion Surveillance System FAQs* (2024) Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/reproductive-health/data-statistics/abortion-surveillance-system.html> (Accessed: 16 October 2024).

<sup>2</sup> Harned, M.E. and Skop, I. (2023) *Pro-Life Laws Protect Mom and Baby: Pregnant Women's Lives are Protected in All States*, Charlotte Lozier Institute. Available at: <https://lozierinstitute.org/pro-life-laws-protect-mom-and-baby-pregnant-womens-lives-are-protected-in-all-states/> (Accessed: 16 October 2024).

<sup>3</sup> Francis, C. (2024) *Written Testimony of Christina Francis, MD, for the Senate HELP Committee Hearing on "The Assault on Women's Freedoms: How Abortion Bans Have Created a Health Care Nightmare Across America"*, American Association of Pro-Life Obstetricians and Gynecologists. Available at: <https://aaplog.org/wp-content/uploads/2024/07/Christina-Francis-Senate-HELP-written-testimony.pdf> (Accessed: 16 October 2024).

<sup>4</sup> 45 C.F.R. pt. 88. Available at: <https://www.federalregister.gov/documents/2024/01/11/2024-00091/safeguarding-the-rights-of-conscience-as-protected-by-federal-statutes> (Accessed 16 October 2024).

<sup>5</sup> Bratt, E. L., Järholm, S., Ekman-Joelsson, B. M., Mattson, L. Å., & Mellander, M. (2015). Parent's experiences of counselling and their need for support following a prenatal diagnosis of congenital heart disease--a qualitative study in a Swedish context. *BMC pregnancy and childbirth*, 15, 171. <https://doi.org/10.1186/s12884-015-0610-4>

<sup>6</sup> Bernhardt, B. A., Soucier, D., Hanson, K., Savage, M. S., Jackson, L., & Wapner, R. J. (2013). Women's experiences receiving abnormal prenatal chromosomal microarray testing results. *Genetics in medicine : official journal of the American College of Medical Genetics*, 15(2), 139–145. <https://doi.org/10.1038/gim.2012.113>

<sup>7</sup> Marty, C. M., & Carter, B. S. (2018). Ethics and palliative care in the perinatal world. *Seminars in fetal & neonatal medicine*, 23(1), 35–38. <https://doi.org/10.1016/j.siny.2017.09.001>

<sup>8</sup> American College of Obstetricians and Gynecologists, Committee on Ethics, & American Academy of Pediatrics, Committee on Bioethics (2011). Maternal-fetal intervention and fetal care centers. *Pediatrics*, 128(2), e473–e478. <https://doi.org/10.1542/peds.2011-1570>

<sup>9</sup> Mifeprex (mifepristone) [package insert]. New York, NY: Danco Laboratories, LLC; 2000. Available at: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2000/20687lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2000/20687lbl.pdf)

<sup>10</sup>Letter from Alabama Attorney General Steve Marshall to FDA about abortion pill rule change (2023). *Wayback Machine*. Available at: [https://web.archive.org/web/20230125171004/https://my.alabamaag.gov/Documents/news/Letter\\_from\\_Al\\_a\\_Atty\\_Gen\\_Steve\\_Marshall\\_et\\_al\\_to\\_FDA.pdf](https://web.archive.org/web/20230125171004/https://my.alabamaag.gov/Documents/news/Letter_from_Al_a_Atty_Gen_Steve_Marshall_et_al_to_FDA.pdf) (Accessed: 16 October 2024).

<sup>11</sup> Cox, T. and Steupert, M. (2024) *Fact Sheet: Three Problems With the FDA's Abortion Drugs Complications Data*, Charlotte Lozier Institute. Available at: <https://lozierinstitute.org/fact-sheet-three-problems-with-the-fdas-abortion-drugs-complications-data/> (Accessed: 16 October 2024).

<sup>12</sup> James Studnicki, John W. Fisher, Tessa Longbons Cox, Ingrid Skop, Donna J. Harrison, Christina A. Cirucci, David C. Reardon, Christopher Craver. (2024) "Comparative Acuity of Emergency Department Visits Following Pregnancy Outcomes Among Medicaid Eligible Women, 2004-2015". *International Journal of Epidemiology and Public Health Research*, 5(2); DOI: 10.61148/2836-2810/IJEPHR/075 Niinimäki, Maarit MD1,2; Pouta, Anneli MD, PhD1; Bloigu, Aini3; Gissler, Mika BSc, PhD4,5; Hemminki, Elina MD, PhD4; Suhonen, Satu MD, PhD5; Heikinheimo, Oskari MD, PhD5. Immediate Complications

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After Medical Compared With Surgical Termination of Pregnancy. *Obstetrics & Gynecology* 114(4):p 795-804, October 2009. | DOI: 10.1097/AOG.0b013e3181b5ccf9

<sup>13</sup> Brief for Dr. Grazie Pozo Christie and the Catholic Association Foundation as Amici Curiae, *FDA v. Alliance for Hippocratic Medicine*, 602 U.S. \_\_\_\_ (2024). Available at: [https://www.supremecourt.gov/DocketPDF/23/23-235/301861/20240229124831746\\_2024.02.29%20AMH%20Amicus%20Brief%20vpf.pdf](https://www.supremecourt.gov/DocketPDF/23/23-235/301861/20240229124831746_2024.02.29%20AMH%20Amicus%20Brief%20vpf.pdf) (Accessed 16 October 2024).

<sup>14</sup> Susan B. Anthony Pro-Life America. (2023, September 25). *Nevada Woman Died of Sepsis After Planned Parenthood Abortion* [Press Release] <https://sbaproflife.org/newsroom/press-releases/nevada-woman-died-of-sepsis-after-planned-parenthood-abortion>.

<sup>15</sup> Susan B. Anthony Pro-Life America. (2024, September 18). *INJUSTICE: Pro-Abortion Misinformation Leads to Two Women's Deaths* [Press Release] <https://sbaproflife.org/newsroom/press-releases/injustice-pro-abortion-misinformation-leads-to-two-womens-deaths>

<sup>16</sup> Mansfield, A.S. (2024) *Pro-Life Laws Exempt Women from Prosecution: An Analysis of Abortion Statutes in 27 States*, Charlotte Lozier Institute. Available at: <https://lozierinstitute.org/pro-life-laws-exempt-women-from-prosecution-an-analysis-of-abortion-statutes-in-27-states/> (Accessed 16 October 2024).

<sup>17</sup> Ethicists of the National Catholic Bioethics Center (2013) *The Management of Ectopic Pregnancy*. Available at: [https://static1.squarespace.com/static/5e3ada1a6a2e8d6a131d1dcd/t/5ee137339f856e5f6be724d7/1591818035828/NCBCsummFAQ\\_2013\\_EctopicPregnancy.pdf](https://static1.squarespace.com/static/5e3ada1a6a2e8d6a131d1dcd/t/5ee137339f856e5f6be724d7/1591818035828/NCBCsummFAQ_2013_EctopicPregnancy.pdf) (Accessed 16 October 2024).

<sup>18</sup> The American College of Obstetricians and Gynecologists. (2024, October 3). *Abortion Bans Are to Blame, Not Doctors* [Press Release] <https://www.acog.org/news/news-releases/2024/10/acog-abortion-bans-are-to-blame-not-doctors>

<sup>19</sup> *Zurawski v. State of Texas* (2023) <https://law.justia.com/cases/texas/supreme-court/2024/23-0629.html>

<sup>20</sup> Kavitha Surana, "Afraid to Seek Care Amid Georgia's Abortion Ban, She Stayed at Home and Died," *ProPublica*, September 2024 <https://www.propublica.org/article/candi-miller-abortion-ban-death-georgia>.

<sup>21</sup> See [AbortionDocs.org](https://abortiondocs.org/) <https://abortiondocs.org/> (Accessed 21 October 2024).

Additional references: UNSAFE: America's Abortion Industry Endangers Women, Americans United for Life, 2021 <https://aul.org/wp-content/uploads/2021/02/AUL-Unsafe-2021.pdf> (Accessed 21 October 2024).

Abortion Industry Negligence Nationwide: Highlighting the Most Egregious Offenses, 2020 <https://sbaproflife.org/negligence>. (Accessed 21 October 2024).

<sup>22</sup> Oftedal, A., Bekkhus, M., Haugen, G. N., Czajkowski, N. O., & Kaasen, A. (2022). The impact of diagnosed fetal anomaly, diagnostic severity and prognostic ambiguity on parental depression and traumatic stress: a prospective longitudinal cohort study. *Acta obstetricia et gynecologica Scandinavica*, 101(11), 1291–1299. <https://doi.org/10.1111/aogs.14453>.

<sup>23</sup> Miquel-Verges, F., Woods, S. L., Aucott, S. W., Boss, R. D., Sulpar, L. J., & Donohue, P. K. (2009). Prenatal consultation with a neonatologist for congenital anomalies: parental perceptions. *Pediatrics*, 124(4), e573–e579. <https://doi.org/10.1542/peds.2008-2865>