



**Written Testimony of Catherine Glenn Foster  
President and CEO, Americans United for Life  
Regarding the Subcommittee Hearing  
*Better Data and Better Outcomes: Reducing Maternal Mortality in the U.S.*  
Submitted to the House Energy and Commerce Subcommittee on Health  
Thursday, September 27, 2018**

Chairman Burgess, Ranking Member Green, and distinguished Members of the Committee:

Americans United for Life (AUL) urges the Committee to recognize that not all maternal mortality is the same and to include specific statistical data collection and reporting on abortion-related mortality in the Preventing Maternal Deaths Act of 2018. Founded in 1971, Americans United for Life, the legal architect of the prolife movement, is a national law and policy nonprofit organization with a specialization in abortion and bioethics law.

The current United States system for reporting abortion-related maternal mortality is deeply flawed, and there is currently no reliable source of data. For the sake of women's health, this Committee should take steps to remedy that problem.

Abortion data reporting in the U.S. is entirely voluntary. This skews both the statistics and resulting analysis. For the reporting that does occur, maternal mortality due to abortion is often underreported as many maternal deaths are attributed to some other cause—like “sepsis,” or “infection”—rather than the true underlying cause, termination of the pregnancy. This means that most studies are based on abortion “estimates” and “reported” deaths.<sup>1</sup> Additional studies show that 1 out of 16 women who have an abortion will visit an emergency room within six

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<sup>1</sup> See, e.g., Elizabeth G. Raymond & David A. Grimes, *The Comparative Safety of Legal Induced Abortion and Childbirth in the United States*, 119 *Obstetrics & Gynecology* 215 (2012).

weeks after the abortion,<sup>2</sup> which, due to data collection methodology, should be considered a floor and not a ceiling.

Abortion-related maternal deaths are not systemically collected. There are two national reporting organizations: the Alan Guttmacher Institute (AGI) and the Centers for Disease Control and Prevention (CDC). AGI collects its data from abortion providers that report voluntarily. The CDC collects its data from the states, which report data haphazardly. For example, California—where reportedly one-third to one-half of all abortions in the U.S. are performed—has not reported its data to the CDC for several years. The numbers of annual abortions reported by AGI and the CDC differ by 15% or more.

The deeply flawed state of abortion-related maternal health data collection and reporting is a direct risk to the health of women. It deprives doctors of accurate data, which in turn prevents them from providing accurate information about abortion-related maternal mortality and morbidity to women. This is even more problematic considering the vast majority of abortions are elective and not medically indicated.

With the current data and reporting regime, it is impossible for a woman considering undergoing an abortion to receive the information she needs to voluntarily consent. Women need more than “estimates” or “guesses” on abortion-related maternal mortality to make an informed decision. They need complete and accurate data, and the U.S. has a responsibility to care for women’s health by providing this data through public health reports.

Such a dysfunctional system of abortion-related maternal health data collection and reporting in the U.S. is unnecessarily substandard. In contrast, the collection and reporting of births and other gynecological procedures in the U.S. is systematic and thorough. Unlike

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<sup>2</sup> Ushma D. Upadhyay et al., *Incidence of Emergency Department Visits and Complications After Abortion*, 125 *Obstetrics & Gynecology* 175, 175 (2015).

maternal mortality from natural causes, abortion-related maternal mortality can be directly linked to either an invasive surgical procedure or a chemically-induced response. Given that this unnatural impact to pregnancy is man-made, it stands to reason that there should exist a robust methodology to track its impact. Currently, there is not.

In conclusion, this Committee should add data collection and reporting on abortion-related maternal mortality specifically in the Preventing Maternal Deaths Act of 2018.

Sincerely,



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Americans United for Life