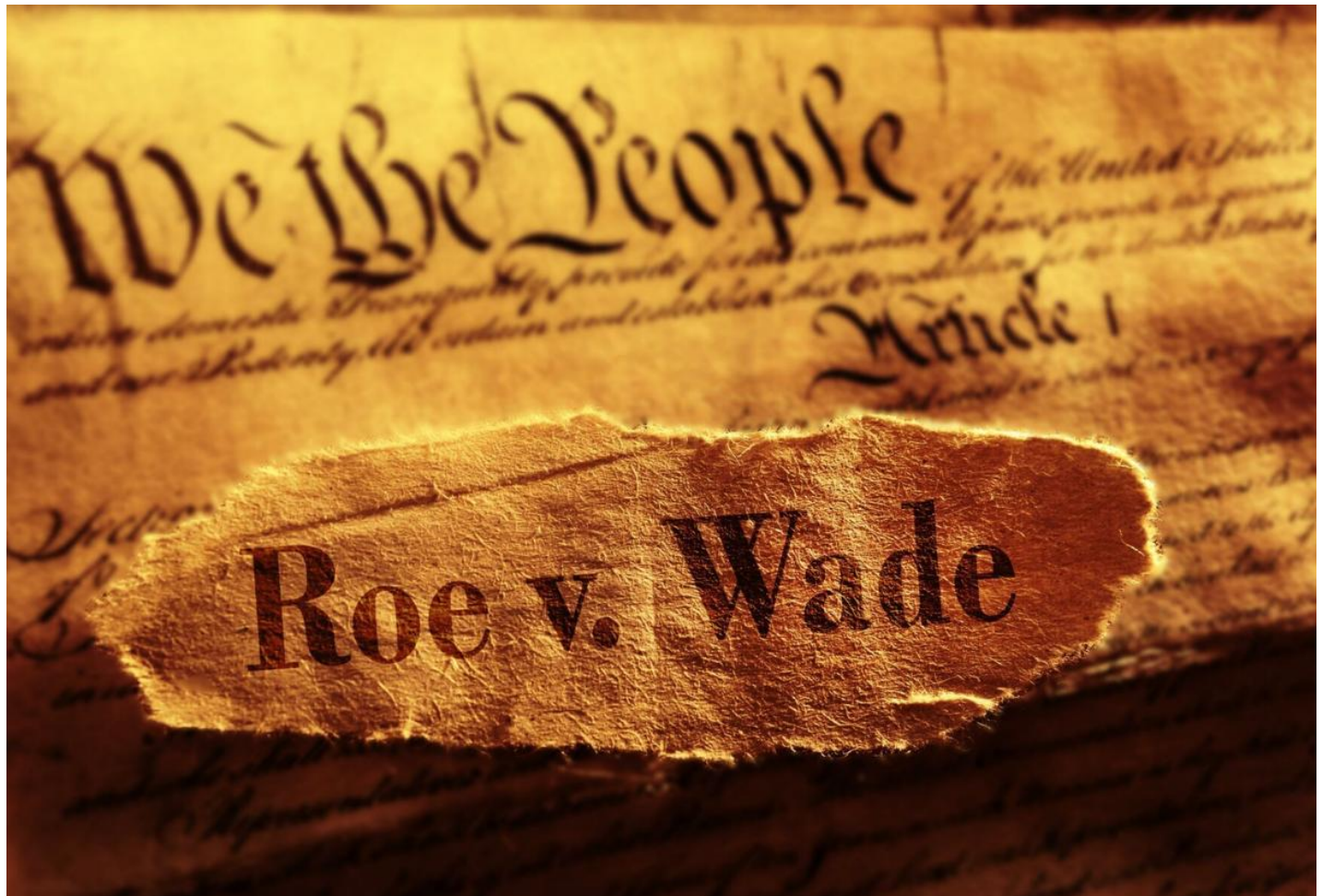


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Wall and Litz: The Consequences of Anti-Abortion Extremism

By L. Lewis Wall and Nancy Litz

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The tragic consequences of increasingly harsh abortion restrictions are already showing up across the country. A doctor is threatened with prosecution for helping her 10-year-old patient travel out of state to end a pregnancy after being raped. A woman miscarrying a wanted pregnancy is sent home from the emergency

room bleeding, in pain, and at risk of infection because doctors are now frightened of the possible legal consequences of providing routine care. Other women experiencing miscarriages are being investigated for potential criminal liability.

Anti-abortion extremists say these cases are anomalies, but they are actually the tip of a looming iceberg. History offers a preview of the future American women might face if anti-abortion extremists have their way.

After Nicolae Ceausescu came to power in Romania in 1965, he banned virtually all abortions and blocked access to contraception, just as some American politicians are now threatening. As a result, Romania's maternal mortality ratio soared to 159 deaths per 100,000 live births — the highest recorded in any European country and 20 times higher than the United States. Women were not the only victims. Countless unwanted children were permanently damaged by neglect and abuse after being deposited in state-run Romanian orphanages by parents who could not support them.

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When Ceausescu was overthrown in 1989 and his policies reversed, maternal mortality immediately plunged by half.

Despite the rosy assumptions of forced-birth advocates, the process from fertilization to newborn is neither easy nor assured. Modern research shows that about 30% of fertilized eggs fail to implant, another 30% die from lethal genetic defects shortly

after implantation, and a further 20% miscarry spontaneously before the 12th week of pregnancy. If these conceptions are all true “persons,” morally equivalent to the adult women carrying them (as anti-abortion extremists declare), then our entire medical system is spending its money on the wrong priorities: Most of the funding from the NIH should logically be invested in embryo health.

America’s maternal mortality is far higher than that of other industrialized nations, with 24 deaths per 100,000 live births (nearly 3 times higher than the next-highest, France). That rate doubles for women of ages 15 to 19, triples for Black women and is even higher for girls 14 and younger. The very fact of being pregnant can endanger a woman in multiple ways.

An incomplete miscarriage can lead to life-threatening infection. An ectopic pregnancy — implanted in the fallopian tube rather than in the uterus — will rupture and cause life-threatening internal bleeding. Both situations require removal of the embryo, but vaguely written laws mean that a physician who intervenes may face prosecution by a politically ambitious right-wing attorney general or district attorney. Pregnant women with cancer may be forced to forego treatment to preserve a pregnancy. Women with cardiac disease who become pregnant may die from the increased cardiovascular workload that pregnancy imposes.

Early adolescent pregnancies (aged 14 and younger) face particular risks, as the growing adolescent competes with the fetus for vital nutrients, with higher risks of anemia. Biological immaturity means these pregnancies are complicated by higher risks of hypertensive disorders, and the immature pelvis of the early adolescent means there may not be room to deliver vaginally, leading to Cesarean delivery of an unwanted pregnancy with all of the risks of major surgery.

Under-resourced families may face crushing financial burdens from an additional child. The Turnaway Study compared outcomes for 1,000 women, half whom obtained an abortion and half who requested one but fell outside their state’s gestational age limits and were turned away. More than 60% of women seeking

abortions already had children, but those turned away were four times more likely to raise their children in poverty, and those children were less likely to achieve developmental milestones in language and motor development.

It is wrong to deny women control over their own bodies, to force them to give birth to unwanted children, and to run the health risks of pregnancy in order to accommodate the views of an extremist religious minority. In the United States, a woman is 14 times more likely to die from pregnancy and childbirth than she is from a first trimester abortion.

We believe every woman has the right to decide to continue a pregnancy based on her own religious faith, her circumstances, her family, and the advice of her medical consultants.

L. Lewis Wall, M.D., recently retired from Washington University in St. Louis, where he was the Selina Okin Kim Conner professor in arts and sciences, professor of anthropology and professor of obstetrics and gynecology. **Nancy Litz** is a local entrepreneur, activist, and board president of the National Council of Jewish Women – St. Louis.

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