The Dangerous Threat to Roe v. Wade

The Editors, the American Board of Obstetrics and Gynecology, the American Gynecological and Obstetrical Society, the Council of University Chairs of Obstetrics and Gynecology, the Society for Academic Specialists in General Obstetrics and Gynecology, and the Society for Maternal–Fetal Medicine

A key result of our cumulative efforts as U.S. health care providers over the past 46 years is that there are fewer abortions per 1000 reproductive-age women per year today than immediately after the Supreme Court’s decision in Roe v. Wade legalized abortion nationwide. Deaths due to unsafe abortions in the United States have been essentially eliminated, with 90% of procedures done today in the first trimester, when the risk of maternal mortality is less than one tenth of that associated with carrying a pregnancy to term.

Although the Centers for Disease Control and Prevention has documented the reductions in deaths, there is no official national accounting of the numbers of women who became critically ill and lost their future reproductive potential because of injuries and infections after unsafe abortions. The World Health Organization (WHO) has estimated that 22 million unsafe abortions are performed annually in countries with limited or no access to safe, legal abortions. These unsafe abortions result in tens of thousands of deaths and millions of permanent disabilities. The WHO’s assessment is that nearly every one of these deaths and disabilities could have been prevented through adequate provision of public health services, including sexuality education, family planning, and legal induced abortion.

Some of us are old enough to have witnessed first-hand the consequences of illegal abortions performed by unskilled providers under nonsterile conditions; the rest of us have learned those lessons from history. Sadly, however, we will not need history as our teacher if Roe is overturned in the Supreme Court, because we will again witness deaths and permanent injuries of women desperate to terminate pregnancies. Moreover, inequality will become more marked as our country becomes further divided by a mosaic of state laws. The inevitable result is that while affluent women will continue to have access to safe and affordable contraception and, when that fails, abortions, across state lines if necessary, marginalized and less affluent women will not have access to needed preventive services, and they will again resort to unsafe abortions and suffer the consequences. It is an unfortunate reality that tens of millions of women in the United States today already live in a “post-Roe” environment where access to safe, legal procedures is restricted to the point that they are virtually unavailable.

Access to legal and safe pregnancy termination, a legal right in the United States for the past 46 years, is essential to the public health of women everywhere. None of us want to return to a time when desperate women, often of limited means, sought unsafe pregnancy terminations and suffered irreversible harm and sometimes death. The decision to terminate a pregnancy is a deeply personal and difficult one that deserves to remain the prerogative of each woman and her care provider and not to be usurped by the government. There is nothing coercive about Roe. Once a woman makes the private decision to follow this path, she should be able to do so in a manner that does not put her or her loved ones at risk. We have lived within the guidance of Roe v. Wade for nearly half a century; it has protected women from injury and death. As health care professionals, we believe that reversing Roe would be a grave mistake, contrary to the health interests of women in this country, and we strongly advise that this landmark decision should remain the law of the land in every state.

Disclosure forms provided by the authors are available with the full text of this editorial at NEJM.org.

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