Rebuttal of Raymond and Grimes¹

Editor's Note: This letter was submitted to Obstetrics & Gynecology in response to a methodologically flawed paper purporting to show that abortion is safer than childbirth. The journal rejected the letter below which addresses the methodological flaws. Only two letters were selected for publication in response to the paper, both of which addressed ideological or theoretical issues. Neither addressed the overlooked record-linkage studies or the methodological issues raised in Dr. Reardon's letter.

Dear Dr. Raymond and Dr. Grimes,

I read your recent paper "The Comparative Safety of Legal Induced Abortion and Childbirth in the United States" in which—referring to your comparison of nationally reported statistics on mortality rates for abortion and childbirth—you concluded that abortion is fourteen times safer than childbirth.

You describe the objective of your review as "to provide an updated assessment of the safety of abortion relative to delivery." But I was immediate struck by the fact that your review failed to cite, much less discuss, our study of 173,279 low-income women in California in which we linked records for pregnancy treatments with death certificates and found significantly higher rates of death associated with abortion than childbirth.² Specifically, we found an elevated relative risk of death associated with abortion for all causes (RR = 1.62), suicide (2.54), natural causes (1.44), circulatory diseases (2.87), and cardiovascular disease (5.46). Moreover, these effects persisted over several years.

Even more striking was your failure to note or discuss six or more even better known studies by M. Gissler et al. examining the entire population of women in Finland.³ They, too, used centralized records

to link death certificates with treatments for pregnancy; and they, too, found significantly higher rates of mortality associated with abortion compared to childbirth.

In regard to your own study methodology, which relies on comparing different sets of nationally reported data, the Gissler studies are especially important in that they have conclusively demonstrated that such comparisons of mortality rates are unreliable.⁴ In essence, because your approach relies on data sets that are subject to under-reporting and unlinked data, it is the equivalent of an "apples versus oranges" comparison. Gissler has demonstrated that record linkage is essential, not optional. Otherwise, junk in, junk out.

Indeed, in response to an inquiry about the appropriateness of such comparisons following publication of the Gissler studies, Dr. Julie Louise Gerberding, director of the CDC, wrote in July of 2004 that maternal mortality rates and abortion mortality rates "are conceptually different and are used by the CDC for different public health purposes."⁵ This statement concedes that these "conceptually different" measures on which you rely are different. Therefore, your treatment of them as being directly comparable is not methodologically appropriate.

The problems with your approach, and a more complete discussion of the findings of record-linkage studies in regard to abortion mortality rates, is found in a review I co-authored and have attached for your convenience.⁶ Notably, while it is customary for review papers to consult previously published reviews to address issues raised by previous reviewers of the topic, your paper not only ignored our review but also a second major review published in *Obstetrical & Gynecological Survey* which also had conclusions contrary to your own.⁷

No doubt, as frequent expert witnesses in regard to abortion-related litigation, you have seen all of these references. And yet, while you state in your paper "We sys-

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0024-3639/2012/7903-0001 \$.30/page.

tematically reviewed the past decade of PubMed publications for relevant data," it is evident to those of us who have published in this field that the "systematic review criteria" you constructed included date and location criteria deliberately chosen to exclude our California study (published in 2002, examining data through 1997) and Gissler's studies of women in Finland.

Despite this artifice, it is an indisputable fact that all studies which employ record linkage have found that mortality rates associated with childbirth are significantly lower than those associated with abortion.⁸

In my view, your failure to address the criticisms made of your methodology or to offer any arguments against the claimed superior methodology of record-linkage studies is inexplicable.

Clearly, rather than just publishing an updated version of your past "apples versus oranges" comparisons which rely on "conceptually different" nationally reported statistics, academic and intellectual integrity requires that you should frame and defend your new "review" in light of the studies which contradict your conclusions and the reviews which cast such a deep shadow on your methodology.

I sincerely look forward to seeing a thoughtful defense of your methods and findings in comparison to studies and reviews cited herein.

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Notes

¹ The editors of *Obstetrics & Gynecology* refused to publish a 185-word summary of the concerns raised in this open letter to respond to the article they published by Elizabeth G. Raymond and David A. Grimes, "The Comparative Safety of Legal Induced Abortion and Childbirth in the United States," *Obstetrics & Gynecology* 119 (2012): 215–219.

² D.C. Reardon et al., "Deaths Associated With Pregnancy Outcome: A Record Linkage Study of Low Income Women." *Southern Medical Journal* 95 (2002): 834–841.

³ M. Gissler et al., "Pregnancy-associated Mortality after Birth, Spontaneous Abortion, or

Induced Abortion in Finland, 1987–2000," *American Journal of Obstetrics & Gynecology* 190 (2004): 422–427; M. Gissler et al., "Methods for Identifying Pregnancy-associated Deaths: Population-based Data from Finland 1987–2000," *Paediatric and Perinatal Epidemiology* 18 (2004): 448–455; M. Gissler et al., "Pregnancy-associated Deaths in Finland 1987–1994: Definition Problems and Benefits of Record Linkage," review, *Acta Obstetrica et Gynecologica Scandinavica* 76 (1997): 651–657; M. Gissler and E. Hemminki, "Pregnancy-related Violent Deaths," *Scandinavian Journal of Public Health* 27 (1999): 54–55; M. Gissler et al., "Injury Deaths, Suicides and Homicides Associated With Pregnancy, Finland 1987–2000," *European Journal of Public Health* 15 (2005): 459–463; M. Gissler, E. Hemminki, and J. Lönnqvist, "Suicides after Pregnancy in Finland, 1987–94: Register Linkage Study," *British Medical Journal* 313 (1996): 1431–1434.

⁴ Gissler et al., "Pregnancy-associated Deaths in Finland 1987–1994."

⁵ Julie Louise Gerberding, M.D., to Walter Weber, American Center for Law & Justice, July 20, 2004, <http://afterabortion.org/pdf/CDCResponseToWeberReAbortionStats-Gerberding%20Reply.pdf>, responding to Weber's April 30, 2004, letter to Tommy G. Thompson, U.S. Department of Health and Human Services, requesting a reassessment of pertinent statistical measures of mortality rates associated with pregnancy outcome, <http://afterabortion.org/pdf/WeberLettertoThompson&CDCReAbortionStats.pdf>.

⁶ D.C. Reardon et al., "Deaths Associated With Abortion Compared to Childbirth: A Review of New and Old Data and the Medical and Legal Implications," *Journal of Contemporary Health Law & Policy* 20 (2004): 279–327.

⁷ E.M. Shadigian and S.T. Bauer, "Pregnancy-Associated Death: A Qualitative Systematic Review of Homicide and Suicide," *Obstetrical & Gynecological Survey* 60 (2005): 183–190.

⁸ Reardon et al., "Deaths Associated With Pregnancy Outcome"; Gissler et al., "Pregnancy-associated Mortality After Birth, Spontaneous Abortion, or Induced Abortion in Finland"; Gissler et al., "Methods for Identifying Pregnancy-associated Deaths"; Gissler et al., "Pregnancy-associated Deaths in Finland 1987–1994"; Gissler and Hemminki, "Pregnancy-related Violent Deaths"; Gissler et al., "Injury Deaths, Suicides and Homicides Associated With Pregnancy"; Gissler, Hemminki, and Lönnqvist, "Suicides after Pregnancy in Finland."