**PROP 1’s IMPACT ON MEDICAL CONCERNS**

**Unlike current California law, which guarantees abortion rights with reasonable limits on late-term abortions, Prop 1 is an extreme proposal that removes these limits, allowing abortions for any reason, at any time up to the moment of birth, even if the baby is healthy and the mother is in no danger.**

**The risk of maternal death from abortion is a genuine concern**

* Despite unfettered access to abortion in this country over the 49 years, the U.S. continues to have one of the worst maternal mortality rates in the developed world.1
* The risk of the mother's death from abortion increases by 38% for every week after eight weeks gestation.2 From a purely woman's health perspective, this data would warn against late-term abortion.

**The risk of future pre-term births is also a concern**

* Surgical abortions increase the mother's risk of pre-term birth in future pregnancies by approximately 35% after one abortion, and up to 90% after two abortions.3 This is especially significant for late-term abortions as the later in pregnancy a surgical abortion is done, the higher the risk of pre-term birth in future pregnancies.

**Abortion-related pre-term births (particularly prior to 32 weeks) are costly**

* While California does not collect abortion data, other states do. For example, annually in North Carolina, abortion is associated with 262 very pre-term births (VPB) — with $46 million in initial neonatal hospital costs attributable to these abortion-related VPB births.4

**There is an urgent need for an accurate assessment of “gestational age”**

* Since the health risks of abortion increase significantly as a pregnancy progresses, an accurate assessment of gestational age is critical.
* There is a confusing double-standard within the American College of Obstetricians and Gynecologists (ACOG). It states that ultrasounds are "medically unnecessary" prior to abortion,5 yet when establishing due dates in pregnancy, it claims that only about 50% of women can accurately remember their last menstrual period.6 This is important because without an accurate dating of pregnancy, women cannot provide informed consent, which requires an understanding of their risks for hemorrhage, retained tissue and emergency surgery — all of which depend on the gestational age of the pregnancy.7

[1](https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries" \l ":~:text=In%202018%2C%20there%20were%2017,%2C%20Norway%2C%20and%20New%20Zealand) [https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries#:~:text=In%202018%2C%20there%20were%2017,%2C%20Norway%2C%20and%20New%20Zealand](https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries" \l ":~:text=In%202018%2C%20there%20were%2017,%2C%20Norway%2C%20and%20New%20Zealand)

2 <https://pubmed.ncbi.nlm.nih.gov/15051566/>

3 <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/j.1471-0528.2009.02278.x>

4 <https://www.ncfamily.org/abortions-impact-of-prematurity/>

5 <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/12/increasing-access-to-abortion>

6 <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2017/05/methods-for-estimating-the-due-date.pdf>

7 <https://www.ncfamily.org/abortions-impact-of-prematurity/>