

**KANSAS STATE BOARD OF HEALING ARTS**  
**ATTN: COMPLAINT COORDINATOR**  
800 SW Jackson, Lower Level-Suite A  
Topeka, Kansas 66612  
(785) 296-7413 or  
Toll Free (888) 886-7205  
(785) 368-7103 (FAX)

**COMPLAINT FORM**

INSTRUCTIONS: (Please type or print legibly.)

Please furnish all identifying information for the complainant, the patient and all practitioners and facilities involved in the complaint. When providing your address, the address of the patient or the practitioner, list the street address, not a post office box. Please complete all pages of this form. Additional pages may be added if necessary.

PERSON MAKING COMPLAINT: (Please notify this agency if the following information changes.)

NAME: Cheryl D. Sullenger  
First Middle Last Other Names Used  
ADDRESS: P.O. Box 781045 Wichita, KS 67278  
Street City State Zip Code  
HOME PHONE: (316) 516-3034 WORK PHONE: (316) 683-6790 ext. 112

May we contact you at your place of employment? YES ☒ NO ☐ (Agency working hours are 8:00 a.m. to 4:30 p.m.)  
Best time to contact you would be? 9:00 a.m./p.m. to 5:00 a.m./p.m.

PATIENT INFORMATION:

NAME: N/A  
First Middle Last Other Names Used  
ADDRESS: \_\_\_\_\_  
Street City State Zip Code  
DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_  
HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

PRACTITIONER(S) AGAINST WHOM ALLEGATION IS MADE: (Please identify practitioner with the appropriate title: (M.D., D.O., D.C., D.P.M., P.A., P.T., P.T.A., O.T., O.T.A., R.T., A.T.)

NAME: <u>Herbert Hodes, MD</u>	NAME: <u>Traci Nauser, MD.</u>
ADDRESS: <u>4840 College Blvd.</u>	ADDRESS: <u>4840 College Blvd.</u>
<u>Overland Park, KS 66211</u>	<u>Overland Park, KS 66211</u>
PHONE: <u>(913) 491-6878</u>	PHONE: <u>(913) 491-6878</u>

**FACILITIES INVOLVED IN THE INCIDENT:** (Hospitals, Nursing Homes, Clinics, Etc.)

FACILITY: Center for Women's Health FACILITY: \_\_\_\_\_

ADDRESS: 4840 College Blvd. ADDRESS: \_\_\_\_\_

Overland Park, KS 66211 \_\_\_\_\_

PHONE: (913) 491-6878 PHONE: ( ) \_\_\_\_\_

FACILITY: \_\_\_\_\_ FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

**WITNESS(ES) TO THE INCIDENT:** (If known.)

NAME: N/A NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_  
Home and Work

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_  
Home and Work

**PLEASE** LIST A FRIEND OR RELATIVE WHO WILL KNOW YOUR MOST CURRENT ADDRESS AND PHONE NUMBER.

NAME: Troy Newman

ADDRESS: P.O. Box 782888, Wichita, KS 67278

PHONE: (316) 841-1700  
Home and Work

NARRATIVE

Please describe in detail all allegations against the practitioner(s). Describe each incident with specific dates and list any witnesses. Attach copies of any documents you have concerning the allegations. Use additional sheets if necessary.

DATE OF INCIDENT: March 10, 2011 PATIENT'S NAME: N/A

YOUR RELATIONSHIP TO PATIENT, IF OTHER THAN YOURSELF: Private citizen

Please see attached narrative and other attachments.

I acknowledge that the Kansas Board of Healing Arts may provide a copy of this form to the person against whom the allegations are made.

I agree to testify in any hearings which may arise as a result of these allegations. The statements I have made are true and correct to the best of my knowledge and belief.

DATE: March 22, 2011 SIGNED: Cheryl Sullenger

## Complaint Narrative

On March 10, 2011, the *Wichita Eagle* reported that Herbert Hodes, MD, testified before a committee of the Kansas Legislature that there had been "five deaths in the last five years" due to abortions. (See Attachment 1)

Thinking that was an extremely high number considering the number of abortions done in Kansas every year, I made Kansas Open Records Act (KORA) requests for information about reported maternal deaths from complications to abortions in Kansas from the Kansas State Board of Healing Arts (KSBHA) and the Kansas Department of Health and Environment (KDHE).

We are aware of the death of Christen Gilbert on January 13, 2005, from a third-trimester abortion she received at Women's Health Care Services in Wichita, and are also aware that her death would never have become public had not it been diligently researched and reported on by pro-life groups. There is a possibility that Hodes was including the Gilbert death as one of the "five deaths in the last five years."

My first KORA request to the KDHE for information about maternal deaths from abortion was flatly denied. However, the KDHE did comply with a second, slightly revised request that I made on March 12, 2011. The KDHE produced a document that indicated that there has been one reported maternal death from abortion complications in Kansas between 2000 and 2009, the last year for which numbers are available. (See Attachment 2)

While I have yet to receive a response to my KORA request from the KSBHA, I did receive an e-mail from Kathleen Lippert, Executive Director of the KSBHA, which, in part, stated the following:

K.A.R. 100-25-3-(e)(2) provides that each physician who performs any office-based surgery or special procedure that results in any of the following quality indicators shall notify the board in writing with in 15 calendar days following discovery of the event: (A) The death of a patient during any office-based surgery or special procedure or with in 72 hours thereafter; along with several other indicators set forth in paragraphs (B) through (F). If a death occurred in a facility defined in the regulations as described in K.A.R. 100-25-3(e)(2)(A) a licensee would be required to report it to KSBHA. If a death occurred in some other type of facility such as a hospital or medical care facility as specified in KSA 65-425 then the reporting requirements of KAR 100-25-3(e)(2)(A) would not apply. Of course, KSBHA may receive a complaint from any other source about a death independent of the reporting requirements in KAR 100-25-3(e)(2)(A). (See Attachment 3)

From this it is my understanding that maternal deaths from abortion must be reported in Kansas, either to the KSBHA, KDHE or both, depending on the circumstances. However, if Dr. Hodes' testimony before the Kansas legislature is truthful, at least four, perhaps five patient deaths may have gone unreported both to the KSBHA and to the KDHE. Apparently Hodes has knowledge, perhaps first-hand, that has been withheld from the KSBHA and the KDHE.

This is particularly concerning because of the number of deaths involved.

Herbert Hodes is a member of the National Abortion Federation (NAF), and for this reason alone, I refer to NAF information. According to the NAF's own statistics, abortion-related maternal deaths occur **once in 160,000 abortions**. (See Attachment 4)

Kansas has an estimated average of 10,300 abortions per year since 2005, based on KDHE numbers and our estimate of the number of abortions likely to be reported in 2010. (Five years ago there were four abortion clinics in the state. Since 2009, there have been three.)

**That means while the national average is 1 maternal death in every 160,000 abortions, if Hodes is correct, Kansas has 1 maternal death in approximately every 10,300 abortions.**

This makes Kansas abortion clinics among the most dangerous in the nation.

Vital statistics made public by the KDHE for 2009 indicate there were 28 "maternal deaths" in Kansas since 2005 that could include at least some abortion-related deaths, according to definitions used in Kansas. Grouping the abortion deaths with other pregnancy-related deaths gives the public an unclear picture of abortion safety (or lack thereof) in Kansas. (See Attachment 5)

It is possible that abortion deaths are either being intentionally concealed from authorities in Kansas, or are not being properly reported.

I have in my possession documents (not included, but available upon request) from other states where abortion related deaths were first classified by the abortionist as a death by "cardiac arrest" or "respiratory failure" in order to avoid having to declare it as an abortion-related death. In some cases those deaths were reclassified as abortion deaths after autopsies were completed and evaluated.

However, attempting to attribute an abortion death to something else is an act of dishonesty that is only meant to hide the truth of the matter. That is a dangerous pattern of behavior in any physician.

I am asking you to fully investigate Herbert Hodes and his business partner (and daughter) Traci Nauser, to get to the bottom of Hodes' testimony before the Kansas Legislature. If there are unreported deaths, please carefully review each one for medical missteps and criminal conduct. If proper reporting is not being done or if maternal deaths from abortion are being improperly reported by someone else, I ask that you take appropriate discipline to protect the public from this deceptive behavior.

If women are dying in Kansas and those deaths are being covered up, that is a very serious and intolerable situation that only places additional lives at risk. I am asking for a comprehensive investigation to the fullest extent of your legal powers to determine if women are in danger, then do all you are able to protect them.



Posted on Thu, Mar. 10, 2011

## Bill alters licensing of abortion providers

BY TODD FERTIG

Eagle Topeka bureau

A bill before a state House committee would change the way abortion providers are licensed, setting in place new regulatory standards and mandating twice-a-year inspections.

Licensing of abortion clinics would shift from the Kansas Board of Healing Arts — which bill proponents said took an advisory approach rather than a regulatory one — to the Kansas Department of Health and Environment.

One doctor who performs abortions called the guidelines redundant and excessive.

Members of the House Committee on Federal and State Affairs questioned whether the bill would place a burden on abortion providers that exceeds that on other surgical facilities.

Proponents said the Board of Healing Arts does not inspect facilities unless it is following up on a complaint. Under House Bill 2067, every abortion provider would be subject to two inspections a year, one of which would be unannounced.

The bill gives the secretary of the KDHE the power to close a facility or impose fines. It also mandates that all abortions of fetuses after 22 weeks be done in a hospital or surgical center.

It also would require a doctor be present for abortions by pill, such as RU-486. A new practice of monitoring such abortions by remote camera has been used in recent years.

Committee chairman Rep. Steve Brunk, R-Wichita, said he expects a vote on the bill next week.

Traditionally, KDHE licenses facilities, while the Board of Healing Arts licenses individuals, Brunk said.

Planned Parenthood, one of the three providers of abortions in Kansas, is already licensed by KDHE.

The bill outlines in detail regulations the providers would be required to meet, including an application process, \$500 fee and provisions for annual license renewals.

Much of the legislation has been included in bills that passed one or both chambers in previous years. Legislation in 2003 and 2005 to move licensing of abortion providers under the KDHE met with resistance from then-Gov. Kathleen Sebelius, said Kathy Ostrowski, state director of Kansans for Life.

"The problem is that the board has a role to protect the public, but it also is to protect the practitioners," she said. "They have an interest in supporting the physicians and to retain physicians in Kansas."

She said the board's investigations are not subject to public accessibility regulations, while KDHE reports are public documents.

Herbert Hodes, a physician and provider of abortions in Overland Park, said the bill represents an attempt by lawmakers to overrule guidelines drawn up by physicians and surgeons.

"These medical practitioners knew what was appropriate for all physicians who perform office-based surgery," Hodes said, adding that the authors of the bill "assumed that abortion providers need additional rules to govern their practices."

Hodes fielded questions about malpractice, deaths and disclaimers used by abortion providers that could mislead patients about their right to litigation. He estimated that Kansas has seen "five deaths in the last five years" because of abortion procedures. He said the risk is no different than the risk for other surgeries.

He also said that the new licensing policy would cost the state far more than the \$1,500 it would gain from fees paid by each provider.

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Legal Services Division  
1000 SW Jackson, Ste. 560  
Topeka, Kansas 66612-1368



Phone: 785-296-1333  
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dsmith@kdheks.gov

Robert Moser, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

March 15, 2011

Ms. Cheryl Sullenger  
PO Box 781045  
Wichita, KS 67278

*Via United States Mail and e-mail to [cherylsullenger@gmail.com](mailto:cherylsullenger@gmail.com)*

**Re: Open Records Requests Concerning Abortion Related Deaths**

Dear Ms. Sullenger,

The Kansas Department of Health and Environment is in receipt of your request for open records delivered by e-mail on March 12, 2011. We have created a record which does not identify any individual person, a copy of which is attached hereto, which we believe is responsive to your request. The report sets forth the number of maternal deaths bearing ICD 10 codes O04-O07 and O08.0-O08.9 from January 1, 2000 through December 31, 2009. The reason we did not include data after December 31, 2009, is because this is the most recent year for which final data are available.

Thank you for your time and consideration in this matter. Should you have any questions or comments, please do not hesitate to contact me at (785) 296-1333.

Yours very truly,

Daric S. Smith  
Staff Attorney

DSS/pml

cc: Dr. Robert Moser, Secretary  
Caleb Stegall, General Counsel  
Charlie Hunt, State Epidemiologist  
Lou Saadi, Deputy Director of the Bureau of Epidemiology



# Reported Abortion-Related Maternal Deaths in Kansas, 2000-2009



Division of Health – Bureau of Epidemiology and Public Health Informatics

Public Health Informatics

## Background

Kansas state law requires physicians and coroners to certify the cause for each death that occurs in the state. Collection of this information occurs on a standard form based on the U.S Standard certificate of death prepared by the National Center for Health Statistics (NCHS). Physicians certifying the cause enter narrative information on the death certificate. Once the information is collected, funeral homes submit the death certificate to the Kansas Department of Health and Environment, Office of Vital Statistics.

Once received, the information on the death certificate is checked for completeness and the record is registered. The narrative cause of death information is entered into a nosology software program from the NCHS. This program standardizes the information and assigns cause codes. The software is used throughout all states and many other countries to assure consistency of the cause of death coding.

Another element of the standardized cause of death coding is the use of ICD-10 codes. ICD stands for the International Classification of Diseases, which is now in its tenth revision.\* These codes facilitate the grouping of like causes of death and their evaluation for public health purposes.

The ICD-10 codes for pregnancy-related mortality (maternal deaths, stillbirths, and infant deaths) include:

- O00-O99 Pregnancy, childbirth and the puerperium, involving pregnant and post-partum women;
  - O00-O03 (ectopic pregnancy, hydatidiform mole, abnormal products of conception, miscarriages)
  - O04-O07 (abortion);
  - O08.0-O08.9 (complications following abortion and ectopic and molar pregnancy);
- P00-P96 Certain conditions originating in the perinatal period, involving live born and still born children and conditions that have their origin in the perinatal period (defined as stillbirths over 350 grams to live births less than 7 days in age), even though death or morbidity occurs later; and
- Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities, involving live born and still born children.

This document was prepared in response to requests for abortion-related maternal mortality information. Data from 2000 – 2009 are included; 2009 is the most recent year for which final data are available.

## Reported Occurrence of Abortion-related Maternal Deaths

Reported Maternal Deaths from Selected Abortive Outcomes  
Kansas Occurrence, 2000-2009

Cause Group	Count
O04-O07 & O08.0-O08.9	1
Total	1

Source: Kansas Department of Health and Environment

\* World Health Organization. Geneva, Switzerland. [Internet] Classifications - International Classification of Diseases (ICD) [cited 2011 Mar 15] Available from: <http://www.who.int/classifications/icd/en/>.

Cheryl Sullenger <[cherylsullenger@gmail.com](mailto:cherylsullenger@gmail.com)>

## Open Records Request

3 messages

Cheryl Sullenger <[cherylsullenger@gmail.com](mailto:cherylsullenger@gmail.com)>

Fri, Mar 11, 2011 at 11:12 AM

To: [kstevens@ksbha.ks.gov](mailto:kstevens@ksbha.ks.gov)

Hi Kelli,

I read in the paper yesterday that Herbert Hodes, MD made the statement to the KS legislature that there has been 5 abortion-related deaths in Kansas in the past five years.

I am making a request under the Kansas Open Records Act for any information that the KSBHA has concerning abortion-related maternal deaths in Kansas from 2005 through the present. I would like to know the following:

- number of abortion related maternal deaths in KS from 2005-present
- names of facilities and or physician(s) involved in those incidents
- dates of abortion-related maternal deaths in KS from 2005-present
- action, if any, taken by the KSBHA against any physician involved in an abortion-related maternal death from 2005-present
- any other public information related to abortion-related maternal deaths from 2005-present

I am willing to do the research myself from raw data and/or files and do not expect you to compile any report.

I would appreciate it if the information could be emailed to me at this address: [cherylsullenger@gmail.com](mailto:cherylsullenger@gmail.com).

Thank you very much for taking the time to handle my request.

Sincerely,  
Cheryl Sullenger  
P.O. Box 781045  
Wichita, KS 67278  
[316-516-3034](tel:316-516-3034)

Kathleen Lippert <[klippert@ksbha.ks.gov](mailto:klippert@ksbha.ks.gov)>

Fri, Mar 11, 2011 at 1:18 PM

To: "cherylsullenger@gmail.com" <[cherylsullenger@gmail.com](mailto:cherylsullenger@gmail.com)>Cc: Kelli Stevens <[kstevens@ksbha.ks.gov](mailto:kstevens@ksbha.ks.gov)>, Sheryl Snyder <[ssnyder@ksbha.ks.gov](mailto:ssnyder@ksbha.ks.gov)>

Ms. Sullenger,

KSBHA has received your open record request. The person assigned to open records requests is out of the office and I do not anticipate her return until mid to late next week. Additional time beyond the three-day statutory requirement is needed to determine what information is available to respond to your request. We will attempt to provide the requested information to the extent we are authorized and / or maintain the information requested within the next fourteen calendar days from today.

You have indicated that Dr. Herbert Hodes provided testimony before the legislature and he indicated in that testimony there have been 5 maternal abortion deaths in the past 5 years in Kansas. I am not aware of any request made to the Kansas State Board of Healing Arts (KSBHA) about maternal abortion deaths in 2010, 2011 or cumulative for a period of the last 5 years. If he provided that information we do not know what his source was for the information but it was not our agency. Additionally, it is not clear that our agency would be

able to provide that type of statistical information.

KSBHA regulates individuals who hold a license to practice one of the professions we regulate, including MDs and DOs. KSBHA also inspects offices pursuant to K.A.R. 100-25-1 through 100-25-5 (office based surgery regulations implemented in approximately August 2005) if they meet the definitions set forth in those regulations.

K.A.R. 100-25-3(e)(2) provides that each physician who performs any office-based surgery or special procedure that results in any of the following quality indicators shall notify the board in writing within 15 calendar days following discovery of the event: (A) The death of a patient during any office-based surgery or special procedure or within 72 hours thereafter; along with several other indicators set forth in paragraphs (B) through (F). If a death occurred in a facility defined in the regulations as described in K.A.R. 100-25-3(e)(2)(A) a licensee would be required to report it to KSBHA. If a death occurred in some other type of facility such as a hospital or medical care facility as specified in KSA 65-425 then the reporting requirements of KAR 100-25-3(e)(2)(A) would not apply. Of course, KSBHA may receive a complaint from any other source about a death independent of the reporting requirements in KAR 100-25-3(e)(2)(A).

Because we do not regulate all facilities that could provide the abortion procedure (see KAR 100-25-1(f) which excludes entities such as a hospital or medical care facility) we would not be able to provide the type of statistics referred to in Dr. Herbert's testimony.

Kathleen Selzler Lippert, Executive Director  
Kansas Board of Healing Arts  
800 Jackson Lower Level - Suite A  
Topeka, Kansas 66612  
[klippert@ksbha.ks.gov](mailto:klippert@ksbha.ks.gov)  
785-296-3680 direct ext  
785-368-7102 fax

**KSBHA moved in January 2011. Please note change of address.**

This e-mail and any attachments may contain confidential and privileged information, and is intended for the addressee only. If you are not the intended recipient, you should destroy this message and notify the sender by reply e-mail. E-mail is not a secure medium and there is no guarantee e-mail information will be confidential. If you do not wish to receive information via e-mail, please contact me. Any disclosure, reproduction or transmission of this e-mail is strictly prohibited without specific authorization from me.

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**From:** Kelli Stevens  
**Sent:** Friday, March 11, 2011 12:18 PM  
**To:** Kathleen Lippert  
**Subject:** FW: Open Records Request  
**Importance:** High

Please see the request below:

Kelli J. Stevens

General Counsel

Kansas State Board of Healing Arts

(785) 296-8066

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**From:** Cheryl Sullenger [mailto:cherylsullenger@gmail.com]  
**Sent:** Friday, March 11, 2011 11:13 AM  
**To:** Kelli Stevens  
**Subject:** Open Records Request

[Quoted text hidden]

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**Cheryl Sullenger <cherylsullenger@gmail.com>**

**Fri, Mar 11, 2011 at 1:47 PM**

To: Kathleen Lippert <klippert@ksbha.ks.gov>

Cc: Kelli Stevens <kstevens@ksbha.ks.gov>, Sheryl Snyder <ssnyder@ksbha.ks.gov>

Bcc: Troy Newman <newman.troy@gmail.com>

Dear Ms. Lippert,

Thank you for your quick reply. I will await the return of your open records custodian and will be happy receive whatever information is available, if any. I'm just trying to get to the bottom of this. As you may be aware, we work in many different states and it is very common to see a physician not only lose his/her medical license over even one death. We are also seeing an increase in criminal charges against abortion providers who kill women during abortions.

The number of five deaths in a five year period, as reported by Dr. Hodes, is troubling to say the least, and far beyond anything we are seeing elsewhere in the country. If that number is indeed true, then there are major safety issues that must be addressed in this state, as I am sure you can appreciate.

Here are a few links to disturbing stories of abortion-related maternal deaths (or severely botched abortions) at unaccountable clinics that are enough to give one pause, and will hopefully convey the reason for our concern and sense of urgency:

- [\*\*Shocking Photos Of Gosnell Murder Victims Included in Grand Jury Report\*\*](#)
- [\*\*New Abortionist with Old Problems Takes Over California "Shop of Horrors"\*\*](#)
- [\*\*California Abortionist Rutland, Who Killed Woman, Will Surrender His License\*\*](#)
- [\*\*Botched Abortion Nightmare: 'I wish I never heard of them'\*\*](#)
- [\*\*Massachusetts Abortionist Sentenced to Jail for Abortion Death\*\*](#)
- [\*\*Maryland Abortionist That Killed Patient Permanently Surrenders License\*\*](#)

These are all cases where we are working either openly or behind the scenes to protect the public.

Thank you very much for your time,  
Cheryl Sullenger

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NATIONAL  
ABORTION  
FEDERATION

## Safety of Abortion

Surgical abortion is one of the safest types of medical procedures. Complications from having a first-trimester aspiration abortion are considerably less frequent and less serious than those associated with giving birth. Early medical abortion (using medications to end a pregnancy) has a similar safety profile.<sup>1</sup>

### Illegal Abortion is Unsafe Abortion

Abortion has not always been so safe. Between the 1880s and 1973, abortion was illegal in all or most U.S. states, and many women died or had serious medical problems as a result. Women often made desperate and dangerous attempts to induce their own abortions or resorted to untrained practitioners who performed abortions with primitive instruments or in unsanitary conditions. Women streamed into emergency rooms with serious complications - perforations of the uterus, retained placentas, severe bleeding, cervical wounds, rampant infections, poisoning, shock, and gangrene.

Around the world, in countries where abortion is illegal, it remains a leading cause of maternal death. An estimated 68,000 women worldwide die each year from unsafe abortions.<sup>2</sup>

Many of the doctors who provide abortions in the United States today are committed to providing this service under medically safe conditions because they witnessed and still remember the tragic cases of women who appeared in hospitals after botched, illegal abortions.

### Evaluating the Risk of Complications

Since the Supreme Court reestablished legal abortion in the U.S. in the 1973 *Roe v. Wade* decision, women have benefited from signifi-

cant advances in medical technology and greater access to high-quality services.<sup>3</sup> Generally, the earlier the abortion, the less complicated and safer it is.

Serious complications arising from aspiration abortions provided before 13 weeks are quite unusual. About 88% of the women who obtain abortions are less than 13 weeks pregnant.<sup>4</sup> Of these women, 97% report no complications; 2.5% have minor complications that can be handled at the medical office or abortion facility; and less than 0.5% have more serious complications that require some additional surgical procedure and/or hospitalization.<sup>5</sup>

Early medical abortions are limited to the first 9 weeks of pregnancy. Medical abortions have an excellent safety profile, with serious complications occurring in less than 0.5% of cases.<sup>6</sup> Over the last five years, six women in North America have died as a result of toxic shock secondary to a rare bacterial infection of the uterus following medical abortion with mifepristone and misoprostol. This type of fatal infection has also been observed to occur following miscarriage, childbirth and surgical abortion, as well as other contexts unrelated to pregnancy. The Centers for Disease Control and Prevention's (CDC) continuing investigations have found no causal link between the medications and these incidents of infection. Although the Food and Drug Administration (FDA) has issued an updated advisory for warning signs of infection following medical abortion, it has recommended that there be no changes in the current standards for provision of medical abortion.<sup>7,8</sup>

Complication rates are somewhat higher for surgical abortions provided between 13 and 24 weeks than for the first-trimester procedures. General anesthesia, which is sometimes used in surgical abortion procedures of any gestation, carries its own risks.

In addition to the length of the pregnancy, significant factors that can affect the possibility of complications include:

- the kind of anesthesia used;
- the woman's overall health;
- the abortion method used; and
- the skill and training of the provider.

#### Types of Complications from Surgical Abortion

Although rare, possible complications from a surgical abortion procedure include:

- blood clots accumulating in the uterus, requiring another suctioning procedure, (less than 0.2% of cases);<sup>9</sup>
- infections, most of which are easily identified and treated if the woman carefully observes follow-up instructions, (0.1%-2.0% of North American cases);<sup>9</sup>
- a tear in the cervix, which may be repaired with stitches (0.6%-1.2% of cases);<sup>10</sup>
- perforation (a puncture or tear) of the wall of the uterus and/or other organs (less than 0.4% of cases).<sup>5,9</sup> This may heal itself or may require surgical repair or, rarely, hysterectomy;
- missed abortion, which does not end the pregnancy and requires the abortion to be repeated (less than 0.3% of cases);<sup>9</sup>
- incomplete abortion, in which tissue from the pregnancy remains in the uterus, and requires a repeat suction procedure, (0.3%-2.0% of cases);<sup>9</sup>
- excessive bleeding requiring a blood transfusion (0.02%-0.3% of cases).<sup>5,10</sup>

Death occurs in 0.0006% of all legal surgical abortions (one in 160,000 cases). These rare deaths are usually the result of such things as adverse reactions to anesthesia, embolism, infection, or uncontrollable bleeding.<sup>9</sup> In comparison, a woman's risk of death during pregnancy and childbirth is ten times greater.<sup>5</sup>

Possible complications of a medical abortion include:

- failure of the medications to terminate the pregnancy (less than 2% of cases), requiring a suction procedure to complete the abortion;<sup>11</sup>
- incomplete expulsion of the products of conception, requiring a suction procedure to complete the abortion (occurs in less than 6% of cases);<sup>12</sup>
- excessive bleeding, requiring a suction procedure, and rarely, transfusion (less than 1% of cases);<sup>11</sup>
- uterine infection, requiring the use of antibiotics (0.09%-0.6% of cases) ;<sup>11</sup>
- death secondary to toxic shock following infection with *Clostridium sordellii* (has occurred in less than 0.001% of cases in the US and Canada).<sup>6</sup>

#### Signs of a Post-Abortion Complication

If a woman has any of the following symptoms after having either a surgical or medical abortion, she should immediately contact the facility that provided the abortion for follow-up care<sup>13</sup>:

- severe or persistent pain;
- chills or fever with an oral temperature of 100.4° or more;
- bleeding that is twice the flow of her normal menstrual period or that soaks through more than one sanitary pad per hour for two hours in a row;
- malodorous discharge or drainage from her vagina; or
- continuing symptoms of pregnancy.

In addition, if a woman who is having a medical abortion notices the onset of severe abdominal pain, malaise or "feeling sick," even in the absence of fever, more than 24 hours after the administration of the second medication,

she must immediately contact the facility that provided the abortion.<sup>7</sup>

Health care providers and clinics that offer abortion services should provide a 24-hour number to call in the event of complications or reactions that the patient is concerned about.

#### Preventing Complications

There are some things women can do to lower their risks of complications. One way to reduce risk of complications is to have the abortion procedure early. Generally, the earlier the abortion, the safer it is.

Asking questions is also important. Just as with any medical procedure, the more relaxed a person is and the more she understands what to expect, the better and safer her experience usually will be.

In addition, any woman choosing abortion should:

- find a good clinic or a qualified, licensed practitioner. For referrals, call NAF's toll-free Hotline at 1-800-772-9100 or find a provider online at [www.prochoice.org](http://www.prochoice.org);
- inform the practitioner of any health problems, current medications or street drugs being used, allergies to medications or anesthetics, and other health information;
- follow post-operative instructions; and
- return for a follow-up examination.

#### Anti-Abortion Propaganda

Anti-abortion activists claim that having an abortion increases the risk of developing breast cancer and endangers future childbearing. They claim that women who have abortions without complications are more likely to have difficulty conceiving or carrying a pregnancy, develop ectopic pregnancies, which are pregnancies outside of the uterus (commonly in one of the fallopian tubes), deliver stillborn babies, or become sterile. However, these

claims have been refuted by a significant body of medical research. In February 2003, a panel of experts convened by the National Cancer Institute to evaluate the scientific data concluded that studies have clearly established that "induced abortion is not associated with an increase in breast cancer risk."<sup>15</sup> Furthermore, comprehensive reviews of the data have concluded that a vacuum aspiration procedure in the first trimester poses virtually no risk to future reproductive health.<sup>16</sup> (See Abortion Myths: Abortion and Breast Cancer at [www.prochoice.org](http://www.prochoice.org).)

#### Women's Feelings after Abortion

Women have abortions for a variety of reasons, but in general they choose abortion because a pregnancy at that time is in some way wrong for them. Such situations can cause a great deal of distress, and although abortion may be the best available option, the circumstances that led to the problem pregnancy may continue to be upsetting.

Some women may find it helpful to talk about their feelings with a family member, friend, or counselor. Feelings of loss or of disappointment, resulting, for example, from a lack of support from the spouse or partner, should not be confused with regret about the abortion. Women who experience guilt or sadness after an abortion usually report that their feelings are manageable.

The American Psychological Association has concluded that there is no scientifically valid support or evidence for the so-called "post-abortion syndrome" of psychological trauma or deep depression. The most frequent response women report after having ended a problem pregnancy is relief, and the majority of women are satisfied that they made the right decision for themselves. (See Abortion Myths: Post-Abortion Syndrome at [www.prochoice.org](http://www.prochoice.org).)



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## For More Information

For referrals to abortion providers who offer quality care, call NAF's toll-free hotline: 1-800-772-9100. Weekdays: 8:00A.M. - 9:00P.M. Saturdays: 9:00A.M. - 5:00P.M. EST

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Revised December 2006.



# Pregnancy Associated Deaths\*

Kansas, 2005-2009

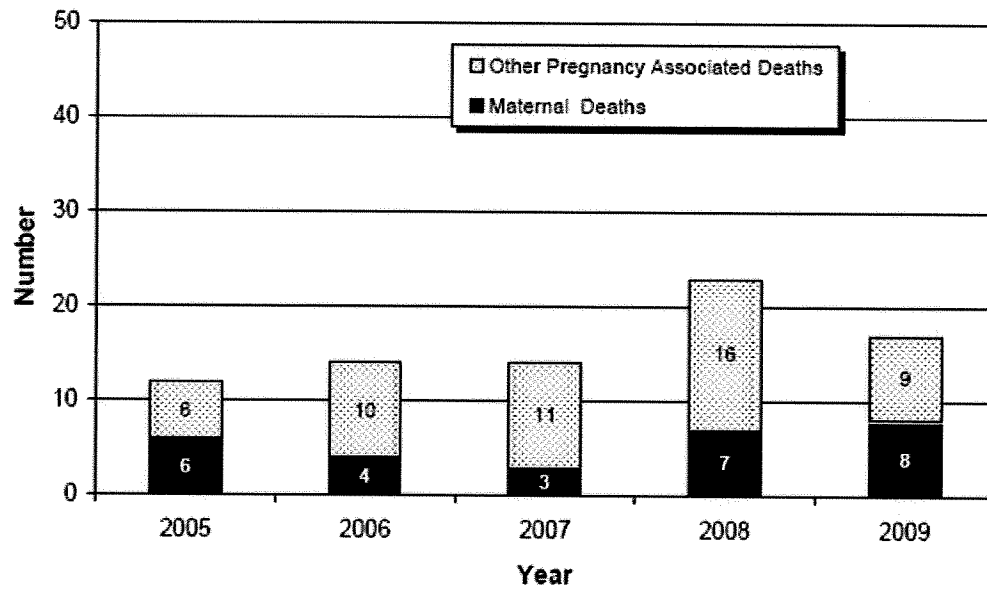


Figure 29

\*See Technical Notes for Pregnancy Associated Deaths and Maternal Mortality definitions  
Residence data

Source: KDHE