

# March of Dimes



**“Saving  
babies  
together”**

*By Leslie Tignor*

**There's a noticeable pink link on the home page of the March of Dimes web site. It reads, "click to save babies." It's part of a fairly new and ongoing March of Dimes campaign to heighten public awareness about the "silent crisis" of premature birth in our country.**

**Unfortunately, this "awareness" campaign neglects a significant factor that influences prematurity, one about which scientists have long been aware. That factor is abortion. Nowhere does March of Dimes make any mention of this risk factor—a curious omission for an outfit whose motto is, "Saving babies, together."**



## Premature birth

The incidence of premature birth has been steadily escalating in the U.S. for more than 20 years. In 1981, the rate of premature birth was 9.4 percent; in 2002, it was 12.1 percent—a figure that represents one in eight births. These babies, more than an estimated 480,000 per year, are at higher risk of requiring hospitalization, developing long-term health problems (particularly cerebral palsy) and/or dying. In fact, approximately 100,000 premature infants will develop health problems, and premature birth is the leading cause of death in the first month of life.

March of Dimes has launched a \$75 million campaign using nationwide distribution of television, radio and print materials to, among other things, heighten awareness and educate families about the warning signs and risks of prematurity. The goal of this effort is to reduce the rate of premature birth by 15 percent and fund research to find causes of premature birth. March of Dimes web site even includes an online petition to members of Congress to request increased federal funding for these initiatives.

However, what March of Dimes fails to mention in its educational efforts is the connection between abortion and premature birth.

## Omitting the facts

March of Dimes fails to tell women that abortion procedures involve artificially dilating the cervix (in order to suck the baby out of the womb), which leads to a higher incidence of incompetent cervix—the inability of the cervix to remain closed and support a continued pregnancy. The result is that abortion leaves women at a higher risk for prematurity in future pregnancies.

March of Dimes also omits data about the

increased risk of infection from abortion, which, in turn, places women at higher risk for future premature delivery. After an induced abortion, the risk of infection in a subsequent pregnancy increases by 140 percent!

As early as 1967, Dr. Malcolm Potts, an abortion supporter, wrote "there seems little doubt that there is a true relationship between the high incidence of therapeutic abortion and prematurity. The interruption of pregnancy in the young (under 17) is more dangerous than in other cases."

Professor Barbara Luke, a highly regarded author in the field of obstetrics at the University of Michigan, has noted, "If you have had one or more induced abortions, your risk of prematurity with this (current) pregnancy increases about 30 percent. If they (previous abortions) were done during the second trimester, after 14 weeks, your subsequent risk of prematurity is greater than if they had been done during the first trimester."

At least 16 studies, including one published in the prestigious *New England Journal of Medicine*, support Luke's claim that a previously induced abortion elevates the subsequent risk of a premature birth. Dr. Luke, incidentally, will receive in 2005 March of Dimes' Agnes Higgins Award in Maternal Nutrition for her work in improving outcomes in multiple pregnancies.

March of Dimes acknowledges that there is a disproportionate rate of premature births among black women than any other race or ethnicity. But, again, the organization has said nothing of the impact abortion has on this statistic.

While black women comprise approximately 12 percent of the U.S. female population, black women have 35.2 percent of all induced abortions. In 1987, the *New England Journal of Medicine* reported that "black women with two previous induced abortions had a 91 percent higher risk of a subsequent preterm birth." The study also noted,

“black infants remain twice as likely as white infants to die during the first year of life.”

### Placing women at risk

Despite studies that have shown a significant increase in premature births among post-abortive women, most clinics rarely, if ever, list prematurity as a risk on consent forms. Neither are abortion-minded women verbally informed of this risk. The result of this lack of information is that women and newborns are put at risk of prematurity and the health consequences that result from premature birth.

Granted, not all post-abortive women suffer preterm delivery in subsequent pregnancies, and not all premature infants are born to mothers who have had abortions; however, March of Dimes claims that

of the 480,000 infants born prematurely, almost half fall into a risk group for which no cause is known. Research certainly suggests that one cause may be far better known than the organization is willing to admit.

If March of Dimes is going to spend \$75 million on a “campaign to help families have healthier babies,” perhaps it’s time that March of Dimes looks at research already conducted and acknowledges the connection between abortion and premature birth. At the very least, March of Dimes needs to explain why it has chosen to exclude potentially life-saving information, particularly when it asks people on its web site to “click to save babies.”

**Leslie Tignor is the director of American Life League’s Associate Program.**

## Pro-life Book Review by Judie Brown

### **The Cost of “Choice”: Women Evaluate the Impact of Abortion** —Edited by Erika Bachiochi

Abortion has had a tragic effect on every segment of society, but the twelve essays in this seminal book reveal a horror rarely discussed. Women are aching from the pain that rabid feminists claimed would bring them freedom!

Mary Ann Glendon sets the tone with her insightful examination of the cultural revolution that women like Betty Friedan described as “sex stuff.”

Elizabeth Schiltz treats the subject of the disabled child compassionately, based on own her personal experiences. She worries “that the availability of abortion seems to be eroding societal consensus about our collective responsibility for vulnerable people—those with disabilities that were, or could have been, diagnosed prenatally...”

The chapters on abortion and breast cancer are chilling, for as Dr. Angela Lanfranchi warns, “breast cancer is the only major cancer that has continued rising.” She adds, “Thirty percent of my breast cancer patients who are in their thirties do not have a family history of

breast cancer, but have had an induced abortion.”

The legislative section of the volume presents a few outstanding recommendations, including attorney Dorinda Bordlee’s focus on the Pennsylvania “WIN” program, an acronym for “women in need.” The program affirms motherhood with positive solutions for the expectant mother.

The volume is not totally without its problems. I was not pleased to see an advocacy of states’ rights—a position that leaves the fate of preborn persons in the hands of politicians all across the land. And it was rather disquieting to read one lawyer’s view that abortion is a “constitutional right.” These flaws, however, do not rob the book of its overall value.

Pro-lifers who want to understand the incredible legacy of death bestowed on America by the feminist movement cannot afford to ignore this book.

**Judie Brown is president of American Life League.**

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