
A Statement on Abortion by 170 Obstetricians/ Gynecologists after the Reversal of Roe v Wade

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ABSTRACT: In a recent American Journal of Obstetrics and Gynecology, 900 professors submitted a Special Report calling for reinstating federal protection for abortion. Here, we provide an alternative consensus statement. Induced abortion is not a constitutional right. We, too, value patient autonomy, but autonomy does not allow for causing harm to another human being, in this case, the human fetus. We share concern about maternal mortality in the United States, but evidence shows that induced abortion increases, not decreases, maternal mortality. We share the authors' concern for the effect of induced abortion on minority populations and mourn the fact that the abortion rate in non-Hispanic black patients is three times that of non-Hispanic white patients and twice that of Hispanic patients. Many obstetricians/gynecologists, like ourselves, do not support abortion, and most obstetricians/gynecologists do not perform abortions. Induced abortion is not necessary to provide evidence-based care. We also have seen tragic situations and misinformation and want to work toward addressing these issues. We support the highest level of clinical practice, bodily autonomy, reproductive freedom, and evidence-based care for both our patients—the

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pregnant woman and the human being in utero—whom we have dedicated our lives to serving.

Key Words: abortion restrictions, abortion rights, induced abortion

Introduction

Here, 170 obstetricians/gynecologists* (OB/GYNs) share the following consensus response to the published Special Report, A Statement on Abortion by 900 Professors of Obstetrics and Gynecology** after the Reversal of *Roe v Wade*” (hereafter called the Statement).¹ We too support the highest level of clinical practice, bodily autonomy, reproductive freedom, and evidence-based care for both our patients—the pregnant woman and the human being in utero—whom we have dedicated our lives to serving. Strikingly absent in the Statement is any acknowledgment of the human fetus who is killed in an abortion.

In the Statement, the authors call for reinstating “federal protection for abortion,” contending that in the *Dobbs* decision, the Supreme Court retracted the “constitutionally protected right to abortion.” They state that the decision has harmed the lives and health of patients and the ability to train upcoming physicians in “this medically necessary evidence-based care.” They argue that they expect future harm, including adverse effects on maternal mortality. They refer to the *Dobbs* decision as a “disastrous decision for public health.” We find much misinformation in the Statement and offer the following clarifications.

Induced Abortion: A Constitutional Right?

The authors refer to induced abortion as a constitutionally protected right that was removed by *Dobbs*. In the majority opinion for *Dobbs*, the justices stated, “The critical question is whether the Constitution, properly understood, confers a right to obtain an abortion.”² The decision explains that the *Roe* “right to abortion” was fabricated by the *Roe* court. In *Dobbs*, the Supreme Court returned to the people and their elected representatives the ability to consider both the rights of the preborn human and pregnant patient. The Justices further state, “Like the infamous decision in *Plessy v. Ferguson*, *Roe* was also egregiously wrong and on a collision course with the Constitution from the day it was decided. *Casey* perpetuated its errors.”² The authors of the Statement

* See Appendix for list of 170 obstetricians/gynecologists supporting this Special Report.

** Although the article claims these are all OB/GYN professors, not all are physicians, nor are all in the field of OB/GYN.

may not like the decision, but abortion was never a constitutional right. Many pro-abortion jurists agreed that *Roe* was bad jurisprudence.^{3,4}

Patient Autonomy

The authors refer to abortion as a “federally protected right to bodily autonomy for women.” Autonomy is one of the basic principles of medical ethics according to the most widely used account of medical ethics, along with beneficence, non-maleficence, and justice. Autonomy is never absolute. Although patients have autonomy in medical decisions, this does not mean they can have any procedure they want. A patient does not have the autonomy to have a healthy arm amputated. In an induced abortion, the aborted human in the uterus is denied any autonomy.

Abortion is not only about autonomy but also about non-maleficence. In the case of pregnancy, we, as physicians, have two patients. Abortion sometimes harms the woman; abortion always ends the life of our second patient.^{5,6}

We do not minimize the difficult situations that women face when encountering unplanned or complicated pregnancies. Ending a life is never the solution to a complicated social problem. Would the authors support killing an unwanted newborn, a one-year-old, or a six-year-old in difficult circumstances? Do the authors see the fetus as their patient only when the fetus is stipulated as a wanted pregnancy? We all care for pregnant women facing tragic, difficult, and complex situations. Induced abortion does not solve any of these problems and often compounds them. None of us would allow or help a mother to kill her born children because of poverty, rape, disability, unwantedness, or a life-limiting condition. As physicians, we live by “first do no harm.”

Maternal Mortality

We share the concern of the authors about the high maternal mortality rate in the United States, but the evidence does not support the assertion that unrestricted induced abortion decreases maternal mortality. The high maternal mortality rates were documented before the *Dobbs* decision when unrestricted abortion was widely available.⁷ Furthermore, multiple studies have shown that abortion restrictions in other countries do not result in increased maternal mortality.⁸ In fact, there is evidence that maternal mortality increases after legalization of abortion.⁹ Countries with very restrictive abortion policies have much lower maternal mortality ratios (MMRs), which is the number of maternal deaths per 100,000 live births, than the United States. The MMR in the United States is 21, compared to Poland (which prohibits abortion except to preserve the life of the mother), which has an MMR of 2, and Malta (which restricts abortion completely), which has an MMR of 3.^{10,11}

The widely quoted study by Raymond et al. concluded that abortion is fourteen times safer than childbirth.¹² In this study, the abortion-related mor-

tality (legal abortion-related deaths divided by number of legal abortions) was compared to mortality related to live birth (the number of pregnancy-related deaths among women who delivered live neonates divided by the number of live births). In order to calculate mortality related to abortion, however, we must have accurate information on both the number of deaths from abortion and the number of abortions. We have neither. There are no federally mandated abortion reporting requirements, so these numbers are only estimates. The states of California, Maryland, New Hampshire, and New Jersey do not require reporting of abortions, and only 28 states require reporting of abortion complications.¹⁵ Additionally, abortion by drugs ordered online will not be included in statistics.

Furthermore, in the Raymond study, the authors seem to have considered deaths only from immediate physical causes. Multiple studies have shown a relationship between abortion and mental health; suicide has been demonstrated to be more common after abortion than live birth.^{6,14} Deaths from mental health causes, however, are rarely reported as abortion-related deaths.^{15,16} Multiple other studies using high-quality linkage data show far more deaths after induced abortion than after childbirth.^{15,17-22}

Effect on Minorities

The authors of the Statement believe that abortion restrictions disproportionately affect low-income patients and people of color, providing no references for their claims. Data show that induced abortion disproportionately kills black fetuses in the uterus. The latest Centers for Disease Control and Prevention surveillance report shows that 38.4% of abortions are in non-Hispanic black women, even though the population percentage is only 13.6%.²³⁻²⁴ The induced abortion rate in non-Hispanic black women (21.2 per 1000 women) is more than three times that of non-Hispanic white women (6.3 per 1000) and almost twice that of Hispanic women (10.9 per 1000).²³ Induced abortion does not benefit women of color or their babies. It reduces their population. Induced abortion is the leading cause of death among black people; sixteen million black fetuses have been eliminated by abortion since *Roe v Wade*.²⁵

Support for Abortion

The authors contend that there is widespread support in the medical community for induced abortion. We and many other physicians do not support abortion. We have known many patients who seek us out because they want a doctor who does not support elective abortion. Multiple studies have shown that the large majority of practicing OB/GYNs do not perform abortions, and a significant percentage do not refer for abortion.²⁶⁻³⁰ These same physicians frequently perform the same surgical procedure that is used for induced abortion in different circumstances, such as a fetal demise or incomplete miscarriage.

“While much of the Western academic community has lamented the fall of *Roe*, this lament is unrepresentative of the views of most people in the West. It is even less representative of the majority of people around the world, who broadly oppose abortion on demand even in the first trimester.”³

Evidence-Based Care

The authors indicate that abortion is necessary to provide evidence-based care and that if fewer residency programs provide abortion training, there will be no one to take care of women with a second-trimester obstetric complication that requires delivery of the fetus. This allegation is false. We do not perform abortions,^{***} yet we can and do evacuate the uterus when a pregnant woman’s life is at risk, such as from a septic abortion or severe preeclampsia in the second trimester. Dismemberment abortion is not required to provide evidence-based care. As noted, the large majority of OB/GYNS do not perform abortions. Are the authors alleging that these doctors do not and cannot provide quality care? If performing induced abortions is necessary for evidence-based patient care, why do so few obstetricians perform abortions?

Tragic Situations and Misinformation

The authors provide examples of patients they have cared for who were treated with doubt and suspicion when presenting for miscarriage, women pregnant with children with disabilities who need resources, and delayed care for women with ectopic pregnancies. No abortion restriction in any state precludes care for these patients. We should be correcting the misinformation that may prevent women from getting evidence-based care for a miscarriage or ectopic pregnancy. Every state law protecting unborn life allows separating the mother and the unborn fetus if necessary to protect the mother’s life. Every state law allows treatment for ectopic pregnancy and treatment for miscarriage. We have never confused the treatment of miscarriage or ectopic pregnancy with induced abortion and are working to correct the promulgation of this misinformation and dispel its myths.

Legal induced abortion may also result in tragic situations such as death from overwhelming sepsis and massive hemorrhage.^{8,31} Additionally, there have been ruptured ectopic pregnancies following attempted induced abortion, including some resulting in death, because the patient did not have an ultrasound.³¹

^{***} We define abortion as the intentional killing of the unborn. We acknowledge that there are situations in which a pregnancy must be ended prematurely to save the life of the mother with the foreseeable death of the child. Some may define this as an abortion. Semantics aside, these life-saving interventions are a tiny proportion of abortions and do not in any way require legalization for elective abortion.

It is impossible to provide gestational age-specific informed consent prior to abortion without an ultrasound to document gestational age and rule out ectopic pregnancy. Best evidence-based care includes an ultrasound prior to an abortion to determine gestational age and pregnancy location and abortion providers providing continuity of care for their patients who experience abortion complications. The large majority of abortion complications are managed by someone other than the abortion provider.³¹

Furthermore, multiple studies have shown higher risks with mifepristone abortion than with surgical abortion, so mifepristone abortion should not be the primary means of pregnancy termination.³²⁻³⁴ However, at this time, over half of induced abortions are mifepristone abortions.³⁵ This percentage does not reflect those who purchase abortion drugs online without any interaction with a health care provider.

Are We Going Backward?

The authors claim we are going backward and refer, without any references, to wards of patients with septic abortion and state that the United States is among only three other countries that have restricted access to abortion. They did not state that our country is among only eight nations (the others are Australia, Canada, China, Guinea-Bissau, Mexico, South Korea, and Vietnam) that allow abortion on demand at any gestational age. Additionally, the United States is one of only 15 United Nations countries that allow abortion on demand after 15 weeks.¹⁰ The abortion law in the United States is much more permissive than the vast majority of the rest of the world. The recent promotion of medically unsupervised “self-managed” abortions by mail is a step backward to the time when women initiated and managed their abortions on their own.³⁶

Call To Action

We, too, have a call to action. We ask the 900 professors to work with us to promote evidence-based care and best practices for women. We do not agree on the ethics of induced abortion, but we can agree to work together on aspects of maternal and child healthcare. We invite the authors to collaborate and work with us in the following ways:

- Dispel the misinformation that treatment of miscarriage and ectopic pregnancy is induced abortion.
- Clarify that pre-viable fetal delivery or abortion to protect the life of the mother is allowed by every state abortion law. Failure to provide a necessary intervention harms women.
- Work to minimize mifepristone abortion over surgical abortion because of the increased risks associated with mifepristone abortion.

- Promote ultrasound prior to abortion to determine gestational age and pregnancy location; all women considering an abortion deserve the best evidence-based care.
- Discourage buying of abortion drugs online. “Self-managed abortion” exposes women to increased risks. Buying abortion drugs online or without a provider visit is not evidence-based care for women.
- Promote accurate data collection of all abortion procedures and complications. Inaccurate and incomplete data limits our ability to improve women’s healthcare.

We stand by both our patients, doing what is best for women and their preborn children.

References

¹ Espey E, Teal S, Peipert JF. A statement on abortion by 900 professors of obstetrics and gynecology after the reversal of Roe v Wade. *Am J Obstet Gynecol*. Jan 2024;230(1):10-11. doi:10.1016/j.jag.2023.10.045.

² Supreme Court of the United States. Dobbs, States Health Office of the Mississippi Department of Health, et al., v. Jackson Women’s Health Organization et al. In: Supreme Court of the United States, editor. 19-13922022. p. 1-66.

³ Miller C. Defending Dobbs v Jackson – the empirical effect of abortion bans on women. *International Family Law Journal* 4. 2022:217-224.

⁴ Carney T. Honest pro-choicers admit Roe v. Wade was a horrible decision. *Washington Examiner*. January 22, 2011. <https://www.washingtonexaminer.com/opinion/beltway-confidential/2333679/honest-pro-choicers-admit-roe-v-wade-was-a-horrible-decision/>

⁵ Reardon DC, Thorp JM. Pregnancy associated death in record linkage studies relative to delivery, termination of pregnancy, and natural losses: A systematic review with a narrative synthesis and meta-analysis. *SAGE Open Med*. 2017;5:2050312117740490. doi:10.1177/2050312117740490 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5692130/pdf/10.1177_2050312117740490.pdf.

⁶ Reardon DC. The abortion and mental health controversy: A comprehensive literature review of common ground agreements, disagreements, actionable recommendations, and research opportunities. *SAGE Open Med*. 2018;6:2050312118807624. doi:10.1177/2050312118807624

⁷ Hoyert DL. Maternal Mortality Rates in the United States, 2022. *NCHS Health E-Stats*. 2024;doi:10.15620/cdc/152992

⁸ Skop I. Handbook of Maternal Mortality: Addressing the US Maternal Mortality Crisis, Looking Beyond Ideology. Vol. 1. 2023:1-46. *On Women’s Health*. January 2023. <https://lozierinstitute.org/handbook-of-maternal-mortality-addressing-the-u-s-maternal-mortality-crisis-looking-beyond-ideology/>

⁹ Miller C. Does legalising abortion reduce deaths from backstreet abortions Experiences in sub-Saharan Africa. In: Tingle J, Milo C, Msiska G, Millar R, eds. *Research Handbook on Patient Safety and the Law*. Edward Elgar Publishing; 2023.

¹⁰ Harned M, Steupert M. Gestational Limits on Abortion in the United States Compared to International Norms (April 2024). *American Reports Series*, 2024(25). April 2024. <https://lozierinstitute.org/gestational-limits-on-abortion-in-the-united-states-compared-to-international-norms/>

¹¹ WHO U, UNFPA, World Bank Group and UNDESA/Population Division. Trends in maternal mortality 2000 to 2020; Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. World Health Organization; 2023. <https://iris.who.int/bitstream/handle/10665/366225/9789240068759-eng.pdf?sequence=1>

¹² Raymond EG, Grimes DA. The comparative safety of legal induced abortion and childbirth in the United States. *Obstet Gynecol*. Feb 2012;119(2 Pt 1):215-9. doi:10.1097/AOG.0b013e-31823fe923

¹³ Guttmacher Institute. Abortion Reporting Requirements. 2023. September 1, 2023. <https://www.guttmacher.org/state-policy/explore/abortion-reporting-requirements>

¹⁴ Karalis E, Ulander VM, Tapper AM, Gissler M. Decreasing mortality during pregnancy and for a year after while mortality after termination of pregnancy remains high: a population-based register study of pregnancy-associated deaths in Finland 2001-2012. *BJOG*. Jun 2017;124(7):1115-1121. doi:10.1111/1471-0528.14484.

¹⁵ Gissler M, Kauppila R, Meriläinen J, Toukomaa H, Hemminki E. Pregnancy-associated deaths in Finland 1987-1994--definition problems and benefits of record linkage. *Acta Obstet Gynecol Scand*. Aug 1997;76(7):651-7. doi:10.3109/00016349709024605

¹⁶ Walker D, Campero L, Espinoza H, et al. Deaths from complications of unsafe abortion: misclassified second trimester deaths. *Reprod Health Matters*. Nov 2004;12(24 Suppl):27-38. doi:10.1016/s0968-8080(04)24019-8.

¹⁷ Reardon DC, Strahan TW, Thorp JM, Jr., Shuping MW. Deaths associated with abortion compared to childbirth--a review of new and old data and the medical and legal implications. *J Contemp Health Law Policy*. Spring 2004;20(2):279-327. PMID: 15239361

¹⁸ Gissler M, Berg C, Bouvier-Colle MH, Buekens P. Pregnancy-associated mortality after birth, spontaneous abortion, or induced abortion in Finland, 1987-2000. *Am J Obstet Gynecol*. Feb 2004;190(2):422-7. doi:10.1016/j.jajog.2003.08.044

¹⁹ Gissler M, Berg C, Bouvier-Colle MH, Buekens P. Methods for identifying pregnancy-associated deaths: population-based data from Finland 1987-2000. *Paediatr Perinat Epidemiol*. Nov 2004;18(6):448-55. doi:10.1111/j.1365-3016.2004.00591.x

²⁰ Gissler M, Hemminki E. Pregnancy-related violent deaths. *Scand J Public Health*. Mar 1999;27(1):54-5. PMID: 10847672

²¹ Gissler M, Berg C, Bouvier-Colle MH, Buekens P. Injury deaths, suicides and homicides associated with pregnancy, Finland 1987-2000. *Eur J Public Health*. Oct 2005;15(5):459-63. doi:10.1093/eurpub/cki042

²² Gissler M, Hemminki E, Lönnqvist J. Suicides after pregnancy in Finland, 1987-94: register linkage study. *Bmj*. Dec 7 1996;313(7070):1431-4. doi:10.1136/bmj.313.7070.1431

²³ Kortsmitt K, Mandel MG, Reeves JA, et al. Abortion Surveillance - United States, 2019. *MMWR Surveill Summ*. Nov 26 2021;70(9):1-29. doi:10.15585/mmwr.ss7009a1

²⁴ United States Census Bureau. Quick Facts United States. Accessed January 17, 2024, <https://www.census.gov/quickfacts/fact/table/US/RHI725221>

²⁵ Daniels C, Davis C, Anunkor I, Parker S. *The Effects of Abortion on the Black Community*. 2015:1-23. <https://www.congress.gov/115/meeting/house/106562/witnesses/HHRG-115-JUI0-Wstate-ParkerS-20171101-SD001.pdf>

²⁶ Stulberg DB, Dude AM, Dahlquist I, Curlin FA. Abortion provision among practicing obstetrician-gynecologists. *Obstet Gynecol*. Sep 2011;118(3):609-614. doi:10.1097/AOG.0b013e31822ad973

²⁷ Desai S, Jones RK, Castle K. Estimating abortion provision and abortion referrals among United States obstetrician-gynecologists in private practice. *Contraception*. Apr 2018;97(4):297-302. doi:10.1016/j.contraception.2017.11.004

²⁸ Weigel G, Frederiksen B, Ranji U, Salganicoff A. OBGYNs and the Provision of Sexual and Reproductive Health Care: Key Findings from a National Survey. Updated February 15, 2021. Accessed January 15, 2024, <https://www.kff.org/womens-health-policy/report/obgyns-and-the-provision-of-sexual-and-reproductive-health-care-key-findings-from-a-national-survey/>

²⁹ Wind R. Most U.S. Obstetrician-Gynecologists in Private Practice Do Not Provide Abortions and Many Also Fail to Provide Referrals. Accessed January 15, 2024, <https://www.guttmacher.org/news-release/2017/most-us-obstetrician-gynecologists-private-practice-do-not-provide-abortions-and>

³⁰ Grossman D, Grindlay K, Altshuler AL, Schulkin J. Induced Abortion Provision Among a National Sample of Obstetrician-Gynecologists. *Obstet Gynecol.* Mar 2019;133(3):477-483. doi:10.1097/aog.0000000000003110

³¹ Aultman K, Cirucci CA, Harrison DJ, Beran BD, Lockwood MD, Seiler S. Deaths and Severe Adverse Events after the use of mifepristone as an Abortifacient from September 2000 to February 2019. *Issues Law Med.* Spring 2021;36(1):3-26. PMID 33939340

³² Niinimäki M, Pouta A, Bloigu A, et al. Immediate complications after medical compared with surgical termination of pregnancy. *Obstet Gynecol.* Oct 2009;114(4):795-804. doi:10.1097/AOG.0b013e3181b5ccf9

³³ Upadhyay UD, Desai S, Zlidar V, et al. Incidence of emergency department visits and complications after abortion. *Obstet Gynecol.* Jan 2015;125(1):175-183. doi:10.1097/AOG.0000000000000603

³⁴ Ireland LD, Gatter M, Chen AY. Medical Compared With Surgical Abortion for Effective Pregnancy Termination in the First Trimester. *Obstet Gynecol.* Jul 2015;126(1):22-8. doi:10.1097/AOG.0000000000000910

³⁵ Jones R, Nash E, Cross L, Philbin J, Kirstein M. Medication Abortion Now Accounts for More Than Half of All US Abortions. *Policy Analysis.* 2022. February 24, 2022; Updated December 1, 2022. Accessed January 23, 2024. <https://www.guttmacher.org/article/2022/02/medication-abortion-now-accounts-more-half-all-us-abortions>

³⁶ Nisha V, Vinita G, Daniel G, Jamila P, Shih Grace. Society of Family Planning Interim Clinical Recommendations: Self-managed Abortion. *Society of Family Planning.* 2023; <https://societyfp.org/wp-content/uploads/2022/06/SFP-Interim-Recommendation-Self-managed-abortion-09.08.22.pdf> accessed May 16, 2024.

Appendix

First Name	Last Name	Degree	Credentials	Institution (if chose to list)	City	State
Samir	Abadeer	MD	FACOG, dip ABOG	Abadeer OBGYN	Wausau	WI
Jonathan	Abbott	MD	FACOG, dip ABOG	Jennie Stuart OB/GYN	Hopkinsville	KY
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Jennifer	Anderson	MD	dip ABOG	Cornerstone Clinic For Women	Little Rock	AR
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Kathi Ann	Aultman	MD	FACOG, dip ABOG		Orange Park	FL
Susan	Bane	MD, PhD	dip ABOG		Wilson	NC
John	Bard	MD	FACOG	Corewell Health	St. Joseph	MI
Gustav K	Barkett	DO	FACOOG		Muskegon	MI
Jeffrey	Barrows	DO, MA (Ethics)	FACOOG		Bellafontaine	OH
Philip A	Basala	DO	FACOG, dip ABOG, FPMRS		Keyser	WV
Angela	Beale Martin	MD	dip ABOG		Cincinnati	OH
Scott	Beard	MD	FACOG, dip ABOG, FPMRS	Associate clinical professor UNM; Associate clinical professor Burrell Medical College	Lovington	NM
Stephen	Blaaha	MD	FACOG dip ABOG	Medical Director, Natural Family Planning	Charlotte	NC
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Jeffrey M.	Blake	MD	FACOG, dip ABOG, FPMRS		Pendleton	IN
Gayle	Borkowski	MD	dip ABOG		Milford	IN
Steven	Braatz	MD	dip ABOG	North Central Indiana Medical Clinic	Janesville	CA
Kevin	Breniman	MD	FACOG, dip ABOG	Cornerstone Clinic For Women	Little Rock	AR
John T	Bruchalski	MD	FACOG, dip ABOG	Tepeyac OBGYN, Divine Mercy Care	Fairfax	VA
Thomas	Burns	MD	dip ABOG		Alexandria	VA
Byron C	Calhoun	MD, MBA	FACOG, dip ABOG, FACS, FASAM	Professor and Vice Chair, Dept of OBGYN,West Virginia University- Charleston	Charleston	WV

Appendix (Continued)

First Name	Last Name	Degree	Credentials	Institution (if chose to list)	City	State
Mark S.	Campbell	MD	dip ABOG		Douglas	WY
Josette	Chamberlain	MD	Former ACOG/ABOG		Columbia City	IN
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Alex J.	Childs	MD	dip ABOG		Birmingham	AL
Sandy	Christiansen	MD	FACOG, dip ABOG	Care Net National Medical Director	Lansdowne	VA
Christina	Cirucci	MD	FACOG, dip ABOG		Sewickley	PA
Joe	Cloud	MD	FACOG, dip ABOG		Morrilton	AR
Geoffrey C	Cly	MD			Fort Wayne	IN
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Damon	Cudlhy	MD	dip ABOG	Acadiana OB/GYN	Lafayette	LA
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Lorna	Cvetkovich	MD	FACOG, dip ABOG	Tepeyac Ob-Gyn	Fairfax	VA
J. Michael	Davidson	MD	FACOG, dip ABOG	McLeod Gyn Specialists	Florence	SC
Robert W	Davis	MD	dip ABOG	Emeritus, Saint Luke's The Women's Clinic, Boise	Boise	ID
Myles	Dotto	MD	FACOG, DABOG		Southport	NC
Joy	Draper	MD, JD	FACOG, dip ABOG, FAAFP		Greenwood	SC
Kevin	Dumpe	MD	dip ABOG	Director of OB/GYN Training, Heritage Valley Health System	Beaver	PA
Amy J	Fisher	DO	FACOG, dip ABOG		St. Paul	MIN
James Michael	Fite	MD	ACOG, ABOG		Fort Worth	TX
Steven	Foley	MD	FACOG, dip ABOG	Carmel Indiana OBGYN	Carmel	IN
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First Name	Last Name	Degree	Credentials	Institution (if chose to list)	City	State
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Thomas J	Furey	MD	FACOG, dip ABOG	Staff member at Hinsdale Hospital & LaGrange Hospital	Indian Head Park	IL
Amanda	Gacetta	DO	FACOG, dip ABOG	Teaching Faculty Member at the Medical College of Wisconsin	Wisconsin Rapids	WI
Donald	Gaddy	MD	FACOG, dip ABOG	Gaddy OBGYN	Gulfport	MS
Yadira	Garcia	MD	dip ABOG		Towson	MD
Pamela G	Gaudry	MD		The Georgia Center for Menopausal Medicine and Direct Primary Care, LLC	Savannah	GA
Patricia	Giebink	MD	FACOG		Chamberlain	SD
Jamie Lynne	Gladden	MD				
Michael	Glover	DO	FACOG, dip ABOG		Cleburne	TX
Tess M.	Gordon	MD, MBA	dip ABOG		Clare	MI
Thomas L	Gray	MD	FACOG	Medical Director LifeChoices Pregnancy Help Medical Center	Memphis	TN
J Paul	Gray	MD	FACOG, dip ABOG, FPMRS	Womans Clinic PA	Jackson	TN
Stephanie	Grosvenor	DO	FACOG	Society of Procreative Surgeons	Fort Wayne	IN
James F	Guenther	DO	FACOG dip ABOG		Columbus	OH
Lanette Mckown	Guthmann	MD			Littleton	CO
Laura	Guttierrez	MD	FACOG, dip ABOG		El Paso	TX
Edward C.	Hall	MD	dip ABOG	Clinical Faculty University of KY	Edgewood	KY
Kevin W	Hamburger	MD	FACOG, dip ABOG	Siouxland Women's Health Care, PC	Sioux City	IA
Stephen	Hammond, Sr	MD	FACOG, dip ABOG		Jackson	TN
James A.	Hanser	MD	FACOG, dip ABOG		Fairfield	CA
Anthony	Harbin	MD	dip ABOG		Dalton	GA
Kim	Hardey	MD			Lafayette	LA

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Amy	Harrell	MID	dip ABOG		Bryan	TX
Mary Jo	Heinrichs	MD	dip ABOG		Phoenix	AZ
Christine	Hemphill Jones	MD	dip ABOG		Camden	SC
Timothy	Hepworth	MID	FACOG, dip ABOG		Cedar Springs	MI
Sheila	Hill	MD	FACOG, dip ABOG		Houston	TX
Christopher	Homeyer	MD	FACOG, dip ABOG		Evans	GA
Teresa A.	Hubka	DO MS	FACOGG,FACOG, dip ABOG	Medical Director, Comprehensive Wellness Care, LLC		
Ana Maria Garcia	Iguaran	MD, MS	FACOG, dip ABOG	Thrive OB/GYN	Miramar	FL
Angela	Jackson-Lopez	MD	FACOG	Physicians & Surgeons for Women Inc	Springfield	OH
Patricia Smith	Jay	MD			Dedham	MA
Sudheer	Jayaprabhu	MD, MBA	dip ABOG		Texarkana	TX
Karl H	Johansson	MD	FACOG			
Jillian Martell	Johnston	MD	FACOG	FEMM telehealth		
Lawrence R	Jones	MD			Cullman	AL
L. Carl	Jurgens	MS, MD	dip ABOG			
Maureen	Kennedy	MD			Arden	NC
Hanna	Klaus	MD	FACOG, dip ABOG		Philadelphia	PA
Jeri	Klobutcher	MD	AAPLOG		Ashland	OH
Erica	Kreller	MD	dip ABOG	Morning Star OB/GYN	Gilbert	AZ
Donna	LaFontaine	MD	dip ABOG		Cumberland	RI
Margaret	Lambert	MD	FACOG, dip ABOG		Neptune	NJ
Katherine S	Lammers	MD	FACOG		Rochester	NY
Paul	LaRose	MD	dip ABOG		Pensacola	FL
Robert C.	Lawler	MD	FACOG, dip ABOG		Lemont	IL

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First Name	Last Name	Degree	Credentials	Institution (if chose to list)	City	State
Christy	Lee	MD	FACOG, dip ABOG	Associate Professor	Greenville	SC
Clint	Leonard	MD	FACOG, dip ABOG	Morning Star OB/GYN	Gilbert	AZ
Anthony	Levattino	MD, JD	dip ABOG	Affiliate Professor of Clinical Medicine. OB/GYN Burrell College of Osteopathic Medicine	Las Cruces	NM
Danny L	Lickness	MD	FACOG, dip ABOG	Medical Director, Lifeline Pregnancy Center	Grover Beach	CA
Karen F	Liebert	MD	FACOG, dip ABOG	Medical Director of Community Pregnancy Clinics in Sarasota.	Bradenton	FL
James	Lindemulder	DO	FACOOG (distinguished)		Goshen	IN
James	Linn	MD	dip ABOG	Associate Clinical Professor OB/GYN Medical College of Wisconsin	Milwaukee	WI
Charles	Lively	MD	dip ABOG, NBPAS		Odessa	TX
Anne Marie	Manning	MD	dip ABOG	UPMC Divine Mercy Women's Health	Carlisle	PA
Greg	Marchand	MD	FACOG, dip ABOG, FACS, FICS	Marchand Institute for Minimally Invasive Surgery	Mesa	AZ
Pat	Marmion	MD, MPH	dip ACPM		Georgetown	TX
Leonard	Marotta	MD, MS	dip ABOG		Dunedin	FL
David P.	Martinez	MD	FACOG, dip ABOG		Lakewood	CO
James P	McBride	MD	FACOG		Rochester Hills	MI
Tamberly Ford	McCarus	MD	FACOG, dip ABOG	Advent Health Physician and Volunteer Medical Director of Choices Women's Clinid Orlando FL	Orlando	FL
Shani K.	Meck	MD	FACOG, dip ABOG	East Lakeland OG/GYN	Flowood	MS
Gary	Meyer	DO	FACOOG		Glenwood Springs	CO
Julie	Mickelson	MD	dip ABOG		Minneapolis, MN	MN
Gregory A.	Miller	MD	dip ABOG		Littleton	CO

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First Name	Last Name	Degree	Credentials	Institution (if chose to list)	City	State
John	Moraca	MD	FACOG, dip ABOG		Sewickley	PA
Eric	Mudafoft	MD			Terra Ceia	FL
Alan J	Murnane	MD	FACOG dip ABOG	Managing Partner, Westar OB/ Gyn; Attending Physician, Mt Carmel St Ann's Hospital	Westerville	OH
Elizabeth	Nelson	MD	FACOG, dip ABOG		Orlando	FL
Michael	Nelson	DO	FACOOG, dip AOBOG		Cheyenne	WY
Bennie	Nobles	MD			New Orleans	LA
Jaime	Obst	DO	FACOG, dip ABOG		Fort Worth	TX
Jerry	Orbitsch	MD	dip ABOG		Bismarck	ND
Jazmin D.	Parcon	MD	FACOG		Las Vegas	NV
Michael S	Parker	MD, KM	dip ABOG	Obstetric Hospitalist	Galena	OH
Mahate	Parker	MD, MPH	dip ABOG	COFMC, Ada, OK	Ada	OK
Brent	Parnell	MD	FACOG, dip ABOG, FPMRS		Birmingham	AL
Marianne	Peck	MD	FACOG, dip ABOG		The Woodlands	TX
Elina	Pfaffenback	MD	FACOG, dip ABOG	Women's Health Specialists	Appleton	WI
John G.	Pierce, Jr	MD	FACOG, dip ABOG	Women's Health Services of Central Virginia	Lynchburg	VA
Robert G.	Porto	MD	FACOG, FACS, dip ABOG		Fort Lauderdale	FL
Lance E.	Radbill	DO	dip ABOG		Birmingham	AL
Kathleen M.	Raviele	MD	FACOG		Atlanta	GA
Christi L.	Redmon	MD				IN
Braden	Richmond	MD	FACOG, dip ABOG	Special Care for Women	Anniston	AL
Steven	Roth	MD	dip ABOG		Cleveland	GA
Peter	Rothschild	MD	FACOG, dip ABOG	LifeSpring Pregnancy Center	Charlottesville	VA
Susan	Rutherford	MD	FACOG, dip ABOG	MFM	Redmond	WA
Thomas B	Ryan	MD	dip ABOG		New Orleans	LA

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First Name	Last Name	Degree	Credentials	Institution (if chose to list)	City	State
Allan	Sawyer	MD, MS, MATS	dip ABOG		Peoria	AZ
Anna Lisa	Schmitz	MD	FACOG, dip ABOG			IL
Fred (Rocky)	Seale	MD	dip ABOG		New Braunfels	TX
Matthew	Sellers	MD	FACOG, dip ABOG	Cornerstone Clinic for Women	Little Rock	AR
Kenneth G.	Singleton	MD	dip ABOG, ABAARM	Cornerstone Clinic for Women	Little Rock	AR
Tonia L	Skakalski	DO	dip ABOG		New Castle	PA
Ingrid	Skop	MD	FACOG, dip ABOG		San Antonio	TX
Melissa Halvorson	Smith	MD	FACOG, dip ABOG		Lansing	MI
Marie	Sohner	MD	dip ABOG	Tomball Women's Healthcare	Tomball	TX
Mary Ann	Sorra	MD	FACOG, FACS	Ascension St Agnes Hospital	Baltimore	MD
Thomas	Sparks	MD	dip ABOG		Baton Rouge	LA
Jonathan	Stafford	MD	FACOG, dip ABOG		Wichita	KS
Jillian	Stalling	MD	dip ABOG	Medical/Surgical NaProTechnology; Fertility & Midwifery Care Center	Fort Wayne	IN
Catherine	Stark	MD	dip ABOG	Medical Director, Crossroads Care Center, Auburn Hills, MI; Adjunct Assistant Professor, Dept of Family Medicine and Community Health,	Auburn Hills	MI
				Oakland University-William Beaumont School of Medicine, Rochester, MI		
				Emeritus Attending Staff, Beaumont Hospital Troy, MI		
Mark F	Stegman	MD	dip ABOG		Johnston	IA
John Charles	Stitt	MD	FACOG, dip ABOG		Hopkinsville	KY
Christopher	Stroud	MD	CFCMC	Fertility and Midwifery Care Center, LLC; Holy Family Birth Center, LLC	Fort Wayne	IN
Barbara	Susang-Talamo	MD	dip ABOG		Export	PA
Lourell	Sutliff	MD	FACOG, dip ABOG		Tyler	TX

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First Name	Last Name	Degree	Credentials	Institution (if chose to list)	City	State
Shawn	Swan	MD	FACOG, dip ABOG	Ascension Anderson OB/GYN Hospitalist	Anderson	IN
Eric	Swisher	MD	FACOG, dip ABOG		Roanoke	VA
J. Leonard	Tadvick	MD	dip ABOG		Abilene	TX
Mayra Jimenez	Thompson	MD	FACOG, dip ABOG		Dallas	TX
Audrey	Tool	MD	FACOG		Fort Collins	CO
Michael	Valley	MD	dip ABOG, FPMRS		Minneapolis	MN
Karla	Van Keulen	MD	dip ABOG	Medical Arts Ltd	Moline	IL
Marilyn	Vanover	MD	FACOG		San Antonio	TX
Melinda J	Velez	DO	FACOOG, dip ABOG		Dallas	TX
Steven	Verbeek	MD	dip ABOG	Avera Health	Pipestone	MN
John	Voltz	MD	ABOG		Lafayette	LA
Stephen C.	Walker	MD	dip ABOG		Orange	CA
Michael	Watkins	MD	ABOG, OBHG		Spartanburg	SC
Elizabeth	Wehlage	MD	FACOG		Indianapolis	IN
Catherine	Wheeler	MD	FACOG dip ABOG		Teller County	CO
Nancy Goodwine	Wozniak	MD	dip ABOG		Fishers	IN
Ronald	Young	MD	FACOG, dip ABOG		Tupelo	MS
Jared	Zotz	MD	FACOG		Bloomington	IL