

**THE AMERICAN ASSOCIATION OF PROLIFE  
OBSTETRICIANS AND GYNECOLOGISTS**

**HOW ACOG ARRIVED AT THE WORDING OF ITS  
1997 D&X POLICY STATEMENT**

As medical doctor, and especially as an OB/GYN, you will be interested in how the **ACOG's 1997 Policy Statement on D&X** came about. The ACOG "select panel" met for only two days to draft the organization's 1997 policy statement on D&X. NY TR 2235. 63 The panel did not identify or examine any studies regarding the safety of D&X and other abortion methods. NY TR 153-54, 2457. Any written materials were reviewed only for "issue spotting," and the panel failed to discuss D&X with any other physicians. NY TR 2438-42. The panel then sent a draft statement to the ACOG executive board with the following conclusion: **it could identify no circumstances under which [D&X] would be the only option to save the life or preserve the health of the woman.** NY TR 153-54, 2461 (emphasis added). 64 (**AAPLOG note: this statement apparently was not exactly what the ACOG executive board had in mind.**) Without consulting the panel, the ACOG executive board unilaterally added the statement that **D&X "may be the best or most appropriate procedure in a particular circumstance to save the life or preserve the health of a woman. . . ."** NY TR 2460-62. The statement was never discussed or voted upon by ACOG's fellows or membership. NY TR 2221-22, 2229. Due to the executive board's unilateral addition of a statement unsupported by empirical evidence, the ACOG statement cannot be relied upon for the proposition that D&X is necessary for any maternal or fetal condition.

(Note: the above notations "NY TR" reference the New York Circuit Court case and page number.)