Jensen and colleagues rightly insist that pregnant women with obstetric complications receive timely, life-saving treatment. Pro-life physicians agree wholeheartedly: no woman should die or face lifetime morbidity because clinicians hesitate. Life-threatening conditions prior to viability -- preeclampsia, prelabor rupture of membranes, hemorrhage, and ectopic pregnancy -- often demand prompt intervention, and every state's abortion regulation permits maternal-fetal separation to preserve maternal life and health.

Our disagreement is narrower than the essay implies. Interventions that separate mother from fetus to save the mother's life are ethically and clinically distinct from elective abortion, which intends fetal death. Labeling both "abortion care" obscures a distinction most obstetricians already make and burdens grieving mothers with stigma and guilt.

The laws are clear, yet mischaracterization and alarmist rhetoric breed hesitation that harms women even when intervention is fully permissible. The remedy is clear: collaboration and clinical education on legally permissible, life-preserving obstetric care -- not weakening protection for the unborn. Pro-life and pro-choice clinicians can work together toward one goal: safeguarding the wellbeing of both our patients, mother and child.

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