Thank you for your research and writing about the near-doubling of ectopic pregnancy death rates in the US. This is important information that demands formal research.

I am an Ob-Gyn physician, and practiced 24 years in Salt Lake City, UT.

Diagnosing an ectopic pregnancy can be one of the more difficult scenarios women's healthcare professionals can face. There is a window when she could still have a very early normal intrauterine pregnancy, and be experiencing a small amount of bleeding as about 1 in 4 women have in early pregnancy, or some lower abdominal pain related to the corpus luteum cyst that produces the hormones that maintain the pregnancy. Her dates may be significantly off, and she could be earlier in pregnancy than she thought. In fact, about 40% of women have their due date changed by early ultrasound.

Diagnosis of ectopic pregnancy can require serial follow-up with several lab draws (Quantitative B-hcg) to follow the trend, and repeated exams and ultrasounds to assess for pregnancy location, pelvic masses and intra-abdominal bleeding. Sometimes the results are clear. Sometimes concerning, but not diagnostic.

Your readers may not be aware of how complex the diagnosis can be,

However, you reported that K. Thurman's care did not meet medical standards, by her report, and that a lawsuit is pending. This is not due to an abortion restriction, as ectopic pregnancy care is legal and indicated in every state. Ectopic care is not induced abortion care, as the CDC has clarified in its definition, and state laws exempt by definition.

Thus, it would appear that K. Thurman may have experienced medical malpractice or error, not an effect of abortion restriction, which does not alter medically- indicated standards of care for ectopic pregnancy management.

There are two important factors your article did not discuss.

States with abortion bans still have abortion - primarily by abortion drugs mailed into the state or travel. According to Guttmacher, drug-induced abortions in restricted states are increasingly obtained from states with "Shield Laws." The FDA requires that prescribers exclude ectopic pregnancy (a contraindication) before prescribing mifeprisone. Accurate pregnancy dating and exclusion of ectopic pregnancy cannot be assessed by telehealth "no test" provision, or on-line procurement of abortion drugs. Half of women who experience ectopic pregnancy have no risk factors, and thus cannot be screened out with a simple questionnaire. Abortion drugs are ineffective to treat ectopic pregnancy. Thus, increased abortion drug provision through telehealth or on-line procurement could be a significant contributor to the increase in abortion deaths.

The oft-referenced Upadhyay, et al. 2023 study claims in the abstract, "Among 6,034 abortions, 97.7% (95% confidence interval (CI) = 97.2–98.1%) were complete without subsequent known intervention or ongoing pregnancy after the initial treatment. Overall, 99.8% (99.6–99.9%) of abortions were not followed by serious adverse events." However, when one reads the body of the study, this statement is not supported by the research findings. Of the 6154 women who received abortion drugs, outcomes were only known for 4454 women (Figure 2). One in 4 women did not have outcome data (25%). While they used imputed data (calculations based on assumptions and formulas), this is not actual data. Note that the abstract claimed 97.7% were complete without subsequent KNOWN interventions...." This is very misleading, when outcomes for one in four are unknown. A potential reason for lack of follow up would be complications requiring emergency care (usually an Emergency Department, not from the abortion provider), or an ectopic pregnancy. Thus, the study did NOT provide evidence that "no test" abortion drug provision is safe and effective.

The ectopic pregnancy death rate also increased significantly in states without abortion restrictions. This occurred during the years that abortion drugs became available widely by telehealth and on-line mail order without in-person evaluation. One must consider that the shift to about 70% of abortions being provided through drugs may be contributing to deaths from ectopic pregnancy.

Lastly, it would behoove responsible journalists to assure women that medical and surgical care for ectopic pregnancy is legal and available in every state, and urge them to seek that care immediately if they have symptoms that may be an ectopic pregnancy.

I would be happy to be a medical resource for future investigations and articles.

Thank you for your consideration,

Catherine J. Wheeler, MD, FACOG