No less than 300,000 illegitimate children will be born in the United States during 1970, based on the experience of the past decade.

A recent study shows that at least 750,000 children born each year were unwanted at the time of their conception. We refer to the study of Westoff and Bumpass of the Princeton group.

Now, with all this evidence of social pathology associated with unwanted conception, I believe it is inaccurate to belittle the importance of the contraceptive pill by stating it is a potent drug given to healthy women. What is omitted from such a statement is the fact that the pill is the most effective means yet known to prevent a very serious affliction, unwanted pregnancy. It is a serious affliction for the parents, but far more for the children.

Now, I should like to attempt to separate fact from conjecture concerning the safety of the pill. Most of this data has been presented to this committee. I am strongly of the belief that the pill does cause thromboembolism. I am strongly of the belief that the British data confirmed by American studies prove to us that there are approximately three deaths per one hundred thousand pill users per year. I think that this data, to me, is completely convincing.

I need not go into greater detail about the incidence of the effect of age on this and so forth, because this has all been given before this committee.

On the other hand we have, of course, the risk of pregnancy which, in 100,000 women who are pregnant outweighs the risk of danger from the pill many fold.

Now, it is obvious that not all women who discontinue the oral contraceptive are going to get pregnant, but since it is by all means the safest method of contraception and, from our experience, the most acceptable, I have a feeling that pregnancy is going to rise rather precipitously. Again I think the Senator would take issue with my assumption, but nevertheless I hold to that assumption.

Senator NELSON. May I interrupt you?

Dr. GUTTMACHER. Surely.

Senator NELSON. In April, 1969, Dr. Hellman, whom you know, of course, and who directed the FDA study on obstetrics and gynecology, wrote an article in Redbook magazine, in which he said—

> We can say that the risk in taking the pill is less than the risk in having a baby. I suppose this is a legitimate statement. But the risk in having a baby is not the same for all individuals. A healthy young girl runs a very negligible risk, but someone who has serious heart disease or is older, or who has hypertension, runs a real risk in having a baby. To say that the risk of taking the pill is less than the risk of having a baby doesn't make sense.

What do you think of Dr. Hellman's statement?

Dr. GUTTMACHER. Well, I like Dr. Hellman, but I don't agree with his statement. I think you run a risk in trying to judge mortality in ordinary pregnancy. Obviously the risk goes up with increasing parity, with increasing age; we know the figures moderately well.

We know that the risk is considerably more among the economically-deprived segments of the population. We have a higher mortality among lower-income groups, among Puerto Ricans, among blacks—we know those facts. I unfortunately have seen death occur to an