rate of 2.4 deaths per 100,000 live births for whites, and 13.2 maternal deaths for nonwhites.[3]

As usual, nonwhites are more often the victims. Throughout the world it has been estimated that there may be as many as 25 million illegal abortions annually.

I have here a table on the relative risk of mortality for American females. The figures are derived from the British study, and more or less confirmed by the American one. They suggest that the use of oral contraceptives lead to an excess of maternal mortality of three deaths per 100,000 users of oral contraceptives.

Senator NELSON. I do not quite understand that. What is the cause of the death in that case?

Mrs. PIOTROW. This is the thromboembolism studies to date. There have been no other proven causes of death from oral contraceptives at all, to my knowledge, but there are, as indicated, some suspicions.

Secondly, complications of pregnancy, childbirth, and puerperium, and excluding abortion, can be estimated at approximately 20 deaths per 100,000 pregnancies. This excludes abortion deaths and the denominator is pregnancies rather than live births. So it is a somewhat smaller ratio than the ordinary rate for maternal mortality in the United States.

Then the figure for criminal abortions performed out of hospital by lay abortionists is estimated by Dr. Tietze—because these figures cannot be completely solid—as 100 deaths per 100,000 abortions.

So the differential risk in taking oral contraceptives, becoming pregnant and having an abortion, I think, stand out as well as one can deal with this kind of admittedly unsatisfactory statistics at this time.

Mr. GORDON. May I interrupt at this time?

Concerning the 20 deaths for 100,000 pregnancies, complication of pregnancy, childbirth, and puerperium, have you a breakdown for the income groups on that?

In other words, would it be the same for healthy women with good medical attention and good prenatal/postnatal attention? This figure is an average, is it not?

Mrs. PIOTROW. For both mortalities from abortion and complications of pregnancy, there would be probably a considerable differential based on socioeconomic status, which is reflected in the health condition of the woman as well as the services available. I will be glad to provide those figures for the record.

Mr. GORDON. I think it would be very good, Mr. Chairman.

Senator NELSON. Fine.

(The information to be furnished, above-referred to, follows:)

Maternal mortality rates broken down exclusively by social and economic status are not available. Maternal mortality by State, broken down by race, give some indication of mortality differences which may be considerably determined by differences in social and economic status.

[3] National Institute of Child Health and Human Development and National Institute of Mental Health, *"Abortion: A National Public Health Problem,"* conference, October 1958, p. 31.