merated above, since the bulk of them have available to them competent medical supervision—the bulk of prescriptions written for the pill are prescribed by physicians capable of a well-conducted pregnancy—maternity mortality is radically reduced in this group. We estimate a 95 percent reduction of maternal mortality in this group. This results in,

4. 0.6 maternal deaths per 100,000 live births.

Two further considerations are in order:

(*a*) Many of the women using the pill in this age bracket are taking the pill for the sake of postponing the first birth. Let us assume this applies to 50 percent of the women. Ten percent of these women will subsequently discover they are sterile, and accordingly will not undergo the risk of becoming pregnant were they not to take the pill. This results in,

5. 0.57 maternal deaths per 100,000 live births.

(*b*) Finally, it should not be forgotten that since the pill in large part in this age group is being employed to postpone having babies, not to eliminate them, the risk of pregnancy is irrelevant since this is the price tag that comes with the joy of having a baby when they do become pregnant.

It should be apparent, in conclusion, that the risk of death from pregnancy for the large number of pill users described above is less than the risk from the pill. Furthermore, and this cannot be overemphasized, the risk of pregnancy is even more sharply reduced by using alternative safe methods of contraception even though allegedly less effective. Again one can achieve the effectiveness of the pill without the risk of the pill or of pregnancy by a combination of contraceptives, for example, the condom, diaphragm, jelly, and/or rhythm.

To substantiate in a general way that the above calculations correspond to reality I have analyzed the actual maternal mortality figures of the Oak Park and West Suburban Hospitals both of which are under my jurisdiction as the Oak Park Public Health Director. The data is from the official "Annual Summary of Hospital Maternal Services" of the Illinois Department of Public Health.

The clientele of these hospitals are predominantly middle class and white, and with rare exception have well-conducted pregnancies. They include women of all reproductive ages, of varying parity—numbers of children—and with the usual spectrum of serious diseases.

The last 5 years for which figures are available—1964–68—show a total of 16,863 deliveries for both hospitals. According to the overall maternal mortality rate for white women given above for 1967, namely 19.5 the expected number of deaths would be over three. Actually, none occurred. This is confirmatory, in general, of the slight risk to pregnancy to be found among the majority woman users of the pill were they to become pregnant were the pill discontinued.

I trust this gives the committee a better picture of the reality than that obtained from overall maternal mortality rates which do not correspond to this large segment of pill users.