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## In Response

### To the Editor:

We greatly appreciate the findings emphasized by Dr Norman in response to our review highlighting areas of concern related to therapeutic abortions in Canada.<sup>1</sup>

Dr Norman correctly states that the “typical failure rates” we reported for contraceptive methods represent the number of pregnancies per 100 women in the first year of use, as stated in the Canadian Contraception Consensus report.<sup>2</sup> This may also be referred to as the effectiveness of a method “as commonly used.”<sup>2,3</sup> Additionally, we would like to thank her for clarifying that while sterilization and intrauterine devices are very effective methods of contraception (even as commonly used), they are only utilized by a minority of Canadians; that is, 13% report using sterilization and 4% report using an intrauterine device.<sup>2</sup>

We were pleased to learn that numerous levonorgestrel emergency contraception products are available in Canada

and that recent additional scientific literature dispels the myth that emergency contraception is an abortifacient. We hope this will facilitate access to emergency contraception for all women who stand to benefit from it.

Finally, we would like to thank Dr. Norman for providing additional references demonstrating the safety of therapeutic abortions and reminding readers of the potentially fatal signs and symptoms of *Clostridium sordellii* infections in women. It was brought to our attention that the case report we referenced in our review for a single death due to a *C. sordellii* infection after medical abortion in Canada has been retracted.<sup>4</sup> The case was previously published by different authors in another journal.<sup>5</sup> The retraction ensures that deaths attributed to sepsis following medical abortion is not over-counted.<sup>4</sup>

Although rare, fatal *C. sordellii* infections can occur after medically induced or surgical abortion or miscarriage or normal childbirth.<sup>6</sup> Clinicians must be aware of the notable features of *C. sordellii* infection in this at-risk population. As a reminder, *C. sordellii* sepsis often presents without fever, but with hypotension, leukocytosis, hemoconcentration with third-space fluid accumulations and abdominal pain.<sup>6</sup>

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