

Exhibit 9

**UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF NORTH CAROLINA**

PLANNED PARENTHOOD SOUTH)
ATLANTIC and BEVERLY GRAY,)
MD,)

Plaintiff,)

v.)

JOSHUA STEIN, TODD M.)
WILLIAMS, JIM O'NEILL,)
SPENCER MERRIWEATHER,)
AVERY CRUMP, JEFF NIEMAN,)
SATANA DEBERRY, WILLIAM)
WEST, LORRIN FREEMAN,)
BENJAMIN R. DAVID, KODY H.)
KINSLEY, MICHAUX R.)
KILPATRICK, MD, PHD, and)
RACQUEL INGRAM, PHD, RN, all)
in their official capacities)

Case No. 1:23-cv-480

Defendants.)

and)

PHILIP E. BERGER and TIMOTHY)
K. MOORE)

Intervenor-)
Defendants.)

**CORRECTION TO EXPERT REPORT OF
MONIQUE CHIREAU WUBBENHORST, M.D., M.P.H.**

I, Monique Chireau Wubbenhorst, M.D., M.P.H., pursuant to 28 U.S.C. section 1746 and Federal Rule of Civil Procedure 26(a)(2), do hereby declare as follows:

1. In my deposition on January 24, 2024, I noted two mistakes in my expert report. ECF No. 94-5, Wubbenhorst Dep. 20:3–11, 38:21–22. I submit this declaration to formally correct those mistakes in writing.

2. First, there is an incorrect citation in footnote 82 from paragraph 88, on page 32 of my report. For context, in footnote 80, I cite a study by Kerns, *et al.*¹ This study examined rates of maternal complications in women undergoing D&E for abortion or for treatment of miscarriage. The study was again referenced in paragraph 88 and should have been cited in footnotes 82–87. The incorrect citation does not change my conclusion that Dr Farris’s statement that “the risk of complications from a D&E to manage intrauterine fetal demise (i.e., a miscarriage) later in the second trimester can be higher than the risk of complications from a D&E for abortion at the same gestational age,” ECF No. 94-1, Farris Report ¶ 29, is not supported by evidence.

3. Second, Table 1 on page 34 of my report summarizes the tables below from the studies by Berman, *et al.*,² and Suraiya, *et. al.*³ ECF No. 97-2, Wubbenhorst Report 34. In the below tables, the mortality rates and ratios are shown, from the original papers.

From Berman, *et al.*:

¹ Kerns J, Ti A, Aksel S, Lederle L, Sokoloff A, Steinauer J. Disseminated intravascular coagulation and hemorrhage after dilation and evacuation abortion for fetal death. *Obstetrics and Gynecology* 2019;134:708–13.

² Stuart M. Berman, H. Trent MacKay, David A. Grimes, Nancy J. Binkin. Deaths From Spontaneous Abortion in the United States. *JAMA* 1985;253:3119-3123.

³ Saraiya M, Green C, Berg C, Hopkins F, Koonin L, Atrash H. Spontaneous Abortion–Related Deaths Among Women in the United States—1981–1991. *Obstet Gynecol* 1999;94:172– 6.

Table 5.—Estimated Relative Risk of Death After Non-Intrauterine (Contraceptive) Device-Associated Spontaneous Abortion, by Gestational Age, United States, 1972 Through 1980					
Gestational Age, Week From Last Menstrual Period	Percent Spontaneous Abortion by Week of Gestation*	No. of Spontaneous Abortions by Week of Gestation*	No. of Spontaneous Abortion Deaths Non-Intrauterine (Contraceptive) Device-Associated	Ratio†	Relative Risk‡
0-7	49	4,410,000	6	1.4	1.0
8-11	23	2,070,000	14	6.8	5
12-15	16	1,440,000	27	50.0	36
16-19	6	540,000	27	50.0	36
20-24	6	540,000	12	22.2	16
Total	100	9,000,000	86 (15 unknown)		

*Assuming 9,000,000 spontaneous abortions for 1972 through 1980 and distribution of spontaneous abortions as per Harlaps et al.⁶

†Deaths per million spontaneous abortions.

‡Based on an index ratio of 1.4 for gestational age (0 through 7) weeks.

Note that the ratios for Berman are for deaths per million spontaneous abortions.

From Saraiya, *et al.*:

Table 1. Spontaneous Abortion-Related Case-Fatality Rates* by Maternal Age, Maternal Race, and Gestational Age, United States, 1981-1991

	No. of deaths	Estimated no. of spontaneous abortions	Case-fatality rate*	Risk ratio	95% CI†
Maternal age (y)					
<30	32	5,417,900	0.6	1.0 (referent)	
30-34	14	2,222,600	0.6	1.0	0.6, 2.0
≥35	16	1,638,600	1.0	1.7	0.9, 3.0
Maternal race					
White	30	7,147,900	0.4	1.0 (referent)	
Black/Other	32	2,131,200	1.5	3.8	2.2, 5.9
Gestational age‡ (wk)					
≤12	27	8,054,259	0.3	1.0 (referent)	
13-19	29	1,224,841	2.4	8.0	4.2, 11.9
13-15	13	862,956	1.5	5.0	2.3, 8.7
16-19	15	361,885	4.1	13.7	6.6, 23.2

* Case-fatality rate = number of spontaneous abortion-related deaths per 100,000 estimated spontaneous abortions.

† CI = confidence intervals based on Poisson distribution.

‡ Excludes six cases with completely unknown gestational age. An additional case had a gestational age determined to be greater than 13 weeks and less than 20 weeks but without an exact week of gestation.

Note that the rates for Saraiya et al are for deaths per 100,000 estimated spontaneous abortions.

4. This is the summary table I constructed from these tables. As you can see, there is a typo in column 2, where “deaths per 1,000,000 miscarriages” should be “deaths per 100,000 miscarriages.” I had already adjusted the numbers to be consistent across studies, *i.e.*, divided Berman, *et*

al.'s numbers by 10 to adjust from deaths per 1,000,000 miscarriages to deaths per 100,000 miscarriages.

Berman et al, 1985		Suraiya et al, 1999	
Weeks of gestation	Mortality ratio (deaths per 1,000,000 miscarriages)	Weeks of gestation	Mortality ratio (deaths per 100,000 miscarriages)
0-7 weeks	0.14	---	---
8-11 weeks	0.68	0-12 weeks	0.3
12-15 weeks	5	13-15 weeks	1.5
16-19 weeks	5	16-19 weeks	4.1
20-24 weeks	2.2	---	---

5. This correction does not alter my conclusion, supported by the study by Bartlett, *et al.*,⁴ that “at higher gestational ages, rates of death from abortion are much higher than those from miscarriage.” Wubbenhorst Report ¶ 92.

I declare under penalty of perjury that the foregoing is true and correct.
Executed on May 31, 2024.

Monique Chireau Wubbenhorst

Monique Chireau Wubbenhorst, M.D., M.P.H.

⁴ Bartlett L, Berg C, Shulman H, Zane S, Green C, Whitehead S, Atrash H. Risk factors for legal induced abortion-related mortality in the United States. *Obstetrics and Gynecology* 2004; 103:729-737.