St. John Paul II

STAND UP FOR LIFE!

# ABORTION AND MATERNAL MORTALITY

## Key issues:

- Countries where abortion is legally restricted or prohibited include states, where maternal mortality rates are the lowest in a given region of the world (e.g. Poland, Ireland, Malta, Chile, El Salvador).
- Countries where abortion is legally allowed include such states, where maternal mortality rates are disturbingly high, or increasing (e.g. USA, Russia, Vietnam, South Africa, Guyana).
- There is no scientifical evidence that legalisation of abortion remains a factor that decreases maternal mortality rates.
- However, a range of available proof indicates that abortion remains a threat to women's health and life alike, even in countries where it has been legally allowed.

**One of the most frequently mentioned arguments of abortion supporters is the need to legalise abortion in order to protect women from fatal effects of illegal, dangerous abortion. Pro-life activists are attributed actions that lead to tens of thousands maternal deaths all over the world. The argument, like most demagogical statements, stirs up the emotions at first sight. Abortion supporters refer to statements often found in the media and political life. These too often come down to comparing maternal mortality rates in uncomparable conditions, such as comparing maternal mortality rates in Western countries before World War II and after the war, or comparing developed countries with developing ones – such practices are simply unjustified. Differences may be caused by demographic, social or economical reasons and not the legal status of abortion. The following publication from "International Family Planning Perspectives", 2003, may serve as an example of such intellectual negligence: "Other examples of the link between legality of abortion and maternal mortality exist. In Sweden, abortion-related mortality was 99.9% lower in the 1970s than in the 1930s". (C. Marston, J. Cleland, Relationship Between Contraception and Abortion: A Review of the Evidence, in: „International Family Planning Perspectives", Vol. 29, Nr. 1, 2003, p. 6-13) Such simplified conclusions are entirely unjustified. One could conclude just as well that mortality caused by tuberculosis in 1970s dropped in comparison with 1930s due to legalisation of abortion. Comparing countries with diametrally different medical care levels (bearing geographical or historical factors in mind) is unacceptable. What is the truth, then? Is there a connection between**

**legal position of abortion and maternal mortality rates? Or, to ask the question in another manner: Does legal prohibition of abortion cause tens of thousands of maternal deaths per year?**

International governmental and non-governmental institutions and other (such as the European Union) that provide financial support for performing abortions in developing countries justify their actions with the will to decrease the locally present very high maternal mortality rates. The reason provided is "dangerous abortion", illegal and performed by unqualified staff in inadequate conditions, that leads to complications and consequent woman's death. According to definition by WHO, dangerous abortion is "a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills, or performed in an environment that does no conform to minimal medical standards, or both". According to WHO estimates, 47,000 cases of maternal deaths are caused annually by "unsafe abortion". (WHO, *Unsafe abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008*, 6th ed., Geneva: WHO, 2011, p.2). International institutions that provide substantial funds for performance of "safe abortion" and exert political pressure to legalise it in countries where it remains prohibited consider these actions a contribution to saving women's lives. However, there is no scientifical proof that illegal abortion is the cause of high maternal mortality rates. The real reason for the dramatic situation of women in developing countries is lack of appropriate, basic healthcare, widespread poverty and lack of education. Women who face the fatal risk due to illegal abortion because of lacking access to medical specialists, hospitals or antibiotics, to the basic healthcare standards, will not gain the access after legalisation of abortion. Legalisation of abortion will not change these dramatic circumstances, but by increasing numbers of abortions in a given country it may cause more frequent occurence of the life-threatening situations. There is evidence that indicates that countries where abortion is prohibited include such, where maternal mortality rates are the lowest in a given region of the world. On the other hand, there are countries where abortion remains legal and maternal mortality rates are alarmingly high, and even are on a rise.

This evidence should induce to seek the real reasons for high maternal mortality rates in developing countries in order to suggest really effective solutions. In order to do that, a couple of questions must be asked:

## What is the reason for errors in estimations concerning the link between abortion and maternal mortality?

A meta-analysis of scientific papers, published in the "Lancet Global Health" in 2014, considered the issue of maternal mortality. The analysed researches, performed in various countries, including researches by WHO, covered the timespan from 2003 to 2012. A total of 23 researches have been analysed, as well as 417 databases from 115 countries that include 60,799 cases of maternal death. It was stated that 73% (1,771,000 out of 2,443,000) of all maternal death cases between 2003 and 2009 were caused by obstetric complications. The cathegory "abortion" was responsible for 7.9% of maternal deaths. Authors of the analysis state clearly that the "abortion" cathegory included pregnancy termination as well as spontaneous miscarriages and ectopic pregnancies. It means that the real number of abortions that were the reason for maternal deaths remains difficult to determine. It may be supposed that it remains below 7.9%. (L. Say, D. Chou, A. Gemmill, et al., *Global causes of maternal death: a WHO systematic analysis*, in: „Lancet Global Health", published online 6 May 2014)

## To what degree is abortion responsible for maternal mortality?

The aforementioned publication includes an information that the greatest part of maternal death consequent to a performed abortion (including spontaneous miscarriages and ectopic pregnancies) compared to the total number of fatal cases took place in two regions of the world: Sub-Saharan Africa (9.6%) and Latin America (9.9%). In countries of both regions abortion is generally prohibited by law. It is worth stressing that the discussed research showed, that the number of deaths caused by abortion within the total number of maternal deaths in developed countries (7.5%) was minimally lower than the world average (7.9%). Most developed countries widely allow abortion. It shows that legality of abortion does not decrease the percentage rate of abortion-induced deaths significantly, within the general number of maternal deaths. The described research showed as well that the most severe cases of maternal deaths in the world are: haemorrhage (27.1%), hypertension-related diseases (14%) and sepsis (10.7%). The UN Millennium Development Goals have been aimed at decreasing maternal mortality by 75% until 2015. They should be therefore focused on eliminating these greatest killers of women. (L. Say, D. Chou, A. Gemmill, et al., Global causes of maternal death: a WHO systematic analysis*, in: „Lancet Global Health", published online 6 May 2014)*

Researchers from the University of Birmingham and Rosarino Institute in Argentina published a paper in the "Lancet" magazine, focused on reasons of maternal mortality in the world. The research encompassed many medical databases run by scientifical units, as well as by WHO. It was stated that percentage rate of abortion, both legal and illegal, as the reason for maternal deaths in various regions of the world, amounts to: developed countries – 8.2%, Africa – 3.9%, Asia – 5.7%, Latin America and the Caribbean – 12%. The list shows that the greatest share of abortion as the reason for maternal deaths does not concern African countries, most of which do not allow abortion by law, which at the same time are at the focus of international organisations providing the so-called safe abortion. These are the developed countries (majority of which legally allow abortion) where maternal mortality rates caused by abortion are twice as high as in Africa. (K.S Khan, D. Wojdyla, L. Say, et al., *WHO analysis of causes of maternal death: a systematic review*, in: „Lancet", Vol. 367, Nr. 9516, 2006, p. 1066 – 1074)

## What evidence indicates that the real reason for high maternal mortality rates in developing countries is low healthcare level and not illegal abortion?

It does not come by incident that 10 countries responsible for 66% of the world's number of stillbirths include countries responsible for the majority of maternal deaths in the world's scale. It is therefore obvious that countries such as Afghanistan, India, Ethiopia, Congo, Nigeria and Pakistan are characterised by low healthcare level, the basic reason for high maternal mortality rates. The very same report where maternal mortality statistics were presented is also concerned with the neglected issue of stillbirths. "Millions of stillbirths occur uncounted each year and are not reflected in global policy. Until now, UN data collation systems have not included stillbirths. Global policy targets, such as the Millennium Development Goals, omit stillbirths, as does the Global Burden of Disease. In an era of global efforts for maternal health, a woman's own aspiration of a live baby is missing from the world's health agenda". The quotation comes from the executive summary on stillbirths published in the "Lancet" magazine. (*Stillbirths. An Executive Summary for The Lancet'Series*, in: „Lancet" April 14, 2011)

Table 1. Countries with high level of stillbirths and maternal deaths.

| Countries accounting for 66% of the world's stillbirths | Countries accounting for over 50% of the world's maternal deaths |
|---|---|
| India | India |
| Pakistan | Nigeria |
| Nigeria | Pakistan |
| China | Afghanistan |
| Bangladesh | Ethiopia |
| Congo | Congo |
| Ethiopia | |
| Indonesia | |
| Tanzania | |
| Afghanistan | |

Źródło: (*Stillbirths. An Executive Summary for The Lancet'Series, in: „Lancet" April 14, 2011) An Executive Summary for The Lancet'Series*, in: "Lancet" April 14, 2011); M.C. Hogan, K.J. Foreman, M. Naghavi, et al., *Maternal mortality for 181 countries, 1980-2008: a systematic analysis of progres towards Millenium Development Goal 5*, in: „Lancet", Vol. 375, 2010, p. 1609-23)

## What is the answer to high maternal mortality rates?

Analysis performed by Irvine Loudon, published in the "American Journal of Clinical Nutrition", focused on maternal mortality in 19th and 20th centuries, provided interesting conclusions. Analysing the decline in maternal mortality cases, the author states: "the decline in maternal mortality rates was the introduction of sulfonamides, which were extremely effective against strains of Streptococcus pyogenes (...). Other factors that contributed to the reduction in maternal mortality rates were introduced gradually. They included the use of ergometrine, blood transfusions, and penicillin; better training; better anesthesia; improved organization of obstetric services; less interference in normal labor". One of more interesting features of Loudon's work are statistics on percentage rate correlation between abortion as the fatal reason and maternal deaths in 1976-1981 (that is, after legalisation of abortion in the United Kingdom in 1968). In the period, abortion was responsible for 8% of maternal deaths – even though performed legally in one of the most developed countries in the world. In the conclusions, after asking the question about current methods of maternal mortality reduction in developing countries, the author appeals to diagnose the real reasons for maternal death, so that they could be prevented. (I. Loudon, *Maternal mortality in the past and its relevance to developing countries today*, in: "The American Journal of Clinical Nutrition", Vol. 72 (suppl):241S–6S, 2000)

Table 2. Maternal mortality in chosen countries of the world

| Maternal mortality rate per 100,000 live births for individual countries | | | | |
|---|---|---|---|---|
| Country | 1980 | 1990 | 2000 | 2008 |
| Chile (I) | 70 | 44 | 24 | 21 |
| Egypt (I) | 352 | 195 | 74 | 43 |
| Ethiopia (L) | 1061 | 968 | 937 | 590 |
| Guatemala (I) | 189 | 178 | 111 | 88 |
| Guyana (L) | 216 | 162 | 164 | 143 |
| Indonesia (L) | 423 | 253 | 290 | 229 |
| Iran (I) | 101 | 64 | 35 | 28 |
| Ireland (I) | 11 | 7 | 7 | 6 |
| Canada (L) | 7 | 6 | 6 | 7 |
| Malta (I) | 21 | 15 | 9 | 6 |
| Mauritius (L- since 2012) | 122 | 65 | 34 | 28 |
| Mexico (I) | 124 | 73 | 60 | 52 |
| Nepal (L) | 865 | 471 | 343 | 240 |
| Nicaragua (I) | 145 | 101 | 124 | 103 |
| Norway (L) | 7 | 7 | 7 | 8 |
| Poland (I) | 22 | 21 | 10 | 7 |
| South Africa (L) | 208 | 121 | 155 | 237 |
| Russia (L) | 60 | 48 | 45 | 34 |
| El Salvador (I) | 216 | 135 | 63 | 37 |
| Somalia (I) | 1061 | 963 | 837 | 675 |
| Sri Lanka (I) | 92 | 52 | 40 | 30 |
| Syria (I) | 251 | 156 | 67 | 50 |
| USA (L) | 12 | 12 | 13 | 17 |

I – abortion illegal or restricted
L – abortion legal

Źródło: (M.C. Hogan, K.J. Foreman, M. Naghavi, et al., <t3/>Maternal mortality for 181 countries, <t4/>1980-2008: a systematic analysis of progres towards Millenium Development Goal 5<t5/>, in: „Lancet", Vol. 375, 2010, p. 1609-23)

The table above shows that there is no direct correlation between legal status of abortion in a given country and maternal mortality rate.

## Is there a link between legality of abortion and maternal mortality rates in a given country?

A joint report published by WHO, UNICEF, UNFPA and the World Bank focused on maternal mortality in 1990-2008 provides estimates on maternal mortality rate. Among countries where abortion is legally prohibited there are countries with particularly low maternal mortality rates (per 100,000 live births). For instance, the rates for 2010 were as follows: Ireland: 6 (1990: 6), Malta: 8 (1990: 14, decrease by

42%), Poland: 5 (1990: 17, decrease by 72%). In South America, Chile, where abortion is delegalised, boasts one of the lowest rates: 25 (1990: 56, decrease by 56%). It is worth to compare the Chilean rate to the one of Guyana, where abortion is available on woman's demand since 1995 (previously it was strictly prohibited by the local penal code). In 1990, maternal mortality rate in Guyana amounted to 180, in 1995: 170, and after legalisation of abortion, in 2000: 220. Recent data from 2010 report the rate at the level of 280. The example of Guyana shows that legalisation of abortion has not influenced maternal mortality rate in the country. To compare, another interesting country is El Salvador, where abortion was delegalised in 1997. The legal amendment did not hinder the decrease of maternal mortality rate in the country (in 1990 it amounted to 150, in 1995 to 130, in 2000 to 110 and in 2010 to 81).

It is worthwhile focusing on two countries: Ethiopia and South Africa, both in the Sub-Saharan world region, where the issue of maternal mortality is most urgent. In Ethiopia, abortion was legalised in 2005. Maternal mortality rate dropped before legalisation: in 1990 it amounted to 950, in 2005 to 510, and in 2010 to 350. Whereas South Africa, where abortion was legalised in 1996, remains one of the few countries in the region that suffer worsening of the situation: in 1990 the rate amounted to 250, in 1995 to 260, in 2000 to 330, in 2005 to 360, and in 2010 to 300.

Mauritius, where abortion had been illegal until 2012 (when it was legalised due to pressure of the UN), in 2010 had maternal mortality rate of 60 (1990: 68, decrease by 12%). In Asia, Sri Lanka, where abortion is illegal, enjoys similarly low rate – 35 in 2010. On the other hand, Indonesia, located in the very same region of the world, and with legally allowed abortion, in 2010 had the rate of 220. In turn, the example of Nepal where abortion was legalised in 2002 due to pressure by the UN shows that satisfyingly quick decrease of maternal mortality rate may be achieved without legalisation of abortion – the rate was as follows: in 1990: 770, in 2000: 360, in 2010: 170. Other examples may be derived from the developed countries, where abortion remains legalised and maternal mortality rates exceed the ones of Ireland or Poland (for 2010): the USA: 21 (in 1990: 12, increase by 65%), Latvia: 34 (in 1990: 57, decrease by 40%), Romania: 27 (in 1990: 170, decrease by 84%), Russia: 34 (in 1990: 74, decrease by 55%), Ukraine: 32 (in 1990: 49, decrease by 34%). (World Health Organization, UNICEF, UNFPA, The World Bank, *Trends in maternal mortality: 1990 to 2010*, 2012, Geneva, Switzerland)

## What conclusions may be drawn from analysis of the situation in different countries, both with legalised and illegal abortion, with respect to maternal mortality?

**CHILE** Chilean data illustrate a rare and unique natural experiment that allows to asses the influence of population factors, legal status of abortion and other historical conditions on maternal mortality trends. Prohibition introduced in Chile in 1989, often criticised due to alleged negative consequences for maternal mortality, "did not cause an increase in the MMR (maternal mortality rate) in this country. On the contrary, after abortion prohibition, the MMR decreased from 41.3 to 12.7 per 100,000 live births – a decrease of 69.2% in fourteen years". The Chilean experiment proves, that "the progress on maternal health in developing countries is a function of the following factors: an increase in the educational level of women, complementary nutrition for pregnant women and their children in the primary care network and schools, universal access to improved maternal health facilities (early prenatal care, delivery by skilled birth attendants, postnatal care, availability of emergency obstetric units and specialized obstetric care), changes in women's reproductive behaviour enabling them to control their own fertility, and improvements in the sanitary system, i.e. clean water supply and sanitary sewer access".

Authors of the paper on Chilean experiment underline, that poor countries of Latin America, such as El Salvador, Guatemala, Nicaragua, Ecuador, or Bolivia, where abortion is prohibited or restricted only to "therapeutic" cases, have made an impressive progress in decreasing the maternal mortality rate. The paper includes a comparison of WHO data on maternal mortality rates in both Americas. Chile, with the rate of 16 per 100,000 live births, reached the second place in the ranking – just below Canada and over the USA. (E. Koch, J. Torp, M. Bravo, et al., *Women's Education Level, Maternal Heath Facilities, Abortion Legislation and Maternal Deaths*: *A Natura Experiment in Chile from 1957 to 2007*, in: „PLoS ONE", May 2012, Vol. 7, No. 5)

Conclusions drawn by authors of the aforementioned paper correlate with findings of other researchers, published in the American Journal of Public Health (2009): "one factor contributing to Chile's maternal mortality rate reductions is improvements in the educational status of women delivering". (R. Gonzalez, J.H. Requejo, J.K. Nien, et al., *Tackling Health Inequities in Chile: Maternal, Newborn, Infant, and Child Mortality Between 1990 and 2004*, in: „American Journal of Public Health", Vol. 99, 2009, p. 1220–1226)

In the introduction to their analysis of the Chilean success in reducing maternal mortality rates, Ruiz-Rodriguez et al. wrote: "there is clear evidence that – when adjusting for country income level – provision of and access to maternal health care systems, particularly emergency obstetric care, are associated with a reduction in maternal mortality". (M. Ruiz-Rodríguez, V.J. Wirtz, G. Nigenda, *Organizational elements of health service related to a reduction in maternal mortality: the cases of Chile and Colombia,* in: „Health Policy", Vol. 90 (2-3), 2009, p. 149-55)

## MEXICO

A team of researchers from Mexico and the USA in one of their papers have proven that abortion-related maternal mortality rates were subject to significant overestimation in the last years (even by 35%), the same as abortion rates in the Federal District of Mexico (Mexico DF – exaggerated even by 9 times), where abortion was legalised in 2007. In the years 1990-2010 maternal mortality rate decreased by over 30%, and in the years 2002-2008 abortion-related maternal mortality rate dropped by 22%. The researchers point out that, similarly to Chile, from 1957 to 2010, maternal mortality rate decreased by over 82% (from 216/100,000 to 37/100,000). At the same time, according to their words, "approximately 98% of the current maternal deaths are related to causes other than induced abortion in both countries". After performing an analysis in accordance with the International Classification of Diseases, the researchers estimated that in 2009 abortion was the reason for only 2.1% maternal deaths in Mexico and 2.3% in Chile. The major reasons for the fatal cases were haemorrhage, hypertension and eclampsia. The researchers deny most erroneous pro-abortion information published in the "Family Planned Perspectives" (F. Juares et al., *Estimates of induced abortion in Mexico: what's changed between 1990 and 2006?*, in: „Family Planned Perspectives", Vol. 34, No. 4, 2008, p. 158-168), that show the estimated number of abortions in Mexico prior to its legalisation in 2007 at 700,000 up to a million in the whole country, and 137,000 to 194,000 in the Federal District only. However, "the figure of legally induced abortions carried out in the five cumulative years from April 2007 until April 2012 (i.e. a period of time probably long enough to replace illegal abortion with legal procedures in Mexico DF) was 78,544, which is nearly 50% of the original estimate by the authors for only a single year". (F. Juares et al., op. cit., 2008). Even if one takes into account possible overestimation of official statistics on the number of abortions, they state that the aforementioned data are exaggerated by 2.5 times. They show as well that estimates on abortion-related maternal mortality have been overstated by ca. 35%. It happened as a result of including such factors as miscarriage or ectopic pregnancies into data on abortion-related mortality. (E. Koch, P. Aracena, S. Galica, et al., *Fundamental discrepancies in abortion estimates and abortion-related mortality: A reevaluation of recent studies in Mexico with*

*special reference to the International Classification of Diseases*, in: „International Journal of Women's Heath" 2012:4, p. 613-623)

**POLAND** Since 1993, when Poland introduced laws protecting life and partly delegalised abortion, the number of deaths resulting from pregnancy, birth and confinement has fallen: in 1993 it amounted to 44, in 2007 to 11, in 2008 to 19 ("Sprawozdania Rady Ministrów z realizacji ustawy o planowaniu rodziny, ochronie płodu ludzkiego i warunkach dopuszczalności przerywania ciąży za lata: 2002, 2003, 2004, 2008, 2010") Research papers published in the "Lancet" magazine in 2010 (see Table 2, Maternal mortality in chosen countries of the world) show how maternal mortality rate per 100,000 live births in Poland shaped over the years: in 1980: 22, in 1990: 21, in 2000: 10, in 2008: 7. In Poland, since 1993, according to official data, only one woman died as a result of illegal abortion. To illustrate a comparison, in the USA, with abortion allowed by law, only in the years 2000-2011, 14 women died solely as a consequence of medical abortion induced by the Mifepristone pill. (FDA, *Mifepristone U.S. Postmarketing Adverse Events Summary* through 04/30/2011, RCM 2007-525, NDA 20-687)

**RUSSIA** In Europe cases of abortion-induced maternal deaths are considerably scarcer than in developing countries. Thus, the example of Russia becomes the more interesting, as maternal mortality rate remains surprisingly high there, compared to other countries in the same region of the world. According to information provided by the "Lancet" magazine in 2010, Russia has the highest maternal mortality rate (34 per 100,000 live births) out of all European countries. (M.C. Hogan, K.J. Foreman, M. Naghavi, et al., Maternal mortality for 181 countries, 1980-2008: a systematic analysis of progress towards Millenium Development Goal 5*, in: „Lancet", Vol. 375, 2010, p. 1609-23)*. The rate is decreasing, what may be explained by i.a. consistent policy of Russian government, aimed at decreasing the number of abortions in the country. Research conducted by the Scientific Research Centre for Obstetrics, Gynaecology and Perinatology of the Russian Academy of Medical Sciences in Moscow showed, that abortion-related maternal mortality is a national problem. In the Russian Federation risk of death from a legally performed abortion after 21st week of gestation amounts to 45.1 per 100,000 abortions. General abortion-related maternal mortality risk in Russia exceeds Western European or Northern American countries by 10 times. The example of Russian Federation shows that legality of abortion does not prevent high maternal mortality rates. (E. Ketting, *Why women still die of abortion in a country where abortion is legal? The case of the Russian Federation*, in: The United Nations Population Fund (UNFPA), New York, World Health Organization, „Entre Nous. The European Magazine for Sexual and Reproductive Health", Nr. 59, 2005, p. 20-22)

Research performed by members of the Russian Academy of Sciences shows that most (67%) fatal cases in women caused by abortion were consequent to abortions performed outside medical institutions, whereas as much as 24% cases of maternal deaths related to legally performed abortion occurred in qualified medical institutions. (I. A. Zhirova, O.G. Frolova, T.M. Astakhova, E. Ketting, *Abortion-Related Maternal Mortality in the Russian Federation*, in: „Studies in Family Planning", Vol. 35, Nr. 3, 2004, p. 178-188)

The table below shows reasons for maternal deaths resulting from abortion in 1999, legally allowed in the Russian Federation. Analysis of reasons for abortion-related maternal deaths that occurred in specialised medical institutions has lead Russian researchers to the following statements: The factors that contributed to the deaths were: false complication diagnosis (67%), improper treatment (59%), wrong performance of the abortion procedure (41%) and other factors, including accompanying disorders during pregnancy (41%).

Table. Reasons of post-abortion mortality in women in the Russian Federation in 1999 (percentage rate).

| Cause of death | Abortion performed in a medical institution (%) | Abortion performed outside a medical institution (%) |
|---|---|---|
| Infection | 25.9 | 84.2 |
| Haemorrhage | 7.4 | 6.6 |
| Embolism | 11.1 | 3.9 |
| Uterine perforation | 18.5 | 2.6 |
| Pregnancy with cardiovascular complications | 7.4 | 1.3 |
| Pregnancy hypertension | 7.4 | 0.0 |
| Tuberculosis | 3.7 | 0.0 |
| Other, unidentified complications | 18.5 | 1.3 |

Source for the table: (I. A. Zhirova, O.G. Frolova, T.M. Astakhova, E. Ketting, *Abortion-Related Maternal Mortality in the Russian Federation*, in: „Studies in Family Planning", Vol. 35, Nr. 3, 2004, p. 178-188)

**USA** Statistical data from the USA provide information on fatal cases of women caused by abortion performed legally within the first decade after legalisation (editorial note: abortion over the whole pregnancy was legalised in the USA on 22nd January 1973 after the Roe v. Wade case). Official data from Centers for Disease Control and Prevention show decrease in mortality rate relied to legal abortion only in the second decade after legalisation. In the years 1972-1979 the rate was 2.2 per 100,000 legal abortions, and in 1980-1987: 0.8. The rate was as follows in the given years: 1972: 4.1, 1973: 4.1, 1974: 3.4, 1975: 3.4, 1976: 1.1, 1977: 1.6, 1978: 0.8, 1979: 1.8. Only after 1980 it remained below 1 per 100,000. Absolute values depict a drastic drop in the number of deaths related to abortion before its legalisation. In 1942, 1232 American women died in consequence of abortion, in 1947: 583, in 1957: 260, in 1968: 130, in 1972: 90, in 1973 (year of legalisation): 57, in 1974: 54, in 1975: 48. Only after 1980 the number remained at the level of 20 per year. Following the data indicates that it was not legalisation of abortion that caused decrease in women's mortality rates, as no rapid decrease has been noted since 1973, but rather general improvement of medicine and hygiene level. A significant improvement of the index can be observed in the 1940s and 1950s, and later in the 1980s (widespread use of ultrasound scans, decreased frequency of the most dangerous methods of abortion). Researchers working on analysis of post-abortion mortality in women point out that the fatal risk increases by 30% with each week of gestation. American data for the years 1988-1997 show that relative abortion-related death risk amounts to 14.7 per 100,000 in 13th to 15th weeks of gestation, and increases up to 76.6 after 21st week of gestation (L.A. Bartlett, C.J. Berg, H.B. Shulman, et al., *Risk Factors for Legal Induced Abortion-Related Mortality in the United States*, in: „American College of Obstetricians and Gynecologists", Vol. 103, Nr. 4, April 2004, p. 729-737)

Table 3. Abortion-related deaths in women in the USA in the years 1973-2009.

| Year | TYPE OF ABORTION | | Total* |
|---|---|---|---|
| | Legal | Illegal (performed by a non-licenced person) | |
| 1973 | 25 | 19 | 47 |
| 1974 | 26 | 6 | 33 |
| 1975 | 29 | 4 | 34 |
| 1976 | 11 | 2 | 14 |
| 1977 | 17 | 4 | 21 |
| 1978 | 9 | 7 | 16 |
| 1979 | 22 | 0 | 22 |
| 1980 | 9 | 1 | 12 |
| 1981 | 8 | 1 | 9 |
| 1982 | 11 | 1 | 12 |
| 1983 | 11 | 1 | 12 |
| 1984 | 12 | 0 | 12 |
| 1985 | 11 | 1 | 13 |
| 1986 | 11 | 0 | 13 |
| 1987 | 7 | 2 | 9 |
| 1988 | 16 | 0 | 16 |
| 1989 | 12 | 1 | 13 |
| 1990 | 9 | 0 | 9 |
| 1991 | 11 | 1 | 12 |
| 1992 | 10 | 0 | 10 |
| 1993 | 6 | 1 | 9 |
| 1994 | 10 | 2 | 12 |
| 1995 | 4 | 0 | 4 |
| 1996 | 9 | 0 | 9 |
| 1997 | 7 | 0 | 7 |
| 1998 | 9 | 0 | 9 |
| 1999 | 4 | 0 | 4 |
| 2000 | 11 | 0 | 11 |
| 2001 | 7 | 1 | 8 |
| 2002 | 10 | 0 | 10 |
| 2003 | 10 | 0 | 10 |
| 2004 | 7 | 1 | 8 |
| 2005 | 7 | 0 | 7 |
| 2006 | 7 | 0 | 7 |
| 2007 | 6 | 0 | 6 |
| 2008 | 12 | 0 | 12 |
| 2009 | 8 | 0 | 8 |
| Sum | 411 | 56 | 480 |

* Abortions of unknown type have not been taken into account

Source: Karen Pazol, Andreea A. Creanga Kim D. Burley, et al., CDC, *Abortion Surveillance — United States, 2010, Surveillance Summaries,* November 29, 2013 / 62 (ss08); 1-44

## THE UNITED KINGDOM VS IRELAND

American scientists who analysed national statistical data from England, Wales, Scotland, Irish Republic and Nortern Ireland beginning from 1968 concluded that the example of Great Britain, where abortion has been legally allowed for 40 years, suggests that the higher the abortion rate is, the more frequent stillbirths, premature births, low birth weights, cerebral palsy and maternal deaths become – all consequent to abortion. At the same time, in the Irish Republic and in Northern Ireland, where more restrictive rules apply, observed morbidity and mortality rates resulting from legally performed abortions are consequently lower. "The Republic of Ireland has a maternal mortality rate over the last decade of 3/100,000 compared with about 6/100,000 in England and Wales; a stillbirth rate in 2010 of 3.8/1,000 live births compared with 5.1/1,000 in Great Britain; and a preterm (<37 weeks) birth rate in 2010 of 42.7/1,000 live births compared with 48/1,000 in England and Wales and 72/1,000 in Scotland. Legal elective abortion is associated with higher rates of maternal mortality, stillbirths and preterm births" – the authors underlined. They showed as well that in Ireland low birth-weight births are significantly scarcer (under 2,500 grammes). In Ireland the rate is 50/1000 births, whereas in England and Wales 69.4/1000 births. (B.C. Calhoun, J.M. Thorp, P.S. Carroll, *Maternal and Neonatal Heath and Abortion: 40-Year Trends in Great Britain and Ireland*, in: ,,Journal of American Physicians and Surgeons", Vol. 18, No. 2, 2013, s. 42-46).

## VIETNAM

A publication by WHO on maternal mortality in Vietnam mentions many indirect causes of women's deaths, among them – multiple abortions. Research carried out in 1995 by the Thai Binh Medical School and the Ministry of Health "found the direct causes of maternal death to be haemorrhage 29.7%, infection 17.2%, and pregnency-induced hypertension 6.3%. Indirect reasons for maternal deaths were malnutrition, sexually transmitted infections including HIV, and high number of previous abortions". Authors of the paper claim that in Vietnam, where abortion is legally allowed, abortions performed in private clinics resulted in haemorrhage and infections. They also point out the reasons for maternal mortality in the country: "The greatest difficulties facing many health clinics at present are the shortage of professional health workers, lack of medical equipment and medicines and lack of specialty information to support treatment activities. These problems have a great impact on maternal and child health care activities and are indirect causes of maternal mortality. (...) Many maternal mortalities are attributable to lack of knowledge among health care providers. (...) Lack of diagnosis or incorrect diagnosis can lead to maternal mortality". (WHO, *Maternal Mortality in Viet Nam 2000-2001. An In-Depth Analysis of Causes and Determinants*, WHO 2005)

### Does legal abortion really pose no threat to mothers' lives?

Pro-abortion lobby joins the issue of maternal mortality caused by abortion only with the so-called unsafe abortion, whereas every abortion is dangerous and poses a threat to woman's health and life. The approach of protagonists of legal abortion bases on the definition of "maternal death" described as death of a woman during or subsequent to a pregnancy, occurring within 42 days after its termination by birth, miscarriage or abortion. Meanwhile, according to the definition by the American College of Obstetricians and Gynecologists, maternal death is death of a woman occurring during pregnancy or within a year after its termination. The American United States Centers for Disease Control and Prevention defines abortion-related death as, i.a., the outcome of "worsening of a previous disease due to physiological or psychological influence of abortion, regardless of the time between abortion and the death". A series of researches on the risk of post-abortion maternal death according to the last definition is available, all aimed at the question whether legal abortion (presumed to be "safe" by

abortion supproters) increases the death risk in women. (M. Gissler, C. Berg, Marie-Helene Bouvier-Colle, P. Buekens, *Injury deaths, suicides and homicides associated with pregnancy, Finland 1987-2000*, in: „European Journal of Public Heath", Vol. 15, Nr. 5, p. 459-463)

A research in Finland was focused on analysis of fatal cases of pregnant women or deaths occurring within a year after termination of the pregnancy caused by external reasons, such as injuries, suicides or murders. 5,000 fatal cases of women in reproductive age have been analysed, all of them occurred between 1987 and 2000 due to external reasons. The research showed that in the years 1991-1995 post-abortion maternal mortality rate amounted to 75 (per 100,000 pregnancies), and among women who gave birth to a child – 9.6 (per 100,000 pregnancies). After adjusting the outcome with respect to the age factor, the following data has been obtained: 60 deaths per 100,000 pregnancies in women after abortion and 10 deaths in women who gave birth, respectively. (M. Gissler, C. Berg, Marie-Helene Bouvier-Colle, P. Buekens, <t6/>Injury deaths, suicides and homicides associated with pregnancy, Finland 1987-2000<t7/>, in: „European Journal of Public Heath", Vol. 15, Nr. 5, p. 459-463)

In Finland researchers analysed cases of pregnancy-related deaths in women. Comparison of data on women in reproductive age collected from register of deaths concerning the years 1987-1994 with data from birth and abortion register was aimed at depicting the statistical relationship between pregnancy and maternal mortality. The research encompassed the fatal cases that occurred within one year subsequent to pregnancy termination. The comparison showed 281 reported cases. Mortality rate amounted to 41/100,000 pregnancies, in detail: in case of pregnancy termination by birth – 27, by miscarriage – 48 and by abortion – 101. Therefore, in a highly developed country such as Finland, with abortion allowed by law, probability of death in women within a year after pregnancy termination was three times higher if the pregnancy ended by abortion, compared to birth. (M. Gissler, R. Kauppila, J. Meriläinen, H. Toukomaa, E. Hemminki, *Pregnancy-associated deaths in Finland 1987-1994 – definition problems and benefis of record linkage*, in: „Acta Obstetricia et Gynecologica Scandinavica", Vol. 76, 1997, p. 651-657)

A few years later another Finnish research provided similar outcome after analysis of maternal mortality in the years 1987-2000. Mortality rate after birth was 28 per 100,000 pregnancies, after miscarriage – 52, and after abortion – 83. (M. Gissler, C. Berg, M.H. Bouvier-Colle, P. Buekens, *Pregnancy-associated mortality after birth, spontaneous abortion, or induced abortion in Finland, 1987-2000*, in: „American Journal of Obstetrics and Gynecology", Vol. 190, 2004, p. 422-427)

Finnish research on women's suicides after pregnancy in the years 1987-1994 showed that about 5.4% of all suicides were related to previous pregnancy. Suicide rate averaged at 11.3/100,000 per year. Suicide rate after childbirth was significantly lower (5.9/100,000), miscarriage-related suicide rate was 18.1/100,000 and abortion-related suicide rate – 34.7/100,000. Unmarried women and women from lower social classes showed increased suicide risk. (M. Gissler, E. Hemminki, J. Lönnqvist, *Suicides after pregnancy in Finland, 1987-94: register linkage study*, in: „British Medical Journal", Vol. 313, 1996, p. 1431-1434)

Danish researchers compared data from population register regarding women born in Denmark between 1962 and 1991 with data on the population from the register of deaths. They calculated mortality rates related to the first pregnancy, adjusted to age at which a woman became pregnant. Compared to women who gave birth, women with abortion experience showed much higher mortality rates in the following 10 years. In women who performend abortion in the 1st trimester, risk of death within 180 days after abortion increased by 1.84 times, and within 10 years – by 1.39 times. Women

who had a later abortion showed death risk increased by 4.31 after one year, and after 10 years – increased by 2.41 times. (D.C. Reardon, P.K. Coleman, *Short and long term mortality rates associated with first pregnancy outcome: Population register based study for Denmark 1980-2004*, in: „Medical Science Monitor", Vol. 18, Nr. 9, 2012, PH71-76)

A nation-wide Danish survey analysed data from register encompassing data on over a million women born between 1962-1993, in order to identify the relationship between various kinds of pregnancy termination and mortality rates. The death risk increased by 45%, 114% and 191% in women who had 1, 2, or 3 abortions respectively. Compared to women who gave birth, risk of death increased by 5.7 times in women who had an abortion. (P.K. Coleman, D.C. Reardon, B.C. Calhoun, *Reproductive history patterns and long-term mortality rates: a Danish, population-based record linkage study*, in: „European Journal of Public Heath", Vol. 23, Nr. 4, 2013, p. 569-574)

A research done by American scientists in California, USA, compared data on 173,000 women who terminated their pregnancies by birth or abortion in 1989 from Californian medical database with data from death register for the years 1989-1997. Outcome of the analysis showed that women with abortion experience were at a much higher risk of death (adjusted according to their age) than the ones who gave birth. The risk increased by 1.62 times when all death causes were taken into account collectively, and the increase amounted to 2.54 in cases of suicide, 1.82 in cases of harmful events, 1.44 in cases of natural death, 2.18 in cases of AIDS, 2.87 in cases of cardiovascular system diseases and 5.46 in cases of cardiac diseases. (D.C. Reardon, P.G. Ney, F. Scheuren, J. Cugle, P.K. Coleman, T.W. Strahan, *Deaths Associated With Pregnancy Outcome: A Record Linkage Study of Low Income Women*, in: „Southern Medical Journal", Vol. 95, Nr. 8, p. 834-841)

Risk of post-abortion death in women increases due to probable occurrence of mental problems. This has been shown by 8 publications on relationship between abortion and increased anxiety, depression, overuse of alcohol and illegal substances, as well as suicide-related behaviours, all published in the Australian & New Zealand Journal of Psychiatry. Analysis of the papers leads to a conclusion that abortion causes an increase by 69% in risk of suicidal behaviours. (D.M. Fergusson, L.J. Horwood, J.M. Boden, *Does abortion reduce the mental health risks of unwanted or unintended pregnancy? A re-appraisal of the evidence*, in: "Australian & New Zealand Journal of Psychiatry", Vol. 47, Nr. 9, p. 819-827)

The English South Glamorgan Health Authority examined women admitted to hospitals between 1991 and 1995 due to miscarriages and abortions. Relative risk of suicidal attempts in women admitted to hospitals due to miscarriage was 2.84 times higher before the miscarriage and 2.29 afterwards compared to women hospitalised because of birth. In case of abortion, the relative risk amounted to 1.72 before, and 3.25 after the fact respectively. Hospitalisation rate of women in reproductive age was, in women with abortion experience: 13.1/1,000, in women after a miscarriage: 12.2/1,000, and in women who have given birth – 4.8/1,000. The researchers state that "the increased risk of suicide after an induced abortion may therefore be a consequence of the procedure itself". (M. Evans, J.R. Peters, C. Currie, *Suicides after pregnancy*, in: „British Medical Journal", Vol. 314, 1997, p. 902-903)

"Safe abortion" that would help prevent maternal deaths in developing countries is used as the argument that allows international institutions obtain substantial funds for their initiatives from governments of various countries and the EU. The biggest pro-abortion organisation in the world, International Planned Parenthood Federation (IPPF), derives annual income of circa USD 145 million, 62% thereof obtained from government grants, including the EU. Another organisation, Marie Stopes International (MSI), declares income of GBP 79 million, also mainly from government grants. The organisation is also partially funded by the EU, they received at least EUR 12.5 million from the Union in the years 20052010. To illustrate the situation, MSI Bangladesh project, started in 2005, received EUR 743,877 from the Union. As a result of the project, 12,278 women had their period "regulated". What is more, EU-funded abortions take place in countries that prohibit abortion. For instance, in 2005 the EU supported IPPF to perform 1,102 medical abortions induced by early abortifacient drugs in Bolivia, Guatemala and Peru with the amount of EUR 1.7 million. The European Commission granted funds for projects in, among others: Cambodia (e.g. in 2006 a project co-funded by the EU resulted in 6,807 abortions induced), South Africa, Bangladesh (e.g.: IPPF received EUR 1.4 million form the EU in 2005) or PapuaNew Guinea (e.g. EUR 730,000 received from the EU in 2005). It is pertinent to note that both Bangladesh and Papua-New Guinea allow abortion only in cases of direct threat to a mother's life. (European Dignity Watch, *The Funding of Abortion through EU Development Aid. An analysis of EU's sexual and reproductive health policy*, Brussels 2012)

In May 2014, the European Commission rejected the greatest citizens' initiative in history of the European Union, "One of Us", submitted i.a. to cease abortion funding for taxpayer's money.

It might be stated that the false argumentation that legal and "safe" abortion supposedly saves mother's lives translates to factual actions of international pro-abortion instututions, including funding of abortions by European taxpayers through EU structures.

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