

MYTH 06

"ABORTION IS SAFER THAN CHILDBIRTH."



MYTH #6: "ABORTION IS SAFER THAN CHILDBIRTH."

The assumption that "abortion is safer than childbirth" was one of the primary arguments that drove the legalization of abortion, and it continues to drive the effort to overturn all legislative safety restrictions on the procedure, both within our country and internationally. Prior to *Roe v. Wade*, abortion advocates frequently cited the number of **5,000-10,000 women** killed per year by illegal abortions. Dr. Bernard Nathanson, one of the founders of the National Association for the Repeal of Abortion Laws, has stated, "How many deaths were we talking about when abortion was illegal? ... when we spoke about (the mass statistics) it was always 5,000-10,000 deaths a year. I confess that I knew the figures were totally false, and I suppose the others did too... but in the morality of our revolution it was a useful figure."[86] The American Medical Association documented that in 1950 there were **263** deaths related to illegal abortion, and by 1970 this number had dropped to **119**.[87] Likewise, the Guttmacher Institute (an abortion research organization started by Planned Parenthood) has published a graph showing the drop in abortion related deaths from **200** in 1965 to **110** in 1967.[88]

BEFORE ABORTION WAS LEGALIZED THERE WERE AN ESTIMATED 98,000 ABORTION A YEAR. AFTER LEGALIZATION, THERE HAVE BEEN ABOUT 1 TO 1.5 MILLION ABORTIONS PER YEAR.

A septic abortion is a horrible thing, but it did not happen nearly as often as we assume. We have good reason to believe the reported numbers of deaths were accurate, because these deaths resulted from broken laws, and those who enforced the laws were vigilant to detect these deaths. Abortion had been becoming increasingly safer, even before it was legalized, due to advances in medicine, such as **antibiotic use, improved surgical techniques, and anesthesia**.[89]

Contrary to the common assumption of a hack job by a medically illiterate abortionist, 90 percent of "illegal" abortions were committed by physicians, usually by surgical dilation and curettage. Most of the rest were done by nurses, midwives, or those with some medical training. The term "**back alley abortion**" that pro-abortion activists often use as a scare tactic actually refers to the door the women were advised to use to enter the medical clinic, not where the procedure was committed. Although abortion activists claimed that there were over a million abortions yearly prior to legalization, a better estimate is **98,000** a year.[90] Since legalization, our country has consistently reported about 1 to 1.5 million abortions per year (10-15 times more common than before legalization), so in fact, deaths of women from botched abortions have likely increased, if they were reported accurately. The majority of women in abortion clinics have consistently reported that they would not have sought the procedure if it were illegal.[91]

How could an abortion cause a woman to die? Complications that can occur from any abortion procedure include **vaginal or intra-abdominal hemorrhage** (sometimes requiring transfusion), **infection** (endometritis which may lead to septicemia, sometimes requiring hospitalization for IV antibiotics, surgery or ICU support), **incomplete removal of the remains of the aborted baby, damage to the cervix, uterus, or other pelvic or abdominal organs** (sometimes requiring surgery, including hysterectomy or bowel resection to repair), **anesthetic reactions or overdoses, amniotic fluid, septic, or thrombotic embolisms, cardiac or cardiovascular events**, any of which could lead to **death**.[92] Studies suggest that the immediate physical complication rate of induced abortion may be as high as 11 percent.[93] The safety of abortion is determined less by whether it is legal, and more by other factors such as **available technology**, **gestational age** in which it is committed, and the **skill of the practitioner**.

The frequency of complications increases as the pregnancy advances. The likelihood of complications in **mid trimester abortions** increases due to "inherently greater technical complexity of later abortions related to the anatomical and physiologic changes that occur as the pregnancy advances. The increased amount of fetal and placental tissue requires a greater degree of cervical dilation, the increased blood flow predisposes to hemorrhage, and the relaxed myometrium is more subject to mechanical perforation."[94] A late-term dilation and evacuation abortion requires multiple blind passages of the surgeon's instruments into the uterus, which could easily result in damage to a woman, even in experienced hands.

When most observers consider safety related to abortion, they are thinking of **physical complications** such as these, but they should also consider **psychologic complications**, which can also lead to a woman's death. One comprehensive study analyzed 22 studies which considered mental health consequences of abortion. There was an 81 percent overall increased risk of mental health problems after abortion. This broke down into 34 percent increased anxiety, 37 percent increased depression, 110 percent increased alcohol abuse, 230 percent increased marijuana abuse, and 155 percent increased suicidal behavior.[95] A task force in Texas found that of the top causes of maternal deaths in the state, **drug overdose** was second, and **homicide** and **suicide** were also listed among the top seven causes.[96]

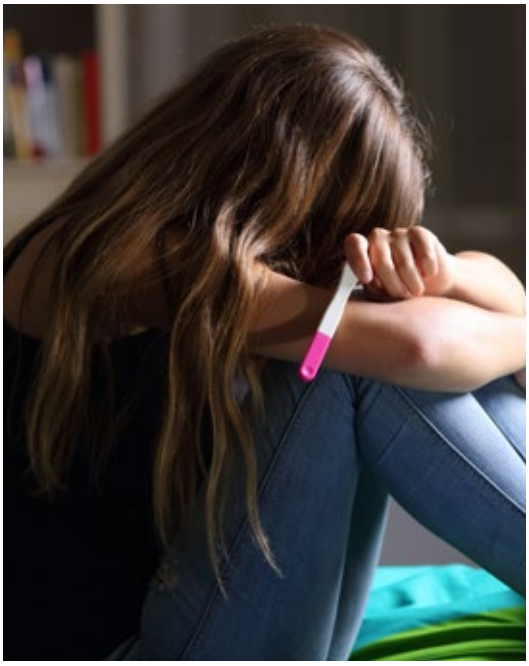
A 2012 study published in a premiere OB/GYN journal supposedly proved that abortion was **14 times safer** than childbirth, which was widely reported. The authors reported that the **death**

rate from abortion is 0.6/100,000 legal abortions, whereas the **death rate from childbirth is 8.8/100,000 live births**.[97] This study is flawed because it uses four disparate numbers to make its calculations, only one of which can be determined accurately.

The first observation we should make is that the denominators are different, which should immediately invalidate any comparisons. **Abortion deaths** are counted in terms of the **number of legal abortions**, whereas **maternal deaths** are counted in terms of the **number of live births**. Live births are the only one of the four numbers that can be counted accurately, because the government mandates a birth certificate for each child born alive. Yet, this number (live births) does not include a large number of pregnancy events, because all the losses by miscarriage, ectopic pregnancy, abortion, and stillbirth are not included, falsely elevating the numerator because the denominator is lower than it should be. Only 60 percent of maternal deaths occur in conjunction with a live birth.[98]

Our country has recently become aware that we do a very poor job of accurately counting maternal deaths.[99] For a long time, there was not a standardized way to indicate on a woman's death certificate if she was, or had recently been pregnant, so many deaths related to childbirth were missed. Some studies indicate as many as **50 percent are missed** in that way.[100]

When we look at abortion related deaths, we find that both the numerator and denominator are suspect. The estimated number of abortions is **voluntarily** reported to the Center for Disease Control (CDC) by **47** state health departments, but California (which is estimated to commit one quarter to one third of the country's abortions), New Hampshire, and Maryland do not report any data.[101] The Guttmacher Institute, the research branch of Planned Parenthood, also keeps track of the numbers of abortions, and their numbers are consistently different (and higher) than the numbers reported by the states.[102] Only half of the states require abortionists to report their complications (and it is debatable whether this is reliably complied with), and no states require non-abortion doctors, coroners, or emergency rooms to report abortion related deaths for investigation. These deaths are counted by the CDC only if they happen to come to their attention through death certificates, anecdotal reports, reports to state health agencies, quality committees, or Morbidity & Mortality committees.



For many reasons, the information about a preceding abortion may not make it onto a **death certificate**. The abortion may have initiated a **cascade of events** resulting in death, but only the most proximate events may be listed on the death certificate. The physician who completes the death certificate may be **unaware** of the abortion (which could happen if a sick woman presents to the emergency room, but leads the staff to believe that it was a miscarriage and not an abortion that led to her complication. If she is too sick to give a history, the family may be unaware of,

or may be embarrassed about the abortion). Lastly, an **ideologic commitment** to legal abortion may lead a physician to leave this information off of the death certificate. A single investigative reporter was able to document 30 percent more abortion related deaths nationwide than the CDC had listed, merely by correlating public documentation of malpractice cases with autopsy reports. Since most women with abortion complications do not initiate a malpractice lawsuit, this number probably represents only the tip of the iceberg.[103]

There are other confounding factors to consider when analyzing abortion or maternal deaths. There is some inconsistency in what **time interval** should be considered: some systems record up to six weeks after pregnancy and some report up to one year. Should all deaths be looked at, or only those related to a **physiologic effect or complication** of the pregnancy or procedure? Some researchers only count deaths related to a **physical complication** such as hemorrhage, infection, or anesthetic complications. But what about **psychologic effects** that are exacerbated by the way the pregnancy was resolved? Grief and depression are common after pregnancy losses and abortion. Should a **suicide** be counted as a maternal death?



It is also intuitive but important to note that early abortions are less dangerous for the mother than later abortions—as the mother's womb grows, the dangers increase. Although one study found an overall death rate of 0.7/100,000 legal abortions, this number rose to **6.7/100,000 for late-term procedures**.[104] Another study found that the risk of death increased by 38 percent for each additional week beyond eight weeks. Compared to early abortions, the relative risk of death was 14.7 times higher at 13-15 weeks (rate 1.7/100,000 abortions), 29.5 times higher at 16-20 weeks (rate 3.4/100,000), and 76.6 times higher beyond 21 weeks (rate **8.9/100,000**).[105]

The **CDC Abortion Surveillance** team has been tasked with protecting the public from dangerous procedures by **tracking abortion-related complications**, but they have been derelict in their duty due to their ideologic commitment to keeping abortion readily available. An investigation in the mid 1990's found that of 68 upper level employees in this branch, over half (34) were somehow **involved with the abortion industry**, including then chairman, Dr. David Grimes, who wrote the misleading safety study referenced earlier.[106] This team also authored another study which misused statistical analysis to assert that they were successfully identifying at least 90 percent of deaths associated with abortion.[107] Dr. Julie Louise Gerberding, director of CDC, has written "Maternal mortality rates and abortion mortality rates are conceptually different and are used by the CDC for different public health purposes."[108] It appears that members of her team must be unaware of her comments, as they have insisted upon comparing the two numbers.

An attempt to answer the question of whether abortion is safer than childbirth through a **meta-analysis** (reviewing all available studies) revealed a curious lack of interest by most investigators in the question. Of 989 studies that looked at deaths and pregnancy outcomes, only **11** provided results which allowed comparison between the death rates associated with all possible pregnancy outcomes. Nonetheless, these researchers found that within 180 days, the risk of death is **over twice as high following abortion** compared to that following delivery, and remains elevated for at least 10 years.[109]

It is clear with the **incomplete records** available in the U.S., the **political nature** of abortion, and the **ideological commitment** of many academic researchers to legal abortion, that the question of comparative safety of abortion to childbirth is unlikely to be answered in our country. A more complete, and less biased way to look at this question is to perform a **records-linked study** in a country with a more neutral view on legalized abortion, single payer health care so that records on all procedures are readily available, and more complete death certificate documentation. This has been done in Finland. All death certificates on reproductive aged women from 1987-1994 were reviewed, and deaths on non-pregnant, recently delivered, and post-abortive women were compared. The researchers found the opposite of what Dr. Grimes and his CDC colleagues found. A woman who had an abortion was **3.5 times** more likely to die within a year compared to a woman who carried to term. She was **7 times** as likely to commit suicide, **twice** as likely to die of an accident, and **4 times** as likely to be murdered![110]

Two follow-up studies from this same data revealed that **94 percent of abortion related deaths, and 73 percent of maternal deaths were not identified from death certificates** alone, showing the clear inadequacy of the CDC's data drawn from death certificates.[111] The risk of death in a given year for a woman who had an abortion was **83**/100,000 Finnish women, non-pregnant 57/100,000, miscarriage 52/100,000, and for those who carried a pregnancy to term **28**/100,000.[112] The researchers concluded that these findings may be attributed to two causes: giving birth may have a **protective effect** for a woman, and having an abortion may have a **deleterious emotional effect**, leading her to **greater risk-taking activities**.



In the interest of space, we will not delve into the potential association of long term risks related to abortion, but there is compelling evidence that abortion may increase a woman's risk of delivering early in a subsequent pregnancy, causing her future children to be at risk of death from **prematurity** (the number one killer of neonates). When a young woman chooses to abort her first pregnancy, she loses the known **protective effect** of that pregnancy against **breast cancer**

later in life. There are also compelling studies that the abortion itself may leave her breast tissue **more susceptible** to cancers. Though the studies have been mixed, the question has clearly not been answered, yet most medical societies have insisted on no link, and tried to suppress the question. For the reader who is interested in studying the extensive discussion on these issues, please refer to the website of the **American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG.org)**.

Dr. David Reardon has summarized the above discussion well: "We must conclude that 'abortion is safer than childbirth' can no longer be characterized as an established fact. It is at best an **unsubstantiated opinion**, most likely **a hope**, and at worst, an **ideologic mantra**. At this time, it is almost impossible to accurately compare deaths related to abortion and deaths related to childbirth in the U.S. due to incomplete reporting, definitional incompatibilities, voluntary data collection, research bias, reliance upon estimates, political correctness, inaccurate and/or incomplete death certificates, incompatibility with maternal mortality statistics, and failing to consider other psychologic causes of death, including suicide. When we look abroad, we see a different conclusion, that women are far more likely to die in the year following an abortion than they are following childbirth. This assumption should no longer be the reason for keeping all abortions legal, especially at more advanced gestational ages, when the procedure becomes much more dangerous."[113]

NOTES

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