



## Family Policy Brief

### Confronting the Myths About Maternal Mortality and Abortion

Myth 1: *Abortion is necessary to save the life of pregnant mothers.*

**Fact: Killing a baby does not save the life of the mother.**

Although sometimes it is necessary to deliver a baby early to save the life of a mother, resulting in the premature birth of a baby that may not survive, it is never necessary to deliberately kill a baby to save the life of a mother.

Myth 2: *To lower their maternal mortality rates, nations must liberalize their abortion laws.*

**Fact: Liberalized abortion laws may actually increase maternal mortality rates.**

The world's largest abortion provider, International Planned Parenthood Federation (IPPF), recently acknowledged an alarming “surge” in maternal deaths in South Africa even though that country, since 1996, has had some of the most permissive abortion laws on the African continent. On the other hand, Mauritius, which has some of the most restrictive abortion laws in Africa, has the lowest maternal mortality rate on the continent.

In contrast, Ethiopia, which liberalized abortion laws in response to pressure from the World Health Organization (WHO) and the UN, has a maternal death rate that is 48 times higher than in Mauritius. In South America, Chile (which protects the lives of the unborn in its constitution) has a maternal death rate that is 30 times lower than in Guyana where abortion has been allowed without restriction since 1995.

Nepal places no restriction on abortion procedures, but has the highest maternal mortality rate in Southeast Asia. Sri Lanka, whose maternal death rate is 14 times lower than that of Nepal, has some of the most restrictive abortion laws in the world.<sup>1</sup>

Myth 3: *Most maternal deaths are caused by illegal abortions, so abortion should be legalized.*

**Fact: The majority of maternal deaths are due to a lack of basic health care.**

It is estimated that 99 percent of all maternal deaths occur in developing countries,<sup>2</sup> strongly suggesting that the real issue surrounding maternal mortality is a lack of basic healthcare, not the availability of legal abortions.

---

<sup>1</sup> The information in this paragraph comes from <http://www.lifesitenews.com/ldn/2009/aug/09081310.html>, but can be verified by inspecting individual country statistics at UNICEF.org under the “maternal mortality” section of each country’s statistics (which you can locate by clicking on the “info by country” tab at the top on the main page, then selecting a country). A comparison of abortion laws by country can be found at [http://en.wikipedia.org/wiki/Abortion\\_law](http://en.wikipedia.org/wiki/Abortion_law).

<sup>2</sup> World Health Organization, Maternal Mortality in 2005 at 15 (2007), Available at [http://www.who.int/whosis/mme\\_2005.pdf](http://www.who.int/whosis/mme_2005.pdf).

WHO and other local and international groups promote legalizing abortion as a way to decrease maternal mortality.<sup>3</sup> However, most maternal deaths are due to obstetric complications—including post-partum hemorrhage, infections, eclampsia and prolonged or obstructed labor.<sup>4</sup> These complications can be largely prevented or treated through quality prenatal healthcare.

By improving access to, and the quality of, prenatal and postnatal healthcare in developing countries, the number of maternal deaths worldwide could be significantly reduced. In fact, in the past 30 years, maternal mortality has decreased by over one-third across the world.<sup>5</sup> Few abortion laws have been liberalized during that time, and some have even become more restrictive.

What then explains the drastic decrease in maternal mortality over the last three decades? It resulted from an increase in the availability of basic healthcare to women in underdeveloped nations, not an increase in the availability of legal (or what WHO would call “safe”)<sup>6</sup> abortions.

Focusing on the promotion of abortion could potentially raise maternal mortality rates by taking vital funding, focus, and time away from providing basic health care services to pregnant women.

*Myth 4: Where abortion is legal, it is safe, and where it is illegal, it is unsafe.*

**Fact: Abortions (whether legal or not) carry serious health risks and contribute to maternal mortality.**

Pro-abortion activists, including some UN agencies, claim that when abortion is legal, it is safe, and do so by misrepresenting and exaggerating maternal mortality statistics to pressure countries

---

<sup>3</sup> Andrew M. Essig, *The World Health Organization's Abortion Agenda*, IORG WHITE PAPER NO. 11 (2010), [http://www.c-fam.org/dod.lib/20100602\\_WHO\\_FINAL.pdf](http://www.c-fam.org/dod.lib/20100602_WHO_FINAL.pdf).

<sup>4</sup> Gynuity Health Projects, *Postpartum Hemorrhage: A Challenge for Safe Motherhood* at 2 (2006), [http://gynuity.org/downloads/pph\\_challenge\\_factsheet\\_en.pdf](http://gynuity.org/downloads/pph_challenge_factsheet_en.pdf). “Unsafe” abortion is also listed among the leading causes of maternal death. It seems, however, that the solution to this problem should focus on decreasing abortion in general by providing help and hope (in the form of education and access to general medical care) to women who are pregnant. In this way, both mothers and their babies would be spared.

<sup>5</sup> Margaret C. Hogan et al., *Maternal mortality for 181 countries, 1980—2008: a systematic analysis of progress towards Millennium Development Goal 5*, 375 THE LANCET 1609, 1613 (May 8, 2010), <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2810%2960518-1/fulltext> (estimating a decrease from 526,300 maternal deaths in 1980 to 342,900 maternal deaths in 2008).

<sup>6</sup> As evidence of this definitional conflation, see the following statement by WHO: “[E]very year nearly 42 million women faced with an unplanned pregnancy decide to have an abortion, and about 20 million of them are forced to resort to unsafe abortion. These approximately 20 million women often self-induce abortions or obtain a clandestine and unsafe abortion carried out by untrained persons under poor hygienic conditions. Abortion induced by a skilled provider in situations where it is legal is one of the safest procedures in contemporary medical practice and the recourse to manual vacuum aspiration (MVA) and medical (non-surgical) abortion have reduced abortion-related complications to very low levels.” [http://whqlibdoc.who.int/publications/2007/9789241596121\\_eng.pdf](http://whqlibdoc.who.int/publications/2007/9789241596121_eng.pdf) at *preface*. Notice how, according to WHO, women are “forced” to undergo “unsafe” abortion procedures because they live in a place where abortion is not legal. WHO’s solution, rather than providing competent medical help and education so that these women do not resort to a *choice* of desperation, is to liberalize abortion laws in these developing nations. In reality, even if abortion is legalized, developing countries will continue to suffer high maternal mortality rates until women have access to better nutrition and medical care.

to liberalize their abortion laws. For example, these activists have claimed in UN documents that over 500,000 mothers die annually due to illegal abortion. But a study published in 2010 by the leading British medical journal shows maternal mortality rates have been significantly overestimated by several UN agencies due to a lack of proper reporting and imprecise statistical modeling.

*The Lancet* reports that maternal deaths worldwide in 2008 totaled 342,900 rather than the more than 500,000 figure used by the World Bank, WHO and the United Nations Children's Fund (UNICEF) in recent years. *The Lancet* study also found that progress has been made in preventing pregnant women from dying based on the following four main reasons: (1) declining pregnancy rates in some countries; (2) higher per capita income; (3) higher education rates for women; and (4) increasing availability of basic medical care, including “skilled birth attendants.” Legalizing abortion is not one of those reasons.<sup>7</sup>

Abortions carry serious health risks and can contribute to maternal mortality whether they are legal or not. In one study, 17 percent of women undergoing “safe” (i.e., legal) abortion procedures in the U.S. experienced physical complications (such as abdominal bleeding or pelvic infection) after the abortion.<sup>8</sup> The percentage is likely higher when long-term physical effects are considered, not to mention psychological effects. Some of the short- and long-term adverse effects include:<sup>9</sup>

- Accidental tearing of uterine artery, tearing of the cervix, or scarring of the uterine wall
- Heavy bleeding, requiring blood transfusions
- Abdominal cramping, nausea, vomiting, diarrhea, and infection
- Allergic reaction to drugs or anesthesia, sometimes causing convulsions, or worse
- Heart attack, embolisms (caused by blood clots or other foreign matter in blood vessels)
- Perforation of the uterus and damage to other internal organs
- Miscarriage of future pregnancies, infertility or sterility
- Increased risk of subsequent tubal pregnancies
- Death (it is estimated that 20 percent of maternal deaths are due to abortion)
- Guilt, anger, anxiety, depression, suicidal thoughts
- Anniversary grief, flashbacks of abortion, memory repression
- Sexual dysfunction, relationship problems

---

<sup>7</sup> See Margaret C Hogan MSc, Kyle J Foreman AB, Mohsen Naghavi MD, Stephanie Y Ahn BA, Mengru Wang BA, Susanna M Makela BS, Prof Alan D Lopez PhD, Prof Rafael Lozano MD, Prof Christopher JL Murray MD, Maternal mortality for 181 countries, 1980—2008: a systematic analysis of progress towards Millennium Development Goal 5, *The Lancet*, Volume 375, Issue 9726, pp.1609-1623 (8 May 2010) (cited in Susan Yoshihara, Ph.D. & Austin Ruse, New Global Study Shows Maternal Mortality Significantly Lower Than Previously Thought / Policy Implications Worry Abortion Advocates, Volume 13, Number 18 (April 15, 2010)).

<sup>8</sup> Brenda Major, et al., *Psychological Responses of Women After First-Trimester Abortions*, 57 *Archives of General Psychology* 777, 780 (August 2000).

<sup>9</sup> United Families International, Guide to Family Issues: Abortion (2007), [http://unitedfamilies.org/downloads/Abortion\\_GuidetoFamilyIssues.pdf](http://unitedfamilies.org/downloads/Abortion_GuidetoFamilyIssues.pdf).

- Eating disorders, sleep disorders
- Alcohol and drug abuse

Myth 5: *Abortion is safer than childbirth and therefore women should have the right to abort their babies in order to protect their health.*

**Fact: Childbirth is safer than abortion.**

Despite the many complications of abortion listed above, many pro-choice organizations claim that it is “safer,” from a mortality perspective, to have an abortion than it is to give birth. However, many recent studies show that the opposite is true.<sup>10</sup> Abortions *always result in the death of the fetus* and destruction of life, whereas the risks to mother and baby of giving birth are minimal where there is adequate health care.

Myth 6: *Abortion on demand is an internationally recognized right for women.*

**Fact: International consensus documents recognize the right to life “before as well as after birth” and discourage the use of abortion as a family planning method.**

The Universal Declaration of Human Rights recognizes the right to life, and the Convention on the Rights of the Child states: “The child, by reason of his physical and mental immaturity, needs special safeguards and care, *including appropriate legal protection, before as well as after birth. . . .*” (CRC Preamble).

In 1994, the International Conference on Population and Development (ICPD) outcome document noted: “*Governments should take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning. . . .*” (ICPD, 1994, par. 7.24; see also par. 7.10, 8.25)

A year later, despite some strong pro-abortion voices at the UN, very similar language was negotiated and agreed to at the Fourth World Conference on Women. (See Beijing 1995, par. 106-k.) The ICPD language prohibiting abortion as a method of family planning reappeared again in other UN consensus documents five years after the original ICPD, and again five years after the Fourth World Conference on Women. (ICPD + 5, par. 63i, ii, iii; Beijing +5, 72-o.)

There is a strong international consensus that abortion should be discouraged. Yet multiple elements within the United Nations system are increasingly promoting abortion and the

---

<sup>10</sup> E.g., M. Gissler et al., *Pregnancy-Associated Deaths in Finland 1987-1994: Definition Problems and Benefits of Record Linkage*, 76 ACTA OBSTETRICIA ET GYNECOLOGICA SCANDINAVICA 651 (1997); David C. Reardon, *Abortion is Four Times Deadlier than Childbirth*, THE POST-ABORTION REVIEW (2000), <http://www.afterabortion.org/PAR/V8/n2/finland.html>; <http://www.lifenews.com/2010/03/31/int-1496/>; see also NATIONAL RIGHT TO LIFE CAMPAIGN, DOES LEGALIZING ABORTION PROTECT WOMEN’S HEALTH?, <http://www.nrlc.org/UN/MMEnglish.pdf> (2009) (providing research which suggests that, because the root cause of maternal mortality is underdevelopment of medical care and technology, whether or not abortions are legal, legalizing abortion in an underdeveloped nation will likely increase rather than decrease maternal mortality because it will increase demand for abortion and spread the healthcare system thinner than it already is).

liberalization of abortion laws as a means to reduce maternal mortality, despite the clear evidence that this does not work.<sup>11</sup>

## **Policy Implications**

Research shows that liberal abortion laws do not have a noticeable effect on decreasing maternal mortality whereas improving the quality of health care clearly does. Accordingly organizations such as WHO should stop expending time and resources pushing abortion on developing countries and instead use more resources to improve the quality of health care, which is what developing countries really need to rapidly and effectively improve the health of both mothers *and* their babies.

In addition, UN agencies and entities, including treaty body monitoring committees, should cease pressuring countries to legalize abortion under the guise of helping to save women's lives, especially since international human rights instruments recognize the right to life of the unborn and discourage abortions as a method of family planning. In order to protect their health, women have the right to be informed of all of the complications and risks associated abortion.

UN negotiations on social issues increasingly are ending up in battles over abortion policies where abortion activists present many of the myths in this brief as facts. Language in UN documents related to reproductive health that originally was intended to mean reproducing (delivering healthy babies) is now being deliberately misinterpreted to encompass abortion and abortion services. Organizations and businesses that profit from abortion, such as the International Planned Parenthood Federation, are exerting undue influence on UN negotiations in an attempt to liberalize abortion laws.

UN Member States must resist attempts to liberalize abortion laws under the guise of protecting women's health and instead focus on providing basic health care to women that will enable them to safely deliver their babies.

---

<sup>11</sup> Go to the Policy Resource Center at [www.familywatchinternational.org](http://www.familywatchinternational.org) to read our policy brief on "The Relentless Push to Create an 'International Right' to Abortion")