Want to reduce maternal mortality? Don’t offer abortion.

In its process to evaluate progress on the Millennium Development Goal (MDG), the United Nations sought input from non-governmental organizations. Concerned Women for America submitted this statement on MDG 5: Reducing Maternal Mortality. We show the proven ways to reduce maternal mortality – and that abortion harms women’s health.

MDG5: Reducing Maternal Mortality

Reducing maternal mortality is critically important because of the key role that mothers play in the life of their children and community. Strategies with proven effectiveness of decreasing the deaths of mothers in the process of pregnancy and delivery are:

1) Skilled birth attendance,

2) Adequate delivery facilities equipped with antibiotics, oxytocin and magnesium sulfate,

3) Increasing female literacy which empowers women to access health care.

Recent Chilean mortality data demonstrate these three factors directly contribute to the dramatic decline in maternal mortality.¹

Hijacking funding for MDG5 to advance the legalization of abortion worldwide will not improve maternal mortality, as evidenced in Chile² and other recent publications.³ ⁴ Advancing “reproductive rights,” defined as including elective abortion, will likely increase maternal mortality. Medical abortion will be especially dangerous in resource-poor nations which lack the health care infrastructure to handle the increased complications of hemorrhaging, infection and surgery to remove retained tissue.⁵ Promoting drug-induced abortion, with its increased risks,⁶ is counter-productive to any efforts to decrease the maternal mortality of a resource-poor region. A rise in maternal mortality in the U.S. corresponded with FDA approval of medical abortion in 2000.⁷

¹ Koch, et al., personal correspondence, publication pending. Appendix D, C.
² Koch, et al., Appendix D, abortion not significantly correlated with maternal mortality p value of 7.1.
³ Niinimäki, M., M.D., Pouta, A., M.D. PhD, Bloigu, A., Gissler, M., BSc, PhD, Hemminki, E., M.D, PhD, Suhonen, S., M.D., PhD, Heikinheimo, O., M.D. PhD. Immediate Complications After Medical Compared With Surgical Termination of Pregnancy. *Obstetrics & Gynecology* Vol 114, No 4, October 2009 795-804. [“When comparing numbers of women with adverse events or complications, the difference between the two groups was notable: 20% of women in the medical-abortion group and 5.6% of women in the surgical abortion group had at least one type of adverse event.” “In multivariable analysis, the risk of bleeding was almost eightfold higher, the risk of incomplete abortion was fivefold higher, and the risk of (re)evacuation was twofold higher after medical abortion compared with surgical abortion.” “Because medical abortion is being used increasingly in several countries, it is likely to result in an elevated incidence of overall morbidity related to termination of pregnancy.”]
⁵ Niinimäki, M., et al.
⁶ Correspondence from research Dr. Ralph Miech, attached.
Induced abortion increases short-term mortality and morbidity and long-term morbidity. It damages the reproductive health of women by:

1) Increasing pre-term birth in subsequent pregnancies. Recent systematic reviews (SR) and meta-analyses (SRMA) reveal significantly increased preterm birth rates in subsequent pregnancies for women who have induced abortions versus women who deliver.\(^8\) \(^9\) \(^10\) \(^11\) There are zero SRMAs or SRs finding that prior induced abortions do not elevate premature birth risk.

2) Damaging subsequent mental health of women. Studies with nationally representative samples and a variety of controls for personal and situational factors that may differ between women choosing to abort or deliver indicate abortion significantly increases risk for depression, anxiety, substance abuse, suicide ideation, and suicidal behavior.\(^12\) \(^13\) \(^14\) \(^15\) \(^16\) \(^17\) \(^18\) \(^19\) \(^20\) \(^21\) \(^22\) \(^23\) \(^24\) \(^25\) \(^26\) \(^27\) \(^28\) \(^29\) \(^30\) \(^31\) Abortion is associated with a

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\(^8\) Swingle, H.M., Colaizy, T.T., Zimmerman, M.B., et al., Abortion and the Risk of Subsequent Preterm Birth: A Systematic Review and Meta-Analysis, *Journal Reproductive Medicine*, 2009; 54:95-108. [64% increased risk of delivering newborn baby under 32 weeks’ gestation in women with one prior abortion compared to women with no prior abortions].

\(^9\) Shah, P., et al., “Induced termination of pregnancy and low birthweight and preterm birth: a systematic review and meta-analysis,” *BJOG*, 2009; 116(11):1425-1442, [http://www3.interscience.wiley.com/journal/122591273/abstract](http://www3.interscience.wiley.com/journal/122591273/abstract). [Women with one induced abortion had an odds ratio of 1.35 increased risk (i.e., 35% increased risk) for preterm delivery. Women with more than one prior induced abortion had an odds ratio of 1.93 (95% increased risk of a premature delivery compared to women with zero prior induced abortions)].


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8 Swingle, H.M., Colaizy, T.T., Zimmerman, M.B., et al., Abortion and the Risk of Subsequent Preterm Birth: A Systematic Review and Meta-Analysis, *Journal Reproductive Medicine*, 2009; 54:95-108. [64% increased risk of delivering newborn baby under 32 weeks’ gestation in women with one prior abortion compared to women with no prior abortions].

9 Shah, P., et al., “Induced termination of pregnancy and low birthweight and preterm birth: a systematic review and meta-analysis,” *BJOG*, 2009; 116(11):1425-1442, [http://www3.interscience.wiley.com/journal/122591273/abstract](http://www3.interscience.wiley.com/journal/122591273/abstract). [Women with one induced abortion had an odds ratio of 1.35 increased risk (i.e., 35% increased risk) for preterm delivery. Women with more than one prior induced abortion had an odds ratio of 1.93 (95% increased risk of a premature delivery compared to women with zero prior induced abortions)].
higher risk for negative psychological outcomes when compared to other forms of perinatal loss and with unintended pregnancy carried to term. Most social and medical science scholars agree that a minimum of 20% of women who abort suffer from serious, prolonged negative psychological consequences, yielding at least 260,000 new cases of mental health problems each year.

Reductions in maternal mortality have been achieved in the U.S.\textsuperscript{32} and Chile,\textsuperscript{33} not by legalization of abortion, but by provision of 1) skilled birth attendants (who monitor for obstructed labor, hemorrhage, sepsis and other major killers of women who are giving birth), who can treat mothers in 2) a facility equipped to handle these complications. Dramatic decreases in maternal mortality accompany female literacy which allows women to access health care through written media, instead of relying on word of mouth.\textsuperscript{34}

Implementing these interventions in nations with the greatest maternal mortality will provide the most rapid reduction in maternal mortality, paralleling the reductions in nations with similar interventions.

Respectfully submitted,

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\textsuperscript{31} Appendix B. Abortion and Mental Health comprehensive bibliography.

\textsuperscript{32} Appendix E. Graphs of maternal mortality in the U.S. [Note dramatic decreases in maternal mortality corresponding with introduction of modern obstetrical techniques and delivery in hospital settings, not with legalization of abortion in 1973. Note rise in maternal mortality beginning in 2000, correlating with the legalization of RU-486 in the U.S.].

\textsuperscript{33} Appendix C and D. Graphs of maternal mortality reduction corresponding to decreasing illiteracy in females, and provision of skilled birth attendants with safe delivery facilities.

\textsuperscript{34} Koch, publication pending. Appendix C.