

THE AMERICAN ASSOCIATION OF PROLIFE OBSTETRICIANS AND GYNECOLOGISTS

ABORTION AND SUICIDE

SUICIDE ATTEMPTS ASSOCIATED WITH INDUCED ABORTION

References: Garfinkle, B., et. al., “Stress, Depression, and Suicide: A study of Adolescents in Minnesota” (Minneapolis: Univ Minnesota Extension Service, 1986):

Teens are generally at a higher risk for both suicide and abortion. In a survey of teenaged girls, researchers at U. Minn found that the rate of **attempted suicide** in the **six months** prior to the study increased **10 fold**—from 0.4% for girls who had not aborted to 4% for teens **who had aborted in the previous six months.**

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Reference: Morgan, C., et. al., “Mental health may deteriorate as a direct effect of induced abortion,” letter section, Brit. Med. Journal 314:902, 22 Mar 97:

Researchers at South Glamorgan Health Authority in Great Britain found that **after abortions**, there were 8.9 **suicide attempts** per 1000, compared to 1.9 suicide attempts per 1000 among those who gave birth (**more than 4X**).

ABORTION ASSOCIATED SUICIDE

The following two studies are based on prospective information from computerized government health registries. They do not depend on potentially erroneous patient interview material. The studies deal with “all cause mortality.” The 3rd study referenced is a review of pregnancy related homicide and suicide. This discussion will focus on “suicide mortality.”

Note: “Pregnancy associated” death is defined as the death of any woman, from any cause, while she is pregnant or within 1 calendar year of termination of pregnancy, regardless of the duration and site of the pregnancy. The Gissler 1994 study and the Reardon 2002 study both vary slightly from this strict criteria, as do some of the studies in the Shadigan article. Nevertheless, the data as it relates to abortion associated suicide and homicide is accurate and powerful.

Gissler, M, et.al., "Pregnancy associated deaths in Finland 1987-1994, Acta Obstetrica et Gynecologica Scandinavica 76:651-657 (1997)

Total pregnancies in this study: 696,672; including 93,807 abortions, 83726 miscarriages.

Gissler examines records of **all women** ages 15 to 49 who died in Finland from 1987 to 1994, focusing on those **who died within 1 year of their last pregnancy event**, whether liveborn, stillborn, miscarriage, or elective abortion (**281 deaths**).

For purposes of meaningful comparison, death rates are expressed as the number of deaths/100,000. All the causes of death in this study are coroner certified (suicide, accident, homicide, unknown)

Including all causes of death for all the women in Finland age 15 to 49 from 1987 to 1994 who died within one year of a pregnancy event (live birth, still birth, miscarriage, elective abortion), and including those with no pregnancy event.

No pregnancy event	54/100,000
Birth	27/100,000
Miscarriage	48/100,000
Induced Abortion	101/100,000

Including only maternal suicide, the data show:

No pregnancy. event	11. 3/100,000
Birth	5. 9/100,000
Miscarriage	15/100,000
Induced Abortion	34.7/100,000

In the year following a pregnancy event, women who choose abortion have a SIX times higher suicide rate than women who choose to deliver.

(Remember, this is a complete data base, and these are coroner certified suicides. These astounding statistics are essentially ignored, both by the general public and by the medical community it in Finland, in Europe in general, and in the United States.)

(Note: 25,000 women commit suicide yearly in the US. How many are actually related to the 1.2 million yearly abortions? No one knows. Such statistics are simply not available in America.)

In the body of the paper, the author states: "Our data may **underestimate the number of suicides** associated with pregnancy. We used the official cause of death to define suicide. Apart from the 73 pregnancy associated suicides, there were also **26 pregnancy associated deaths with an unclear cause** (10 violent

and 16 non-violent), and 55 accidents (accidental deaths). **Some of these 81 cases might have been suicides.**”

AAPLOG concurs: the authors may indeed have underestimated “ the number of suicides associated with pregnancy. .” They found 73 documented suicides, and 81 additional deaths, 26 from (coroner certified) “unclear causes,” 55 from “accidents!” How many of these extra “unclear cause” deaths and “accident” deaths were actually suicides? (Death from “accident” data indicate **those who aborted had 4 times the death rate of those who gave birth.)**

In the one year following a pregnancy event:

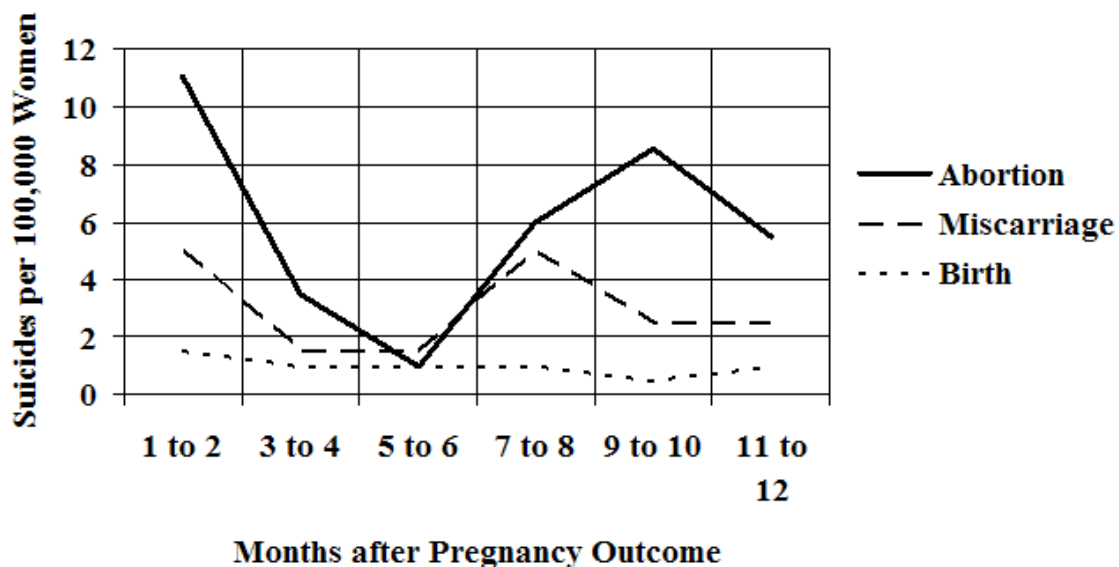
Death from homicide data indicate **those who aborted were about ten times more likely to die by homicide than those who gave birth,** (and were more than 4 times more likely to die by homicide than the “no pregnancy event’ women). Although the absolute numbers of homicide victims is small, the increased risk associated with abortion is too strong to simply be ignored. (See “abortion and homicide” discussion.)

On the following graph taken from Gissler’s data, note that the peak occurrences of a post-abortive woman committing suicide are very soon after the abortion, or very close to what would have been the aborted child’s due date. The enormity of the abortion event in these women’s lives is starkly evident.

SUICIDE: A BITTER FRUIT OF ABORTION

Reference: Gissler, M, et.al., “Pregnancy associated deaths in Finland 1987-1994, Acta Obstetrica et Gynecologica Scandinavica 76:651-657 (1997)

Note: the second suicide spike approximates the baby’s due date.



The second study on abortion associated suicide is taken from the MediCal data base. **Reference:** Reardon, et.al., Deaths Associated With Pregnancy Outcome; Southern Medical Journal, Vol 95, No 8, 834-41, (August 2002)

This study involved 173,279 patients, and covered an **8 year period**, 1989 to 1997. The data show that **the increased death rates** for women who had abortions vs women who delivered were observed **throughout the 8 years examined**. Violent deaths (such as suicide) predominated earlier in this period, natural deaths predominated later in this period.

Over the 8 year time period, suicide mortality was 3.1 times higher in women who had had an induced abortion than in women who delivered their baby (after adjusting for a history of previous psychological problems).

To keep the data numbers in perspective, it should be noted that the suicide rate for women in Finland, Sweden, and Norway (about 15%) is higher than the rate in the USA, Australia, and some other European countries (6-12%). The Reardon data reflects this post-abortion difference ---3X higher vs 6X higher in Finland--- (granted the Reardon study is of a different design from the Gissler Finland study). Either rate is unacceptable in an enlightened medical world.

In medical history, there certainly are no other elective procedures associated with the suicide rates noted in these two studies. To AAPLOG, it defies all rational medical thinking to simply ignore these findings. Further studies to confirm or discredit the association between abortion and subsequent suicide are essential. In a follow-up article (Gissler M., et al; European Journal of Public Health, Vol 15, No. 5, 459-63), Gissler himself recommends that the elevated mortality risk after a terminated pregnancy “needs to be recognized in the provision of health care and social services.” In the United States, at least, it is not being “recognized”. Lack of recognition amounts to practical denial.

The 3rd article examining abortion associated suicide gives a valuable review of the literature. (Shadigian E, Bauer S; Pregnancy-Associated Death: A Qualitative Systematic Review of Homicide and Suicide; OB GYN Survey, Vol 60, No 3 (2005).)

Referring to the Gissler and Reardon studies, the review article authors note that “both case-control studies show that suicide is 3 to 6 times greater in women obtaining an induced abortion than in women who deliver at term.” But, they comment, “There is no standardized method used to identify pregnancy at the time of death or close to the time of a woman’s death.” Further, “.....The U.S. FBI (and other similar national and international agencies) does not report statistics on whether or not women are pregnant at the time of homicide or suicide.. Many studies rely totally on death certificates, which have very strict guidelines for reporting a maternal death, but do not report pregnancy as a

category, or if a woman has been pregnant in the last year.....Thus,
underreporting of pregnancy-associated mortality is inevitable.”

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