

THE AMERICAN ASSOCIATION OF PROLIFE OBSTETRICIANS AND GYNECOLOGISTS

ABORTION ASSOCIATED MATERNAL DEATH

Worldwide, maternal mortality is an extremely urgent concern to the health systems and governments of most, if not all, countries. It is universally tragic to all involved to separate a mother from her baby and her family by unexpected death. Most countries, especially those with more developed medical systems, seek to keep accurate records of maternal mortality, with the aim of identifying patterns of causes, so these causes can be addressed and rectified, and some tragedies can be prevented.

It is not like this with the abortion experience. Although abortion separates a mother and her child (and the child's family) irretrievably by death, in America there is very sparse record keeping of the event. The child is unnamed, usually not subjected to medical examination, and certainly not recorded as an infant mortality. Generally, the child is simply disposed of. Even the maternal record of the event is unreliable: abortion reporting by States to the CDC is voluntary! Some states do not report abortion to the CDC at all. And if one does not have a reliable data base of cases, there is simply no way to produce a reliable data base of associated (maternal) deaths, or of any long term complication, for that matter. In countries with socialized medical systems, where nearly all procedures, health records, and complications are on a national registry, there is at least the possibility of evaluating post abortion maternal outcomes. Even so, this is rarely done. We have sought to meaningfully comment on several existing studies in these discussions of post-abortion maternal death.

The general subject is complex, dealing with 3 different definitions of mortality: Maternal mortality, pregnancy-related mortality, and pregnancy-associated mortality.

"A maternal death (or **maternal mortality**) is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes." **Pregnancy-related mortality** is defined as "the death of a woman while pregnant, or within one year of termination of the pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accident or incidental causes." **Pregnancy-associated mortality** is "the death of a woman while pregnant or within 1 year of termination of pregnancy, irrespective of the cause of death or the site of pregnancy." In these discussions (suicide, accident, homicide, natural cause), we are dealing with pregnancy-associated mortality.

An additional difficulty in getting one's brain wrapped around this subject can be appreciated from the first Gissler study, which focuses on pregnancy associated suicides. (Gissler, M, et.al., "Pregnancy associated deaths in Finland 1987-1994, (1997) *Acta Obstetrica et Gynecologica Scandinavica* 76:651-657). This study includes 73 coroner-certified pregnancy-associated suicides in a seven year period in Finland. The suicide rate was six times higher for aborted women than for delivered women. However, there were 81 additional deaths in the one year post-pregnancy period. In 56 of these, the coroner assigned the cause of death as "accident." (An example would be a fatal automobile crash.) The rate of accidental death was 4 times higher in the post-aborted women than in the post-delivered women. How many of these were, in fact, suicides? One can only speculate. Another 26 women died in the post-pregnancy period for whom the coroner assigned an "unclear" cause of death. Ten of these were "violent" deaths, and 16 were "non-violent." How many of these could have been suicide, or even homicide, related? Again one can only speculate. These were not included in the analysis. But when 26 post-pregnancy women, in 7 years, in a country of 5 million people, die of a coroner certified "unclear cause," obvious questions remain regarding possible abortion influence in the ultimate outcome.

Psychologist David Reardon, (writing in the Elliot Institute's "The Post Abortion Review," Vol 8, #2, April-June 2000) notes, "This finding (increased accidental death) suggests that women with newborn babies are probably more careful to avoid risks which could endanger them or their children. Conversely, women who have had an abortion are apparently more prone to taking risks that could endanger their lives....It is likely that many of these deaths are simply related to heightened risk-taking behavior among post abortive women....Heavier drinking and substance abuse are well-documented after-effects of abortion, both of which increase a person's risk of fatal accidents."

It can be appreciated that abortion related mortality consequences are significant, and certainly warrant further study (which can only be done if a country will commit its health system to keeping adequate records of these events.) Currently, in the United States, because of our inadequate reporting system, such studies are possible only on a very limited basis.

In the links in this section, we will look primarily at pregnancy associated mortality, as it relates to suicide, homicide, accident and other, and natural cause death of the mother.