

Abortion-Related Deaths Compared to Childbirth-Related Deaths

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The Planned Parenthood organization claims that abortion is safer than childbirth with the abortion-related death rate cited as 1 in 100,000 or 13 cases per year. On the Planned Parenthood website (www.plannedparenthood.org), the following information is provided ***“In extremely rare cases, very serious complications may be fatal. The risk of death from childbirth is 11 times greater than the risk of death from an abortion procedure during the first 20 weeks of pregnancy. After 20 weeks, the risk of death from childbirth and abortion are about the same.”*** No citations are offered and this highly misleading assertion is not scientifically defensible and is grossly inaccurate for numerous reasons cited below.

1. The National Center for Health Statistics (NCHS) provides maternal mortality information and the Center for Disease Control (CDC) provides abortion mortality statistics. *Different standards and methods of data collection are used by the two systems* rendering comparisons between the two inappropriate. *The abortion data collection system is particularly prone to missing a large percentage of deaths.* Details regarding the unreliability of these statistics are offered below.
 - a. The International Classification of Diseases (ICD-9) defines maternal death as one that occurs during pregnancy or within 42 days of the termination of pregnancy. Pregnancy-associated deaths occurring outside this window are not captured in the data.
 - b. Coding rule 12 of the ICD-9 requires deaths due to medical and surgical treatments to be reported under the complication of the procedure (e.g., infection) rather than the treatment (e.g., elective abortion).
 - c. Most women leave abortion clinics within hours of the procedure and go to hospital emergency rooms if there are complications. The data reported by abortion clinics to state health departments and ultimately to the CDC therefore under-represents abortion morbidity and mortality.
 - d. Abortion reporting is not required by federal law and only 27 states report abortion complications [1].

2. The abortion-related mortality rates typically fail to factor in abortions beyond the first trimester which constitute 12-13% of abortions [2-3]. Using national U.S. data spanning the years from 1988 to 1997, Bartlett and colleagues reported the relative risk of mortality was 14.7 per 100,000 at 13–15 weeks of gestation, 29.5 at 16-20 weeks, and 76.6 at or after 21 weeks [4].

3. At least 50% of women who have aborted deny the experience and therefore the medical records of many women who have aborted are not likely to contain an accurate history [5].

4. Childbirth is protective in the immediate and long-term against death from non-obstetrical causes, both from natural causes such as breast cancer and unnatural causes including suicide [6-10].
 - a. When deaths from direct obstetric causes were removed, death rates among women during pregnancy or within 90 days of delivery were shown to be significantly lower than in

women who had not been pregnant [11].

- b. Pregnant women are 1/20th as likely to commit suicide when compared to non-pregnant women of childbearing age [6]. Pregnancy-related behavioral inhibition against suicide may be due to elevated levels of serotonin during pregnancy produced by the fetus [9].

5. When a death is violent, a recent birth may not be recorded and a recent abortion is even less likely to be mentioned. Suicide deaths are rarely, if ever, linked back to abortion in state reporting of death rates. Further, suicides are often not recorded on death certificates. Understanding the connection between abortion and suicide therefore requires attention to the peer-reviewed literature.

- a. Medical and psychological research (described in another case document) has shown that abortion is a strong risk factor for suicide ideation and suicide. Abortion and both depression and substance abuse are well-established etiological factors in suicide [12]. Therefore, abortion is directly and indirectly associated with suicidal behavior.
- b. In an article published in 2009 [13], the Population Attributable Risk (PAR) statistic was calculated for abortion as a cause of Major Depression. Using this estimate in conjunction with data from the U.S. Census Bureau and the U.S. Surgeon General's Office, the number of annual suicides deaths directly attributable to abortion can be calculated.
 - The PAR for Major Depression based on abortion was equal to 4.3%. The PAR is an indicator of the number of cases of a disorder that can be avoided if the risk is eliminated. According to the U.S. Census Bureau, there are 62,117,211 women of reproductive age living in the U.S. [14] and one year prevalence rates for Major Depression in women between the ages of 18 and 54 have been reported by the U.S. Surgeon General to equal 6.5% [15]. Based on this rate, 4,037,618 women (6.5% of 62,117,211) experience Major Depression annually in the U.S. The PAR for Major Depression resulting from abortion is equal to 4.3%, meaning 173,617 women of reproductive age (4.3% of 4,037,618) experience Major Depression each year as a direct result of abortion.
 - Estimates regarding the percentage of individuals who commit suicide in response to Major Depression range from 1% to 15%. Applying the most conservative 1% figure, the number of suicides per year attributed to abortion equals 1736. However, given the differential rates of suicide between males and females, the estimate of the number of suicide deaths should reflect the fact that women are less inclined than men to commit suicide. The gender ratio of men to women committing suicide is 4:1 [16]. If the 1% of cases of major depression resulting in suicide is cut down to .25% to reflect this gender difference, there are no fewer than 434 suicide deaths (.25% of 173,617) each year in the U.S. which are directly attributable to abortion. There are approximately 8109 female suicides annually in the U.S. according to the National Institutes of Mental Health [17]. Therefore abortion-related suicides account for over 5%.

1. Saul, R. (1998). Abortion reporting in the United States. *Family. Planning. Perspectives*, 30, 244-247.
2. Jones, R.K., Zolna, M.R., Henshaw, S. K. & Finer L.B. (2008). Abortion in the United States: Incidence and Access to Services, 2005. *Perspectives on Sexual and Reproductive Health* 40, 6-16.
3. Gamble, S.B., Strauss, L.T. Parker, W. Y., Cook, D. A. Zane, S. B., & Hamdan, S. (2008). Abortion Surveillance – United States, 2005. *MMWR Surveillance Summaries* 57 (SS-13). Atlanta, Ga: Centers for Disease Control and Prevention, Department of Health and Human Services.
4. Bartlett, L. A. et al. (2004). Risk Factors for Legal Induced Abortion-Related Mortality in the United States. *Obstetrics & Gynecology*, 103 (4), 729–37.
5. Smith, L.B., Adler, N. E., & Tschann, J. M. (1999). Underreporting sensitive behaviors: The case of young women’s willingness to report abortion. *Health Psychology*, 18(1), 37 -43.
6. Appleby L (1991) Suicide after pregnancy and the first postnatal year. *British Medical Journal*, 302: 137–140.
7. Carroll, P. S. (2007). The breast cancer epidemic: Modeling and forecasts based on abortion and other risk factors. *Journal of American Physicians and Surgeons*, 12, 72-78.
8. Daling, J. R., Malone, K.E., Voigt, L., White, E. & Weiss, N. S. (1994). Risk of breast cancer among young women: Relationship to induced abortion. *Journal of the National Cancer Institute*, 86, 1584-1592.
9. Marzuk, P. M., et al. (1997). Lower risk of suicide during pregnancy. *American Journal of Psychiatry*, 154, 122-123.
10. Thorp, J Hartmann, K., & Shadigan, E (2003). Long-Term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence. *Obstetrical and Gynecological Survey*, 58, 67-79.
11. Khat, M., Ronsmans, C. (2000). Deaths attributable to childrearing in Matlab, Bangladesh: Indirect causes of maternal mortality questioned. *American Journal of Epidemiology*, 151, 300-06.
12. Brent, D.A., Perper, J.A., Moritz, G., Allman, C., Friend, A., Roth, C., Schweers, J., Balach, L., & Baugher, M. (1993). Psychiatric risk factors for adolescent suicide: a case-control study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 32 (3), 521-529.
13. Coleman, PK, Coyle, CT, Shuping M, & Rue V (2009). Induced Abortion and Anxiety, Mood, and Substance Abuse Disorders: Isolating the Effects of Abortion in the *National Comorbidity Survey*. *Journal of Psychiatric Research*, 43, 770–776.
14. <http://www.census.gov/popest/national/asrh>
15. <http://www.surgeongeneral.gov/library/mentalhealth/toc.html>
16. http://www.who.int/mental_health/prevention/suicide_rates/en/index.html
17. <http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml>