**Research Recap**

**Reproductive Outcomes and Mortality:**

**Debunking the Myth that Abortion is Safer than Childbirth**

The following information appears on Planned Parenthood’s “Factsheet” (<https://cdn.plannedparenthood.org/uploads/filer_public/f6/4c/f64c8d6e-00a6-4a65-a04c-e5eaee0ba001/abortion_fact_sheet_with_sources.pdf>) “Abortion is safer than childbirth in the US; women are about 14 times more likely to die in childbirth than from an abortion.”

**General Purpose:** to show how entirely false and misleading the Planned Parenthood claim is and to demonstrate why abortion is in fact more likely to precipitate a maternal death when compared to childbirth.

**Direct causes of Abortion-related Deaths**

* Infection (33.9%)
* Hemorrhage (21.8%)
* Embolism (13.9%).
* Additional abortion related causes of death include ectopic pregnancy, perforation or rupture of the uterus, and anesthesia complications among others.
* Hemorrhage and infection deaths from abortion are nearly 8 times and 9 times greater when compared to the percentage of maternal deaths attributed to these causes in live-birth.
* Approximately 10% of women undergoing abortion will encounter immediate complications and 2% are considered life-threatening.

**Indirect Causes of Abortion-Related Deaths: Psychological Problems**

* Abortion-related guilt, grief, anxiety, and depression can lead to apathy regarding health and healthcare habits and a compromised immune system response, which may lead to a wide range of illnesses.
* Abortion-related psychological problems may also increase a person’s chance of engaging in self-harm even if not motivated by suicidal thoughts, and of becoming a victim of an accident or violence.

**Indirect Causes of Abortion-Related Deaths: Increases in Maladaptive Behaviors**

* Casual sexual activity associated with abortion experience can lead to STIs, Cancer (HPV), AIDS.
* Risk-taking can lead to one becoming a victim of violence or accidents.
* Substance abuse can initiate physical heath ailments such as cardiovascular disease, liver damage, etc.

**Childbirth is Protective Against Death due to Suicide**

* Gissler and colleagues (2005) reported the annual suicide rate for women of reproductive age to be 11.3 per 100,000; whereas the rate was only 5.9 per 100,000 in association with birth (and was a startling 34.7 per 100,000 following abortion).
* Gissler and Colleagues (2015) examined suicide trends after induced abortion from 1987 to 2012 in Finland. Women with a recent induced abortion have a 2-fold suicide risk even after care guidelines included a 2-3 week follow-up session with abortion patients to monitor for mental health disorders.

**Several other studies have revealed even lower rates of suicide in the year following birth when compared to non-postpartum samples.**

**United States and Canada:**

* The postpartum suicide rate was found to be only 1.4 per 100,000 by Schiff and Grossman (2006).
* Lower rates of suicide have been observed among postpartum women compared to non-postpartum women (Turner et. al. 2002).

**England and Wales:**

* In a population-based study, Appleby (1991) reported in the *British Medical Journal*  that pregnant women are 1/20th as likely to commit suicide when compared to non-pregnant women of childbearing age.
* In a review of the literature, Lindahl and colleagues (2005) concluded that suicide deaths are lower among postpartum women compared to the general population.

**What about Post-Partum Depression?**

The incidence rate for postpartum depression is between 3.4% and 11% (Akman et al., 2007). However, this form of depression tends to be less serious than Major Depression, which has been shown to afflict 20% of women after abortion. Moreover, post-partum depression is very unlikely to precipitate suicide (Turner et al., 2002).

In a large review of the literature on postpartum and non-postpartum depression, Whiffen and Gotlib (1993) concluded *“there is solid evidence that the typical episode of postpartum depression is mild”* and the primary difference between postpartum depression and non-postpartum depression was found to be symptom severity**.**

**Challenges to Securing Accurate Abortion Mortality Data in the U.S.**

* Abortion reporting is not required by federal law and many states do not report abortion-related deaths to the CDC.
* Deaths due to medical and surgical treatments are reported under the complication of the procedure (e.g., infection) rather than the treatment (e.g., induced abortion).
* Most women leave abortion clinics within hours of the procedure and go to hospital emergency rooms if there are complications that may result in death.
* Suicide deaths are rarely, if ever, linked back to abortion in state reporting of death rates.
* An abortion experience can lead to physical and/or psychological disturbances that increase the likelihood of dying years after the abortion, and indirect abortion-related deaths are not captured at all.
* Abortion-related deaths beyond the first trimester, which constitute 12-13% of all abortions are rarely mentioned.

**Challenges to Securing Accurate Maternal Mortality Data**

* Acquiring and disseminating accurate data pertaining to maternal mortality are global concerns.
* According to the World Health Organization: *“Maternal deaths are hard to identify because this requires information about deaths among women of reproductive age, pregnancy status at or near the time of death, and the medical cause of death. All three components can be difficult to measure accurately.”*
* A study of pregnancy-associated deaths in Finland revealed that without data linkage to complete pregnancy and abortion records, 73% of all pregnancy associated deaths could not be identified from death certificates alone (Gissler et al., 2004).
* Inconsistent definitions and incomplete data confined to a very brief window of time has left society largely in the dark regarding true mortality risks associated with pregnancy generally and with particular outcomes, both immediately after pregnancy resolution and across the years that follow.

**Population-Based Record Linkage Studies**

Large population-based record-linkage studies, containing complete reproductive history data in conjunction with data related to deaths, provide a unique opportunity to bypass many of the limitations of the currently available maternal mortality data in most countries.

In 2004 Gisslerand colleagues again found that mortality was significantly lower after a birth (28.2 per 100,000) than after a spontaneous abortion (51.9 per 100,000) and following an induced abortion (83.1 per 100,000).

**Reproductive History and Long-Term Mortality Rates: Danish Population-Based Study**

* The study included all women in Denmark born between the years 1962 and 1993, who were alive on Jan 1st 1980 and did not die prior to age 16 (n=1,001,266).
* The average age of women at the end of their first pregnancy was 25 and 29 at the end of their last pregnancy. The average number of pregnancies per woman was 1.2.
* The 5,137 recorded deaths occurred between January 11, 1980 and December 31, 2004, and the mean age at death was 27 years.

**Study One:** Coleman, P. K., Reardon, D. C., & Calhoun, B. C. (2013). Reproductive History Patterns and Long-Term Mortality Rates: A Danish, Population Based Record Linkage Study. European Journal of Public Health. European Journal of Public Health (2013) 23 (4): 569- 574. The general purpose was to explore the effects of particular patterns of pregnancy resolution (induced abortion, miscarriage, and birth) on mortality rates over an extended time frame (25 years).

With controls for the number of pregnancies, year of birth, and age at last pregnancy, having experienced only induced abortion(s) and natural loss(es) was associated with over 3 times the risk of death from all causes compared to only having experienced birth(s). Risk of death was over 6 times greater among women who had never been pregnant compared to those in the birth(s) only group.

Compared to a reproductive history that only included births, after instituting controls, increased risk of death were as follows:

* Only induced abortion(s): 66%
* Only natural loss(es): 181%
* All reproductive outcomes 94%

Compared to no experience of abortion, increased mortality risks after applying controls were evidenced for the following:

* One abortion: 45% increased risk of death
* Two abortions: 114% increased risk of death
* Three abortions:191% increased risk of death

Similarly, increased risks of death were equal to 44%, 86%, and 150% for 1, 2, and 3 natural losses respectively compared to no natural losses.

Significantly decreased mortality risks were evidenced with multiple births:

* 2 births were associated with an 83% lower risk of death compared to no births.
* 3 or more births corresponded to a 44% decreased risk over no births.

**Study Two**: Reardon, D. C., & Coleman, P. K. (2012). Short and Long Term Mortality Rates Associated with First Pregnancy Outcome: Population Register Based Study for Denmark 1980-2004. Medical Science Monitor, 18(9).

* Over 460,000 women had their 1st pregnancy between 1980 and 2004, of whom 2,238 died.
* Compared to women who delivered, the age and birth year adjusted cumulative risk of death for women who had a 1st trimester abortion was significantly higher in all periods examined from 180 days.

**Stacy Zallie (1981-2002)**

At age 20, as a result of pressure from her boyfriend, Stacy underwent an abortion. Shortly afterwards she asked for psychiatric help, but she ended therapy after only 3 months. Sadly, after several suicide attempts, she hung herself in her room. Her parents didn’t know about the abortion until after her death. In her suicide note she expressed desire to be reunited with her unborn baby, “Brittany Leigh”.

Stacy’s dad started an organization in Stacy’s name to assist women suffering from an abortion find the help they need.

The personal impact of abortion is often profound human suffering, with the most serious cases, like that of Stacy Zallie, entailing lives full of potential, needlessly ending long before they should. Continued denial and distortion of the literature by abortion clinic personnel, the media, and professional organizations, leaves hundreds of thousands of women untreated like Stacy. Each day a significant number similarly find the shame, loss, and depression of abortion simply incompatible with life.

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