

# Why legalized abortion is not good for women's health

*The evidence shows that abortion access does not reduce maternal mortality*



Bolivian mother and child

Photo: Bread for the World

ADVOCATES OF LEGALIZED ABORTION ARGUE that laws prohibiting or restricting abortion lead to the deaths of many women from dangerous, illegal abortions, increasing the rate of maternal mortality. This claim is contrary to extensive worldwide evidence. Maternal mortality is determined to a much greater extent by the overall quality of maternal health care than by the legal status or availability of abortion. Legalizing abortion actually threatens women's health in multiple ways and violates basic principles of justice.

## The problem of maternal mortality

A 2010 study published in the prestigious medical journal *The Lancet* shows that deaths worldwide due to maternal conditions declined by 35 percent from 1980 to 2008.<sup>1</sup> This progress is welcome and critical, but maternal mortality rates remain unnecessarily high in the developing world.

In many cases, even basic health care and prenatal care are lacking. Often there is no birth attendant, the medical environment is not fully sanitary, emergency facilities and supplies are absent or inadequate, doctors are not trained or equipped to handle obstetric emergencies, and basic medical and surgical supplies such as antibiotics and sterile gloves and equipment are scarce or unavailable. **The danger to pregnant women is present whether pregnancy is ended by abortion or live birth.**

## The solution: Better care

Most maternal deaths can be prevented with adequate nutrition, basic health care, and good obstetric care throughout pregnancy, at delivery, and postpartum.

In the developed world, the decline in maternal mortality rates coincided “with the development of obstetric techniques and improvement in the general health status of women” (from 1935 to the 1950s), according to the World Health Organization (WHO).<sup>2</sup> This took place well before the widespread legalization of abortion.

**In the United States, abortion was a relatively safe (i.e., generally not life-threatening) procedure long before it became legal in 1973 (see Fig. 1). Dr. Mary Calderone, former medical director for Planned Parenthood, concluded in 1960 that “abortion, whether therapeutic or illegal, is in the main no longer dangerous, because it is being done well by physicians.”<sup>3</sup>**

The late Dr. Bernard Nathanson, a former leading abortionist and co-founder of NARAL Pro-Choice America, wrote in 1979 that the argument that women could die from dangerous, illegal abortions in the United States “is now wholly invalid and obsolete” because “antibiotics and other advances [have] dramatically lowered the abortion death rate.”<sup>4</sup>

In England and Wales, the maternal mortality ratio (MMR)—the number of maternal deaths per 100,000 live births—fell from a high of over 550 in 1931 to less than 50 by 1960. The steep fall corresponded with the use of antibiotics, blood transfusions, and the management of hypertensive pregnancy disorders.<sup>5</sup>

Malaysia and Sri Lanka have sharply reduced maternal mortality rates by making professional midwives and supervisory nurse-midwives widely available in rural areas, and by providing a steady supply of appropriate drugs and equipment, improved communication, transportation, and backup services.<sup>6</sup>

**To reduce maternal mortality, we must strive to give women in the developing world access to the same standard of care that has been available to women in the developed world for decades—care that results in a healthy outcome for mother and child.**

## Legal status does not determine safety

Contrary to the claims of organizations advocating legal abortion, no direct relationship exists between the legal status of abortion and maternal mortality rates, or even between the legal status of abortion and rates of maternal death caused specifically by abortion. Indeed, abortion can be legal but unsafe for women, and it can be illegal but (relatively) safe for women (see Fig. 2).

According to estimates from WHO, UNICEF, UNFPA and

The World Bank, the four countries that decreased their MMRs the most between 1990 and 2008 are Maldives, Romania, Iran and Bhutan.<sup>7</sup> Three of these countries (excepting Romania) have maintained bans on abortion.

**Many other examples show that prohibiting abortion does not cause an increase in maternal mortality. Chile prohibited abortion in 1989, and subsequently the maternal mortality rate continued to decline significantly. The rate of maternal deaths due specifically to abortion has**

**also dropped. Today Chile has the lowest MMR in Latin America, and abortion is not permitted.<sup>8</sup>**

In the Central American nations of Nicaragua and El Salvador, abortion is completely illegal. Nicaragua has seen its MMR drop 44 percent since 1990; El Salvador’s MMR has also dropped 44 percent.<sup>9</sup>

Ireland prohibits abortion and boasts what many believe to be the world’s lowest rate of maternal mortality.<sup>10</sup> Poland prohibited most abortions in 1993 after years of abortion on demand. Poland’s MMR has decreased 67 percent since 1990 and is among the lowest in the world.<sup>11</sup>

**Conversely, South Africa legalized abortion on demand in 1997. Since then, maternal mortality in that country has risen significantly. The MMR is now estimated at 410,**

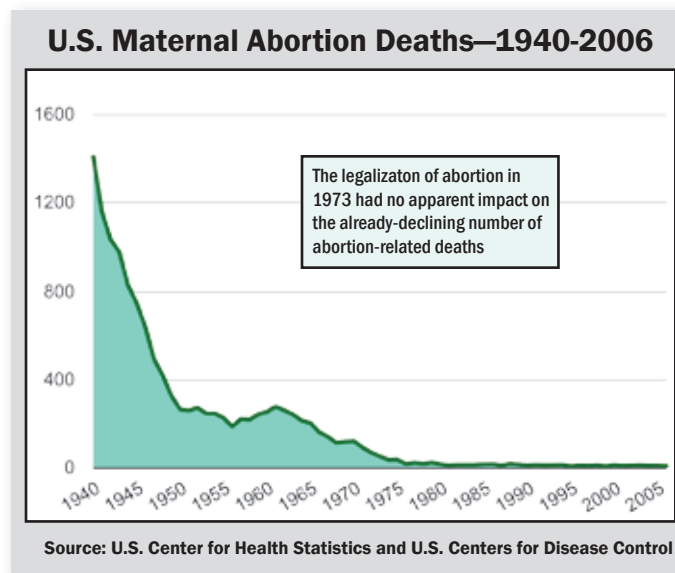


Fig. 1

nearly double the rate in 1990.<sup>12</sup> The MMR of Canada, which permits abortion on demand, increased 94 percent from 1990 to 2008.<sup>13</sup> The MMR of the United States, which also permits abortion on demand, increased 96 percent.<sup>14</sup>

## Legal abortion makes abortion more common

The legalization of abortion does not make the procedure less risky, but it does have one usual consequence: legalizing abortion increases the number of abortions that take place. In the United States, the number of abortions skyrocketed from an estimated 98,000 per year to a peak of 1.6 million following total legalization in 1973.<sup>15</sup> More than 53 million abortions have been performed in the United States since that time.<sup>16</sup> Explains Stanley Henshaw of the Guttmacher Institute (an advocate for legalized abortion), “In most countries, it is common after abortion is legalized for abortion rates to rise sharply for several years, then stabilize, just as we have seen in the United States.”<sup>17</sup>

## What justice requires

Legal abortion does nothing to solve the underlying problem of poor medical care in the developing world. In addition, there are at least three good reasons why elective abortion should not be legal.

First, justice requires that governments protect the basic rights of every member of the human family. The facts of science demonstrate that the unborn child (i.e., the human embryo or fetus) is a distinct, living, and whole organism of the species *Homo sapiens*, like each of us, from the very beginning of his or her development.<sup>18</sup> Further, it is a basic moral principle—affirmed in the United Nations’ Universal Declaration of Human Rights<sup>19</sup>—that all human beings are equal in fundamental dignity and ought to be respected and protected.<sup>20</sup> Therefore, the law should protect unborn human beings just as it protects each of us. Any policy that permits the killing of unborn children for elective reasons is gravely unjust.

Second, because legalizing abortion usually increases the number of abortions that occur, it increases the the number of unborn human beings who are unjustly killed. The sheer scale of this killing makes abortion the premier human rights

issue in almost any country that permits it. Human lives are lost when abortion is allowed.

## The dangers of abortion

Third, abortion—even in countries with excellent maternal health care, such as the United States—poses serious risks to women. These risks are well-documented.<sup>21</sup> Possible physical complications of surgical abortion include hemorrhage, infection, cervical laceration, and uterine perforation possibly leading to hysterectomy. Non-surgical or chemical (RU486) abortion can cause severe pain, cramping, nausea, hemorrhage, infection, and incomplete abortion.

**Sometimes abortion complications are so serious that they result in the death of the mother. More than 400 women are known to have died from legal abortion in the United States since 1973.<sup>22</sup> Possible long-term effects of abortion include sterility, miscarriage, premature birth, an increased risk of breast cancer, and ectopic (tubal) pregnancy, which can lead to death if not treated promptly.**

Abortion can also have numerous psycho-social consequences, including grief, depression, drug abuse, and relationship problems. Many women (and men) now regret their decision to have or participate in an abortion.<sup>23</sup>

Legalizing abortion in a country lacking adequate maternal health care is particularly dangerous and will lead to more women suffering and dying from

abortion. **Jeanne E. Head, R.N., U.N. Representative for the National Right to Life Committee, explains: “Women generally at risk because they lack access to a doctor, hospital, or antibiotics before abortion’s legalization will face those same circumstances after legalization. And if legalization triggers a higher demand for abortion, as it has in most countries, more injured women will compete for those scare medical resources.”<sup>24</sup>**

## Care for women is needed

Legal abortion only leads to more abortions and, as a result, more abortion-related complications for women. Better medical care, not abortion, is the solution to the problem of maternal mortality in the developing world.

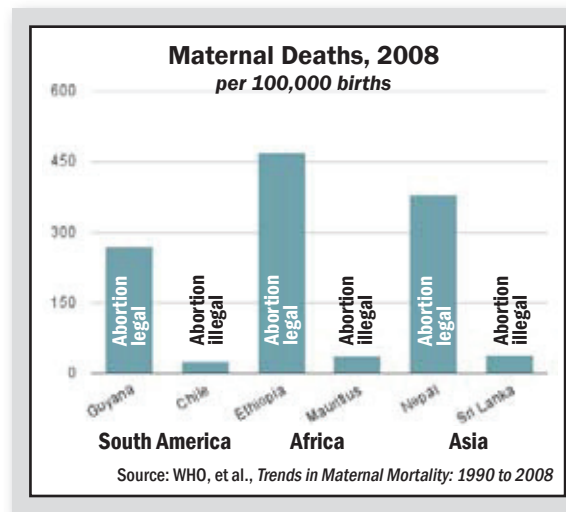


Fig. 2

## How can we reduce maternal mortality?

- We must use our resources to provide for all aspects of the health care needs of women and girls, rather than to legalize abortion and advance a “population control” agenda.
- We should strive to give women in the developing world access to the same standard of care that has been available to women in the developed world for decades—care that results in a healthy outcome for mother and child.

## United Nations documents recognize the rights of the unborn child

“The child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth.”

*Declaration of the Rights of the Child*

“Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world.”

*Universal Declaration of Human Rights*

### Endnotes

- 1 Margaret C. Hogan, et al., “Maternal mortality for 181 countries, 1980-2008: a systematic analysis of progress towards Millennium Development Goal 5,” *The Lancet* 375.9726 (8 May 2010): 1609-1623.
- 2 World Health Organization, *Maternal Mortality: A Global Factbook* (Geneva: World Health Organization, 1991).
- 3 Mary S. Calderone, “Illegal Abortion as a Public Health Problem,” *American Journal of Public Health* 50 (July 1960): 949.
- 4 Bernard N. Nathanson and Richard N. Ostling, *Aborting America* (New York: Doubleday, 1979), 194.
- 5 World Health Organization, *Maternal Mortality: A Global Factbook*.
- 6 The World Bank, *World Development Report 2006* (July 2004).
- 7 WHO, et al., *Trends in Maternal Mortality: 1990 to 2008* (Geneva: World Health Organization, 2010), 33.
- 8 Hogan, et al.
- 9 WHO, et al., *Trends in Maternal Mortality*, 29, 30.
- 10 Ibid., 29.
- 11 Ibid., 31.
- 12 Ibid. See also Minnesota Citizens Concerned for Life Global Outreach, *How South Africa is failing women and children* (Minneapolis: MCCL, 2011); available at <http://www.mccl-go.org/resources.htm>.
- 13 WHO, et al., *Trends in Maternal Mortality*, 28.
- 14 Ibid., 32.
- 15 A research team in 1981 used a reliable mathematical model to estimate an average of 98,000 illegal abortions each year in the 32 years preceding legalization. Barbara J. Syska, Thomas W. Hilgers, M.D., and Dennis O’Hare, “An Objective Model for Estimating Criminal Abortions and Its Implications for Public Policy,” in *New Perspectives on Human Abortion*, ed. Thomas W. Hilgers, M.D., Dennis J. Horan and David Mall (Frederick, MD: University Publications of America, 1981).
- 16 See [http://www.nrlc.org/Factsheets/FS03\\_AbortionInTheUS.pdf](http://www.nrlc.org/Factsheets/FS03_AbortionInTheUS.pdf).
- 17 Stanley Henshaw, Guttmacher Institute (16 June 1994), Press release.
- 18 See, for example, Robert P. George and Christopher Tollefsen, *Embryo: A Defense of Human Life* (New York: Doubleday, 2008); and Maureen L. Condic, “When Does Human Life Begin? A Scientific Perspective,” *Westchester Institute White Paper Series* (October 2008), available at [http://www.westchesterinstitute.net/images/wi\\_whitepaper\\_life\\_print.pdf](http://www.westchesterinstitute.net/images/wi_whitepaper_life_print.pdf).
- 19 The Declaration states, “Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world.” It also says, “Everyone has the right to life, liberty and security of person.”
- 20 For a defense of this position, see Francis J. Beckwith, *Defending Life: A Moral and Legal Case Against Abortion Choice* (New York: Cambridge, 2007); Patrick Lee, *Abortion & Unborn Human Life*, 2nd ed. (Washington, D.C.: The Catholic University of America Press, 2010); and Christopher Kaczor, *The Ethics of Abortion: Women’s Rights, Human Life, and the Question of Justice* (New York: Routledge, 2011).
- 21 See, for example, Elizabeth Ring-Cassidy and Ian Gentles, *Women’s Health after Abortion: The Medical and Psychological Evidence*, 2nd ed. (Toronto: The deVeber Institute, 2003).
- 22 Centers for Disease Control and Prevention, “Abortion Surveillance—United States, 2007,” *Morbidity and Mortality Weekly Report* 60, no. 1 (25 February 2011).
- 23 See, for example, <http://www.afterabortion.org>.
- 24 Jeanne E. Head and Laura Hussey, “Does Abortion Access Protect Women’s Health?” *The World & I*, June 2004, 56.



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