



Abortion and childbirth: the relative dangers

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The relative risks of childbirth versus abortion is, in some ways, tangential to the abortion debate. Such an argument is consequentialist by nature. And setting out to prove that abortion is more dangerous takes the risk of misrepresenting and misinterpreting statistics for political ends, as many activists are known to do. However, it certainly warrants discussion because implications arise for those holding a pro-choice position.

Here is the main argument, on this issue, from a pro-life point of view. If legalised abortion is about 'choice', it is in the interests of women that the adverse effects of abortion be thoroughly researched. Abortion is the most common surgical procedure for women of childbearing age. Yet such research has not been carried out. In fact abortion is usually assumed to be a benign choice.

Generally speaking, extreme abortion rights activists are not interested in the concepts of informed choice for women¹. Rather, it is preferred that legal abortion is simply seen as 'safe' in comparison to (a) illegal abortion and (b) childbirth.

Illegal abortion becomes synonymous with 'back street' or 'coat hanger' abortion. The legalisation of abortion relies heavily on this assumption, and so the possibility that *legal* abortion may sometimes be dangerous is unwelcome. Furthermore, the aspects of criminal codes allowing for abortion usually make mention of the mental or physical health of the woman; abortion is permitted if it is the safer option. And according to some commentators, it always is.

Pregnancy and childbirth are risky experiences, rarely trauma-free. Nobody can contest this. However we also know that it is a natural process and that women's bodies are often incredibly resilient. Choosing to continue with the pregnancy is likely to result in eventual recovery, as well as a child.

On the other hand, abortion interrupts a natural process. The long-term consequences of this are unknown. But to make a truly informed choice, women need to know. Abortion-related mortality and morbidity rates are impossible to quantify at present; such political hot potatoes tend to suffer from a lack of research funds and objective investigation.

We know that maternal well-being is dependent to a great extent upon lifestyle and ante-, peri- and post-natal care. This is why maternal mortality is higher in developing nations. But pregnancy-related deaths are at their lowest in Britain, albeit

¹ An example is the fierce opposition to laws in the ACT, Australia, requiring women to be given an information booklet detailing foetal stages of development.



with great variations between social classes and ethnic groups.² Just as abortion can be made safer, so can pregnancy.

Reporting and classification methods make comparisons of abortion and pregnancy-related morbidity difficult to quantify. Thanks to better reporting and coding in the mid-90s, a higher baseline rate of maternal mortality was set down by the UK government.³ Health professionals are required to report any maternal deaths (during pregnancy, childbirth, or in the following year, from both direct and indirect causes) to the relevant authority. Conversely, an abortion clinic will not provide long-term follow-up or care. Any subsequent health problems are unlikely to be linked statistically with abortion.⁴ Therefore, if researchers rely on government statistics and information from major health organisations, abortion will indeed appear to be the safer choice. But a lack of evidence does not signal safety. This topic is gravely lacking in research effort.

There is little political resolve to ascertain the outcomes of abortion because there does not seem to be an immediate threat; adverse events are often delayed and out of sight. There is also pressure from abortion rights activists to discount the possibility of any problem. We have witnessed this particularly with the abortion-breast cancer link, for which evidence is overwhelming.⁵ Denial is reminiscent of the decades of debate over the link between tobacco and lung cancer. As evidence accumulates, organisations which strive to be politically neutral will be forced to examine the evidence for themselves. Why be afraid of evidence? Because they may have to accept that abortion is not always good, is not always benign, and does not always put a woman back in control of her life.

² “UK maternal mortality rates fall to record levels”, The Midwifery Digest, 12/12/2001.

www.midirs.org/midirs/midweb.ndf/X13/2CB31E

³ UK Department of Health, “Confidential Enquiries into Maternal Deaths 1994-96”

<http://www.doh.gov.uk/cmo/mdeaths.htm>

⁴ Ring-Cassidy E and Gentles I. *Women’s Health after Abortion: the medical and psychological evidence*, deVeber Institute for Bioethics and Social Research 2002.

⁵ See http://abortionbreastcancer.com/ABC_Research.htm for a comprehensive listing of all related research.