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

Care for women is needed

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

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, et al., *Trends in Maternal Mortality: 1990 to 2010* (Geneva: World Health Organization, 2012).

3 WHO, et al., *Maternal Mortality: A Global Factbook* (Geneva: World Health Organization, 1991).

4 Mary S. Calderone, "Illegal Abortion as a Public Health Problem," *American Journal of Public Health* 50 (July 1960): 949.

5 Bernard N. Nathanson and Richard N. Ostling, *Aborting America* (New York: Doubleday, 1979), 194.

6 WHO, et al., *Trends in Maternal Mortality: 1990 to 2008* (Geneva: World Health Organization, 2010), 33.

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8 Ibid., 29.

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10 Ibid., 31. 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.

11 Ibid., 28.

12 Elard Koch, et al., "Women's Education Level, Maternal Health Facilities, Abortion Legislation and Maternal Deaths: A Natural Experiment in Chile from 1957 to 2007," *PLoS ONE* 7.5 (4 May 2012): doi:10.1371/journal.pone.0036613.

13 United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics, Natality public-use data 2007-2009, on CDC WONDER Online Database, March 2012 (9 May 2012).

14 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.

15 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."

16 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).

17 This does not include medical procedures that are necessary to prevent the death of the mother but do not intend the death of the child.

18 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).

19 See http://www.nrlc.org/Factsheets/FS03_AbortionInTheUS.pdf.

20 Stanley Henshaw, Guttmacher Institute (16 June 1994), Press release.

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 See, for example, http://www.afterabortion.org.

23 Jeanne E. Head and Laura Hussey, "Does Abortion Access Protect Women's Health?" *The World & I*, June 2004, 56.

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Women's Health & Abortion

Evidence shows that legalizing abortion does not reduce maternal mortality

Kenyan mother and child

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 and violates basic principles of justice.

The problem of maternal mortality

A 2010 study published in the medical journal *The Lancet* shows that deaths worldwide due to maternal conditions (deaths of women during pregnancy, childbirth, or in the 42 days after delivery) declined by 35 percent from 1980 to 2008.[1] A 2012 United Nations study indicates further decline through 2010.[2] This progress is welcome and critical, but maternal mortality remains prevalent in the developing world.

In many cases, basic maternal and prenatal health 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 ratios (MMRs)—the number of maternal deaths per 100,000 live births—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).[3] This took place well before the widespread legalization of abortion.

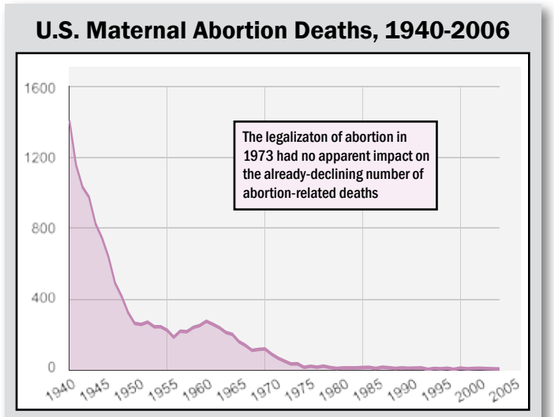

Fig. 1

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.

Abortion 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 (see Fig. 2), or even between the legal status of abortion and rates of maternal death caused specifically by 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."[4] The late Dr. Bernard Nathanson, a former prominent abortion provider and co-founder of NARAL Pro-Choice America, wrote in 1979 that the argument that women could die from dangerous, illegal abortions in the U.S. "is now wholly invalid and obsolete" because "antibiotics and other advances [have] dramatically lowered the abortion death rate."[5]

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.[6] Three of these countries (excepting Romania) have maintained bans on abortion.

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.[7] Ireland prohibits abortion and boasts what many believe to be the world's lowest rate of maternal mortality.[8] 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.[9]

Conversely, South Africa legalized abortion on demand in 1997. Since then, maternal mortality in that country has risen significantly. The MMR was 410 in 2008, nearly double the rate in 1990.[10] The MMR of Canada, which permits abortion on demand, increased 94 percent from 1990 to 2008.[11]

The Chilean example

A 2012 study of maternal mortality in Chile,[12] led by Dr. Elard Koch of the University of Chile, shows that maternal mortality is "not related to the legal status of abortion." The MMR in Chile declined 93.8 percent from 1961 to 2007. Abortion was prohibited in 1989, and the MMR continued to decline significantly and at the same rate, dropping 69.2 percent in the 14 years after abortion was banned. Even maternal deaths due specifically to abortion declined—from 10.78 abortion deaths per 100,000 live births in 1989 to 0.83 in 2007, a reduction of 92.3 percent after abortion was made illegal (see Fig. 3).

Chile, which prohibits abortion, now has the lowest MMR in Latin America and the second lowest in all of North and South America. And maternal death due specifically to (illegal) abortion is now "practically null," according to the study's authors.

Koch, et al., explain that "making abortion illegal is not necessarily equivalent to promoting unsafe abortion, especially in terms of maternal morbidity and mortality. … Our study indicates that improvements in maternal health and a dramatic decrease in the MMR occurred without legalization of abortion." The authors cite various factors to explain the decrease, including a significant increase in education level, utilization of maternal health facilities, and improvements in the sanitary system.

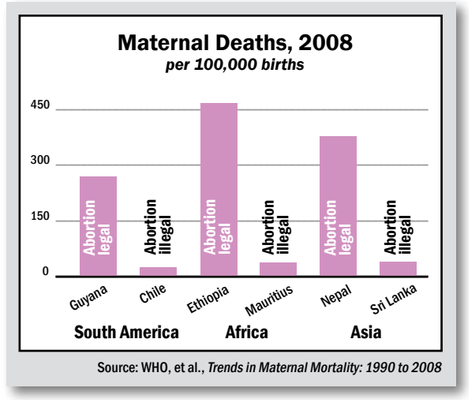

Fig. 2

In sharp contrast, maternal mortality has significantly increased in the U.S. over the last decade, from an MMR of 10.3 in 1999 to 23.2 in 2009.[13] According to the Koch study, in the same period of time, Chile's MMR decreased from 23.6 to 16.9. It seems that the U.S., which permits abortion on demand, is falling behind Chile in its quality of maternal health care.

What justice requires

Legal abortion does nothing to solve the underlying problem of poor medical care in the developing world. In fact, abortion is detrimental to both unborn children and their mothers.

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, only at a very early stage in his or her development.[14] **Further, it is a basic moral principle—affirmed in the United Nations' Universal Declaration of Human Rights[15] and other international instruments—that all human beings are equal in fundamental dignity and ought to be respected and protected.[16] Therefore, the law should protect unborn human beings just as it protects each of us. Any policy that permits the killing of unborn children is gravely unjust.**[17]

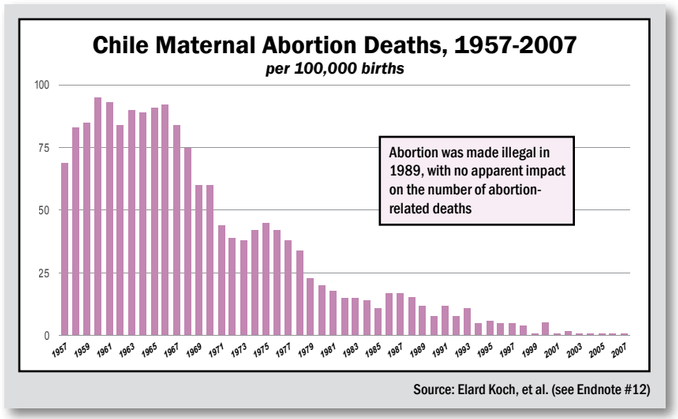

Fig. 3

Evidence shows that legalizing abortion usually increases the number of abortions that occur. In the United States, the number of abortions rose from an estimated 98,000 per year[18] to a peak of 1.6 million following total legalization in 1973. More than 54 million abortions have been performed in the U.S. since that time.[19] 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."[20] The sheer scale of this killing makes abortion the premier human rights issue in almost any country that permits it.

The dangers of abortion

Abortion—even in countries with excellent maternal health care—poses serious risks to women. These risks are well-documented.[21] Possible physical complications of surgical abortion include hemorrhage, infection, cervical laceration, and uterine perforation. 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. 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.[22]

Legalizing abortion in a country lacking adequate maternal health care is particularly dangerous and would lead to more women suffering and dying from abortion. **Jeanne E. Head, R.N., U.N. Representative for the National Right to Life Committee and experienced obstetric nurse, 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 scarce medical resources."**[23]