

Submitted version and published version (missing reference to March of Dimes) appear below.

Response to SSP editorial: “Don’t let ideology undermine pledge on women’s health”

February 24, 2010

Op-ed: Don't let abortion ideology undermine maternal and child health

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Maurice Vellacott, MP, Saskatoon-Wanuskewin

As Members of Parliament who are deeply concerned about the high rates of maternal and infant mortality in the developing world, we noted your editorial statement that “aid groups have argued for years that real progress [in reducing maternal deaths and complications] can’t be made until women are given the education, resources and support to decide for themselves when to get and stay pregnant.”

While *some* “aid groups” such as International Planned Parenthood Federation (IPPF) and Action Canada for Population and Development, who are pushing for an international “right to abortion,” *do* make such claims, they provide no evidence to back them up – they provide no evidence that liberalizing abortion laws will improve maternal health. In fact, the evidence suggests the opposite.

It is important to realize that promoters of abortion generally equate “illegal abortions” with “unsafe abortions”; and when they talk about increasing access to “safe” abortions they are actually talking about making abortions “legal.”

For example, on its website IPPF says that “where abortion is legally restricted in most instances, harmful, clandestine practices have damaging health effects and claim the lives of thousands of women, particularly poor women, each year.... We seek to increase access to safe abortion services by advocating for changes in restrictive laws and public policies.”¹ This is their real agenda which may be unknown to most people.

Yet where is the evidence that permissive abortion laws improve women’s health?

As Ian Gentles, research director at the deVeber Institute for Bioethics and Social Research has pointed out in a recent article in the National Post, Poland virtually prohibited abortion 20 years ago and since that time, maternal mortality has decreased by 75%, infant mortality decreased by almost 66%, and the rate of premature births decreased by over 50%.²

¹ <http://www.ippfwhr.org/en/safeabortion>

² “Lessons on ‘reproductive health’ from Europe,” Ian Gentles, National Post, Feb. 5, 2010.
<http://www.nationalpost.com/related/links/story.html?id=2524001>

According to the World Economic Forum's "Global Gender Gap Report 2009," Ireland, the only other European country besides Poland where abortion is illegal, has the lowest maternal mortality ratio of any country, with one death per 100,000 live births.³

In a letter in the Canadian Medical Association Journal in 2009, Dr. Rene Leiva cites a 2006 Salvadorian Ministry of Health study. Up until 1998, abortion was legal in El Salvador and the maternal mortality ratio was calculated to be 150. After 1998 abortions were no longer legally permitted and by 2006 the maternal mortality ratio had dropped to 71.2, a reduction of more than 50%.⁴

The country with the highest maternal mortality ratio in South America is Guyana, which has virtually no restrictions on abortion. According to the World Economic Forum report, Guyana's maternal mortality is 30 times higher than Chile's where abortion is illegal.

There is also research evidence that abortion can have a detrimental impact on a woman's psychological health. In a 2008 study appearing in the Journal of Psychiatric Research, researchers found that abortion is linked to "an increased risk of a variety of mental health problems (panic attacks, panic disorder, agoraphobia, PTSD, bipolar disorder, major depression with or without hierarchy) and substance abuse disorders."⁵

With respect to infant mortality and morbidity, abortion has been shown to be associated with a "significantly increased risk" of future pre-term birth and low birth weight.⁶ Low-birth weight puts infants at higher risk for numerous problems including cerebral palsy, visual problems, learning disabilities, respiratory problems, and infant death.

According to a White Paper released by the March of Dimes last October ("The Global and Regional Toll of Preterm Birth"), more than one million infants die each year because they are born prematurely. Dr. Jennifer L. Howse, president of the March of Dimes, has said that premature births "are an enormous global problem that is exacting a huge toll emotionally, physically, and financially on families, medical systems and economies."⁷

Thus increased access to abortion has not been shown to improve the health of women and children, and in fact, can be harmful. Maternal and child health experts from organizations such as MaterCare International, Save the Mothers, and EMAS tell us what is required: better prenatal

³ "The Global Gender Gap Report 2009," World Economic Forum, <http://www.weforum.org/pdf/gendergap/report2009.pdf>

⁴ "Illegal abortion and safety: the case of El Salvador," Dr. Rene Leiva, Canadian Medical Association Journal, Feb. 3, 2009, <http://www.cmaj.ca/cgi/eletters/180/3/272#53631>

⁵ Coleman PK et al., Induced abortion and anxiety, mood, and substance abuse disorders: Isolating, Journal of Psychiatric Research (2008), doi:10.1016/j.jpsychires.2008.10.009

⁶ Shah P, Zao J on behalf of Knowledge Synthesis Group of Determinants of Preterm/LBW Births. Induced termination of pregnancy and low birthweight and preterm birth: a systematic review and meta-analyses. BJOG 2009; 116:1425-1442.

⁷ http://www.marchofdimes.com/aboutus/49267_61471.asp

and neonatal care, skilled birth attendants at all deliveries, specialist care for life threatening complications, clean water, better nutrition, affordable transport, and improved literacy.

We owe it to pregnant women to provide them with compassionate, caring support so that they do not feel trapped into resorting to abortion, regardless of its legal status. We owe it to the most vulnerable citizens of the developing world – pregnant mothers and their babies – to provide the resources they need to survive pregnancy. We are thankful our Prime Minister has seen fit to bring Canada to their aid.

The Saskatoon StarPhoenix - February 25, 2010
Abortion ideology harmful to health of moms, children
By Brad Trost, Maurice Vellacott, Special to The StarPhoenix

Following is the viewpoint of Trost, Conservative MP for Saskatoon-Humboldt and Vellacott, Conservative MP for Saskatoon-Wanuskewin.

Re: Don't let ideology undermine pledge on women's health (SP, Feb. 22). As members of Parliament who are deeply concerned about the high rates of maternal and infant mortality in the developing world, we noted your editorial statement that "aid groups have argued for years that real progress (in reducing maternal deaths and complications) can't be made until women are given the education, resources and support to decide for themselves when to get and stay pregnant."

While such claims are made by some aid groups such as International Planned Parenthood Federation (IPPF) and Action Canada for Population and Development, who are pushing for an international "right to abortion," they provide no evidence to back them up.

They provide no evidence that liberalizing abortion laws will improve maternal health. In fact, evidence suggests the opposite.

Promoters of abortion generally equate "illegal abortions" with "unsafe abortions."

And when they talk about increasing access to "safe" abortions, they are actually talking about making abortions legal.

For example, on its website IPPF says that, "Where abortion is legally restricted in most instances, harmful, clandestine practices have damaging health effects and claim the lives of thousands of women, particularly poor women, each year.... We seek to increase access to safe abortion services by advocating for changes in restrictive laws and public policies."

This is IPPF's real agenda, which may be unknown to most people.

Yet where is the evidence that permissive abortion laws improve women's health?

As Ian Gentles, research director at the deVeber Institute for Bioethics and Social Research, noted in a recent National Post article, Poland virtually prohibited abortion 20 years ago. Since then, maternal mortality has decreased by 75 per cent, infant mortality by almost 66 per cent, and the rate of premature births by more than 50 per cent.

According to the World Economic Forum's Global Gender Gap Report 2009, Ireland, the only other European country where abortion is illegal, has the lowest maternal mortality ratio of any country, with one death per 100,000 live births.

In a letter in the Canadian Medical Association Journal in 2009, Dr. Rene Leiva cites a 2006 Salvadorian Ministry of Health study. Until 1998, abortion was legal in El Salvador and the

maternal mortality ratio was calculated to be 150 per 100,000 births. Abortions were no longer legally permitted after 1998, and by 2006 the maternal mortality ratio had dropped to 71.2, or by more than 50 per cent.

Guyana, with virtually no restrictions on abortions, has the highest maternal mortality ratio in South America. According to the World Economic Forum report, its maternal mortality rate is 30 times higher than in Chile, where abortion is illegal.

There is also research evidence that abortion can have a detrimental impact on a woman's psychological health. In a 2008 study published in the Journal of Psychiatric Research, researchers linked abortion to "an increased risk of a variety of mental health problems (panic attacks, panic disorder, agoraphobia, PTSD, bipolar disorder, major depression with or without hierarchy) and substance abuse disorders."

With respect to infant mortality and morbidity, abortion has been shown to be associated with a "significantly increased risk" of future pre-term birth and low birth weight. Low-birth weight puts infants at higher risk for such things as cerebral palsy, visual problems, learning disabilities, respiratory problems and infant death.

Increased access to abortion has not been shown to improve the health of women and children, and in fact, can be harmful.

Maternal and child health experts from organizations such as MaterCare International, Save the Mothers, and EMAS says what's required are: Better prenatal and neonatal care; skilled birth attendants at all deliveries; specialist care for life-threatening complications; clean water; better nutrition; affordable transportation; and improved literacy.

We owe it to pregnant women to provide them with compassionate, caring support so that they do not feel trapped into resorting to abortion, regardless of its legal status. We owe it to the most vulnerable citizens of the developing world - pregnant mothers and their babies - to provide the resources they need to survive pregnancy.

We are thankful that our prime minister has seen fit to bring Canada to their aid.