

CHAPTER 22

MATERNAL DEATHS AND LONG-TERM COMPLICATIONS

— ABORTION – CHILDBIRTH —

It is claimed by abortion proponents that abortion is safer than childbirth. They claim 1 death per 100,000 abortions compared to 10 deaths per 100,000 deliveries . . .

Not True

What is the maternal mortality from childbirth?

The reported average maternal mortality 1982-1996 had declined to 7.5 deaths for every 100,000 live births.

Broken down racially, it was 5 to 6 for white women and 18-22 for black women.

Morbidity & Mortality Report
1991; 47; pp. 705-707

If all causes of maternal death, other than those associated with live birth, i.e., abortion, tubal pregnancy, molar pregnancy, etc., were excluded. . . . "the maternal mortality for 1985 would be 4.7 deaths per 100,000 live births."

“Induced Termination of Preg . . .,” Council on Scientific Affairs, AMA; *JAMA*, Dec. 9, '92, Vol. 268, No. 22, p. 3231

But some mothers do die?

In developed nations, almost never. The National Maternity Hospital in Dublin, Ireland, receives many complicated cases from around that nation and delivers 10% of all births in Ireland. In 10 years (1970-79) it delivered 74,317 births at more than 28 weeks gestation, with only one woman dying from a cause related to her pregnancy.

J. Murphy et al., Therapeutic Ab., *The Medical Argument*,
Irish Med. J., Aug. '82, Vol. 75, No. 8

Ed. note: And this report was from two decades ago. Since then medical care has improved substantially.

Abortion Deaths

These have been grossly under-reported. The exposé on this is detailed in *Lime 5* published by Life Dynamics. The author and his staff have verified 23 deaths from induced abortion in 1992-93. All were reported to state agencies. There is documentation from state health departments that 18 were reported to the Federal Center for Disease Control. However, the official report of the CDC listed only 2 deaths.

“At Life Dynamics we knew abortion complications were grotesquely under-reported, but attributed it to garden-variety bureaucratic incompetence.” But after continuing research, they documented that “the flawed abortion data from the CDC was not from ineptitude but of dishonesty and manipulation.” After finding that “a large percentage of CDC employees had direct ties to the abortion industry,” they retitled the CDC to stand for “Center for Damage Control. They concluded that the CDC doesn’t oversee abortion, it

justifies it.

M. Crutcher, *Lime 5-Exploited by Choice*,
Genesis Pub., Chapter 4, "Cooking the Books," p. 135.

The claim that relevant statistics can be collected from the place where the abortion was performed "is little short of science fiction."

"Complications following abortions performed in free-standing clinics is one of the most frequent gynecologic emergencies . . . encountered. Even life-endangering complications rarely come to the attention of the physician who performed the abortion unless the incident entails litigation. The statistics presented by Cates represent substantial under-reporting and disregard women's reluctance to return to a clinic, where, in their mind, they received inadequate treatment."

L. Iffy, "Second Trimester Abortions,"
JAMA, vol. 249, no. 5, Feb. 4, 1983, p. 588.

What can cause her death?

The main causes are infection, hemorrhage and uterine perforation.

How often do women get infection as a consequence of induced abortion?

A study from one of the most prestigious medical centers in the world, John Hopkins University, reported: "Occurrence of genital tract infection following elective abortion is a well-known complication." This institution reports rates up to 5.2% for first trimester abortions and up to 18.5% in midtrimester.

Burkman et al., "Culture and Treatment Results in Endometritis Following Elective Abortion," *Amer. Jour. OB/GYN*, vol. 128, no. 5, 1977, pp. 556-559.

For the local, freestanding abortion facility in your community, with far inferior quality of care, the number of such infections will be at least double that of such a medical center.

“One sequel to abortion can be a killer. This is pelvic abscess, almost always from a perforation of the uterus and sometimes also of the bowel,” said two professors from UCLA, in reporting on four such cases.

C. Gassner & C. Ballard, *Amer. Jour. OB/GYN*, vol. 48, p. 716
as reported in *Emerg. Med. After Abortion-Abscess*,
vol. 19, no. 4, Apr. 1977

In an underdeveloped country, complications are more frequent and treatment is usually less available and effective.

Can infection cause damage?

Infection in the womb and tubes often does permanent damage. The Fallopian tube is a fragile organ, a very tiny bore tube. If infection injures it, it often seals shut. The typical infection involving these organs is pelvic inflammatory disease (PID).

Patients with Chlamydia Trachomatis infection of the cervix (13% in this series) who get induced abortion “run a 23% risk of developing PID.”

E. Quigstad et al., *British Jour. of Venereal Disease*, June 1982, p. 182

“Pelvic Inflammatory Disease (PID) is difficult to manage and often leads to infertility, even with prompt treatment . . . Approximately 10% of women will develop tubal adhesions leading to infertility after one episode of PID, 30% after two episodes, and more than 60% after three episodes.”

M. Spence, “PID: Detection & Treatment,” *Sexually Transmitted Disease Bulletin*, John Hopkins Univ., vol. 3, no. 1, Feb. 1983

“Acute inflammatory conditions occur in 5% of the cases, whereas permanent complications, such as chronic inflammatory conditions of the female organs, sterility, and ectopic [tubal] pregnancies, are registered in 20-30% of all women . . . these are definitely higher in primigravidas

[aborted for first pregnancy].”

A. Kodasek, “Artificial Termination of Pregnancy in Czechoslovakia,” *Internat’l Jour. GYN/OB*, vol. 9, no. 3, 1971

Venereal disease, usually Gonorrhea or Chlamydia, causes PID. This, if present, vastly complicates an induced abortion.

“Chlamydia Trachomatis was cultured from the cervix in 70 of 557 women admitted for therapeutic abortion. Among the 70, 22 developed acute PID postoperatively (4% of the total).”

E. Quigstad et al., “PID Associated with C. Trachomatous Infection, A Prospective Study,” *British Jour. of Venereal Disease*, vol. 59, no. 3, 1982, pp. 189-192

Another study revealed a 17% incidence of post-abortual Chlamydia infection.

Barbacci et al., “Post Abortal Endometritis and Chlamydia,” *OB & GYN*, 68:686, 1986.

In a classic English study at a university hospital which reported on four years’ experience, “there was a 27% complication rate from infection.”

J.A. Stallworthy et al., “Legal Abortion: A Critical Assessment of its Risks,” *The Lancet*, Dec. 4, 1971

What of bleeding?

Bleeding is common. Most get by, but some need blood transfusions. The Stallworthy study (above) reported that 9.5% needed transfusions. Most recent studies are reporting smaller percentages.

Are blood transfusions a cause of death in abortions?

Yes, and these deaths are never associated directly with, nor reported as statistics related to abortions. Here is how this works:

First, we must know how many women need blood transfusions after getting induced abortions. These figures are hard to come by. The only controlled studies are from university medical centers, which do only a

small fraction of all abortions. Over 90% of abortions in the U.S., and varying percentages in other nations, are done in free-standing abortion chambers where the medical care is only a faint shadow of the competence of those medical centers. Women who hemorrhage from these abortions are sent to “real” hospitals for transfusions and surgery. The percentage who need transfusions then must remain an estimate, as these commercial establishments do not report this.

How many then? Let’s be conservative and say that one in every hundred needs a blood transfusion. If there are 1,400,000 abortions annually in the United States, this means that 1%, or 14,000 women were transfused.

Viral hepatitis is transmitted in up to 10% of patients transfused. Ten percent of 14,000 is 1,400 women.

Amer. Assn. Blood Banks and Amer. Red Cross,
Circular Information, 1984, p. 6

An analysis of 300,000 cases of Hepatitis virus infection showed that deaths occurred from three causes: 322 from acute disease, 5,100 from cirrhosis, and 1,200 from liver cancer. This mortality rate is over 2%.

R. Voelker, Hepatitis B: Planned Standard, Am.
Med. News, Oct. 13, ‘89, pg 2.

Two percent of 1,400 women means that ultimately 28 deaths result annually from abortions for this reason.

AIDS is another threat. Two percent of AIDS had been acquired by blood transfusions. With recent careful screening techniques, this is now much less. Even so, 200-400 people in developed countries, per year, are still being exposed via blood transfusions.

Noyes, “Transfusions Risk Despite Screening,”
Family Practice News, May 15, 1987.

In underdeveloped nations, the AIDS threat ranges from seldom to common.

Are blood clots ever a problem?

Blood clots are one of the causes of death to mothers who deliver babies normally. They are also a cause of death in healthy young women who have abortions performed.

Embolism (floating objects in the blood that go to the lungs) is another problem. Childbirth is a normal process, and the body is well prepared for the birth of the child and the separation and expulsion of the placenta. Surgical abortion is an abnormal process. It slices the unripe placenta from the wall of the uterus into which its roots have grown. This sometimes causes the fluid around the baby, or other pieces of tissue or blood clots, to be forced into the mother's circulation. These then travel to her lungs, causing damage and occasional death. This is also a major cause of maternal deaths from the salt poisoning method of abortion.

For instance, pulmonary thromboembolism (blood clots to the lungs) was the cause of eight mothers dying from abortions, as reported to the U.S. Center for Disease Control.

W. Cates et al., *Amer. Jour. OB/GYN*, vol. 132, p. 169

And this can occur in those as young as 14 years old.

Pediatrics, vol. 68, no. 4, Oct. 1971

Also, amniotic fluid embolism has "emerged as an important cause of death from legally induced abortion." Of 15 cases, the risk seems to be greater after three months. Treatment is ineffective."

R. Guidotti et al., *Amer. Jour. OB/GYN*,
vol. 41, 1981, p. 257

And has an 80% mortality rate.

S. Clark, *Amniotic Fluid Embolism, the Female Patient*,
vol. 14, Aug. '89, p. 50

What is Disseminated Intravascular Coagulation?

This is a sudden drop in blood clotting ability which

causes extensive internal bleeding and sometimes death. The classic paper was on hypertonic saline (salt poisoning) abortions (see reference below).

H. Glueck et al., "Hypertonic Saline Abortion, Correlation with D.I.C.," *JAMA*, vol. 225, no. 1, July 2, 1973, pp. 28-29

"Saline-induced abortion is now the first or second most common cause of obstetric hypofibrinogenemia." [Same as D.I.C. above].

L. Talbert, Univ. of NC, "DIC More Common Threat with Use of Saline Abortion," *Family Practice News*, vol. 5, no. 19, Oct. 1975

In recent years this method has been seldom used. However, D.I.C. has also been caused by D&E and Prostaglandin abortions.

White et al., "'D.I.C. Following Three Mid-Trimester Abortions,'" *Anaesthesiology*, vol. 58, 1983, pp. 99-100

But many are mis-reported on the original death certificate and are not quite innocent.

- The kindhearted surgeon, unable to save the life of an abortion victim, feels that she and her family have been punished enough. He doesn't want to ruin her and her family's reputation in the community — so he forgets to mention abortion on the death certificate.
- If the abortionist does the follow-up care, and the patient dies from the abortion, the abortionist doesn't want the reputation of being a butcher, so another cause is listed.
- Usually, however, a different doctor sees a patient who dies from the damage done from an abortion, but she and her family hotly deny the abortion. The abortion connection cannot be absolutely proven, and the new doctor fears a suit for malpractice or for defamation of character, so he lists another cause.

Apart from deliberate mis-reporting to mask abortion death, are there others innocently missed?

Yes. For instance:

- Consider the mother who hemorrhaged, was transfused, got hepatitis, and died months later. Official cause of death, Hepatitis. Actual cause, abortion.
- A perforated uterus leads to pelvic abscess, sepsis (blood poisoning), and death. The official report of the cause of death may list pelvic abscess and septicemia. Abortion will not be listed.
- Abortion causes tubal pathology. She has an ectopic pregnancy years later and dies. The cause listed will be ectopic pregnancy. The actual cause, abortion.
- Deep depression and guilt following an abortion lead to suicide. The cause listed, suicide! Actual cause, abortion.

You mean all maternal deaths from abortion are not reported?

That's exactly correct. The official reporting agency for the U.S. government is the Center for Disease Control in Atlanta, Georgia. Listen to this:

During the two-year stretch of 1991 and '92, the CDC officially reported only one mother each year dying from induced abortion. In fact, there are 20 documented deaths. Of these, 14 were reported directly to the CDC from state health agencies. The CDC only listed two of them. Mr. Crutcher's book, *Lime 5*, which accuses this agency of gross dishonesty and malfeasance in its reporting, is extremely convincing.

M. Crutcher, *Life Dynamics*, personal communication, July '96

Even so, the situation today is better than the "5,000 to 10,000 women who died annually in the U.S.A. from back-alley abortions," isn't it?

These figures, often cited by pro-abortionists, are simply false. During the debate on the floor of the U.S.

Senate on the Hatch-Eagleton Pro-Life Amendment in 1983, the U.S. Bureau of Vital Statistics provided the data on such deaths.

Its reports showed that you must go back to the pre-Penicillin era to find more than 1,000 maternal deaths per year from illegal and legal abortions combined. The precipitous drop in maternal deaths in the 1950s and '60s occurred while abortions were still illegal. Before the first state legalized abortions in 1966, the total deaths were down to 120 per year. By 1972, before the Supreme Court legalized abortion in all 50 states, it was down to 39 per year in the entire U.S. Since legalization, the slow decline has continued, so that now the only difference is that more mothers are dying from legal, rather than illegal abortions.

U.S. BUREAU OF VITAL STATISTICS
CENTER FOR DISEASE CONTROL

YEAR	Reported Maternal Deaths from Illegal Abortion in U.S.
1940	1,679
1950	316
1960	289
1966	120 First State Legalized in 1967
1970	128
1972	39 Supreme Court Decision in 1973
1977	21
1981	8

Taken from U.S. Senate graph
See also:
Never Was, Nerer Again Pamphlet,
Hayes Pub.Co., 2002
and
Poland, No Back Alley Abortions,
Hayes Pub.Co., 2002

What of pregnancy and abortion in teenagers?

Early on, it was thought that pregnancy in young teenagers was more risky than in older women, but recent studies have shown that teenage mothers have no more risks during pregnancy and labor, and their babies fare just as well as their more mature sisters' babies, if they have had good prenatal care.

"We have found that teenage mothers, given proper care, have the least complications in childbirth. The younger the mother, the better the birth. If there are more problems, society makes it so, not biology."

B. Sutton-Smith, *Jour. of Youth and Adolescence*
As reported in the *New York Times*, April 24, 1979

"No relationship between mother's physical growth and maturation and adverse pregnancy course or outcome was demonstrated."

Sukanich et al., "Physical Maturity and Pregnancy Outcome Under 16 Years," *Pediatrics*,
vol. 78, no. 1, July 1986, p. 31

Dr. Jerome Johnson of Johns Hopkins University and Dr. Felix Heald, Professor of Pediatrics, University of Maryland, agree that the fact that teenage mothers often have low birth weight babies is not due to "a pregnant teen-ager's biologic destiny." They pointed to the fact that the cause for this almost invariably is due to the lack of adequate prenatal care. "With optimal care, the outcome of an adolescent pregnancy can be as successful as the outcome of a non-adolescent pregnancy."

Family Practice News, Dec. 15, 1975

"The overall incidence of pregnancy complications among adolescents 16 years and younger is similar to that reported for older women."

E. Hopkins, "Pregnancy Complications Not Higher in Teens,"
OB-GYN News, vol. 15, no. 10, May 1980

“Obstetric and neonatal risks for teenagers over 15 are no greater than for women in their twenties, provided they receive adequate care.”

There is evidence that in 15- to 17-year-old women, pregnancy may even be healthier than in older ages.

E. McAnarney, “Pregnancy May Be Safer,”
OB-GYN News, Jan. 1978

Pediatrics, vol. 6, no. 2, Feb. 1978, pp. 199-205

F. Avey, Canada Col. Family Physicians,
“Pregnant Teens . . .” *Family Practice
News*, Jan. 15, 1987, p. 14

But the abortion picture is different, particularly in regard to cervical damage.

After years of legalized abortion experience, a pro-abortion professor of OB/GYN at the University of Newcastle-on-Tyne reported on his follow-up, ranging from two to twelve years, of 50 teenage mothers who had been aborted by him. He noted that “the cervix of the young teenager, pregnant for the first time, is invariably small and tightly closed and especially liable to damage on dilatation.” He reported on the “rather dismal” results of their 53 subsequent pregnancies:

Six had another induced abortion.

Nineteen had spontaneous miscarriages.

One delivered a stillborn baby at 6 months.

Six babies died between birth and 2 years.

Twenty-one babies survived

J. Russell, “Sexual Activity and Its Consequences in the Teenager.”
Clinics in OB, GYN, vol. 1, no. 3, Dec. 1974, pp. 683-698

“Physical and emotional damage from abortion is greater in a young girl. Adolescent abortion candidates differ from their sexually mature counterparts, and these differences contribute to high morbidity.” They have immature cervixes and “run the risk of a difficult, potentially traumatic dilatation.” The use of laminaria “in no way mitigates our present concern over the

problems of abortion.”

C. Cowell, *Problems of Adolescent Abortion*,
Ortho Panel 14, Toronto General Hospital

“The younger the patient, the greater the gestation (age of the unborn), the higher the complication rate. . . . Some of the most catastrophic complications occur in teenagers.”

“Eighty-seven percent (87%) of 486 obstetricians and gynecologists had to hospitalize at least one patient this year due to complications of legal abortions.”

M. Bulfin, M.D., *OB-GYN Observer*, Oct.-Nov. 1975

**Abortions May Be Legal
But
They Are Not Always Safe**

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