The unhealthy state of abortion statistics

Women's health cannot be protected without accurate data

By John M. Thorp Jr. and Clarke D. Forsythe - - *Thursday, March 26, 2015*

Abortion advocates in Congress and in state legislatures claim that abortions are "safe." Yet numerous, long-standing problems at the state and federal level illustrate that the abortion data collection and reporting system in the United States is haphazard and dysfunctional, making assertions about "abortion safety" unreliable.

The U.S. abortion data and reporting system, unlike many other countries, relies completely on voluntary reporting. No federal law requires the reporting of abortion numbers, complications or deaths. (Denmark, in contrast, requires mandatory reporting by providers of all induced abortions.)

In fact, only two national organizations collect abortion data in the United States: the Centers for Disease Control and Prevention, a federal government agency, and the private abortion advocacy group, the Alan Guttmacher Institute. Reporting of abortion data to both is completely voluntary and not all states participate.

Even the most basic statistics about abortion — for example, the annual number in the United States provided by the CDC — is based entirely on estimates, and is therefore vulnerable to human error. How reliable can the annual number of abortions be if California, which used to report approximately one-quarter of all abortions across the nation annually, hasn't reported its data to the CDC for several years?

It's impossible to say how safe abortion is in the United States when only 26 states require providers to report injuries and complications from abortion.

Reliability is further undermined by the fact that the standard practice of abortion clinics is to tell patients not to return to the clinics in the event of complications but to go to the nearest emergency room. Clinics don't see the complications and have nothing to report.

As one researcher noted, "[m]any state health departments are able to obtain only

incomplete data from abortion providers, and in some states, only 40 to 50 percent of abortions are reported."

Likewise, the count of maternal deaths from abortion is based on death certificates, but medical studies have documented the inaccuracy of death certificates. As researchers have noted, abortions "cannot be linked to other sources of health data such as birth or death certificates, thereby making precise calculation of mortality rates or subsequent birth outcomes impossible."

Consequently, the assertion that "abortion is safer than childbirth" is completely untenable. It's based on a comparison of the official published abortion mortality rate (approximately 0.6 deaths per 100,000 abortions) and the official published childbirth mortality rate (approximately 6 deaths per 100,000 births). This comparison is completely misleading. A former director of the CDC, Dr. Julie Gerberding, acknowledged that the two rates are measured differently and should not be compared.

In contrast, most states link birth and death certificates, which means that childbirth deaths are more accurately monitored. The count of abortion deaths only includes direct deaths, while the count of childbirth deaths includes direct and indirect deaths (like homicides and suicides while pregnant), thereby inflating the childbirth death count.

The national system for counting childbirth deaths is thorough and long-standing, while there is no national system for counting abortion deaths based on legally mandated reporting. A handful of undiscovered abortion deaths in any state would affect the abortion morality rate significantly. In June 2011, for example, the Chicago Tribune reported that six abortion deaths and 4,000 injuries in Illinois abortion clinics had never been reported to the Illinois Department of Health.

In contrast to the United States' dysfunctional system, there is a growing body of international, peer-reviewed medical studies from dozens of countries finding long-term increased risks to women from abortion. Maternal mortality studies from Scandinavian countries with superior abortion record keeping collection and reporting systems have found a higher rate of abortion mortality than childbirth mortality. Similarly, recent studies from Ireland, Mexican states and Chile — which prohibit abortion — have found positive women's health trends despite the legal prohibition of abortion, including a study from Mexico published in February in the British Medical Journal Open.

Forty-two years after the Supreme Court legalized abortion nationwide, women in the United States still do not know all of its health risks. This has serious implications for women and for policymakers. It provides an unreliable basis for truly informed consent for women. It has

created an unstable foundation for the Supreme Court to act as a "national abortion control board," overseeing every health and safety regulation passed by federal, state or local governments. And it also makes it impossible to claim that abortion is safer than childbirth.

Can the current, broken system be repaired? Abortion data reporting and collection directly from providers should be mandated by federal law, as it is in many other countries. Passing an Abortion Reporting Act could address the need for accurate information. Until then, women in the United States won't have full, accurate, reliable data on abortion or its risks for informed consent.

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