The exploitation of maternal mortality

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Fiorella Nash argues that, faced with the terrible suffering of some mothers, the pro-abortion lobby can prefer to spin rather than help, and that pro-life people need to try to reverse the emphasis. She highlights a campaign trying to do that. An award-winning novelist, her latest acclaimed book, Poor Banished Children, is published by Ignatius Press.

I have admitted to friends on more than one occasion that when an obstetrician strode into the delivery room where I had been in the throes of an obstructed labour all day, I felt as though I were being rescued from a torture chamber. This is not what my most acerbic critic would call my 'fondness for hyperbole'. If anything, it is a ludicrous understatement. The obstetrician in question did not rescue me from a torture chamber, he rescued me – and my baby – from death sentences. Without the emergency intervention that followed, the baby would have suffocated in the birth canal in which he was trapped and I would have bled to death, which would at least have killed me within hours rather than over several excruciatingly painful days in the case of the obstructed labour.

I am acutely aware that I owe my life, and the lives of two out of three of my children, to the intervention of highly skilled doctors, midwives and paediatricians, and the proximity of well-equipped operating theatres and intensive care units. But I am also aware that every year, hundreds of thousands of women and babies experience no such reprieve from the preventable death sentence imposed when labour goes wrong and there is not even the most basic health care available to ease their suffering and save their lives.

In Britain the maternal mortality rate is 8.3 per 100,000 births (and this is by no means the lowest rate in the developed world). In Malawi it is 1140.1 per 100,000. Global figures are difficult to gauge because of poor reporting in some countries and differences in methods of reporting; for example, some countries will classify maternal mortality as the death of a woman within 21 days of birth, others 42 days; some include only direct causes - sepsis, haemorrhage, obstruction - whereas others will include indirect causes such as malaria and anaemia. Estimates therefore vary between 350,000 and 600,000 deaths a year but whatever figure aid agencies quote, statistics alone cannot convey the full horror of young women dying unattended, in terrible fear and agony, leaving behind devastated families and other children whose own survival may well be jeopardised by the loss of a mother.

The greatest tragedy of all, however, is that these deaths are almost entirely preventable.

The Exploitation of Suffering Women

Maternal mortality has been rightly described as 'an international disgrace' but almost as grave a disgrace is the determination by pro-abortion groups to hijack the issue in order to promote abortion around the world. The abortion lobby has a long history of exploiting the suffering of women while claiming to act in their best interests. This is evident when it comes to the subject of abortion and rape, for example. Abortion is touted as the compassionate response to rape as though being physically invaded by a masked, anonymous male (usually), or given pills that cause bleeding and severe pain are cures for a brutal and traumatic act that will haunt a woman all her life. Every abortion practitioner knows that the overwhelming majority of abortions are carried out on social grounds and the abortion lobby is unapologetic about its belief that abortion should be available 'on demand and without apology', yet it uses rape survivors as an emotive smokescreen to cover its unsavoury agendas and exploits their suffering for political and ideological gain.

The same is increasingly true of maternal mortality. Abortion continues to be touted as a women's health issue, from pro-abortion marches entitled "March for Women's Lives" to the emotive slogan shouted in the direction of many a pro-life demonstration: "Right to life, that's a lie! You don't care if women die!" Marie Stopes International's latest propaganda effort in the field of abortion and contraception promotion comes under the seemingly compassionate label of "Make Women Matter." But abortion has nothing to do with saving women's lives. As far back as 1992, a group of Ireland's top obstetricians and gynaecologists signed a letter in which they wrote:

"We affirm that there are no medical circumstances justifying direct abortion, that is, no circumstances in which the life of a mother may only be saved by directly terminating the life of her unborn child."

Where there sometimes is confusion (and I would venture that the abortion lobby is quite happy to encourage this confusion) is in rare cases where an obstetrician may be forced to intervene to save a pregnant woman's life, at the risk of losing the child. This is true of cases such as ectopic pregnancy, where the embryo becomes stuck in the fallopian tube and part of the tube has to be removed (usually along with the embryo) to prevent the woman from dying or in the case of pre-eclampsia at the other end of pregnancy. However, pre-eclampsia generally occurs after the baby is capable of being born alive and though premature delivery is almost always riskier for a baby than being carried to term, the odds are very much in favour of a baby's survival.

Neither of these cases involves the deliberate ending of a baby's life and cannot be labelled abortion. To do so is to fail to understand the principle of double effect.

Tellingly, countries such as Ireland and Malta where abortion is banned have some of the lowest maternal mortality rates in the world.

Women do, however, die as a result of abortion and it is the "unsafe abortion" argument that is being used most aggressively to promote abortion around the world. Our own Department for International Development uses unsafe abortion as its major line of defence in promoting and funding abortion, claiming that unsafe abortion is a major cause of maternal death. International organisations including the World Health Organisation list 'unsafe abortion' as a significant cause of maternal death after haemorrhage and sepsis but the category is misleading for a number of reasons.

First, this category usually includes deaths as a result of spontaneous abortion, otherwise known as miscarriage, giving a distorted picture of the number of women who are dying as a result of induced abortion. Second, it should be noted that it can be extremely difficult even for a trained doctor to determine whether a woman in the first trimester of pregnancy is experiencing life-threatening complications as a result of miscarriage or abortion. The symptoms are so similar that an online abortion group which sells pills to women in pro-life countries instructs women who suffer complications: "If you live in a place where abortion is a crime and you don't have a doctor you trust, you can still access medical care. You do not have to tell the medical staff that you tried to induce an abortion; you can tell them that you had a spontaneous miscarriage...The symptoms are exactly the same and the doctor will not be able to see or test for any evidence of an abortion."

Third, we should note the loaded use of "unsafe" here. Any medical procedure which involves the ending of one or both human lives involved is by definition unsafe and it is unsafe whether it occurs in Nairobi or New York. The abortion lobby has been very successful in creating a false association between 'safe' and 'legal' abortion (a favourite line of pro-abortion politicians is that abortion should be 'safe, legal and rare') with the implication being that if abortion were only decriminalised in every country of the world, maternal deaths as a result of abortion would be virtually eliminated. But any medical procedure involves a level of risk and abortion is no different, legal or otherwise. In developed countries (where abortion is most likely to be legal) 8.2% of maternal deaths are the result of abortion complications; in India, where abortion is legal, mortality from abortion accounts for around 16% of all maternal deaths. South Africa, which has had abortion on demand for years has witnessed a fourfold increase in maternal mortality since a UK-funded abortion organisation set up clinics around that country. As SPUC's Peter Smith commented:

"It is farcical for the government to talk about safe abortions in situations without sterile surgical facilities, safe blood transfusion or emergency back-up. Running abortion clinics in slums, shanty towns and the bush will harm or kill women as well

as killing babies." Women in Britain and women in South Africa have access to legal abortion, but in the end, a woman experiencing abortion complications in Britain can get emergency help within minutes; a woman living in an isolated settlement in South Africa can't. If the abortion lobby is going to highlight the risks to women of unsafe abortion, the logical response would surely be to campaign against a medically unnecessary procedure and to work instead to offer women the assistance they need when facing a difficult pregnancy?"

The desperate "they will do it anyway" argument is illogical and insulting to women. Some 10% of 15- and 16-year-olds self-harm, the global mortality rate from suicide works out as approximately one death every forty seconds and the rate is rising, but it would be heartless and inhumane to suggest that vulnerable people should be taught how to cut themselves safely or to commit suicide in a way that inconveniences others as little as possible. The key question is, is it good?

A Pro-Life Response

It is not enough simply to condemn the actions of anti-life forces for exploiting the suffering of women to promote the ideology of abortion. The tragedy of maternal mortality needs to be addressed, not exploited, and it requires a courageous and honest response. It is for this reason that SPUC has launched The Mayisha Campaign (Mayisha meaning Life in Swahili) to raise awareness about maternal mortality, dispel the myths put about by abortion groups and lobby the Department for International Development to adopt an ethical foreign policy which respects the lives of both mothers and their babies. Abortion is not the sad necessity or the empowering procedure it is presented as by groups like Marie Stopes International and International Planned Parenthood Federation. It needs to be recognised as part of the problem. Dr Robert Walley, the British-born founder and director of the international organisation of Catholic obstetricians and gynaecologists MaterCare International, puts it succinctly when he says:

"Unfortunately, the international safe motherhood initiative has accepted the current culture of death prevalent in obstetrics and gynaecology, as abortion is included as the solution to maternal health problems. All of this points to a real poverty - the lack of love and compassion."

The staff and volunteers at MaterCare International (MCI) know something about love and compassion for the forgotten mothers of the developing world. They provide life-saving assistance to mothers in Kenya and Ghana and have been providing emergency help in Haiti since an earthquake devastated that country in January last year. They are forced to work without state funding and are entirely reliant upon donations from members of the public. MCI's mission statement links their work directly with Evangelium Vitae by "improving the lives and health of mothers and

babies both born and unborn, through new initiatives of service, training, research, and advocacy designed to reduce the tragic levels of abortion worldwide and maternal and perinatal mortality, morbidity in developing countries."

It was Dr Walley, who has witnessed first-hand the horror of young mothers dying for want of appropriate medical facilities, who suggested that to the Seven Sorrows of Mary an eighth sorrow should be added: the suffering of thousands of women who die giving birth to their babies and the millions who, in despair, turn to abortion.

As Catholics, we know instinctively that maternal mortality is a tragedy and that abortion is not the answer, but I believe that we are under an obligation to turn that knowledge into action and offer hope to mothers around the world who face the prospect of giving birth in fear and trembling rather than with joy. Whenever anyone tells me that a situation in a foreign country is none of their business, I ask how they would feel if their own sister were facing death for want of medical care that they themselves take for granted. This is not just an attempt to make people feel guilty. Feminists talk about the universal sisterhood while being prepared to show a remarkably callous attitude to women who fail to meet the entry requirements. Catholics must speak of sisterhood and show the world we mean it.

For more information about the work of the Mayisha Campaign or MaterCare International, check out:

http://mayishacampaign.blogspot.com/

http://www.spuc.org.uk

http://matercare.org/