

# THE CHILEAN EXPERIMENT:

## Maternal mortality and the ban on abortion - why Chile's experience is relevant to Ireland

### **Is Ireland's ban on abortion relevant to our low level of maternal deaths? Can abortion be banned in law without spelling out permissible medical interventions?**

Some commentators point out that Ireland's low maternal mortality rate (MMR) offers evidence that women's lives are not put at risk by a ban on abortion. Others argue that countries such as Italy, with legalised abortion, are sometimes ranked ahead of Ireland for maternal safety.

Commentators usually fail to take into account that there are many different factors which feed into and affect each country's MMR. Each health care system, and each country's social patterns are different, and in comparing two different countries you are not comparing like with like.

However we can point to one instance of a country where abortion was at first legal and subsequently banned, and which shows "that there is no scientific evidence of the potentially deleterious cause-effect relationship between abortion restrictive laws and maternal health."

That country is Chile. If abortion advocates were right, Chile's maternal mortality figures should have spiked after the change in their law, but the figures show that maternal deaths, which had been falling steadily, continued to decrease.

Leading Chilean researcher, Professor Elard Koch, from the faculty of Medicine of the University of Chile and Universidad Católica de la Santísima Concepción, gave an analysis of the Chilean experience at the In-

ternational Symposium on Maternal Health in Dublin earlier this year.

He showed that when abortion was made illegal in 1989, the downward trend of their MMR remained on a steadily decreasing course. The graph of their year-on-year maternal deaths show an exponentially declining MMR which was not affected by the ban on abortion.

Incidentally, the beginning of that decline corresponded with the introduction of a major program of prenatal care and complimentary nutrition for pregnant women ("The Mother-Child Law"). Perhaps, that makes the best argument that the ethos in Ireland of focusing care on both mother and baby is the best one.

Chile has also seen a sharp downward slope in their abortion mortality rate since 1989, suggesting that in the absence of legal abortion a thriving backstreet abortion trade did not emerge. The abortion mortality rate fell by a massive 95% between 1989 (when abortion was banned) and 2007, official statistics show.

Interestingly - and very relevant to the current Irish debate - abortion was introduced in Chile in 1931 for cases where the life of the mother was at risk, but was subsequently banned in 1989. The 1931 act termed these exceptions "therapeutic abortion" which required the approval by three people, one of whom was a physician. In 1989, when a review found that any medical complication arising could be successfully treated, this practice was banned. There was no correlating rise in maternal deaths as a result.

Koch's findings show the assertion that women will die for want of abortion to be completely spurious. The results of his research also make a reasonable argument for the connection between Ireland's low MMR, and our ban on abortion.

Because the statistics that Prof. Koch analysed have consistent datasets throughout its entire history, discrepancies do not arise in comparing statistics from different periods. His findings provide rock solid proof that maternal mortality rates (MMR) are not decreased by the availability of abortion. They also show that when abortion is legal there is a substantial number of maternal deaths caused by abortion.

In Chile, a number of national health and social initiatives had seismic effects on their MMR. The introduction of a systematic program of pre-natal care in 1939 altered the slope substantially for the better, and later adjusting patterns in fertility had a similar effect. What Chile's experience allow us to do is evaluate the effect of measures on a single country and therefore compare like with like.

Koch concluded that there are many synergistic factors which effect the reduction of a country's MMR - the education of women for instance being an influential indicator- but that liberal abortion laws had no effect on reducing it. Chile is steadily progressing towards a better maternal health system with world class outcomes.

According to the scientific journal PLoS ONE, in the 2008 international rankings Chile was positioned second best in the Americas for MMR. Above it was Canada and next in line was the USA. Comparing the USA and Chile's MMR graph, Chile passed below the USA in 2007. Chile is improving its standard, whilst the USA, where abortion is legal, maternal mortality is not improving).

Of particular relevance to Ireland, Prof. Koch points

out that Chilean law states that 'No action can be executed which purpose is to provoke an abortion' and points out that "ectopic pregnancy and other exceptional conditions where medical interventions are necessary to save the life of the mother are considered a medical ethics decision and not a legal issue in Chile. Thus, any specific law is considered unnecessary because the medical *lex artis* is sufficient to address the problematic situation using the principle of double effect and considering every individual case. Moreover, law cannot to resolve these problems simply because the causes of death are not related with the legal status of abortion. On the contrary, it is a question of good medical practice and opportune medical decisions.

However, sometimes very exceptional cases of rapid complication makes all medical efforts to save the life of the mother insufficient, and Ireland is not the exception to the rule. Legalising abortion would not change that reality at all.

Meanwhile, Irish Medical Council guidelines oblige doctors to intervene to save the life of a mother, even if that risks the life of her baby. It's important to note that the intervention required where the life of a mother may be at risk is taken to terminate the pregnancy, not the life of the child, who may or may not survive the procedure, though in Chile - as in Ireland - the physician will endeavour to save both lives.

Irish medical experts have repeatedly confirmed that this principle is applied in Irish medical practise, and our extremely low maternal mortality shows the benefit of a policy that focuses on excellence in maternal healthcare and on safeguarding mothers and babies.

**The Chilean experience is both relevant and important to Irish physicians and policy makers at this time.**

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