Contraception, safe abortion, and maternal morbidity

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In today's *Lancet*, Véronique Filippi and colleagues use longitudinal data from Burkina Faso with a year of follow-up to quantify the effect of severe obstetric complications.[1] Maternal mortality, which is estimated at 529 000 deaths worldwide each year,[2] is just the tip of the iceberg—an estimated 50 million women have morbidity related to pregnancy and childbirth annually.[3]

Filippi and colleagues showed that, for up to 12 months postpartum, women who had had a severe obstetric complication (a so-called near miss) were more likely to report suicidal ideation and that the pregnancy had a negative effect on their lives than women with uncomplicated deliveries. Women who had had severe obstetric complications were also more likely to die or for their infant to die. The researchers recorded a surprisingly high rate of pregnancies in the near-miss women. Within 6 months of their near miss, 12·5% of women with early pregnancy loss, 10·9% of women with a perinatal death, and 1·3% of women with a livebirth had a subsequent pregnancy, compared with 0·2% of women with uncomplicated deliveries. The short interval between a near miss and subsequent pregnancy might result in adverse pregnancy and birth outcomes and poorer maternal outcomes.[4,5]

One must exercise caution in generalising the results of this study to other developing nations. 88% of urban births in Burkina Faso occurred in an appropriate facility—ranking among the highest in sub-Saharan Africa.[6] Whilst most populations in Burkina Faso, and other African countries, live in rural areas, Filippi and colleagues' study focused on urban areas, which have higher than average rates of facility-based births. Without more information about the health of the women in this study before their hospital stay, it is difficult to elucidate whether the poorer mental health of women who had a near miss came before or after the severe obstetric complications. Some of the findings probably represent the consequences of a near miss and others might have been factors that predisposed women to have complications. Even with its limitations, Filippi's study points to the need to prevent maternal morbidity in conjunction with efforts to reduce maternal mortality.

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Nearly half of all maternal mortality is thought to be preventable;[7] however, substantial obstacles remain. First, data and systems of data collection remain inadequate to assess national progress in many countries.[7,8] Second, the complex set of cultural and social issues that impede implementation of interventions can be substantial.[8,9] These barriers are greater for maternal morbidity, which is often undocumented and is often misclassified as a separate outcome from maternal mortality.[10] Recent successful safe-motherhood interventions have focused on the provision of emergency obstetric care, intrapartum care in appropriate facilities, and trained birth attendants.[9]

In Burkina Faso, only 10% of women of reproductive age use modern contraception, and another 23% report an unmet need for contraception.[6] For women who want to limit or space births, the provision of modern contraception is sensible for health and the economy. The US$7 billion dollars in annual expenditure on contraception is estimated to provide 500 million women in developing countries the ability to prevent 187 million unintended pregnancies, 60 million unplanned births, 105 million induced abortions, 2·7 million infant deaths, and 215 000 pregnancy-related deaths (including 79 000 related to unsafe abortion).[11] Additionally, if unmet need for contraception was met in developing nations, 52 million unintended pregnancies would be avoided,[11] and 25–40% of maternal deaths would be averted.[9] Although the availability of contraception to prevent unwanted pregnancies is important for maternal health, at a more basic level, the ability of women to decide how many children to have and when is a fundamental human right.[12] But the promotion of family planning seems to have steadily declined as a global priority,[12] as evidenced

by the conspicuous absence of family planning from the Millennium Development Goals.[13]

Unsafe abortion is a major cause of maternal mortality,[14] and every year, 5 million disability-adjusted life-years are lost by women of reproductive age as a result of unsafe abortion.[15] Abortion is illegal in Burkina Faso, except to save the mother's life or in cases of rape or incest, which suggests that nearly all abortions are unsafe. In Filippi and colleagues' study, 4·7% of women who had had severe obstetric complications and 25% of women who had had an early pregnancy loss were suspected or confirmed to have undergone an induced abortion. Women who died before arriving at hospital or during their hospital stay were not included, which prevents inferences about abortion-related maternal mortality. In this context, unsafe abortion and its maternal consequences are probably under-reported or misclassified. Provision of safe abortions can have a substantial effect on the primary prevention of maternal morbidity and mortality. A broad focus on the prevention of maternal morbidity and its short-term and long-term physical and mental health consequences is needed. Better health care during pregnancy and at delivery should go hand-in-hand with efforts to prevent unwanted pregnancies.

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I declare that I have no conflict of interest.

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Eliminating unsafe abortion worldwide

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In today's *Lancet*, Gilda Sedgh and colleagues report new findings about abortion that are both good and bad news.[1] The absolute number and rate of abortions globally have slightly declined since 1995. Yet these findings mask increases in much of the developing world and virtually no change in the rate of unsafe abortion. Each year, millions of women and girls risk their lives, health, and dignity to terminate their pregnancy where abortion is not safe and legal. Governments, donors, health practitioners, and civil society have the capacity to substantially reduce maternal mortality and morbidity related to unsafe abortion.

The continuing high incidence of unsafe abortion in developing countries represents a public-health crisis and a human-rights atrocity. In such places, the need for contraceptive services and supplies to prevent unwanted pregnancies is far from being met[2] and abortions are done in dangerous conditions—even where legal. This year, tens of thousands of women will die, more than 5 million will be admitted to hospital, and a substantial number will become infertile as a result of unsafe abortion. Preliminary estimates suggest that more than US$1 billion yearly could be needed to treat complications from abortion.[3]

In 1994, governments declared for the first time that addressing unsafe abortion was a public-health imperative.[4] Since then, many countries have broadened the circumstances under which abortion is legal,[5]

and medical care for postabortion complications has improved.[6] Only last year, African governments set a bold plan of action to address unsafe abortion explicitly among a comprehensive set of goals to promote and protect sexual and reproductive rights and health.[7] The path to progress is clear.

Legal and policy reform is required. The legal status of abortion has never dissuaded women and couples who, for whatever reason, seek to end pregnancy, and research shows that the more restrictive a country's abortion law, the higher are the rates of unsafe abortions and related mortality.[6] Conversely, Guyana saw a 41% reduction in hospital admissions for septic and incomplete abortion in the first 6 months after making abortion legally available in 1995.[8] Governments should also consider following the example of Nepal, which banned child marriage and polygamy, and granted women some property rights, at the same time as abortion was legalised.[9]

Donor governments, such as that of the USA, exacerbate legal restrictions on abortion with policies like the global gag rule, which mandates that foreign organisations receiving US governmental assistance for family planning must deny information to women about the option of legal abortion or where safe services can be obtained. This policy has very real detrimental effects on public health[10] and should be unanimously rejected. Repealing harmful policies is not sufficient, however—donors and national governments must also ensure access to reproductive health services, including contraception.

Reform must also be supplemented by technical assistance to health systems and health-care providers, which is especially important in settings such as Colombia, Portugal, and Mexico City, where laws that allow increased access to abortion have recently been enacted. Examples such as Guyana, India, South Africa, and even the USA prove that legalisation is not sufficient to ensure women's access to safe services.[8,11–13] In each setting, players must carefully consider women's preferences and ensure access to services accordingly, including through mid-level providers and an appropriate mix of medical and surgical technologies (eg, manual vacuum aspiration). Outreach and support to providers in countries where abortion remains highly restricted is also necessary to ensure access to family-planning services and postabortion care, as well as provision of abortion to the full extent allowed by law. WHO's technical guidance, available in several languages, is key to designing effective policies and programmes.[14]

Investment in developing and sustaining robust advocacy for access to safe abortion is the final priority. Broad coalitions of advocates at local and national levels can help to change, implement, and protect laws. They can also document and expose consequences of unsafe abortion, reach women with crucial information, and work to address the additional and underlying challenge of gender and socioeconomic inequality that can compromise women's right to make decisions about their health, even after abortion is legalised.[15]

In all the available data, one fact stands out: safe and legal abortion saves women's lives and protects their health.[16] There is no acceptable reason to allow women to die, fall ill, or become infertile as a result of unsafe abortion when the world community has both the knowledge and the means to prevent these deaths.

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"The abortion problem is not solved with jail, vote Yes"
Poster in Portugal before February, 2007, referendum on legalising abortion.

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I declare that I have no conflict of interest.

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