



To Ministry of Health
Corporate Communications Division - PAC Public Consultation
Email: moh_hospital_services@moh.gov.sg

Feedback on Pre-Abortion Counselling Criteria and the TOP Act

Dear Sir / Mdm,

Wonderfully Made, a counselling consultancy that does sexuality programmes, applauds MOH's intention to extend pre-abortion counselling to all women seeking TOP in Singapore.

This is because MOH's move is in the right direction in light of latest published research that sheds light on the adverse effects of abortion on the psychological and physical health of women.

We cite three major works in this field selected for their representative sample size (involving whole population registers of a country) and sound methodology (which searched through exhaustive records of both death registers and hospital registers to explore linkages of pregnancy related causes). A representative sample, sound methodology and repeatable observations are fundamental criteria to establish empirical scientific fact on any subject matter.

1. Suicide rate of women who had undergone abortion in Finland 3 times higher than national average, while suicide rate of women associated with birth is half of national average¹. Death risk associated with abortion increases even more for young girls from 15-24².

A nation-wide study on suicide in Finland which examined the entire women population from 1987-1994 found the suicide death rate associated with birth to be half (5.9 per 100,000), and the rate associated with induced abortion to be three times higher (34.7), compared to the mean annual suicide rate (11.3)¹. A related study that stretches from 1987-2000 also finds an increased death risk associated with abortion especially in the age group of 15-24 years². These two Finnish studies suggest that the initial stress effect of having a child is transitional¹, and overall having a child has positive and protective effects on women's mental health^{1,2}. The elevated risk after a terminated pregnancy needs to be recognized in the provision of health care and social services².

2. In US, women who aborted have a significantly higher risk of death, possibly due to self-destructive tendencies, depression and unhealthy behaviour aggravated by the abortion experience³.

Similar results were observed in the United States of America. In US, compared with women who delivered, those who aborted had a significantly higher age-adjusted risk of death from all causes (162%), from suicide (254%), and from accidents (182%), as well as a higher relative risk of death from natural causes (144%), including the acquired immunodeficiency syndrome (AIDS) (218%), circulatory diseases (287%), and cerebrovascular disease (546%)³. Higher death rates associated with abortion persist over time and across socioeconomic boundaries³. This may be explained by self-destructive tendencies, depression, and other unhealthy behaviour aggravated by the abortion experience³

3. In Denmark, women who aborted have an elevated risk of death that not only persists for at least ten years⁴, it also increases approximately 50% with each additional abortion exposure⁵.

Two latest studies of the entire population of childbearing women in Denmark are also significant. The first of these Denmark studies found that compared to women who deliver a first pregnancy, women who abort a first pregnancy have a significantly elevated risk of death within the first 180 days and this elevated risk of death persists for at least ten years⁴. The second revealed that there is also a dose effect associated with abortion, with each exposure of abortion contributing an additional 50% (approximately) increased risk of death over the period examined⁵.

It might be helpful to note that there was a study in US by Raymond and Grimes that yielded contradictory results⁶.

Obtaining their data from non-exhaustive records i.e. they did not rely on hospital registers or national registers like death certificates, they have managed to find mortality rate among women in US who gave birth at 8.8 deaths per 100,000 live births as compared to women with induced abortion at 0.6 deaths per 100,000 abortions⁶. They conclude that the risk of death associated with childbirth is approximately 14 times higher than that with abortion⁶.

A closer examination of their study would however find that their lack of data linkages to exhaustive hospital records or the equivalent has fatally affected the accuracy of their study.

For example, their predecessors of the Finnish study who reviewed the death certificates of 419 women who had pregnancy-related deaths, found that for 405 of them, pregnancy or its termination was not coded or mentioned in the Cause-of-Death Register. The Finnish study researchers concluded that, "Without data linkages, 73% of all pregnancy-associated deaths would have been missed; the percentage after induced and spontaneous abortions was even higher⁷."

The study by Raymond and Grimes relied on the Pregnancy Mortality Surveillance System. The CDC website explains how this data was compiled (*emphasis ours*): "Each year, CDC requests the 52 reporting areas (50 states, New York City, and Washington DC) to *voluntarily* send copies of death certificates for all women who died during pregnancy or within 1 year of pregnancy, and copies of the matching birth or fetal death certificates, *if they have the ability to perform such record links*⁸."

As such, the central data relied on by Raymond and Grimes could be highly inaccurate as it is voluntarily captured from 52 areas that do not have an official commitment to search out record linkages. Raymond and Grimes' research have neither relied on an exhaustive, accurate representative sample nor used a thoughtful, unbiased methodology. Their study fails basic scientific standards and the results of their study need to be contraindicated in light of vast contradictory evidences and the serious health implications it can cause. Government agencies like the MOH and the HPB must stay alert, aware and steer clear of such unscientific studies.

Abortion is not a risk-free procedure. The health and psychological risk that one might face upon undergoing an abortion must be clearly communicated to all who are seeking a TOP. Wonderfully Made urges the MOH to ensure a professional counselling framework that is based on updated empirical and scientific facts as presented above, for the goal of empowering all who are seeking a TOP to make an informed decision. In matters critically involving the life and death of both the mother and child, MOH must resist the temptation to selectively withhold information for the sake of conforming to social political trends. Special precaution must be sought to ensure that false ideas like how women would become suicidal if they carry their pregnancies to term, will no longer be propagated in a licensed counselling clinic, in light of the clarification from the latest research.

We propose that the counselling process must lead the pregnant girl to consider: 1) the truth of what their decision is about i.e. how the process of abortion will be carried out on both the mother and child; 2) the truth of the seriousness of the impact abortion might have on her i.e. studies show a multi-fold increase in suicide and death rates of those who undergo abortion, suggesting serious and long-lasting psychological

impact that will affect the girl following an abortion; and 3) the truth of how adoption is a preferred choice to abortion i.e. studies imply that initial stress associated with child birth is transitional and overall, giving birth to a child has protective effects on women's mental and physical health.

Wonderfully Made would also like to make a note that the TOP Act's current ruling of allowing underage girls to undergo abortion without parental consent is illogical and of little merit. Under our legal system where sex with a girl below 14 is considered statutory rape, the TOP Act is a loophole that allows the underage pregnant girl to bypass accountability, and the male person responsible for the pregnancy to bypass criminal liability – when both parties could have been helped through the legal and social system, or by simply involving their families in the rehabilitation process. This liberal ruling completely disregards the capabilities of our legal and social systems in assessing and upholding protection laws (for the pregnant girl, necessarily), ignores the role of the family as society's first line of social support and destroys all possible opportunities of helping the underage girl through rehabilitative intervention.

Last but not least, Wonderfully Made believes that every child is a miracle of their own. After all, the zygote contains all of the genetic information (DNA) needed to become a baby⁹. Left alone, the zygote needs only days before the brain, spinal cord and heart develops, followed by the gastrointestinal tract, arms, legs, eyes, ears, spine and bones.

Within weeks, his full human body will be formed. As he forms, he needs no intervention from external sources to survive (not even his parents). All it is required is for him to be left on his own (within his environment – the womb), and his development will be so miraculous that one will have to recognize, he is a life of his own – yes, a life apart from even his parents. So he has a worth of his own – a worth that not even his parents can define; he has rights of his own – rights that not even his parents have the right to take away. For he is a miracle in his own right; and this miracle where the formless becomes the formed, is not something that the parents could give – why then should they have the right to take away?

Hence, Wonderfully Made believes that though the zygote is physically, "formless", he is in essence, nevertheless, still human – a being. The objective logic then has to be, that a (human) being rightly deserves his right to life, and his right to live.

In contrast, there will be the idea that fetuses are non-living humans, a lump of cells, undeserving of rights. Commonsense would tell us that it cannot be true that a matter of a switch in an environment (whether the baby is in or out of the womb) should determine if a baby is a life or a non-living lump of cells; has rights or don't have rights; can live or can die; will be a matter of abortion or a matter of murder (or infanticide).

Our counselling insight tells us that it is precisely because of the denial of these clear lines that murder of vulnerable, precious children has been wrongfully, needlessly legitimized, popularized and mothers who took their child's life ultimately realized it and suffer enormous guilt and regret from their rash choice. Many anecdotal evidences support this narrative. Wonderfully Made believes that this is a choice that should never have been given. Whether in the name of ethics or human rights, the baby deserves his life.

By making our stand known, Wonderfully Made hopes to contribute to the rethinking process that we believe is long due, of society and of the government, to relook at the legitimacy of our abortion laws.

Yours Sincerely,
Leo Hee Khian
Principal Counsellor and Coach
Wonderfully Made

Citations:

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