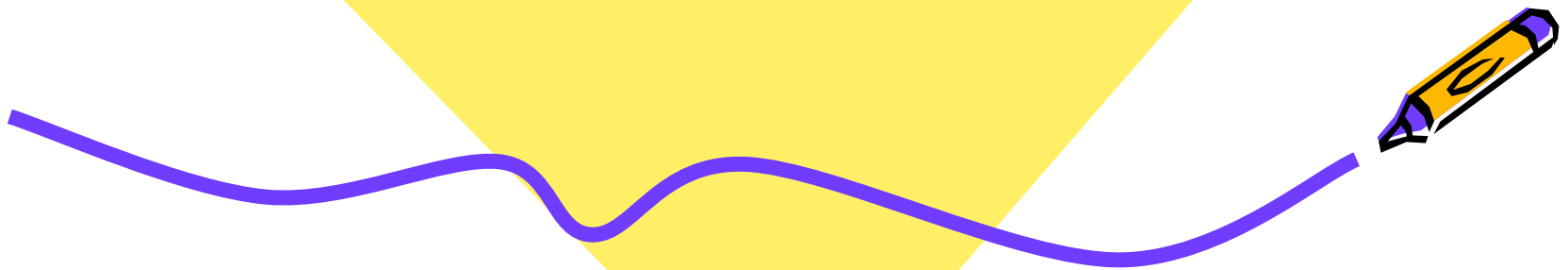




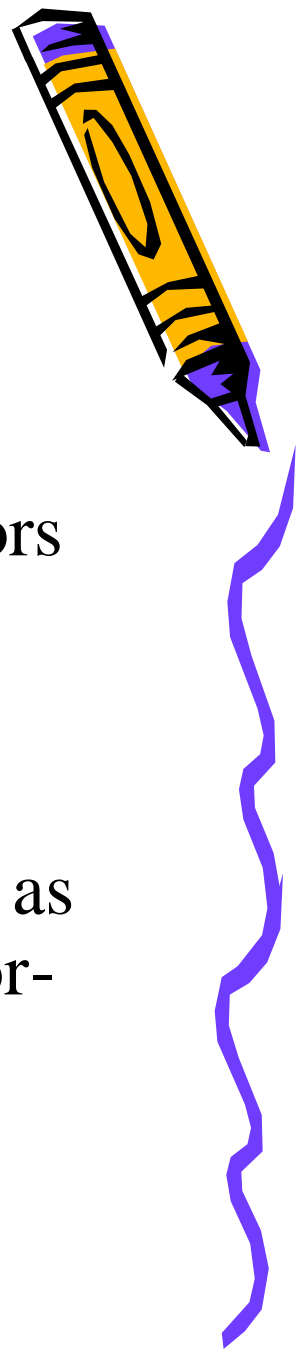
# Abortion and Suicide

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# What is Doctors for choice?



- Doctors for Choice is an organisation of doctors who wish to promote **choice** in reproductive healthcare.
- This means advocating for **informed consent** as the basis for decision making within the doctor-patient relationship



# Pregnancy and mental health



- Incidence of mental health problems and suicidal ideas is high in pregnancy but risk of suicide is lower than usual.
- Suicide still in top 4 causes of maternal deaths.



# Mental health problems in pregnant women and mothers are predominantly socially determined.

## RISK FACTORS:

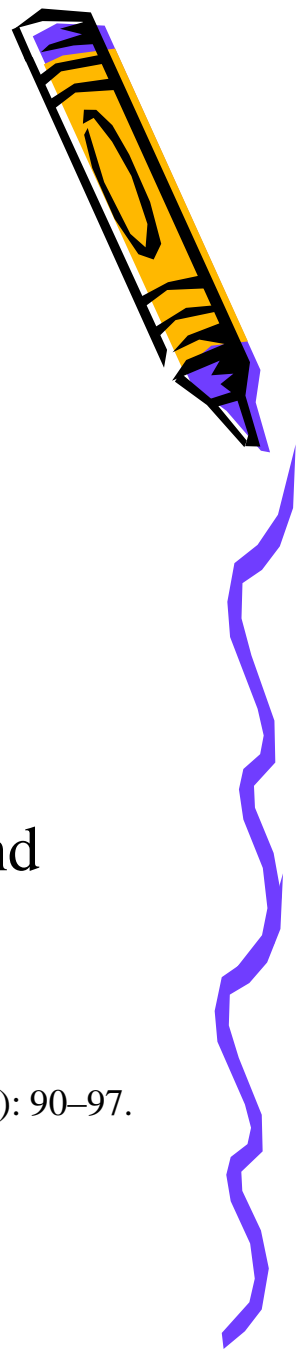
- poverty and chronic social adversity;
- gender-based violence, including emotional, physical and sexual abuse;
- lack of empathy from partners and gendered stereotypes;
- excessive workloads and severe occupational fatigue;
- lack of emotional and practical support;
- gender discrimination and devaluing of women;
- lack of autonomy to make sexual and reproductive decisions;
- stillbirth, miscarriage and **complications of unsafe abortion**, pregnancy and childbirth, and persistent poor physical health.
- **unintended pregnancy, especially among adolescent women;**

Some risk factors appear to be more common in contexts in which there are strong gendered role restrictions on women, including **lack of reproductive rights**

WHO (2009) *Maternal mental health and child survival*



# Suicide and Pregnancy



- “Psychosocial factors which may also contribute to increase the rate of maternal suicide attempts during pregnancy are **teen age, unplanned pregnancy, unmarried status or recent divorce, unemployment, and difficult access to safe abortion service.**”

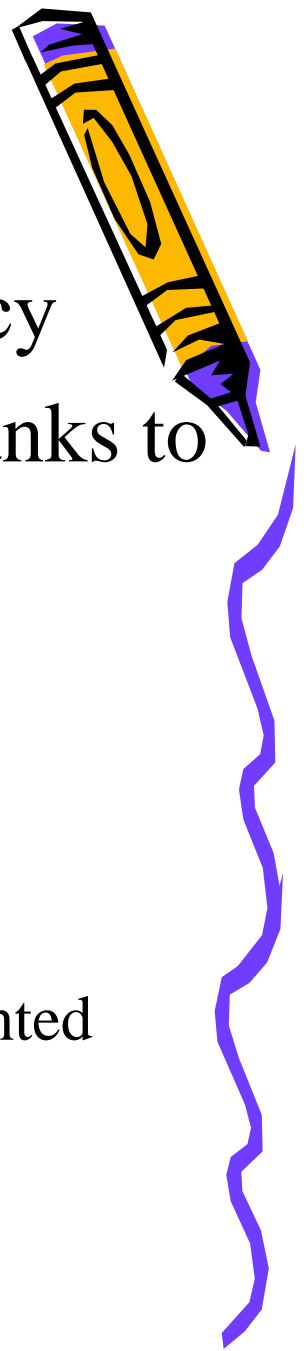
Salvatore Gentile (2011), ‘Suicidal mothers’, *Journal of Injury and Violence Research*, July; 3(2): 90–97.



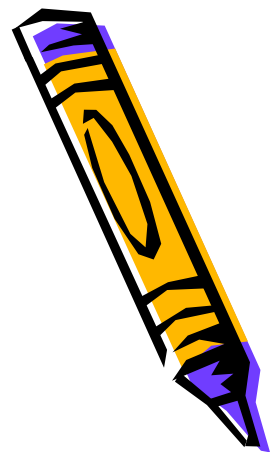
- R.E. Kendall (1991), ‘Suicide in pregnancy and the puerperium; Much rarer now: thanks to **contraception, legal abortion, and less punitive attitudes**’

*British Medical Journal*, Vol 302, p126.

- Falling rate of suicide in pregnancy in 20<sup>th</sup> Century.
- Suicide peak in 3rd month shows relationship to unwanted pregnancy.



# What is the relationship between Abortion and Suicide?



- Where there is **choice** of abortion services: there is **no increased risk** of suicide (or mental health problems) in choosing an abortion (eg 2006 APA study in USA).

More **restricted choice** means more **risk of suicide** in pregnancy (historical research and developing countries). Please note that mental health problems could be caused by coercion to have an abortion or to continue pregnancy.

- Conclusion: **Restricting access** to abortion **raises the risk of suicide in pregnancy**. The ‘treatment’ for unwanted pregnancy is ‘Non-directive counselling’. ‘Treatment’ for suicide involves risk-management including the risk caused by restricted abortion services (Facilitate travel or treat locally?).



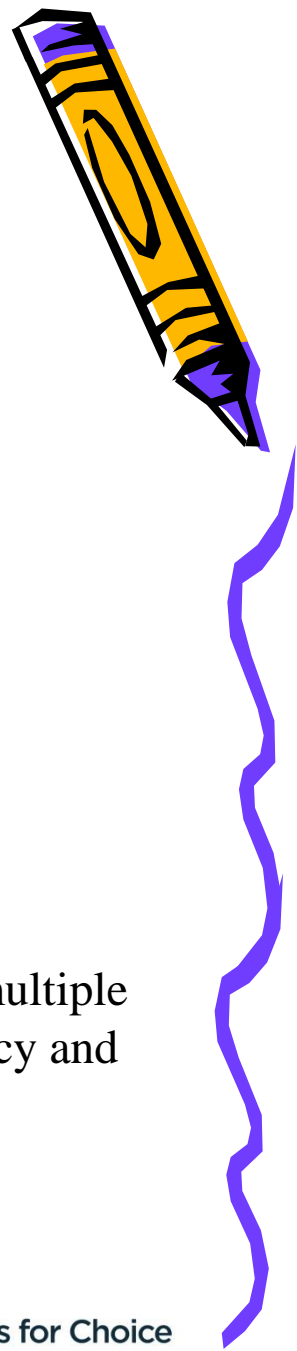
In the Irish context where the restriction of access to abortion services is mediated by **restrictions on travel**, the following groups are at increased risk of restricted access and hence increased **risk of suicide**:

- Women too sick to travel
- Adolescents and young women
- Women with young children
- Migrant women
- Women with Disabilities
- Women with no or low incomes
- Women whose pregnancy, involves a fatal foetal malformation
- Women pregnant as the result of rape or child sexual abuse.

Some women will have multiple risk factors but, also, some factors involve multiple risks for suicide eg low income is a risk for mental illness, unwanted pregnancy and inability to travel.



Doctors for Choice, 2011, *Submission to Oireachtas Hearings*







**“A global trend toward liberalization of abortion laws observed before 1985 appears to have continued in more recent years.**

**Nevertheless, women's ability to obtain abortion services is affected not just by the laws in force in a particular country, but also by how these laws are interpreted, how they are enforced and what the attitude of the medical community is toward abortion.”**

- Canada: No specific legal framework for Abortion. General guidelines on ethical and competent practice apply.

Anika Rahman, Laura Katzive and Stanley K. Henshaw (1998), ‘A Global Review of Laws on Induced Abortion, 1985-1997’, *International Family Planning Perspectives*, 24(2):56-64



# Summary of Main Points



- Unwanted pregnancy is the relevant risk factor; Non-directive counselling is best practice. Risk management requires access to services.
- Low income, young age, inability to travel are particular risks
- **Restriction** of access to abortion increases suicide risk
- **Choice** reduces suicide risk

No medical need for special legal framework for abortion services

