Reviewer's report

Title: Reductions in Abortion-Related Mortality following Policy Reform: Evidence from Romania, South Africa and Bangladesh

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Reviewer: Jillian Henderson

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Reductions in Abortion-Related Mortality following Policy Reform: Evidence from Romania, South Africa and Bangladesh

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This article is a comparative case study analysis of factor that may account for reduced maternal mortality in three countries that reformed abortion policy and simultaneously expanded reproductive health services delivery. The cases are informative because each country achieved reductions in maternal mortality, but the mechanisms may have differed somewhat across contexts. By considering factors that beneficially complemented abortion policy reform, the authors identify characteristics of programs that were in place alongside abortion policy changes that may be required to realize improved outcomes for women. The analysis is useful for governments, advocates and public health agencies working to reduce maternal mortality through abortion policy reform. The article is well-researched and supported with appropriate supplemental data.

Major Compulsory:

1. As well-described by the authors in the limitations section, the examination suffers somewhat from the lack of counterfactuals for the comparison since the countries that had sufficient data on maternal mortality also invested in improvements to service delivery.

Given the cases available, the authors can conclude that in the countries where data are available and services and training are organized and well-documented, maternal mortality reductions were achieved. It might also be concluded that governmental functioning, research infrastructure, and other factors contributing to the availability of data are important to document reduced maternal mortality from abortion. (And, indeed, this may be an important conclusion to draw for countries interested in achieving and documenting MDG targets in part through abortion law liberalization.)

While the three national cases could offer insight into common and unique features present in three countries that achieved reductions in maternal mortality, this does not necessarily lead to the main conclusions drawn by the authors. Given that the case study is a qualitative methodology, the types of conclusions
that can be drawn should be more about the similarities and differences of the
cases and lessons that can be drawn from these. Instead, the conclusions sound
like results from a quantitative correlational study. While it is not illogical to
assume that expansion of services, training, and improved reproductive health
care would contribute to the effectiveness of abortion reform, the study design
does not support these broad conclusions:

Findings from this review of three case studies indicate that in countries where
liberal abortion legislation/policy was accompanied by genuine efforts to improve
access to and quality of abortion and reproductive health services, the magnitude
of abortion-related death was dramatically reduced. …

And:
As this review demonstrates, efforts that lead to declines in abortion-related
mortality are most effective when there is a confluence of political will, funding,
partnerships between government and NGOs, additional policies supporting
change in reproductive services and an overall commitment to improving
women’s health.

These conclusions should be circumscribed and tempered to more closely
adhere to the qualitative analysis conducted: Something like…. In three different
countries with unique social and political contexts that scaled up services in the
wake of abortion law liberalization, substantial declines in maternal mortality were
achieved. Our reviewed identified some common and unique factors that may
have contributed…. Etc etc.

Overall, more straightforward and direct statements about the purpose and
limitations of the comparisons is needed early in the manuscript, along with more
careful wording of conclusions.

2.

The second paragraph of the background is too long and contains some material
that is distracting and somewhat off-topic. Much work remains to be done to
understand the complex relationship between abortion and socioeconomic
conditions at the macro level, and this area of research is not essential
background material for the paper’s aims. Some readers may find the
parenthetical statement (who may otherwise not have been born) jarring, as I did.
The Hodgson correlation between economic output and abortion policy and
fertility as referenced here seems taken out of context, implying a causal
relationship when combined with the other cited material.

I recommend cutting, or truncating to key points the following: By 2007, 67
countries had legislation explicitly permitting legal termination on the grounds of
economic or social hardship, recognizing the potential impact of unwanted
pregnancy and unsafe abortion on women’s socio-economic outcomes (Hodgson
2009). Studies also suggest that children born under abortion bans (who may
otherwise not have been born) experience substantial socio-economic adversity
such as lower rates of education, poor labor market outcomes, higher incidence
of mental health problems and higher dependence on welfare (David 1992;
Pop-Eleches 2006). Furthermore, links have also been made between abortion
bans and socio-economic development on a national level; Hodgson notes that countries with the lowest levels of income and economic output tend to also have most restrictive policies and highest fertility rates (Hodgson 2009).

Minor essential:

3.
In the methods section, when describing the purpose of the case studies reviewed for the paper, a more direct statement of the approach and aims could be made. For example, … We sought to identify countries where sufficient data and information are available to examine attributes of the service delivery context following abortion policy reform. The review was limited to countries with sufficient data on maternal mortality to assess the near term consequences of abortion legalization.

4.
In the description of the three cases, it would be helpful to the reader if you used parallel section headings for each. You suggest in the introduction to the results the three topics you review for each case, and perhaps you could use those headings to organize the material.

5.
I did not see Table 1 in my version of the manuscript. Perhaps it was not uploaded? In any case, it was never discussed and should be referred to in the discussion (describing the different contexts) if it is to be included.

Minor discretionary:

6.
Abstract - In the first sentence, perhaps change to: abortion law and policy liberalization hold great promise to reduce unsafe abortion and related deaths. Or, change can to could.

7.
Abstract - Remove the backslashes and revise the following phrases for smoother reading: “abortion law/policy liberalization” and “offer safe abortion/menstrual regulation services”.

8.
In the final sentence of the abstract, rather than the findings having implications, “the findings point to … “. The final sentence of the abstract should be more specific and compelling – this is a very important review, but the conclusion as described here is too general.

9.
It would be interesting to learn more about differences and similarities in the actors for change involved in each of these countries. Were there INGOs or
supporting agencies in common? Were they linked in any way in the resources they drew upon?

10.
I’m not sure the evidence is entirely clear, although it is admittedly compelling. I recommend dropping the second to last sentence for this type of publication.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests.