



Comment on: COVID-19 and abortion right

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I have closely followed the article on COVID-19 and abortion right (by Rashidpouraie and Sharifi [1]) and the comment on it (by Madani and Mohammadi [2]). I have been reviewing records of induced and unsafe abortions during COVID-19.

Induced abortion is a challenging concern for the health system, especially in the COVID-19 pandemic era. It is a complicated, multifactorial issue and is closely related to some challenging moral, legal, religious, philosophical, medical and reproductive health field concerns.

Induced abortion due to nonmedical reasons had risen to 81% from 2009 till 2014. The 3 most important factors for decision of induced abortion have been reported to be family income, education and method of contraception usage in women in Iran [3,4].

Annually, there are 121 million unintended pregnancies worldwide, of which 73 million end in induced abortion. Among them, about 585,000 women die from complications of pregnancy and 20% of these deaths are due to unsafe abortion practices [5].

As it has been known: "The Guttmacher Institute suggests that a 10% decline in global modern contraceptive method use over a 12 months period due to disruptions caused by COVID-19 could result in an additional 15.4 million unplanned pregnancies, 3.3 million unsafe abortions and 28,000 maternal deaths" [6]. It is evident that COVID-19 is not only a medical disease, but is also a complicated psychosocio-economic problem that needs ethical, social and legal considerations.

It seems that only medical concern of unintended pregnancy cannot reduce clandestine induced and unsafe abortions. A more holistic approach towards preventing unintended pregnancy during the pandemic, or even endemically in the normal situations, can help reduce the rate of induced abortion. All in all, access to safe and legal abortion is a fundamental right of women, on the other hand, legal prohibition is not an effective tool for reducing the incidence of abor-

tion. It is necessary to consider ethical principles (autonomy, beneficence, non-maleficence) in the decision making process. The restricted abortion laws will only lead to increased unsafe and clandestine abortions and consequently delay care and increase the associated mortality and morbidity, affecting the health and lives of women.

Conflict of interest

No potential conflict of interest relevant to this article was reported.

Ethical approval

This study does not require approval of the Institutional Review Board because no patient data is contained in this article. The study was performed in accordance with the principles of the Declaration of Helsinki.

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Patient consent

Written informed consent and the use of images from patients are not required for the publication.

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