Danish-like Regulations May Improve Postabortion Mental Health Risk

To the Editor

Steinberg and colleagues’ study of Danish prescription records suggests that from parity in first antidepressant use after abortion and childbirth in Denmark, state policies restricting abortions in the United States may not be justified. There are good reasons to question the results; in the cited sources, half of antidepressant prescriptions were for nondepressive indications. However, if indicative of benign depression outcomes after Danish abortions, the results more likely support the opposite conclusion regarding abortion restrictions.

Unlike the United States, Denmark has had strict federal regulations on abortion since 1973. Abortion on demand is permitted only through 12 weeks’ gestation. Later exceptions, which require approval by 2 physicians (1, a psychiatrist), are rare (about 4%, half the US rate). Application for abortion must be made in person to a physician, who is required to discuss “possibilities for assistance in the event that the pregnancy is continued to term and for assistance after the birth of the child” and to inform her of “the nature of the procedure and its direct consequences as well as the risk which it may involve” prior to scheduling the procedure.1

If a woman is younger than 18 years, Danish law requires written parental consent. Evidence-based information produced by the National Board of Health for the use of abortion applicants advises that sadness and emptiness following abortion is normal, not uncommon, and that “some mental problems after abortion can be associated with conflicts and considerations before the abortion”3,4—research this study confirms.

Absent federal restrictions in the United States, many states have gradually adopted a regulatory context for abortion of parental consent, gestational limits, consideration of options and risks, and due deliberation about the decision to abort a pregnancy that looks a lot like Denmark. Along the way, the US abortion rate, once more than twice that of Denmark’s, has dropped to near parity. Three decades ago (1985), the abortion rates (the number of abortions per 1000 women aged 15–44 years) for the United States and Denmark were 28.0 and 15.6, respectively; in 2011 (the latest year with published comparative data), they were 15.0 and 14.0, respectively.5 It is not unreasonable to suppose that such restrictions on the Danish model tend to discourage the more distressful abortions, leading not only to fewer abortions but also to less troubling abortions. The results of this study suggest, therefore, that the rise of such sensible, balanced procedures in many areas of the United States is a development to be welcomed and encouraged.

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