



## **Standing Committee on Foreign Affairs**

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**Date:** September 3, 2025

**Subject:** Contribution by NPV – Care for Life regarding the initiative note “Access to Abortion is a Human Right” for the Committee Meeting on September 8, 2025

Dear Members of the Standing Committee on Foreign Affairs,

In preparation for your upcoming meeting on September 8 regarding the initiative note “Access to Abortion is a Human Right,” NPV – Care for Life would like to draw your attention to several key points:

1. Legalizing abortion does not reduce maternal mortality
2. Problem statement is flawed
3. A human right to end human life: inconceivable
4. Dubious source of inspiration

### **1. Legalizing Abortion Does Not Reduce Maternal Mortality**

The initiator, MP Paulusma, builds her note entirely around the assumption that unsafe abortion causes or increases maternal mortality when abortion is illegal. The proposed solution is therefore to “improve global access to abortion.” However, this claim contradicts reality. Research shows that legalizing abortion has little to no impact on maternal mortality. This is evident from multiple studies comparing countries based on their abortion legislation and the quality of their (emergency) care.

Take, for example, the research by Oxford scholar Dr. Calum Miller. His findings show that less developed countries with liberal abortion laws still struggle with high maternal mortality, while wealthy countries with abortion bans see further declines in maternal deaths.<sup>1</sup> For example, Poland, despite its abortion ban, has a lower count of maternal mortality than The Netherlands.<sup>2</sup> A country like India, where abortion has been legal for 50 years, continues to face alarmingly high maternal mortality. Researchers attribute this not to unsafe abortion, but to socioeconomic vulnerability and insufficient access to quality, hygienic care.<sup>3</sup>

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<sup>1</sup> <https://calumsblog.com/2022/02/10/abortion-and-maternal-mortality/>

<sup>2</sup> [https://data.worldbank.org/indicator/SH.STA.MMRT?locations=PL-NL&name\\_desc=false](https://data.worldbank.org/indicator/SH.STA.MMRT?locations=PL-NL&name_desc=false)

<sup>3</sup> Yokoe R, Rowe R, Choudhury SS, Rani A, Zahir F, Nair M. Unsafe abortion and abortion-related death among 1.8 million women in India. *BMJ Glob Health*. 2019 May 2;4(3):e001491. doi: 10.1136/bmjgh-2019-001491. PMID: 31139465; PMCID: PMC6509605

Research thus shows that the quality of emergency and follow-up care is the most significant factor in reducing maternal mortality, as Dr. Miller argues. The examples speak for themselves. South Africa faces rising maternal mortality, even since the introduction of legal abortion. Zambia, which has had legal abortion for 50 years, still struggles to reduce maternal deaths. If an abortion ban leads to an increase in unsafe abortions and thereby more maternal deaths, one would expect a decline in those countries and an increase in countries like Poland.

Miller's findings align with the work of Professor Elard Koch regarding Chile.<sup>4</sup> His research shows that maternal mortality in that country was not affected by the abortion ban introduced in 1989. In fact, maternal deaths continued to decline after the ban took effect.

#### *Examples of deceased women*

The initiative note also refers to incidents in countries like Poland, suggesting that women die due to strict abortion policies or fear of prosecution stemming from unclear regulations around obstetric care. Dr. Miller's referenced work addresses this as well. In the case of Polish woman Izabela Sajbor, it should be noted that the abortion ban did not apply to her situation. Ms. Sajbor tragically died after doctors failed to perform an abortion while her life was in danger. What the initiative note does not mention is that Polish law allows abortion in such cases. This was therefore a medical error, for which two doctors have since been sentenced to 18 and 15 months in prison.

Izabela's family lawyer stated that no direct link could be established between Polish abortion law and her death.<sup>5</sup> This crucial information casts a different light on a death that could have been prevented, but now seems to be used primarily to exert pressure for expanding abortion access in Europe and beyond. As Dr. Miller also notes, this case should not be counted as maternal mortality due to abortion or lack of legal access to it.

## **2. Problem Statement is Flawed**

NPV finds it remarkable that the initiative note refers to unsafe abortion as "the number one cause of death among pregnant women" worldwide, as this contradicts all statistics on the subject. Hemorrhage, high blood pressure, infections, and complications during childbirth are among the causes of death during pregnancy that far exceed the numbers related to abortion.<sup>6</sup>

From the entire text of the initiative note, it becomes clear to us that the term "unsafe abortion" is consistently used to mean "illegal abortion." This is evident, among other things, from the call to the minister to improve access to safe abortion, which obviously does not advocate for the promotion of illegal activities. Apart from the fact that these are not interchangeable terms, we would like to address the claim itself.

Although MP Paulusma does not provide a source for the claim that 39,000 women worldwide die annually due to unsafe abortion, it is clear to experts that she refers to the frequently cited

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<sup>4</sup> Koch E, et al. Women's Education Level, Maternal Health Facilities, Abortion Legislation and Maternal Deaths: A Natural Experiment in Chile from 1957 to 2007

<sup>5</sup> <https://krakow.wyborcza.pl/krakow/7,44425,27761934,jolanta-budzowska-pelnomocniczka-rodziny-izy-z-pszczyny-lekarze.html>

<sup>6</sup> World Health Organization. 'Trends in maternal mortality estimates 2000 to 2023', 2025; p. 5; See: <https://iris.who.int/bitstream/handle/10665/381012/9789240108462-eng.pdf?sequence=1>

WHO study from 2014 in which this figure appears.<sup>7</sup> What is missing in Paulusma's substantiation is that this figure is not solely composed of abortion cases. Other causes of death, such as miscarriage and ectopic pregnancy, are also included in the category "abortion" according to the study.

Furthermore, according to the WHO itself, the study does not refer to 39,000 deaths but to an estimate ranging from 13,865 to 38,940 deaths.<sup>8</sup> It would therefore be more accurate to present the average or full estimate, supplemented with the nuance that it is unknown how often abortion was the actual cause of death. Instead, the initiative note presents a definitive figure of 39,000 deaths per year.

It is clear that the substantiation of the problem statement leaves much to be desired. Nevertheless, it is true that women die as a result of abortion, just as women also die during pregnancy due to severe bleeding, miscarriages, ectopic pregnancies, or other complications. In wealthy countries, however, these deaths are prevented through good prevention and care, even when there is an abortion ban, as in Poland and Malta. The solution is therefore not to legalize abortion, but to provide high-quality emergency and follow-up care for moments when complications arise.

As previously mentioned, an unsafe abortion is not the same as an illegal abortion. Therefore, it is not surprising that literature repeatedly shows that an abortion ban does not increase maternal mortality (even specifically regarding abortion). On the contrary, considering the demonstrable fact that the number of abortions decreases after an abortion ban. Even Professor Diana Greene Foster, lead scientist of the well-known Turnaway Study and outspoken advocate for abortion rights, devoted an opinion piece<sup>9</sup> to the call to stop claiming that an abortion ban leads to more or even the same number of abortions. Her research shows that about half of the women who were denied access to abortion carried their pregnancies to term — without dying, incidentally.

### **3. A Human Right to End Human Life: Inconceivable**

D66 also calls on the minister to advocate internationally for the expansion of several human rights declarations. Access to (safe and legal) abortion should be included as a human right. This paradoxical request essentially means that there should be a human right to end another human life. The reason that abortion — like euthanasia — is still fundamentally punishable under Dutch law is precisely because it involves the termination of human life. Such acts can never be considered normal medical practice, and the legislature has never intended them to be.<sup>10</sup>

It is beyond dispute that every unborn child, no matter how early in pregnancy, constitutes human life. This is not merely the opinion of NPV, but a biological fact. That individual human life

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<sup>7</sup> Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels J, Gülmezoglu AM, Temmerman M, Alkema L. Global causes of maternal death: a WHO systematic analysis. *Lancet Glob Health*. 2014 Jun;2(6):e323-33. doi: 10.1016/S2214-109X(14)70227-X. Epub 2014 May 5. PMID: 25103301

<sup>8</sup> World Health Organization. 'Abortion Care Guidelines', 2022; p. 2; See: <https://iris.who.int/bitstream/handle/10665/349316/9789240039483-eng.pdf?sequence=1>

<sup>9</sup> Foster, D.G. *The Turnaway Study: ten years, a thousand women, and the consequences of having – or being denied- an abortion*. Scribner 2020. p. 126

<sup>10</sup> Postma, L. mr. dr. Buijsen, M.A.J.M. prof. mr. dr. 'Abortus: strafrecht of zorg?', *Tijdschrift voor Strafrecht*, bestemd voor Erasmus Universiteit Rotterdam; See: [https://pure.eur.nl/ws/portalfiles/portal/158988641/Abortus\\_strafrecht\\_of\\_zorg.pdf](https://pure.eur.nl/ws/portalfiles/portal/158988641/Abortus_strafrecht_of_zorg.pdf)

begins at fertilization is a demonstrated consensus among biologists worldwide.<sup>11</sup> That this life, in all its stages, is a biological human being which, moreover, develops as a whole within the human life cycle, is equally factual.<sup>12</sup>

With this, NPV does not intend to disregard the right to bodily autonomy of women or people in general. However, NPV wishes to guard against the right to life being overridden by the right to individual bodily autonomy.

When we look at the most fundamental human rights, reference is often made to the so-called *non-derogable human rights*. Amnesty International affirms the existence of this list and publishes it on its website.<sup>13</sup> This list once again shows that the right to life is the most fundamental right, from which all other rights flow. The right to self-determination or bodily autonomy is not found on that list.

When the life of the woman is not in danger, it seems a logical consequence of the recognition of human rights that the right to life takes precedence over that of individual autonomy. Since it is not a question but a scientific fact that the unborn child from fertilization is: 1. fully human; 2. alive; and 3. developing as a whole within the human life cycle, there can be no doubt about whether an unborn child is a human being with human rights.

NPV therefore strongly advises the Minister of Foreign Affairs not to comply with D66's request to further advocate internationally for broader access to abortion than is already the case. As former Minister Bruins Slot of Foreign Affairs already stated in her written response to the underlying D66 note in October 2023, the ministry annually spends millions on NGOs that advocate for broader access to abortion worldwide, such as Ipas, Safe Abortion Action Fund (SAAF), International Planned Parenthood Federation (IPPF), and She Decides.<sup>14</sup>

#### **4. Dubious Source of Inspiration**

Finally, NPV wishes to draw attention to the source of inspiration cited by D66 at the beginning of the initiative note on its website. This is because NPV is concerned about the implications of the quote — or rather, about its origin. It concerns a statement by the late Margaret Sanger, founder of the American Planned Parenthood, which would later become one of the largest abortion providers in the world.

Sanger's activism, which lasted well into the 1940s, was primarily focused on access to contraception. For a long time, she was praised for her efforts. Until the organization she founded in New York publicly distanced itself from her problematic past.<sup>15</sup> Sanger turned out to be a proponent of the pre-war eugenics movement — which held the belief that the human race could be improved through selective reproduction. Her views led to questionable statements

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<sup>11</sup> Jacobs, Steven and Jacobs, Steven, Biologists' Consensus on 'When Life Begins' (July 25, 2018). Available at SSRN: <https://ssrn.com/abstract=3211703> or <http://dx.doi.org/10.2139/ssrn.3211703>

<sup>12</sup> Database: When does life begin? <https://whendoeslifebegin.org/>

<sup>13</sup> <https://www.amnesty.nl/encyclopedie/niet-opschortbare-mensenrechten>

<sup>14</sup> Cabinet's reaction to initiative note: Access to abortion is a human right on October 27 2023. Reference: BZDOC-1235421577-13, See: <https://open.overheid.nl/documenten/a76d8ac8-2ff1-4e46-ba7e-331ce720368a/file>

<sup>15</sup> New York Times. 'Planned Parenthood in N.Y. Disavows Margaret Sanger over Eugenics, on July 21 2020; See: <https://www.nytimes.com/2020/07/21/nyregion/planned-parenthood-margaret-sanger-eugenics.html>

about the African-American population. Sanger also once gave a lecture to the openly racist organization Ku Klux Klan.

In an era where people — often posthumously — are “cancelled” for far less, it is disheartening to see that a quote from an ideological figure with a history of blatant racism and eugenic beliefs finds its way to the desks of our parliament. NPV in no way wishes to suggest that today’s D66 endorses Sanger’s controversial ideas. However, it does illustrate that the development of the initiative note under discussion is of questionable quality, which was already evident in the weak substantiation of the problem statement.

### **Final Appeal**

The above makes it sufficiently clear, according to NPV, that *abortus provocatus* cannot be considered a human right, for the simple reason that it would create a right to kill another human being. NPV acknowledges that the abortion debate is complex, involving major ethical dilemmas and the well-being of women and children. However, if abortion were to become a human right, the balance would shift entirely to an extreme position — one that the Dutch government, the European Union, and all governments beyond should stay far away from. Not least because of what it could mean for other groups within society if the right to kill another becomes commonplace.

To avert this threat, NPV urges the Committee not to support the initiative proposal.

**Sincerely,**

**NPV – Care for Life**

Dr. Bert-Jan Heusinkveld

Director, NPV – Care for Life

*NPV is a Christian organization that advocates for care for life and is also the largest patient organization in the Netherlands. With a professional office, around 46,000 members, and 70 local branches with over 6,000 volunteers, NPV is active in the areas of policy advocacy, advice & training, and voluntary home care. NPV maintains a large network within and outside Christian circles in the Netherlands on themes and projects related to medical ethics, with an emphasis on the beginning and end of life (including prenatal screening, pregnancy termination, palliative care, euthanasia, and the current debate on 'completed life'). NPV also conducts annual research among its members on knowledge, opinions, and experiences regarding current medical ethical issues.*