

RESUMO - BIOÉTICA

MORTALITY BY ABORTION-RELATED CAUSES IN BRAZILIAN REGIONS, 2015-2024

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Introduction: Abortion is classified as a crime in Brazil, which does not prevent its occurrence, but rather leads to its clandestine nature, such that abortion procedures are often performed in precarious conditions or using unsafe methods. Objective: To describe a ten-year time series of mortality by abortion-related causes and to compare the spatial distribution across the five macro-regions. Methods: Deaths of women of childbearing age, maternal deaths, and late maternal deaths were collected by ICD-10 categories O05 (other types of abortion), O06 (unspecified abortion), and O07 (failed abortion attempt) by region and Federative Unit in Brazil from 2015 to 2024, using DATASUS Tabnet (Vital Statistics), with the female population of childbearing age and/or live births as the denominator for calculating mortality rates. Results: The country's consolidated maternal mortality rate was 63.2 women/100,000 live births, decreasing to 8 women/100,000 live births when late deaths were considered, and increasing to 125.4 deaths/100,000 women of childbearing age. Roraima had 117.6 women/100,000 live births of maternal mortality due to abortion, and Santa Catarina, 39.1 women/100,000 live births. The national figure tended

towards stability, with only a 3.64% decrease, but the states with the greatest variation were Mato Grosso do Sul, which decreased the MMR by 36.14%, and Santa Catarina, which increased it by 52.04%. Late maternal mortality rates ranged from 18.2/100,000 live births in Rio de Janeiro to 3.1/100,000 live births in Alagoas, or zero in Acre. The mortality rate due to abortion in women of childbearing age was 96.0/100,000 women in the Federal District and 151.33/100,000 women in Rio de Janeiro. Conclusion: Significant regional inequality was detected in the maternal mortality rate, especially when the study was restricted to late deaths, which depend on investigations by teams from the Health Secretariats, interviews, and access to complementary examinations. States with regional and socioeconomic similarities presented quite disparate statistics, and some states in the South and Southeast had lower rates than states in the North and Northeast, where access to family planning is more precarious, indicating underreporting. The finding of higher mortality rates among women of childbearing age than among women in the pregnancy-puerperal cycle (maternal deaths) is a technical flaw in health information, since it is impossible to die from abortion complications without being classified as a maternal death. Statistics on abortion mortality in Brazil do not allow for monitoring the occurrence of illicit pregnancy terminations due to uneven investigation of maternal deaths, differences in lethality between abortion methods, and the effectiveness of medical care provided to victims.

Palavras-chave: abortion; mortality; inequity; tendency.