WOMEN HAVE A RIGHT TO KNOW

Adverse Effects of Induced Abortion

A Summary of Published Data

A RIGHT TO KNOW

Each year Irish women are referred to England for abortions.

Most of these women have been advised by medical practitioners or health professionals.

Are they being made aware of the risks involved?

PREFACE

The primary aim of this report is to provide doctors and other healthcare professionals with the information they require regarding the adverse physical and psychological effects of induced abortion. Patients must be provided with all the relevant information about a procedure and must be denied none of the facts. Although there is widespread acceptance of the need for "informed consent" for any procedure, the information contained herein has been denied to millions of women with severe and long-lasting consequences.

If a woman comes to you seeking information on abortion, you should be able to make her fully aware of the possible complications of the procedure. This report has gathered the most contemporary research to provide you with all the information you need. Use it well, for their sakes and for your own.

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FOREWORD

At a time when induced abortion is welcomed by some as a panacea, this report, which is very well researched, presents an accurate, factual resume of the possible sequelae, medical and psychological, of induced abortion.

For any young woman, choosing to have an abortion is a painful experience. This report should assist those health care professionals who are called upon to counsel such a person in helping her to reach a decision in the light of all the facts surrounding induced abortion. In other words, it should make possible truly informed consent.

The report is timely. Hopefully it will be found useful by health care workers who are involved in crisis pregnancy counselling.
I recommend it without reservation.

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Every statistic churned out by the abortion industry should be viewed with great suspicion. The author of this report has sifted the wheat from the chaff and presents the real facts about the effects of abortion in their true light. All those who work in the 'abortion referral industry' should present these facts to their patients. It's not only ethical, it's good medicine.

John Fleetwood, M.B., B.C.H., B.A.O.

1. INTRODUCTION

Women who are seeking advice about abortion are entitled to know the risks involved

There is a popular misconception that induced abortion is safe and almost risk free. However, scientific research indicates that the procedure carries clear hazards to women's physical and psychological health. This report explains the recognised risks of abortion. They must be made known, firstly, to those health professionals who care for expectant mothers and secondly, to women who may be contemplating abortion.

Unfortunately, there exists certain individuals and organisations, even within the medical establishment, for whom the paramount consideration is to preserve the image of abortion as safe, simple and necessary for women's health. Consequently, they have chosen to disregard scientific evidence which makes it clear that, after abortion, a woman is at much greater risk from a host of medical sequelae, including breast cancer.

The evidence is so overwhelming, one can only conclude that the consequences of induced abortion for women, and for their subsequent children, are much graver than previously thought.

It would appear that women are being referred for abortion, without being made aware of all the possible consequences of the abortion procedure. Women have the right to be informed about the physical and psychological risks of abortion. Those of us who have women in our care have an obligation to alert them to the well-established risks associated with induced abortion. This duty of care extends to many care workers including; doctors, nurses, social workers, health boards and officials thereof.

This report is divided into two parts. The first part deals with the physical or medical consequences of abortion. These include serious implications such **as the link between abortion and breast cancer,** cervical and uterine lacerations and even maternal mortality. The second part of this report deals with the psychological implications of abortion, in particular a serious condition known as Post-Traumatic Stress Disorder (PTSD).

Reading this report will alert you to the many serious after-effects of abortion, both physical and psychological. If you are involved in the care of vulnerable women, either directly as a doctor or indirectly as a health authority official, we feel that this report contains valuable information and makes essential reading.

Awareness of this medical research will aid you in providing optimal care to women while fulfilling your obligation to them. **In this most litigious age, it is essential that full information be given to all patients who are considering any medical or surgical procedure.**

2. PHYSICAL EFFECTS OF INDUCED ABORTION

It is widely accepted that the physical effects of induced abortion are not only real, but frighteningly frequent

A. BREAST CANCER

It is an indisputable fact that breast cancer is on the increase throughout the world.[1] Recent research indicates that one of the causes of this upsurge is abortion.[2] Termination of pregnancy interrupts the growth and hormonal changes that allow the breast to produce milk, leaving the breast tissue at an increased risk of malignant change.

The Biological Link

A woman's first full pregnancy causes hormonal changes which permanently alter the structure of the breast. When a pregnancy is ended prematurely this process is interrupted. Instead of the breast returning to normal, as it would after birth, abortion leaves millions of breast cells suspended in transitional states. Studies on both animal and human tissue show that cells in this state face exceptionally high risks of becoming cancerous.

Dr Charles E Simone explains the etiology of Abortion-Breast Cancer in his book ***Breast Health***[3]

> *"When conception occurs, hormonal changes influence the breast. The milk duct network grows quickly to form other networks that will ultimately produce milk. During this period of tremendous growth and development, breast cells are undergoing great change and are immature or 'undifferentiated'; hence, they are more susceptible to carcinogens. But when a first full-term pregnancy is completed, hormonal changes occur that permanently alter the breast network to greatly reduce the risk of outside carcinogen influence. When a termination occurs in the first trimester, there are no protective effects, and many of the rapidly dividing cells of the breast are left in transitional states.....*
> *It is in these transitional states of high proliferation and undifferentiation that these cells can undergo transformation to cancer cells."*

When conception occurs for the first time, oestrogen and other hormones flood the mother's system causing her breast cells to undergo massive growth. Around the end of the first trimester of pregnancy the hormone balances in the woman's body change. Oestrogen levels drop and the levels of other hormones begin to rise.

The growth phase of the breast ends and a new phase of differentiation begins, continuing until the child is born. Cell differentiation is the process whereby cells become specialised, transforming into various organs and tissues of the body. Once specialised, cells are less likely to turn cancerous.

First trimester abortions interrupt the breast maturation process at the worst possible time. When cells are reproducing at their fastest, such as during breast maturation, the likelihood of an error is at its highest. It is thought that these reproductive errors cause cancer.

The Statistical Link

Studies strongly suggest that pregnancies which fail to continue to term are associated with a significantly increased risk of breast cancer.[4] The increase in risk is statistically sig-

nificant. An analysis of all studies done to date indicates **that women whose pregnancies end prematurely have a cancer risk that is 50% greater than women who carry their pregnancies to term.** This figure was first suggested by Dr Janet Daling, a research epidemiologist from the United States. In 1994 she published a study in the *Journal of the National Cancer Institute* revealing that women who underwent an induced abortion had a 50% greater chance of developing breast cancer than women who had not previously aborted.[5]

Significantly, Daling separated out women who had suffered a spontaneous abortion (miscarriage) and found they had no increased risk of breast cancer. Dr Daling's findings are not one of a kind. **There have now been 33 epidemiological studies worldwide, of which 27 show a higher risk of breast cancer in women who underwent induced abortion.**[6]

Age at First Abortion

Some of the abortion-breast cancer studies have also looked at the question of whether a woman who has an abortion at a very young age faces a significantly higher risk of developing breast cancer in later life.

Because the rate of cell proliferation is likely to be higher in younger people, Daling and her colleagues have suggested that **the greater risk of breast cancer for women younger than eighteen at the time of their first abortion may be real,** and deserves further investigation.

Evidence from a number of different independent sources all converge to the same conclusion: abortion dramatically increases the risk of breast cancer. Women have the right to have this information relayed to them. **When a woman is in care and an abortion is being advised by her carers, they have a responsibility to inform her of this serious risk.**

Litigation

In January 2002, in the first case of its kind in the world, **an Australian woman reached a settlement with an abortionist she had sued for failing to inform her about the research linking abortion to breast cancer.** The woman involved in the case could not be identified because of a confidentiality clause.

At the time of the settlement another similar case was pending in New South Wales, Australia. The award, which included substantial damages for psychological distress, was settled out of court when it was revealed that the abortionist was fully aware of the cancer link.[7]

B. CERVICAL, OVARIAN AND RECTAL CANCER

A number of studies done in the past 20 years indicate the existence of an increased risk of cervical and ovarian cancer where there has been a history of induced abortion. A higher incidence of rectal cancer may also be related to induced abortion, but further research is needed to explain this connection.[8-16]

A study published in the *Medical Journal of Australia* found that the incidence of cervical cancer increased amongst women with a history of previous induced abortion.[8] The researchers considered other possible causes but confirmed an association between a greater cancer risk and women who had undergone two or more abortions.

In 1993, La Vecchia and colleagues[9] established a cervical cancer risk following one induced abortion and reported that "…cervical cancer was directly associated with induced abortions." A second study by Schwartz and colleagues[10] found a significant relationship between leiomyosarcoma (a cancerous tumour in the smooth muscle of the uterus) and a history of induced abortion.

Studies published in the *British Journal of Cancer*[11] and the *Journal of the National Cancer Institute*[12], found that women with one abortion face a relative risk of 2.3 of developing cervical cancer, compared to non-abortive women. Women with two or more abortions face a greatly increased relative risk of 4.92.

Mc Pherson wrote in the *American Journal of Epidemiology*[13] that for ovarian cancer, "a history of having had an induced abortion was a factor that remained statistically significant."

In 1992 Negri[14] et al conducted an Italian case-control study on the incidence of ovarian cancer among women who suffered incomplete pregnancies. They found that there was a positive relationship between ovarian cancer and abortion and that this risk rose with each abortion a woman underwent. Levin et al[14a] discovered similar results.

Many studies on abortion and subsequent cancers of the reproductive system, point to a theory that, carrying a pregnancy to term actually reduces a woman's risk of developing breast and other cancers. This idea is confirmed by Albrektsen's study,[15] published in May 1995 in the *International Journal of Cancer,* which determined that **childbirth actually gives protection against cancers of the reproductive system**. This protection occurs because of "a mechanical shed of malignant or pre-malignant cells at each delivery." This protection is not found in pregnancies ended by induced abortion.

Kvale and Heuch[16] carried out a Norwegian study of 63,090 women and found 581 cases of colon cancer and 250 cases of rectal cancer. The authors report that "having had many abortions was associated with a high risk of **colorectal cancer**." The relative risk of both colon and rectal cancer ranged from 1.16 to 1.72. In other words the risk was up to **72% higher for women who had had abortions than for women who had carried their pregnancies to term.**

C. UTERINE PERFORATIONS

Many publications list uterine perforation as a recognised complication of abortion.[17] The most common abortion techniques (Dilation & Curettage, Suction & Curettage) all carry a risk factor for uterine perforation. Researchers working in the field of post-abortion medical problems, as detailed below, agree that cervical or uterine damage continues to be a major ongoing complication that can even affect subsequent pregnancies.

A report conducted by Kaali and colleagues,[18] published in the *American Journal of Obstetrics and Gynaecology* found that "most traumatic uterine perforations are unreported or even unsuspected." Records from the 1970's showed that tears to the wall of the uterus occurred up to 6.4 times per 1000 abortions.

However, they conclude that such injuries are only detected during later gynaecological surgeries. Consequently, they now report the "true incidence of uterine perforations was…19.8 for every 1000 procedures."

M White et al[18a] also conducted a case-controlled study of uterine perforations and abortion. They record a perforation rate of 30.4 per 1000 procedures.

In reality, it is impossible to know the true rate of uterine perforation following induced abortion. However, there is reason to believe that post-abortion uterine damage frequently goes unreported or even unnoticed. A report published by Leibner entitled *Delayed presentation of uterine perforation*[19] confirms this; "Although uterine perforation with intra-abdominal injury is a well described complication of vacuum aspiration [suction] termination of pregnancy, **most post-abortion perforations go undetected."**

A significant consequence of perforation is that future pregnancies are affected. Uterine perforations produce scar tissue that can affect the implantation of a later embryo, making further childbearing more difficult.[20]

Nemec et al[21] reported that **6% of women who became pregnant after hysterotomy abortions (a similar procedure to a caesarean delivery) suffered rupture of their uterus. Substantial risk of rupture was found in 26% of these cases.** More dangerously, uterine rupture is also one of the feared, and sometimes fatal, complications of prostaglandin abortion.

D. CERVICAL LACERATIONS

Many studies have been completed which examine the relationship between cervical dilation and subsequent cervical damage, including laceration to the cervix. Cervical dilation is frequently used to facilitate abortion.

Molin et al[22] discuss the problem of reduced cervical resistance following first-trimester abortion. Cervical resistance is a stiffness in the neck of the uterus which makes it difficult to expand.

The study suggests that reduced cervical resistance has been associated with a reduction in the ability to continue subsequent pregnancies. **Dilation up to 9 millimetres at the time of an abortion can lead to a fall in cervical resistance of 12.5% in patients, while dilation up to 11 millimetres can lead to a fall in cervical resistance of 66 to 67%.**

F J Zlatnik[23] and colleagues concluded in their report that injury to the cervix could be a possible cause of later miscarriages. The study examined radiological inspections of the upper cervical canal in women with a history of premature deliveries. Zlatnik thus confirmed that **induced abortion can cause the cervical muscles to be weakened and can therefore result in repeated pregnancy loss.**

K Schulz[24] and colleagues wrote in *The Lancet* journal, that cervical injury is one of the most frequent complications of suction curettage abortion. They report a rate of cervical injury of up to 1.6 per 100 abortions. The authors also argue that fractures of the cervix may occur during forceful dilation of the cervix which can lead to cervical incompetence.

E. PLACENTA PRAEVIA

In a normal pregnancy, the placenta is attached to the supero-anterior (upper) wall of the uterus. In placenta praevia it implants in the inferior part of the uterus. Being near or over the cervix causes a blockage and leads to major complications for the mother.

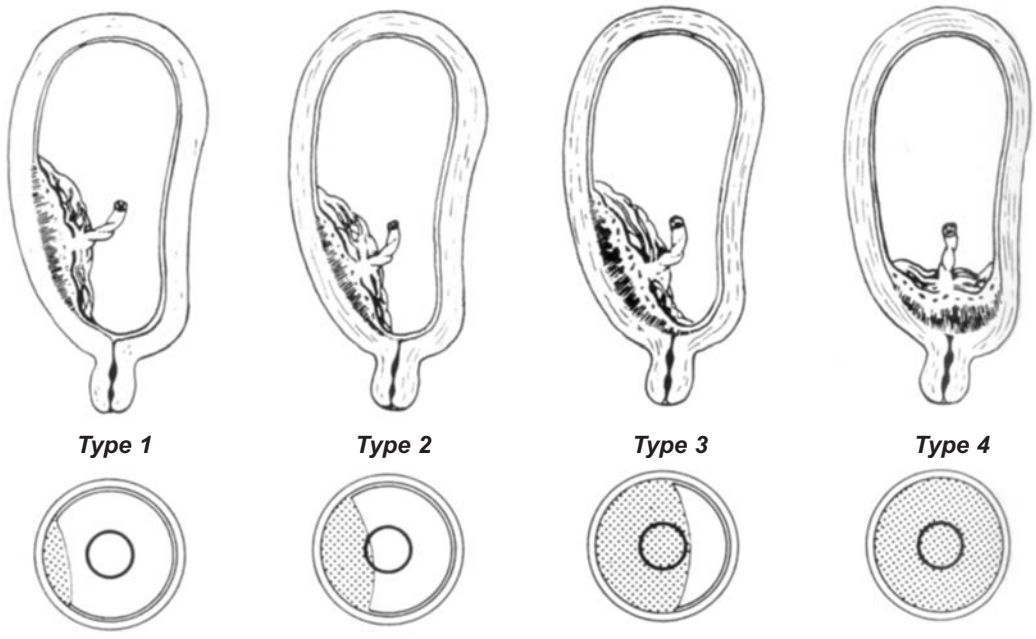
Placenta praevia usually presents in the second and third trimester of pregnancy and can cause mortality to both unborn child and mother. It is one of the leading causes of excessive vaginal bleeding during pregnancy and usually necessitates a caesarean section.

A review of 12 studies by researchers at the *Robert Wood Johnson Medical School* found that there was a strong association between a previous induced abortion and a higher risk of placenta praevia among U.S. women.[25]

A study by Barrett et al[26] at *Vanderbilt University* U.S.A found that a significant number of women whose pregnancies were complicated by placenta praevia had a history of induced abortion. Furthermore they **found that women with a previous history of induced abortion were 7 to 15 times more likely to develop placenta praevia in a later pregnancy.**

F Hutchinson[27] from the *Cancer Research Centre* in Seattle, evaluated the probability of placenta praevia being associated with a history of induced abortion by various methods. The study was conducted over two years and like the previous studies, concluded that the risk of placenta praevia is significantly increased by curettage abortions.

Types of Placenta Praevia and Relation of Placenta Praevia to Cervical Os



F. PREMATURE BIRTH

There has been much debate as to whether or not premature birth is related to abortion. We do know for certain that prematurity or preterm birth is a direct consequence of both cervical incompetence and infection. Prematurity is the leading cause of infant death within the first month of life.[28] In the *Eugenics Review*,[29] Malcolm Potts expressed "little doubt that there is a **true relationship between the high incidence of therapeutic abortion and prematurity."**

During an abortion procedure, the cervical muscle must be stretched open to allow the abortionist to gain entry to the uterus. If enough muscle fibres are torn, the cervix becomes weakened, causing so-called cervical incompetence. Normally, before birth a woman's body will release a cascade of hormones which cause the cervix to open naturally. After the baby is born and the uterus is empty, the cervix closes tightly again.

When a pregnant woman stands upright her child's head rests on the cervix. The muscle must be intact and strong in order to keep the cervix closed. If it is weak or incompetent (as it can be after an abortion) it will not be able to maintain the seal and opening may occur, resulting in premature birth and sometimes in miscarriage.

Dr Barbara Luke[30] who wrote the book *Every Pregnant Woman's Guide to Preventing Premature Birth* discusses this:

> *"The procedures for first trimester abortion involve dilating the cervix slightly, and suctioning the contents of the uterus. The procedures for a second trimester abortion are more involved, including dilating the cervix wider and for longer periods, and scraping the inside of the uterus. Women who had had several second trimester abortions may have a higher incidence of incompetent cervix, a premature spontaneous dilation of the cervix, because the cervix has been artificially dilated several times before this pregnancy."*

Extent of the Risk

So how well established is this risk? **Twenty studies between 1973 and 1999 in seven different countries (Denmark, Great Britain, U.S.A, Hungary, Germany, Greece, and France) show a statistically significant, increased risk of pre-term births after abortion.** (*Please refer to the reference section to find details of the studies)*.[31]

Dr Luke continues in her book

> *"If you have had one or more induced abortions, your risk of prematurity with this pregnancy increases by about 30%."*

The Effects of Prematurity

Premature birth or low birth weight are the most important risk factors for infant mortality or later disabilities, as well as for lower cognitive abilities and greater behavioural problems. A study of 26,000 consecutive deliveries at UCLA California, examined whether previous abortions and premature births had increased the number of stillborn babies and neonatal (after birth) deaths.

The findings of this study **were that the incidence of death "increased more than threefold" for those cases in which a previous abortion was involved.**[32]

In 2003, Texas became the first state in the U.S. to inform women considering abortion, that the procedure increases the risk of delivering a future baby with cerebral palsy. The Texas Department of Health produced a booklet entitled *A Woman's Right to Know* which contains this warning about cerebral palsy and other problems to which premature babies are at high risk. *(www.tdh.state.tx.us/wrtk/default.htm)*

The booklet reads "Some large studies have reported a doubling of the risk of premature birth in later pregnancies if a woman has had two induced abortions." It continues "Very premature babies have the highest risk for lasting disabilities such as; mental retardation, cerebral palsy, lung and gastrointestinal problems, even vision and hearing loss."[33]

Lawsuits

A Canadian court case, *Renaerts vs Vancouver General Hospital* in July 1991, has drawn attention to the plight of a child who suffered cerebral palsy. The child was an abortion survivor. Born alive, the baby was left without oxygen or medical treatment for 40 minutes until a nurse took her to the neonatal intensive care unit. The hospital involved was found negligent, thus legally responsible for her disabilities and was ordered to pay the plaintiff $8,700,000. *(The National Post, Ontario, 31st July 1999).*

G. ECTOPIC PREGNANCY

An ectopic pregnancy occurs when the embryo begins to develop in any part of the woman's reproductive system other than the wall of the uterus, the most common area being the fallopian tube. Ectopic pregnancy is a significant cause of pregnancy related morbidity and mortality.

Failure to diagnose it can result in the death of both mother and child. Approximately 1.5% of all pregnancies are ectopic, and this problem remains the leading cause of maternal death during the first trimester of pregnancy.[34]

If the abortionist's curette scrapes or cuts too deeply across the opening of the fallopian tubes, a scar may develop resulting in partial blockage of the fallopian tube.

Microscopic sperm can still pass through such blockage and fertilise an ovum as it breaks away from the ovary. After fertilisation, the human embryo is several hundred times larger than the sperm and may not be able to return through the narrowed scarred passage. The embryo then nests itself into the fallopian wall leading to a life-threatening situation of an ectopic pregnancy.

Chung and others[35] in the *American Journal of Epidemiology*, attempted to discover why previous induced abortions lead to ectopic pregnancy. Reasoning that the retention of foetal parts following abortion and subsequent infection "showed a highly significant association" they concluded that these two medical complications were associated with a **fivefold increase in ectopic pregnancy after induced abortion.**

H Barber,[36] author of *Ectopic Pregnancy, A Diagnostic Challenge* made an additional connection between abortion and ectopic pregnancy; "The increased risk of **Pelvic Inflammatory Disease - especially chlamydia - and induced abortion** appear to play leading roles in the dramatic rise in ectopic pregnancy."

Undiagnosed Ectopic Pregnancy

Physicians usually consider the possibility of an ectopic pregnancy when a pregnant woman (who is not seeking an abortion) displays symptoms of acute pain and bleeding.

Women are nowadays alerted to the possibility of such a complication and regular examinations make the condition less life-threatening. But where there is an undiagnosed ectopic pregnancy, a client may leave an abortion clinic believing that the abortionist has successfully terminated her pregnancy and that she is no longer pregnant.

However, if the child is implanted in the fallopian tube, the procedure will not have terminated the pregnancy. Convinced she is no longer pregnant, the woman may neglect to seek proper medical care when she develops the symptoms of a ruptured ectopic pregnancy. There is a high mortality associated with this later event.

Because ectopic pregnancy is a significant contributor to maternal death, calls have been made in the U.S.A for the *Center for Disease Control (CDC)* to investigate all cases of death from ectopic pregnancy, to determine if they are linked to recent abortions. Any identified

cases would move the victim from the maternal death to the abortion-related death category with a resulting increase in the latter.

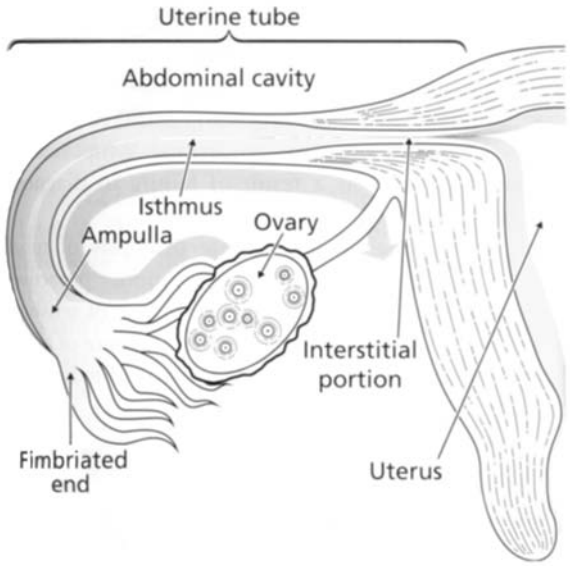
Subsequent Ectopic Pregnancy

There is a known relationship between induced abortion and subsequent ectopic pregnancy. In a 1992 edition of the *International Journal of Obstetrics and Gynecology* Michalas and colleagues[37] noted "…a worldwide epidemic of ectopic pregnancy, particularly in women who have postponed bearing children until later in their reproductive lives, has been taking place." They also found that "Induced abortions were positively related to ectopic pregnancy… ."

The relative risk of ectopic pregnancy was doubled for women who had undergone induced abortions. They referred also to another study from Boston U.S.A which reported a similar finding; a 260% increase in ectopic pregnancy after two or more induced abortions.

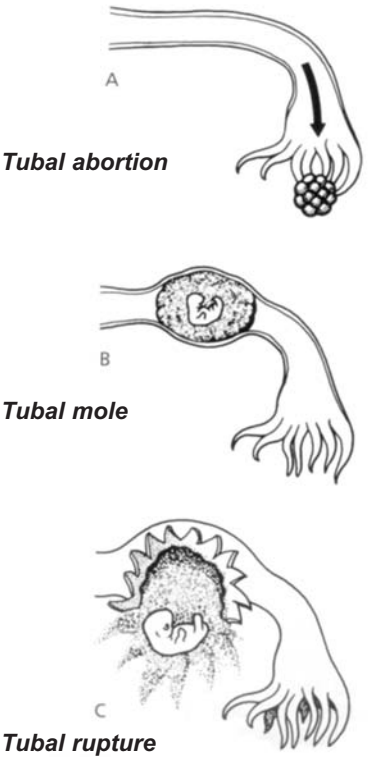
In Italy, Parazzini and colleagues[38] found that women faced an increased risk of ectopic pregnancy after induced abortion and that this risk continued to escalate after each subsequent abortion.

They found that the ectopic pregnancy risk in women having multiple abortions was thirteen times greater than for women who gave birth.



Sites of Implantation in Ectopic Pregnancy

Possible outcomes of Tubal Pregnancy



H. PELVIC INFLAMMATORY DISEASE

Pelvic Inflammatory Disease (PID) is a common condition in which infection in the lower female reproductive tract spreads to the upper tract. PID is a common cause of morbidity among women of reproductive age. Serious consequences of the disease include increased risk of infertility and ectopic pregnancy.

Chronic salpingitis (inflammation of the fallopian tubes) may follow an acute attack. Subsequent to inflammation, scarring and resulting adhesions may result. Due to blockage of the tubes by scar tissue, women with chronic salpingitis are at high risk of experiencing ectopic pregnancy. As previously discussed, this condition may be life-threatening.

The Connection between Induced Abortion and PID

Normally the cervix produces mucus which acts as a barrier to prevent pathogens (disease causing micro-organisms) from entering the uterus and moving upward to the tubes and ovaries. This barrier may be breached in two ways.

A sexually transmitted pathogen can invade the epithelial cells, alter them and gain entry. Otherwise organisms gain entry as a result of trauma to the cervix. **Induced abortion is one of the conditions that can alter or weaken the normal epithelial cells making them more susceptible to infection.**

The relationship between induced abortion and PID is well established. Levallois et al[39] report that "Pelvic infection is the most common complication of curettage abortion." Also Sorensen et al conclude in their report[40] that "Pelvic inflammatory disease is the most frequent complication of induced abortion…." They also refer to "…the high incidence of post-abortion PID with potential long-term risks of chronic pelvic pain, infertility and ectopic pregnancy."

Chlamydia trachomatis causes genital infections. According to Elizabeth Ring Cassidy and Ian Gentles, authors of *Women's Health after Abortion*,[40a] the abortion procedure can trigger a case of PID, but those post-abortion women who already have chlamydia are at far higher risk of PID than women who do not carry the organism.

Many women only discover that they are carriers of Chlamydia trachomatis pathogen when they develop post-abortion chlamydial pelvic inflammatory disease. By this stage it may be too late to avoid later fertility problems.

Most of the research on the association between abortion and PID has been conducted in Scandinavia and the UK. The research confirms an increase in the range of 6-30% for post-abortion infection.

Equally as worrying, the large Danish study by Nielson[41] found that even administering the antibiotic *Ofloxacin* before the abortion "did not significantly decrease the rate of post-abortion PID, neither among women with a previous history of PID, nor among those without previous PID."

Endometritis

Induced abortion is a trigger that can often

move infection into the uterine cavity and produce effects that chlamydia by itself might not cause. For example **Barbacci et al[42] found that 17.6% of patients with a history of abortion at the *John Hopkins Hospital, Baltimore, U.S.A.,* tested positive for chlamydia.** The doctors found "a significant correlation between the isolation of C trachomatis from the endocervical canal of patients undergoing abortion, and subsequent development of endometritis within two weeks of the abortion."

Sorensen and colleagues also determined that untreated women with chlamydial infection at the time of abortion had a risk as high as 72% of developing PID. They conclude that these women run the risk of "serious sequelae such as ectopic pregnancy." [40,43]

I. MATERNAL MORTALITY

Women can, and do, die as a result of induced abortion. For a one-year period (1998) the *Center for Disease Control (CDC)* in the U.S.A reported 10 deaths as a result of legal abortion.[44] Taking this figure as an average and multiplying it by the number of years abortion has been legal in the U.S., gives a total of more than 300 deaths. Investigators believe the true number may be far higher than this, owing to ambiguous and misleading reporting on death certificates.

Evidence for this under-reporting is provided in Mark Crutcher's *Lime 5, Exploited by Choice* which subsequently became a *20:20* TV documentary exposé on the abortion industry. Even under the best medical conditions, an experienced practitioner performing a routine abortion may puncture the uterus, the bowel or the bladder, leading to haemorrhage, infection and/or possible death.

Abortion-related maternal mortality is generally under-reported. Crutcher and his researchers personally verified 23 deaths from induced abortion in 1992-1993 in the USA. All deaths were reported to State agencies. The documentation from State health departments shows that 18 deaths were reported to the federal *Center for Disease Control.*

However, the official report of the CDC lists only 2 deaths. At first the researchers attributed the difference to bureaucratic incompetence. After further examination, they documented that the flawed abortion data from the CDC was not due to ineptitude but dishonesty, as "a large percentage of CDC employees had direct ties to the abortion industry." [45]

The *Journal of the American Medical Association* had the following to report;

> ***"Complications following abortions performed in free-standing abortion clinics are one of the most frequent gynecological emergencies encountered. Even life-endangering complications rarely come to the attention of the physician who performed the abortion, unless the incident entails litigation."*** [46]

A Scandinavian study on six of the countries which formed part of the Soviet Union - Estonia, Latvia, Lithuania, Russia, Belarussia and Ukraine - found the very high frequency of abortion contributes to the "deleterious" population decline and that maternal mortality remained "unacceptably high."

The researchers write:

> *"It is particularly worrying that induced abortions make up 20% - 35% of all maternal mortality."* [47]

Causes of Maternal Mortality from Induced Abortion

Causes of maternal deaths, arising specifically from induced abortion, range from haemorrhage and infection to embolism and cardiomyopathy. According to Atrash et al[48] approximately 14% of all deaths from legal abortion in the United States are due to anaesthesia complications.

They define abortion-related deaths as;

deaths resulting from a direct complication; an indirect complication caused by events initiated by the abortion, or an aggravation, by the abortion, of a pre-existing condition.

Septic Abortion

Septicaemia is a well-recognised complication in the recently aborted mother. Farro and Pearlman list the infectious complications of abortion in their book *Infections and Abortion* [49] published in 1992. They listed the infectious complications as including Adult Respiratory Distress Syndrome (ARDS), septic shock, renal failure, abscess formation, septic emboli and even death.

These complications are mentioned also in other reputable text books[50] and Victor Caraballo has written a most enlightening paper[51] on the presentation of severe septic complications in the emergency room setting.

Bleeding

Bleeding and haemorrhage are common after abortion. Blood transfusions are sometimes required. A report entitled *Legal Abortion: A Critical Assessment of its Risks* reported that 9.5% of post-abortive women needed blood transfusions after excessive bleeding.[52]

Childbirth is a normal process and the body is well prepared in advance for the separation and expulsion of placenta accompanying delivery.

Surgical abortion is an abnormal process that pries the unripe placenta from the muscle wall of the uterus in which it is entwined. This can cause the amniotic fluid to enter into the mother's circulation. Emboli can cause serious damage and even death. Pulmonary thromboembolism was the cause of eight female fatalities, as reported to the U.S. *Center for Disease Control*.[53]

Finnish Study

A 1997 study[54] of pregnancy-associated deaths in Finland has shown that the risk of dying within a year after an abortion is several times higher than the risk of dying after childbirth or miscarriage. This carefully designed record-based study is from *STAKES*, the statistical analysis unit of *Finland's National Research and Development Centre for Welfare and Health.*

In an attempt to study the accuracy of maternal death reports, the researchers sought the death certificate records for all women of reproductive age (15-49) who died between 1987 and 1994 - a total of 9,192 women. They then trawled through the National Health Care database to identify any pregnancy-related events for each of these women in the 12 months prior to their deaths.

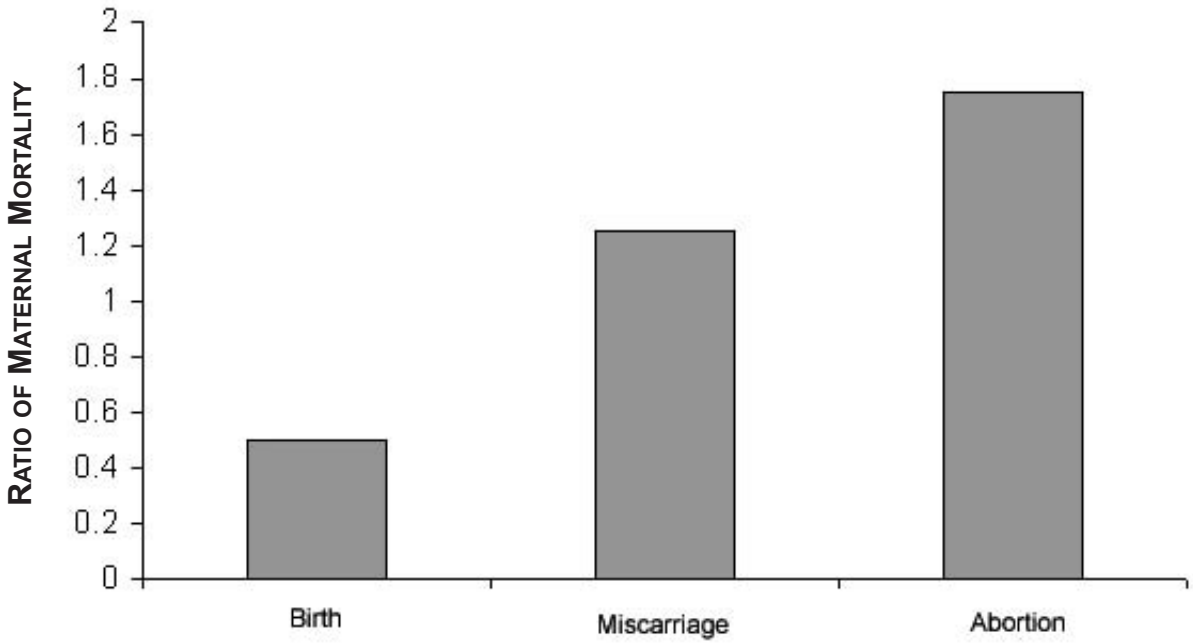
Since Finland has socialised medical care, it has accurate birth, death and abortion registries, thus allowing *STAKES* researchers to identify 281 women who had died within a year of their last pregnancy. **They found the mortality rate per 100,000 to be 27 for women who had given birth, 48 for women who had miscarriages or ectopic pregnancies and 101 for women who had had abortions.**

The table below shows ratios of women who

died following childbirth, miscarriage and abortion. Compared to women who carry a pregnancy to term, those who abort are over 3.5 times more likely to die within a year. In other words the maternal death rate after abortion was more than three times greater than the maternal death rate after childbirth.

These findings, which were reported in prestigious British and Scandinavian medical journals, disprove the spurious claim that induced abortion is safer than childbirth.

Comparison of Maternal Mortality Rates following Birth, Miscarriage and Abortion.



3. PSYCHOLOGICAL EFFECTS OF INDUCED ABORTION

It is much easier to remove a baby from a mother's womb than from her mind

A. REQUIREMENT OF PSYCHOLOGICAL TREATMENT

Although there is undoubtedly a great need for more research on the psychological consequences of induced abortion, it is clear that women experience varying degrees of emotional distress after the procedure.

The evidence outlined below shows that there are particular risk factors associated with the increased likelihood of developing severe and/or prolonged psychological sequelae as a result of having an abortion. **Emotional harm from abortion is more likely when one or more of the following risk factors are present:**[55]

1. prior history of mental illness
2. **immature interpersonal relationships**
3. unstable, conflicted relationship with one's spouse
4. history of a negative relationship with one's mother
5. **ambivalence regarding the abortion**
6. **religious and cultural background hostile to abortion**
7. **single status, especially if no born children**
8. **adolescent**
9. second trimester abortion
10. abortion for genetic reasons
11. **coercion to abort**
12. prior children
13. maternal orientation

Those features which are likely to be of significance in the Irish clinical situation have been highlighted. Ignorance is no defence where negligence exposes patients to an event which may have life-long implications for her and those close to her. Ultimately, the expectant mother will make the decision, but she has the absolute right to be informed of the likely psychological effects of her decision, with the resultant need for longer-term psychiatric or psychological intervention.

Recognised Effects of Induced Abortion

In a study of post-abortion patients only eight weeks after their abortion, researchers found the following results;[56]

1. 44% complained of nervous disorders
2. 36% had experienced sleep disturbances
3. 31% regretted their decision
4. 11% were prescribed psychotropic medicine by a doctor

A 5-year retrospective study from Canada[57] found significantly greater use of medical and psychiatric services among aborted women. Most significant was the finding that 35% of aborted women made visits to psychiatrists, as compared to 3% of women who had not had abortions.

Danish Study

A large study of all pregnant women throughout the entire population of Denmark was conducted in 1985 and discussed in *The Rawlinson Report* (1994).[58] The researchers in this study compared women less than three months after an abortion with pregnant women who declined abortion.

They found that psychiatric hospitalisation was

higher amongst the post-abortion women than among those who declined abortion and delivered. This very comprehensive study made it quite clear that women who undergo an abortion are very likely to develop psychological complications.

Very little information about the research findings on the adverse psychological effects of abortion is shared with women who are considering the procedure. Again this raises the issue of “informed consent.” By withholding readily available information, can the woman's carer be acting in her best interests?

In the Irish context, particularly with our recent history of court-directed abortions for vulnerable young girls, we should pay close heed to the words of the ***World Health Organization***:

> *"Serious mental disorders arise more often in women with previous mental problems.* ***Thus, the very women for whom legal abortion is considered justified on psychiatric grounds are the ones who have the highest risk of post-abortion psychiatric disorders."*** [59]

B. POST-ABORTION SYNDROME

Post-Abortion Syndrome (PAS) is a suggested variant of Post Traumatic Stress Disorder (PTSD) and abortion was one of the traumatic events listed in *DSM-111R*,[60] the diagnostic manual used in the U.S. for the diagnosis of mental disorder.

The Fourth Edition of *DSM* dropped abortion from its list of possible precipitants, but this is far more likely to have been a political decision than one based on clinical evidence. Since then, even more evidence has accumulated indicating that abortion can form the substrate for psychiatric disorder. Post Traumatic Stress Disorder is the result of having suffered an event so traumatic that the person is unable to process the event in a "normal" manner.

There are several theories behind the pathogenesis of PTSD, but thus far they remain theoretical. Sufferers of PTSD are unable to simply resume their lives where they left off before the traumatic event. Instead, they experience a variety of severe psychological symptoms that do not go away merely with the passage of time.

The risk that an experience will be traumatic is increased when the traumatising event includes threats of physical injury, sexual violation, or the witnessing and/or participation in a violent event.

Women experience abortion as a traumatic event for a variety of reasons. Some may be forced into an unwanted abortion by boyfriends, parents, doctors, counsellors or others.

Certainly, some women, no matter how sure they were about wanting the abortion, may still perceive the termination of their pregnancy as the violent killing of their own child. The fear, anxiety and guilt associated with the procedure often become overwhelming.

The abortion researcher David C Reardon records in his book, *Aborted Women: Silent No More*, that some women reported that the pain of abortion inflicted by a masked stranger in surgical garb feels identical to rape. Indeed, researchers have found that **women with a history of sexual assault may experience greater distress during and after an abortion because of the association between the two experiences.**[61]

The overwhelming similarities between the defined Post Traumatic Stress Disorder and the purported Post-Abortion Syndrome leave little room for doubt that PAS is a variant of PTSD. As with PTSD, the symptoms and signs are varied and may not appear for some time after the trauma.

They are, nonetheless, real, and should be dealt with accordingly. Each of the symptoms of PAS/PTSD may appear independently and not every woman is necessarily going to experience the entire syndrome. Some symptoms may occur immediately after the abortion, while others may take months or even years to surface.

The primary features of Post-Abortion Syndrome are as follows:

1. Hyper-arousal:
Hyper-arousal is the characteristic of inappropriately and chronically aroused "fight or flight"

defence mechanisms. The person is seemingly on permanent alert for any threat of danger.

2. Intrusions / Flash-backs:

The re-experience of the traumatic event at unwanted and unexpected times. This includes recurrent and intrusive thoughts about the abortion or aborted child, flashbacks in which the woman relives the abortion momentarily, intense grief at certain times such as the anniversary of the abortion, etc.[62]

3. Avoidance:

A person who has experienced a highly painful loss will sometimes develop an instinct to avoid future situations that may remind them of the previous traumatic event. In post-abortion trauma cases, avoidance behaviour may include an unwillingness to recall the abortion experience, efforts to avoid situations which may arouse recollections of the abortion, withdrawal from relationships, avoidance of children, etc.

Other features include:

Depression

Depression is one of the most frequently encountered adverse abortion consequences. Shame, secrecy, suppressed thoughts and emotions regarding an abortion, are all associated with greater post-abortion depression, anxiety and hostility. Frederick Burkle writes in *The Practitioner* that if the loss is valued depression will occur. He concludes that to resolve this depression a process of mourning will have to occur.[63]

Depression may be associated with impacted or pathological grief (loss of the baby, loss of a role as mother, loss of a dream). It may also derive from unexpressed anger, changes in primary relationships or personal circumstances. Parry et al,[64] also confirm the association between abortion and subsequent depression in their report. They conclude that "women are vulnerable to depressions associated with abortion."

Guilt

Feelings of guilt are among the most common immediate, as well as delayed, reactions to abortion. Guilt is a normal reaction that usually surfaces after the woman fully comes to terms with the consequences of the abortion. One particular study,[65] which interviewed a number of post-abortion women who were receiving a variety of services at a pregnancy services centre, found that 66% of them experienced guilt and 54% expressed remorse or regret after the abortion. Feelings of guilt are, of course, more common in cultures in which there is obvious hostility to abortion. The guilt is often expressed through anger at herself and others involved in the abortion decision, such as her parents, doctor, social worker, counsellor etc.

Anxiety

Anxiety is essentially an unpleasant emotional and physical state of apprehension. Catherine Barnard did a study on post-abortive women for the *Institute of Pregnancy Loss*[65a] and found that 47.5% of the women exhibited an elevated level of anxiety after the abortion. Post-abortive women with anxiety may experience any of the following; tension (inability to relax, irritability), physical responses (pounding heart, headaches), worry about the future, disturbed sleep.

C. SUICIDE

After an abortion, a number of behavioural and social outcomes have been observed which affect women's health and their ability to deal adequately with certain situations. Those who are most at risk of developing significant post-abortion psychological problems have already been listed. Post-abortion behaviours may be self-destructive and may even, as several studies have shown, include suicide, both actual and attempted.

In 1995 Gilchrist[66] examined psychiatric complications following abortion and found that the relative risk for self-harm among the aborting group of his study cohort was 1.7, i.e. **they were 70% more likely to self-harm than the non-aborting group.** Similarly, Speckhards study of 30 women post-abortion, found that 65% had suicide ideation and 31% had attempted suicide.

A major Finnish study undertaken by Gissler[67] using data from hospitals and government death certificates, established that the suicide rate in the year following childbirth, and the suicide rate in the year following an abortion, were dramatically different. The figures below represent the suicide rate per 100,000 women in Finland:

1.	Associated with childbirth	5.9
2.	Associated with miscarriage	13.1
3.	Associated with abortion	34.7
4.	Mean annual rate for all women	11.3

This comprehensive study, which examined the records of almost 600,000 women, **discovered a suicide rate among women who aborted nearly six times greater than among women who gave birth to their babies** and three times higher than the general suicide rate. They concluded that "childbearing prevents suicide" and that the increased risk of suicide after an abortion may indicate the "harmful effects of abortion on mental health." According to the authors **"rather than being a relief, an abortion may be additional proof of their worthlessness and might contribute to suicidality and to the decision to commit suicide."**

This prestigious study also claims that only 11% of the suicides following pregnancy had this connection stated in the death certificate. They conclude that **there is a substantial under-reporting of suicide as an outcome of pregnancy, especially following abortion.**

The researchers also comment on the connection between post-abortion suicide victims and social class. They note that there are **higher post-abortion suicide rates among women in the lower social classes.**

Abortion researcher David C Reardon[68] (author of *Aborted Women: Silent no More*) studied a sample of women who had abortions and who suffered negative after-effects. From these women, "60% had experienced suicidal ideation, 28% had attempted suicide and 18% had attempted suicide more than once, often several years after the event."

He goes on to say that, "actual data suggests that abortion is far more likely than pregnancy and childbirth to drive an unstable woman to suicide." He also quotes statistics from a chapter of *Suiciders Anonymous* and concludes

that 1400 of 1800 post-abortion women who sought help from this support group were between the ages of 15 and 24. Reardon, a clinical and research psychologist, also suggests a reason why post-abortive women may develop suicidal tendencies.

> ***"Perhaps one reason for the strong abortion-suicide link exists in the fact that in many ways abortion is like suicide. Just as a suicidal person is crying out for help when she tells others of her death wish, so a woman who is distressed over a pregnancy is crying out for help when she tells others she is considering abortion."*** [69]

A recent study addressing the link between suicide and abortion was conducted in Wales, among a population of 408,000 between 1991 and 1995. Morgan and colleagues[70] studied hospital admissions for attempted suicide among women who had abortions, women who had miscarriages and women who gave birth.

For women who miscarried or delivered, the authors found that the risk of suicide decreased after the event, while for women who aborted, the risk grew from minor before the abortion, to major after the procedure. Their data "suggest that a deterioration in mental health may be a consequential side effect of induced abortion."

They found that women who had induced abortions were 225% more likely to commit suicide than women who had normal deliveries.

A similar study[71] was conducted in the U.S. in 1997. Death certificates were compared with medical records for 173,279 women who underwent a state-funded delivery or induced abortion in 1989. Four years later the annual suicide rate was found to be 160% higher (7.8 compared to 3.0) among the women who aborted than among the women who gave birth.

The following are the figures for the U.S. annual suicide rate per 100,000 women aged from 15-44.

1.	All women	5.2
2.	Women who aborted	7.8
3.	Women who delivered their baby	3.0

In the three countries; Wales, Finland and the U.S.A, research unmistakingly indicates that abortion increases the relative risk of suicide. On the contrary, the same research suggests that carrying a pregnancy to term greatly reduces the risk of suicide.

D. ALCOHOL / DRUG ABUSE

The use of drugs and alcohol by women following an abortion is not uncommon. They are usually used as a means of ignoring or forgetting unsettled psychological issues resulting from the abortion. Some post-abortion researchers see substance abuse as part of the woman's attempt to cope with her decision to abort.

The Brende study describes this coping strategy as follows: "…victims develop repetitive symptoms with splitting and dissociation as mental defenses, often using alcohol, tranquilizers and other substances."[72]

In her Ph.D. thesis, Anne Catherine Speckhard[73] interviewed 30 post-abortive women and found that 60% developed an increased intake of alcohol while 58% reported drug use. A majority of the women believed their first heavy use of drugs or alcohol to be associated with stress induced by the abortion.

Only 10% reported any substance abuse before the abortion. The findings of this research are based on the assumption that substance abuse is a response to distress, lack of personal control or a lack of positive self-esteem.

Speckhard's findings indicate that, **among women who have suffered from negative post-abortion reactions, most of those who engaged in substance abuse believed they did so in an attempt to cope with abortion related stress.**

The *South African Medical Journa*l found that 11% of the post-abortive women they interviewed developed an increase in the use of alcohol and tobacco while 16% had increased their use of tranquilizers.[74]

David C Reardon also examined the link between abortion and subsequent substance abuse.[74a] He notes that

> ***"Women who aborted a first pregnancy were 3.9 times more likely to report substance abuse than women who carried to term."***

These findings were based on a national randomised sample of 700 women participating in a reproductive history survey.

Excluded were women who had engaged in substance abuse prior to their first pregnancy. This study found that for the women surveyed who were pregnant prior to a history of substance abuse, the rate of post-pregnancy substance abuse rose from 3.8% for women who did not abort to 14.6% for women who did abort their first pregnancy.

It is also likely that the risk of post-abortion substance abuse among women who undergo multiple abortions is even higher than the risk for women who experience only a single abortion. It is also reasonable to assume that post-abortion stress may further aggravate these problems among women with a prior history of substance abuse.

Smoking

There have been numerous studies done in relation to smoking and pregnancy in general. J Lydon[75] interviewed 57 women, some of

whom had undergone an abortion and some of whom had carried to term. Lydon and colleagues found that those women continuing the pregnancy smoked fewer cigarettes, while those who had abortions reported no change or an increase in their smoking behaviour.

The *Journal of the American Medical Association* studied women patients of Boston Hospital and found smoking rates of 31.7% for women with no prior induced abortion, 40.3% with one prior abortion and 51.7% with two or more prior abortions.[76] Thomas and Tori found similar results in that women who aborted were more likely to have a history of substance abuse.[77]

Eating Disorders

There is a need for more research to be conducted on the connection between abortion and subsequent eating disorders. Abortion has, however, been linked to eating disorders such as bingeing and starvation. A report in a 2000 edition of the *International Journal of Eating Disorders* found that there was an elevated incidence of eating disorders among women who had had abortions which was not found among women with live births or miscarriages.[78]

E. RELATIONSHIP PROBLEMS

Abortion can have a major impact on the relationship a woman has with the father of the aborted baby and also with family members and other children. The incidence of marital breakdown and relationship dissolution after an abortion is between 40-75%.[79] Often, when if a young girl is forced into having an abortion by her parents, there is a similar breakdown in the parent-child relationship.

Abortion can also have a negative effect on relationships with future children. Some women report being emotionally frozen and find it difficult to bond maternally with their children. In fact, the *Canadian Journal of Psychiatry* [79a] reported a condition known as 'Post-Abortion Survivors Syndrome' which can manifest itself in the future children of a post-abortion woman, negatively affecting the parent-child relationship.

In the report entitled *Post-abortion Trauma,*[80] Dr. Vincent Rue remarks; **"Abortion never occurs within a relationship vacuum. Whether the abortion is shared or not, many significant others can be impacted."** There is a general tendency to assume that the only inter-personal relations affected are those of the woman and the father of her child. Though these may seem the most likely, other relationships can be severely strained as well.

Marital Breakup

As detailed below, reports find that between 40- 50% of relationships are negatively affected by abortion. These relationship dissolutions can be attributed to several factors. Some arise from the abortion experience itself, while others arise from the reactions of the man in the relationship. Both of these factors, and indeed many others, can produce a breakdown of intimacy in the relationship and cause it to fail.

In Sherman's study, the author found that 48% of his sample reported that their relationship with their spouse had been changed dramatically following the abortion.[81]

Barnett et al[82] studied women from steady relationships who had abortions and subsequently separated. The authors found that in 80% of the relationships the separation was initiated by the woman. Also 60% reported a connection between the abortion and subsequent separation. **None of these couples were married at the time of the abortion nor did any marry each other after the event.**

In 1993, Teichman[83] found that there was a positive link between depression in women who had had abortions and their relationship with their partners. Interestingly, the author suggested that the nature of a woman's relationship can affect the level of depression she experiences. Women who were involved in committed relationships found it easier to cope, whereas unmarried women reported significantly higher levels of anxiety and depression.

Relationship between Aborting Mother and Living Children

In Raphael's book, *The Anatomy of Bereavement*,[84] the author maintains that "the pattern of grief and mourning [for induced abortion] is not dissimilar to that for sponta-

neous abortion, except that suppression and inhibition of grief and mourning are much more likely."

After an abortion some women find it difficult to react in a compassionate, loving way to their living children and to those who are born following the abortion. Some researchers believe that this can be the result of ongoing depression or the fact that children are a constant reminder of the aborted child.

One such case is discussed by Janet Mattinson[85] in her report *The Effects of Abortion on a Marriage*. In this report the author refers to a couple (who had a previous abortion) whose baby gave them great pleasure for eight months after it was born, but who returned to therapy when the wife turned against the child and had a nervous breakdown.

Similarly Brown et al studied letters from women who said they had experienced negative post-abortion reactions and in 13.3% of the cases they reported what the authors call "phobic responses to infants."[86]

4. CONCLUSION

It is clear from this report that abortion has two victims: one dead and one wounded

In this report we have seen the consequences of induced abortion for women, their families and their future children. Some of the complications are short-term and manageable. They range from pain, bleeding and fevers to perforated uteri and sepsis.

Other consequences are longer-term and result in profoundly serious complications. These include a higher rate of pelvic inflammatory disease, placenta praevia, cervical incompetence, and uterine damage, which ultimately impair a woman's ability to conceive and bear children. There is also a higher rate of ectopic pregnancy.

Recent research also indicates that abortion is one of the causes of the upsurge in breast cancer. Abortion has also been associated with a higher incidence of cervical, ovarian and rectal cancer amongst women.

The psychological and psychiatric consequences of abortion are obvious to the alert clinician. Much more work needs to be done, but already we know that **women who have an abortion are much more likely to commit suicide than women who deliver their babies.** It is also known that abortion is not a good solution for women who have a history of psychiatric problems, live in abusive relationships or are adolescents. Abortion deepens the troubles of these women.

The question that must be asked is this; **Should those who counsel or care for women contemplating abortion be better informed of the negative psychological and physical effects of abortion? And should the women they counsel be equally well - informed of the depression, guilt, anger and anxiety likely to result from an abortion?**

As we have shown in this report, the medical and psychological effects of abortion lead to more numerous and far-reaching consequences than most specialists may have suspected. We have only been able to deal with some of them here.

For the present, **those professionals who deal with women considering abortion have a duty to acquaint themselves with the evidence that has been accumulated so far. Women have a right to know all the information available on the consequences of abortion. These facts should be not be denied to them, not just as a matter of ethics, but of good medicine.**

Some girls, especially those in care, may be of a young age and may not fully understand the risks associated with abortion. Their guardians and carers then have the responsibility of acting in their best interests; they need to know the complications and implications of the procedure.

Again we would urge you, if you are someone who is involved in caring for women either directly or indirectly, to thoroughly examine the findings of this report so that women can be made fully aware of all the information that should be made available to them.

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