

THE AFTER-EFFECTS OF ABORTION

Understanding the Risks

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Since the US Supreme Court's ruling in 1973, there have been many studies into the after-effects of abortion. Their combined results paint a haunting picture of the physical and psychological damage abortion has inflicted on millions of American women.

The Physical Complications Of Abortion

National statistics on abortion show that 10% of women undergoing induced abortions suffer from immediate complications of which one-fifth (2%) are considered major.^{9,11} Over 100 potential complications have been associated with induced abortion. Minor complications include: minor infections, bleeding, fevers, chronic abdominal pain, gastro-intestinal disturbances, vomiting and Rh sensitisation. The nine most common major complications are: infection, excessive bleeding, embolism, ripping or perforation of the uterus, anaesthesia complications, convulsions, haemorrhage, cervical injury, and endotoxic shock.²³

Infection and Sterility

In a series of 1,182 abortions which occurred under closely regulated hospital conditions, 27% of the patients acquired post-abortion infection lasting 3 days or longer.²⁷ While these infections are usually treatable, they may result in unseen, long-term reproductive damage of a much more serious nature.

For example, one possible outcome of abortion-related infections is sterility. A large number of aborted women are left inadvertently sterile as a result of the operation's latent morbidity.^{33,23} The risk of sterility is even greater for women who are infected with a venereal disease at the time of the abortion.³⁰

In addition to the risk of sterility, women who acquire post-abortal infections are 5 to 8 times more likely to later experience ectopic pregnancies.^{7,20} Between 1970 - 1983, the rate of ectopic pregnancies in USA has risen fourfold.⁴ Twelve percent of all maternal deaths are due to ectopic pregnancy.² Other countries which have legalised abortion have seen the same dramatic increase in ectopic pregnancies.^{14,30}

Cervical Damage

Cervical damage is another leading cause of long-term complications following abortion. Normally the cervix is rigid and tightly closed. In order to perform an abortion, the cervix must be stretched open with a great deal of force. During this forced dilation, there is almost always micropsic tearing of the cervix muscles and occasionally severe ripping of the uterine wall, as well.

According to one hospital study, 12.5% of first trimester abortions required stitching for cervical lacerations.³¹ Such attention to detail is not normally provided at outpatient abortion clinics. Another study found the lacerations occurred in 22% of aborted women.¹ Women under 17 have been found to face twice the normal risk of suffering cervical damage due to the fact that their cervixes are still 'green and developing'.^{26,28}

Miscarriages, Premature Births & Other Complications of Labour

Whether microscopic or macroscopic in nature, the cervical damage which results during abortion frequently results in a permanent weakening of the cervix. This weakening may result in an "incompetent cervix" which, unable to carry the weight of a later 'wanted' pregnancy, opens prematurely, resulting in miscarriage or premature birth. According to one study, symptoms related to cervical incompetence were found among 75% of women who undergo forced dilation for abortion.³²

Cervical damage from previously induced abortions increases the risks of miscarriage, premature birth and complications of labour during later pregnancies by 300-500%.^{12,15,19,33} The reproductive risks of abortion are especially acute for women who abort their first pregnancies. A major study of first pregnancy abortions found that 48% of women experienced abortion related complications in later pregnancies. Women in this group experienced 2.3 miscarriages for every one live birth.¹⁹ Yet another researcher found that among teenagers who aborted their first pregnancies, 66% subsequently experienced miscarriages or premature birth of their second 'wanted' pregnancies.²⁵

When the risks of increased pregnancy loss are projected on the population as a whole, it is estimated that aborted women lose 100,000 'wanted' pregnancies each year because of latent abortion morbidity.²³ In addition, latent abortion morbidity can result in handicaps of later children. Abortion may cause later premature births, complications of labour, and abnormal development of the placenta, all of which are leading causes of handicaps among newborns.¹⁶ Looking at premature deliveries alone, it is estimated that latent abortion morbidity results in 3,000 cases of acquired cerebral palsy among newborns each year.^{23,33}

Finally, since these pregnancy problems pose a threat to the health of the mothers too, women who have had abortions face a 58% greater risk of dying during a later pregnancy.²³

The Psychological Effects of Abortion

Researchers investigating post-abortion reactions report only one positive emotion: relief. This emotion is understandable, especially in light of the fact that the majority of aborting women report feeling under intense pressure to 'get it over with'.^{8,23}

Temporary feelings of relief are frequently followed by a period psychiatrists identify as emotional 'paralysis', or post-abortion 'numbness'.¹⁸ Like shell-shocked soldiers, these aborted women are unable to express or even feel their own emotions. Their focus is primarily on having survived the ordeal, and they are at least temporarily out of touch with their feelings.

Studies within the first few weeks after the abortion have found that between 40% and 60% of women questioned report negative reactions.^{3,23,35} Within eight weeks after their abort, 55% expressed guilt, 44% complained of nervous disorders, 36% had experienced sleep disturbances, 31% had regrets about their decision, and 11% had been prescribed psychotropic medicine by their family doctor.³

In one study of 500 aborted women, researchers found that 50% expressed negative feelings. Up to 10% were classified as having developed serious psychiatric complications.¹⁰

In a study of teenage abortion patients, half suffered a worsening of psychosocial functioning within seven months after the abortion. The immediate impact appeared to be greatest on the patients who were under 17 years of age for

those with previous psychosocial problems. Symptoms included: self-reproach, depression, social regression, withdrawal, obsession with a need to become pregnant again, and hasty marriages.²⁹

Sexual Complications

Thirty to fifty percent of aborted women report experiencing sexual dysfunctions, of both short and long duration, beginning immediately after their abortions.^{23,8} These problems may include one or more of the following: loss of pleasure from intercourse, increased pain, an aversion to sex and/or males in general, or the development of a promiscuous lifestyle.

Up to 33% of aborted women develop an intense longing to become pregnant again in order to make up the lost pregnancy, with 18% succeeding within one year of the abortion.^{22,23,29} Unfortunately, many women who succeed at obtaining their wanted replacement pregnancies discover that the same problems which pressured them into having their first abortion still exists, and so they end up feeling forced into yet another abortion.

Repression of Emotions

The best available data indicates that on average there is a 5 to 10 year period of denial during which a woman who was traumatised by her abortion will repress her feelings.^{23,24} During this time, the woman may go to great lengths to avoid people, situations or events which she associates with her abortion and she may even become vocally defensive of abortion in order to convince others, and herself, that she made the right choice and is satisfied with the outcome. In reality, these women who are subsequently identified as having been severely traumatised have failed to reach a true state of closure with regard to their experiences.

Repressed feelings of any sort can result in psychological and behavioural difficulties which exhibit themselves in other areas of one's life. An increasing number of counsellors are reporting that unacknowledged post-abortion distress is the causative factor in many of their female patients' problems, even though their patients have come to them seeking therapy for seemingly unrelated problems.^{13,17}

Some women, who would otherwise appear to have been satisfied with their abortion experience, are reported to enter into emotional crisis decades later with the onset of menopause or after their youngest child leaves home.^{6,21} Numerous researchers have reported that post-abortion crises are often precipitated by the anniversary date of the abortion or the unachieved 'due date'.^{23,29} These emotional crises may appear to be inexplicable and short-lived, occurring for many years until a connection is finally established during counselling sessions.

A five-year retrospective study in two Canadian provinces found that 25% of aborted women made visits to psychiatrists as compared to 3% of the control group.⁵

Self Destructive Behaviour

Women who have undergone post-abortion counselling report over 100 major reactions to abortion. Among the most frequently reported are: depression, loss of self-esteem, self-destructive behaviour, sleep disorders, memory loss, sexual dysfunction, chronic problems with relationships, dramatic personality changes, anxiety attacks, guilt and remorse, difficulty grieving, increased tendency toward violence, chronic crying, difficulty concentrating, flashbacks, loss of interest in previously enjoyed activities and people, and difficulty bonding with later children.^{23,24}

Among the most worrisome of these reactions is the increase of self-destructive behaviour among aborted women. In a survey of over 100 women who had suffered from post-abortion trauma, 80% expressed feelings of 'self-hatred'. In the same study, 49% reported drug abuse and 39% began to use or increased their use of alcohol. Approximately 14% described themselves as having become 'addicted' or 'alcoholic' after their abortions. In addition, 60% reported suicidal ideations, with 28% actually attempting suicide, of which half attempted suicide two or more times.²⁴

Bibliography

1. 'Abortion in Hawaii', *Family Planning Perspectives*. (Winter 1973) 5(1) Table 8.
2. 'Annual Ectopic Totals Rose Steadily in 1970s But Mortality Fell', *Family Planning Perspectives* (1983), vol. 15, p85.
3. Ashton, 'The Psychosocial Outcome of Induced Abortion', *British Journal of Ob & Gyn* (1980), vol. 87, pp1115-1122.
4. Atrash, et. al., 'Ectopic Pregnancy in the United States 1970-1983', *MMRW*. Centre for Disease Control, vol. 35, no. 2ss9, 29ss.
5. Badgley, et. al., *Report of the Committee on the Operation of the Abortion Law* (Ottawa Supply and Services, 1977), p.313-321.
6. Cavenar, et. al., 'Psychiatric Sequelae of Therapeutic Abortions', *North Carolina Medical Journal* (1978), vol. 39.
7. Chung, et. al., *Effects of Induced Abortion on Subsequent Reproductive Function and Pregnancy Outcome*, University of Hawaii (Honolulu, 1981).
8. Francke, *The Ambivalence of Abortion* (New York: Random House, 1978).
9. Frank, et. al. 'Induced Abortion Operations and Their Early Sequelae', *Journal of the Royal College of General Practitioners* (April 1985), vol. 35, no. 73, pp175-180.
10. Friedman, et. al. 'The Decision-making Process and the Outcome of Therapeutic Abortion', *American Journal of Psychiatry* (December 12, 1974), vol. 131, pp1332-1337.
11. Grimes & Cates, 'Abortion Methods and Complications', *Human Reproduction*, 2nd ed., 796-813.
12. Harlap and Davies, 'Late Sequelae of Induced Abortion: Complications and Outcome of Pregnancy and Labour', *American Journal of Epidemiology* (1975) vol. 102, no. 3.
13. Heath, 'Psychiatry and Abortion', *Canadian Psychiatric Association Journal* (1971), vol. 16, pp55-63.
14. Hilgers, 'The Medical Hazards of Legally Induced Abortion', in Hilgers and Horan, eds., *Abortion and Social Justice* (New York: Sheed and ward, 1972).
15. Hogue, 'Impact of Abortion on Subsequent Fecundity', *Clinics on Obstetrics and Gynaecology* (March 1986), vol. 13, nos. 3- 4.
16. Hogue, Cates and Tiestze, 'Impact on Vacuum Aspiration Abortion on Future Childbearing: A Review', *Family Planning Perspectives* (May-June 1983, vol. 15, no. 3.
17. Kent, etc. al., 'Bereavement in Post-Abortive Woman" A clinical Report', *World Journal of Psychosynthesis* (Autumn-Winter 1981), vol. 13, nos. 3-4.
18. Kent, et. al., '*Emotional Sequelae of Therapeutic Abortion: A Comparative Study*', presented at the annual meeting of the Canadian Psychiatric Association at Saskatoon, Sept. 1977.
19. Lembrich, 'Fertility Problems Following Aborted First Pregnancy', eds, Hilgers, et. al., *New Perspectives on Human Abortion* (Frederick, Md: University Publications of America, 1981).
20. Levin, et. al., 'Ectopic Pregnancy and Prior Induced Abortion', *American Journal of Public Health* (1982), vol. 72, p253.
21. Mattinson, 'The Effects of Abortion on a Marriage', *1985 Abortion: Medical Progress and Social Implications*, (Ciba Foundation Symposium, Longon: Pitman, 1985).
22. Pare and Raven, 'Follow-up of Patients Referred for Termination of Pregnancy', *The Lancet* (1970), vol. 1, pp635-638.
23. Reardon, *Aborted Women: Silent No More*, (Chicago: Loyola University Press, 1987).
24. Reardon, 'Criteria for the Identification of High Risk Abortion Patients: Analysis of an In-depth Survey of 100 Aborted Women', Presented at the 1987 Paper Session of the Association for Interdisciplinary Research, Denver.
25. Russel, 'Sexual Activity and its Consequences in the Teenager', *Clinics in Ob & Gyn*, (Dec. 1974), vol. 1, no. 3, pp683-698.
26. Schulz, et. al., 'Measures to Prevent Cervical Injury During Suction Curettage Abortion', *The Lancet* (May 28, 1983), pp1182-1184.
27. Stallworthy, 'Legal Abortion, A Critical Assessment of its Risks', *The Lancet* (December 4, 1971), pp1245-1249.
28. Wahera, 'Legal Abortion Among Teens, 1974-1978', *Canadian Medical Association Journal* (June 1980), vol. 122, pp1386-1389.
29. Wallerstein, et. al., 'Psychosocial Sequelae of Therapeutic Abortion in Young Unmarried Women', *Archives of General Psychiatry*(1972), vol. 27.
30. Wilke, *Abortion: Questions and Answers*, (Cincinnati: Hayes Publishing Co., 1985).
31. Wilke, *Handbook on Abortion* (Cincinnati: Hayes Publishing Co., 1979).

32. Wren, 'Cervical Incompetence - Etiology and Management', *Medical Journal of Australia* (December 29, 1973), vol. 60.
33. Wynn and Wynn, 'Some Consequences of Induced Abortion to Children Born Subsequently', *British Medical Journal* (March 3, 1973), and Foundation for Education and Research in Child Bearing (London, 1972).
34. United States Supreme Court, *Roe v Wade*, *US Reports*, October Term, 1972, 149, 163.
35. Zimmerman, *Passage Through Abortion* (New York: Praeger Publishers, 1977).

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