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How Abortion Hurts Women



Legalized abortion is often touted as beneficial to women, but a wealth of medical and psychological evidence suggests otherwise.

Abortion poses both short- and long-term risks to the physical health of women. It can also seriously affect mental health.

Women should be made aware of the dangers of abortion, which is not good for anyone.



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Physical risks of abortion

Surgical abortion is an intrusive procedure that violently interrupts a natural biological process. Documented complications include hemorrhage, infection,

cervical damage, uterine perforation, pelvic inflammatory disease and retained fetal or placental tissue.¹ These complications can affect future fertility (see “long-term risks” below).

In very rare cases abortion results in death. A 2004 study using national U.S. data found the risk of death

rupture of undiagnosed ectopic pregnancy and incomplete abortion (often requiring surgical follow-up) and have even led to death.

A total of 2,207 “adverse events” linked to RU486 were reported to the U.S. Food and Drug Administration from September 2000 (when the drug was approved) through April 2011.⁶ Of these, 14 women died; 612 women were hospitalized (excluding deaths); 339 women bled so much that they required transfusions; and 256 women developed infections, 48 of them “severe infections.” These do not include women from other countries who have suffered or died as a result of chemical abortions.

A large 2009 study published in *Obstetrics & Gynecology* determined that chemical abortions led to significant adverse events in 20 percent of cases—almost four times the rate of immediate complications as surgical abortions (see Fig. 2).⁷

A 2011 study of mifepristone in Australia compared the complications of first-trimester chemical abortion and first-trimester surgical abortion. Women who underwent drug-induced abortions were 14 times more likely to be subsequently admitted to a hospital and 28 times more likely to require follow-up surgery. The risk increased when chemical abortions were performed in the second trimester—33 percent of cases required surgical intervention.⁸

Meta-Analyses of Health Risks after Abortion

Preterm Birth	36% increased risk	Shah PS and Zao J. <i>BJOG: An International Journal of Obstetrics and Gynaecology</i> (2009)	22 studies analyzed
Breast Cancer	30% increased risk	Brind J et al. <i>Journal of Epidemiology and Community Health</i> (1996)	23 studies analyzed
Psychological Problems	81% increased risk	Coleman PK. <i>British Journal of Psychiatry</i> (2011)	22 studies analyzed

Long-Term Risks

Abortion can hinder future reproductive success. It substantially increases the risk of subsequent preterm birth,⁹ which seriously threatens the lives and health of newborn children.¹⁰ A 2009 meta-analysis of 22 different studies found a 36 percent

increased risk of preterm birth after one abortion.¹¹ The risk of premature delivery increases with each additional abortion.¹²

Abortion is also associated with an increased risk of infertility,¹³ miscarriage,¹⁴ ectopic pregnancy¹⁵ (which is life-threatening if not promptly treated) and placenta previa.¹⁶

Other long-term risks of abortion include breast, cervical and ovarian cancers.¹⁷ The connection between abortion and breast cancer is especially controversial. But it is clear that abortion can deprive a woman of the risk-reducing effect of a first full-term pregnancy.¹⁸ And physiological and epidemiological evidence also indicate that abortion leaves a woman with more cancer-vulnerable breast tissue than if she had not become pregnant in the first place.¹⁹

Dozens of studies support the abortion-breast cancer link²⁰; a 1996 meta-analysis found a 30 percent increase in breast cancer risk among post-abortion women.²¹ Alleged refutations of this evidence have proven flawed.²²

Psychological risks of abortion

In addition to its risks to a woman’s physical health, abortion can have negative psycho-social consequences. A 2011 meta-analysis published in the *British Journal of Psychiatry* found an 81 percent increased risk of mental health problems among women who had undergone abortions; nearly 10 percent of the incidence of psychological problems was directly attributable to abortion. These problems included anxiety, depression, alcohol abuse, drug abuse and suicidal behavior.²³

A large-scale Finnish study found that the suicide rate following abortion was nearly six times greater than the suicide rate following childbirth.²⁴ Conversely, although abortion is sometimes justified on the basis of mental health, a 2013 study concluded that the termination of unintended pregnancies had no therapeutic psychological benefit.²⁵

Abortion can also damage a woman’s relationships with her partner²⁶ and others²⁷ and can adversely affect men²⁸ and children.²⁹ Many women and men now regret their decision to procure or encourage an abortion,³⁰ and many seek support and help to deal with their grief.³¹

Silent no more

Increasingly, women are speaking up about their abortions and the consequences they have endured. The Silent No More Awareness Campaign is a nationwide organization of women and men telling their stories of abortion regret. “I did my best to move on [after having an abortion], but couldn’t,” says one Minnesota woman. “The abortion didn’t solve anything; it just created more problems. I felt paralyzed. ... I was changed forever when I had the abortion.”³²

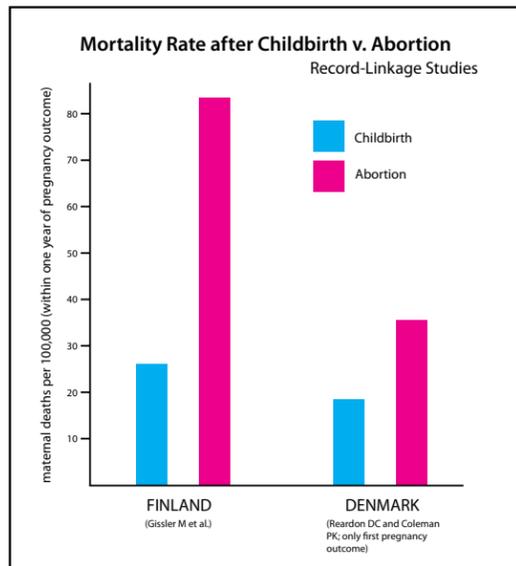


Fig. 1

increasing substantially the later in pregnancy abortion is performed. The risk increased more than fivefold from abortion at 13-15 weeks gestation to abortion at 21 weeks or later.²

Women who have abortions are also more likely than women who give birth to die (from any cause) in the subsequent months and years. Large record-based studies from Finland,³ Denmark⁴ and the United States⁵ found that mortality rates after abortion were significantly higher than after childbirth (see Fig. 1). Increased mortality rates persist at least 10 years following abortion.

Non-Surgical Abortions

Chemical or “medical” (drug-induced) abortion—using mifepristone, or RU486, together with a prostaglandin, usually misoprostol—poses its own risks to the health of pregnant women. Complications include hemorrhage, infection,

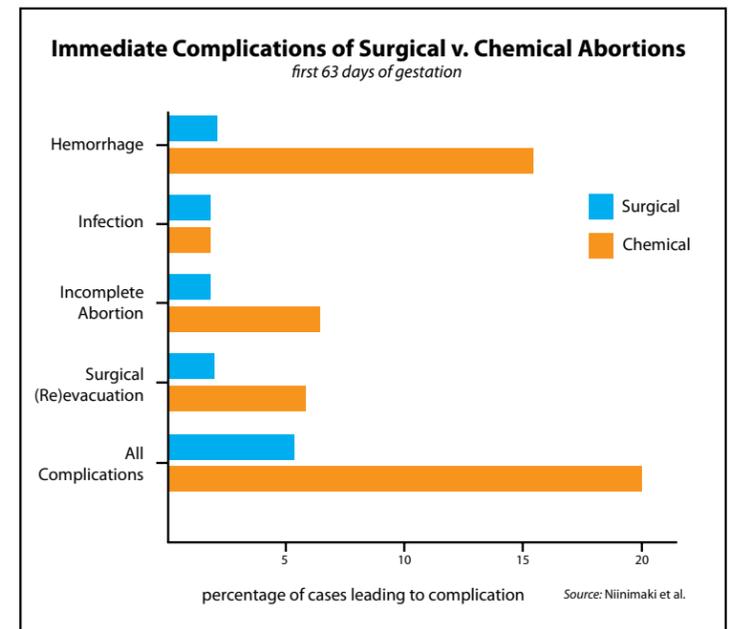


Fig. 2

Healing is possible for all who have been involved in abortion. Helpful resources are available online at www.abortionrecovery.org and www.silentnomoreawareness.org.

Care for both mother and child

Not all women suffer as a result of abortion, but many do. The risks to physical and psychological well-being should not be ignored. Both unborn children and their mothers deserve our care and support.