

Findings



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The After-Effects of Abortion

The physical and psychological impact on women

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In the spring of her senior year of high school, 17-year-old Danielle Lyons was looking forward to dancing at her prom and graduating with her class. Becoming a teenage mother-to-be was the last thing she expected. She immediately wrote a letter to her boyfriend, who had just left their hometown of Winston-Salem, N.C. for six weeks of boot camp. Telling her grandparents, who had raised her since she was a little girl, was more difficult. She was shocked when they ordered her to “Take care of the problem, or move out!” When she asked her boyfriend’s parents if she could stay with them until they could get married, they refused. Feeling desperate, she turned to her estranged mother for help. “We can get this fixed,” her mom promised. She drove Danielle to a local abortion clinic, where a nurse showed her drawings of a uterus and explained that the doctor would “remove this sack, and it will be over.” In the waiting room, Danielle silently apologized to her baby. “I don’t want to do this,” she told the nurse when it was her turn. “You’re just nervous,” the nurse replied. The doctor never spoke a word to Danielle and seemed oblivious to her sobs. While the nurse held her still, he dilated her cervix and used a suction device to extract the developing baby from her womb. Afterwards, she left the clinic in tears and disbelief. A few days later, still bleeding and cramping from the abortion, she received a letter from her boyfriend, who wrote about what they would name the baby if it was a boy. Unable to tell him the truth, she said there were complications with the pregnancy. Three weeks later, Danielle experienced her first anxiety attack and has suffered from severe depression ever since. During her first

marriage to the father of her aborted child, she neglected herself, rarely wearing makeup or shaving her legs. When she looked in the mirror, she saw the “face of a demon” looking back, all twisted with guilt and pain. Even her sleep was disturbed by nightmares of her own death. Sixteen years after her abortion, Danielle still can’t bear the sound of the vacuum cleaner and refuses to go to the dentist because the suction device sounds just like what the abortionist used that day. “No woman in her right mind would choose to go through the mental,

“The procedure may only last 15 minutes, but the abortion lasts a lifetime.”

Danielle Lyons of Winston-Salem, North Carolina

emotional and physical pain of the abortion procedure, if they knew what happens to you afterward,” says Danielle, who is currently on antidepressant medication. “The procedure may only last 15 minutes, but the abortion lasts a lifetime.”¹

Thirty years after abortion on demand was legalized by the United States Supreme Court, pro-life and pro-abortion advocates continue to debate what abortion means for the unborn child. What is often overlooked is how abortion impacts the bodies, minds and emotions of women.

Abortion advocates contend that the after-effects of abortion for women are more positive than negative, and that any regret or loss a woman might feel is short-lived. They argue that abortion is safer for a woman than childbirth, and that long-term damage to a woman’s body is rare. These groups vehemently oppose all efforts to regulate the abortion industry or to inform

women about the risks of abortion. As a result, women like Danielle are forced to suffer in silence because abortion proponents refuse to acknowledge that the choice they fight so hard to protect could have a devastating, and even deadly, effect on the women who make it.

Studies show that abortion not only can be physically dangerous for women, it can also have a negative impact on their hearts and minds. With an average of 73 abortions every day in North Carolina, it is critical that the physical and psychological risks of abortion for women be examined.²

Immediate Physical Damage

Abortion is often portrayed as a short, safe and simple choice for women, even though immediate complications that can result include: cervical injury, abnormal bleeding, pelvic infection, perforated uterus, blood clots, incomplete abortion, and even death.³ Abortion advocates down play these risks by quoting statistics, which show that a tiny percentage of women experience complications or die as a result of abortion each year. The National Abortion Federation reports that every year, fewer than one percent of women suffer major abortion complications, and one death occurs for every 160,000 women who undergo abortion.⁴ From 1989 to 2001, five abortion-related deaths were reported in North Carolina.⁵ However, there is good reason to believe that more women suffer major complications or death after abortion than these numbers show.

Abortion reporting in the United States is unreliable. Two primary organizations collect data—the federal Centers for Disease Control and Prevention (CDC) and the Alan Guttmacher Institute (AGI). The CDC gets its information from state health departments in 46 states, the District of Columbia and New York City, which collect data based on the various abortion

reporting requirements of each state.⁶ According to the AGI, the abortion data collected by the CDC are incomplete and lack information on 40 to 50 percent of the abortions that occur in each state.⁷ The AGI, on the other hand, depends upon abortion providers to voluntarily report information. The lack of reliable abortion data was evident in Maryland in 1989 when the official state death statistics reported no abortion-related deaths that year, even though it was later determined that three women had died from abortion complications in the state, including a 16-year-old who bled to death from a punctured uterus.⁸

Because of inadequate reporting requirements, the actual number of women in the U.S. who suffer physical complications or death after an abortion remains unknown. Independent studies report much higher percentages of women experiencing abortion-related complications. In a recent study published in the *Archives of General Psychiatry*, 17 percent of 431 women reported complications, such as abnormal bleeding and pelvic infection, after their first trimester abortion.⁹

Long-Term Physical Effects

Women who undergo an abortion are also at risk for serious long-term physical damage, including death. In addition, there is a growing concern over a possible link between induced abortion and breast cancer.

One of the most recent reviews of the evidence on the long-term health effects of abortion was conducted by doctors at the University of North Carolina at Chapel Hill. Published in the *Obstetrical and Gynecological Survey* in January 2003, their research found a clear association between induced abortion and subsequent premature delivery and placenta previa (a condition in which the placenta is implanted in the lower part of the uterus, partially or completely blocking the opening of the cervix).¹⁰ Some studies have also linked induced abortion to miscarriage, infertility, and ectopic pregnancy; however, the UNC researchers did not find enough evidence to support these claims.¹¹

Premature Births: The UNC review found evidence that surgical abortion increases the risk of premature births in later pregnancies, which is one of the leading causes of infant mortality.¹² Other studies have also linked induced abortion to late-term deliveries (42 weeks or more gestation). A population-based study of Danish women published in *Obstetrics and Gynecology* found that premature and late-term births were more frequent in women with one or more previous abortions. Women who aborted a first pregnancy were nearly twice as likely to

deliver an infant prematurely in a later pregnancy, and the risk of late-term delivery increased with the number of previous abortions.¹³

Placenta Previa: Induced abortion is also one of the known risk factors for placenta previa, which can result in severe maternal bleeding, low birth rate, still births and infant deaths.¹⁴ A review of 12 studies published in the *American Journal of Obstetric Gynecology* found that women with a history of induced abortion were 1.7 times more likely to suffer from placenta previa in later births.¹⁵

Breast Cancer: The link between induced abortion and breast cancer is potentially one of the most devastating health effects for women. The National Cancer Institute estimates that an American woman has about a one in eight chance of developing breast cancer in her lifetime.¹⁶ Any increased risk from induced abortion would be a serious health concern.

The first way abortion has been linked to breast cancer is undisputed. Medical experts agree that an early full-term birth protects women against breast cancer, while never having children, or having children later in life (after age 30) increases the risk.¹⁷ A young woman who aborts her first pregnancy loses the protective effect of an early full-term birth, and may almost double her lifetime risk of breast cancer.¹⁸

Whether induced abortion is an independent risk factor, or actually causes some women to develop breast cancer, is more controversial. Results from different studies are mixed, with the only consensus being that further study is warranted. However, two studies and one meta-analysis (review of several studies) are worth noting.

A study published in the *Journal of the National Cancer Institute* in 1994 found that “among women who had been pregnant at least once, the risk of breast cancer in those who had experienced an induced abortion was 50 percent higher than among other women.”¹⁹ A record-linkage study published in 1989 found that abortive women under age 40 were 1.9 times more likely to develop breast cancer than non-abortive women.²⁰

The only long-term quantitative study on abortion as an independent risk factor for breast cancer is a meta-analysis published in 1996 by Dr. Joel Brind. Out of 23 worldwide studies reviewed by Dr. Brind, 19 indicated an increased risk of breast cancer from induced abortion. Women who had an induced abortion were 1.3 times more likely to develop breast cancer than women who had not. Dr. Brind concluded that abortion is an independent risk factor for breast cancer.²¹

In their review of the evidence linking abortion to breast cancer, doctors at UNC noted the significance of Dr. Brind’s findings: “*Brind et. al., have clearly demonstrated the need for such studies by showing that despite the relatively low increase in risk they discovered, the high incidence of both breast cancer and induced abortion would ensure a substantial impact on women’s health if their conclusions are correct.*”²²

They also called for more long-term studies on the abortion-breast cancer connection, stating that “a statistically significant positive association between induced abortion and breast cancer cannot be easily dismissed.”²³

Death: What about the claim by abortion proponents that women are more likely to die from childbirth than from an abortion? Two studies show that the risk of death after an abortion is actually several times higher than death after childbirth.

A record-based study of pregnancy-related deaths in Finland found that women who had an induced abortion were: 102 percent more likely to die than women who miscarried, and 252 percent more likely to die than women who gave birth.²⁴ A similar study published in 2002 linked California Medicaid records for 173,279 women, who had an induced abortion or gave birth in 1989, to death certificates for the following eight years. Women who had an abortion were 62 percent more likely to die later from all causes. The authors concluded that the higher death rates among abortive women could be related to more risk-taking behavior and psychological stress.²⁵

Psychological Effects

In her book, *Forbidden Grief*, Dr. Theresa Burke, a psychotherapist who has counseled hundreds of post-abortive women, writes:

*“Abortion touches on three central issues of a woman’s self-concept: her sexuality, her morality, and her maternal identity. It involves the loss of a child, or at least the loss of the opportunity to have a child. In either case, this loss must be confronted, processed and grieved in order for a woman to resolve her experience.”*²⁶

While most women may walk away from an abortion with few visible scars, the hidden emotional pain that can erupt later is the most devastating after-effect of abortion. It is also the least acknowledged by society, even though the psychological impact for many women, like Danielle Lyons, is very real. Recent studies have linked abortion to clinical depression, post traumatic stress disorder, substance abuse, and suicide.

Depression: A study published in 2002 in the *British Medical Journal* found that married women who had an abortion were 138 percent more likely to be at high risk for depression eight years later, than married women who carried their first unintended pregnancy to term.²⁷ In another study that examined medical records for 173,000 low-income women in California, women were 63 percent more likely to need mental health treatment within 90 days of an abortion, compared to women who had given birth. Abortion was most strongly associated with bipolar disorder, schizophrenic reactions, neurotic depression, and adjustment reactions for women.²⁸

Post-Abortion Syndrome: Some women who experience severe anxiety and depression after an abortion have been diagnosed with post traumatic stress disorder (PTSD), or what some psychologists have called post-abortion syndrome. PTSD is defined by the American Psychiatric Association as a psychological disorder “characterized by the reexperiencing of an extremely traumatic event accompanied by symptoms of increased arousal and by avoidance of stimuli associated with the trauma.” The event must have involved actual or threatened death or serious injury to oneself or others. A person with PTSD often experiences anxiety attacks, flashbacks, and feelings of helplessness.²⁹ According to Dr. Burke, a woman suffering from abortion-related PTSD may experience an elevated pulse during a pelvic exam, or have anniversary reactions of intense grief on the due date of her aborted child, or attempt to avoid situations that remind her of the abortion.³⁰

A recent study by researchers at the University of California, which followed 442 women for up to two years after their first trimester abortion, found that one percent suffered from PTSD. In addition, 16.3 percent of the women were dissatisfied with their abortion, and 19 percent said they would not make the same decision again. The study’s authors noted that “over time, negative emotions increased and decision satisfaction [about the abortion] decreased.”³¹

Substance Abuse: Abortion has also been linked to drug and alcohol abuse among women. A study published in the *American Journal of Drug and Alcohol Abuse* in 2000 found that women who aborted a first pregnancy were five times more likely to report subsequent substance abuse than women who gave birth, and four times more likely to report substance abuse than women who suffered the natural loss of a child.³²

Suicide: Women who have an abortion

are also more likely to think about or commit suicide. A study published in the *Southern Medical Journal* in 2002 found that women who aborted had a 154 percent higher risk of death from suicide.³³ A similar study in Finland linking women’s death certificates with pregnancy related events one year prior to their deaths found that women who had an abortion were six times more likely to commit suicide than women who gave birth.³⁴

Research by doctors at UNC found evidence supporting an association between abortion and either suicide or suicide attempt. The authors concluded that this “indicates either common risk factors for both choosing abortion and attempting suicide, such as depression, or harmful effects of induced abortion on mental health.”³⁵

An Unregulated Industry

Despite the mounting evidence on the immediate and long-term health risks of abortion, the abortion industry remains one of the least regulated in the United States. Currently only 24 states, including North Carolina, have laws regulating abortion providers, while 26 states have no health and safety standards for abortion. Regulations vary in scope, from minimum safety standards at clinics, to requiring that late-term abortions be performed in hospitals.³⁶

North Carolina’s law, which applies to all abortion providers at all stages of pregnancy, mandates minimum standards for clinic administration, professional qualifications, patient testing and the physical setup of the clinic. In addition, abortions after the 20th week of pregnancy must be performed in a licensed hospital.³⁷ Only three states—South Carolina, Texas, and Arizona—have laws that require clinics to be licensed by the state and inspected by state health departments. Arizona’s regulations were implemented in 1999 after Lou Anne Herron bled to death from a botched abortion at a Phoenix clinic.³⁸

Although groups like Planned Parenthood, the nation’s largest abortion provider, claim that their first concern is women’s health, they continuously fight efforts to impose state or federal safety regulations on abortion clinics. For example, in September 2002, the U.S. District Court in Tucson upheld most of Arizona’s regulations, after three abortion providers filed suit.³⁹

Abortion needs to be regulated by the state and federal government, not by the abortion industry itself. Women deserve the highest health and safety standards at abortion clinics, just like they would have at a hospital or other medical facility. National reporting requirements also need to be implemented, as public policy decisions are

often made based on this information. Even abortion proponents admit that the current reporting mechanism relied upon by the Centers for Disease Control and Prevention is inadequate.⁴⁰ More importantly, the abortion industry cannot be trusted to voluntarily provide accurate information, especially since they have a vested economic interest in performing as many abortions as possible.

Women Have a Right to Know

Every woman considering an abortion has a right to know about the potential risks to her own physical, mental and emotional well-being. In some cases, her very life depends upon this information. This is why a mandatory informed consent law—which would require abortion providers to inform women about the health risks of abortion and include waiting periods before an abortion can be performed—is so important. Some informed consent laws also require that women receive information about alternatives to abortion, such as adoption. According to the Center for Reproductive Law and Public Policy, 23 states have informed consent laws on the books, but only 18 are currently enforced.⁴¹ Informed consent legislation was introduced in the North Carolina General Assembly in 1997, 1999 and 2001 but has not yet been enacted.⁴²

In their review of the evidence on the long-term health effects of abortion, doctors at UNC wrote that any woman considering an abortion “should be cautioned about the mental health correlates of an increased risk of suicide or self-harm attempts, as well as depression, and a possible increased risk of death from all causes.” In addition, they emphasized that young women considering a first abortion should be informed about the increased risk of premature birth, and that they will “lose the protective effect of a full-term delivery on their lifetime risk” of breast cancer. “Failure to provide this information is a direct threat to maternal autonomy, diminishing a woman’s ability to give informed consent,” they concluded.⁴³

In an article published in 1998 in the *Wisconsin Law Review* and distributed to every member of the U.S. Congress, attorney John Kindley argued that the evidence of a link between abortion and breast cancer “is sufficient to support an ethical and legal duty to disclose fully the risk to women who are considering pregnancy termination.” He warned that doctors who do not inform their patients about the breast cancer risk of abortion open themselves up to lawsuits.⁴⁴

“The urgent nature of this situation is that many young women with crisis

pregnancies are so frightened and focused on the short-term that they often do not consider the long-term effects of abortion,” says Dr. John Thorp, lead author of the UNC review, and associate chair and professor in the department of obstetrics and gynecology at UNC. “Rather than tell them that abortion is a risk-free procedure, it’s better to tell them there are some risks involved.”⁴⁵

Conclusion

For more than 30 years, abortion proponents have maintained that legal abortion protects women from harming themselves. But what about protecting women from the potentially devastating effects of abortion to their mental and physical health? If abortion proponents are truly concerned about a woman’s “right to choose,” they need to allow women the opportunity to make an informed choice.

Like far too many women, Danielle Lyons was given no information about the potential health risks of abortion, nor was she provided with alternative options, such as adoption. Had she been given this information, two lives might have been spared that day—not only the life of her unborn child, but a lifetime of heartache for Danielle. Instead of keeping women in the dark about the risks of abortion to their own health, policy makers need to make sure that women faced with a crisis pregnancy have all the information and time they need before making a decision that will have a powerful impact on the rest of their lives.

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