



After Abortion

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After Abortion

LIFE's counsellors speak to women every year, many of whom have been left confused and hurt after their abortion. We hear a lot of sad stories. Many women tell us about guilt and regrets, persistent nightmares and broken relationships. Others share heartbreaking stories about abusive or uncaring partners. Some express great anger at their abortion providers for not warning them about how they might feel after their abortion.

The refusal of abortion providers to give women **full information** about such a momentous decision is a serious concern for LIFE. We are seeing more and more evidence that, for many women, abortion can carry significant risks to physical as well as emotional and psychological health.

LIFE's opposition to abortion is not determined primarily by its potential adverse effects. Our objection to the practice of abortion is ethical, rather than pragmatic, i.e. even if abortion were completely safe, we would still oppose it. We know too that many women apparently suffer no serious side effects from their abortion.

At the same time, we cannot ignore the growing body of academically rigorous research that raises serious questions about the repercussions of abortion on women's health. LIFE is worried that women are being misled and patronised. One of the most important principles of modern medicine is that of informed consent. A woman cannot give informed consent to an abortion if she is not being given all the relevant information about the potential dangers.

This leaflet therefore seeks to inform and educate women, their partners and society as a whole.

One of the most worrying aspects of the psychological consequences of abortion is the link with increased suicide rates. A large-scale Finnish study showed a six- fold increase in maternal suicide rates after induced abortion compared to post-childbirth suicide rates. This study also noted a problem with the underreporting of suicides following pregnancy outcomes, especially after abortion.¹⁷ More recently, a US study focusing on state-funded abortions for 173,000 low-income women showed a 250% increase in the suicide rate following induced abortion compared to women who delivered their children.¹⁸

The facts given here are disputed by some. For example, the British Department of Health often quotes American research to suggest that there is no evidence for increased mortality after abortion. However, this US data has been heavily criticised for severe underreporting of abortion-related deaths¹⁹ and for serious structural problems in the recording of post-abortive complications and mortality.²⁰ In addition, a great deal of data from other countries, some of which is cited here, shows a considerable rate of post-abortion complications.

16 Fergusson et al., "Abortion in young women and subsequent mental health", *Journal of Child Psychology and Psychiatry* 47:1 (2006), pp 16-24

17 Gissler et al., "Suicides after pregnancy in Finland 1987-1994", *British Medical Journal* 1996; 313; 1431-4

18 Reardon et al., "Deaths associated with pregnancy outcome", *Southern Medical Journal* 2002; 95; 834-41

19 Berg et al., "Pregnancy-related mortality in the United States 1987-1990", *Obstetrics and Gynaecology* 1996; 88: 161-7

20 Ring-Cassidy et al., "Women's health after abortion", *De Veber Institute*. 2002. p. 87

Can abortion contribute to Psychiatric/Psychological Problems?

Reliable research in this field is extremely difficult to identify, but evidence from post-abortion counselling networks, such as LIFE's, suggests that large numbers of post-abortive women seek counselling. In 2005, LIFE's Caring services were accessed by thousands of women from all over the UK. Many of these women needed extensive counselling and support.

Abortion providers like to point out that a relatively small percentage of post-abortive women require help. This may well be true, but consider the statistics – even if only 5% of British women seek psychiatric help after an abortion that still means a significant public health problem affecting approximately 10,000 women each year.

Apart from strong anecdotal evidence, we also have a certain amount of 'hard data' in the form of studies of suicide rates and psychiatric admissions.

Recent Californian research found that the risk of psychiatric admission was 70% higher after induced abortion compared to after childbirth. It was especially high among younger women.¹¹ Similarly, the US National Longitudinal Study of Youth found that post-abortive women were more likely to complain of depression, excessive worry, or nervous trouble of any kind an average of 17 years after their abortion.¹²

An article in the British Journal of Psychiatry noted, worryingly, that there are "marked, severe or persistent psychological or psychiatric disturbances observed in about 10% of women following abortion."¹³ This was probably a serious under-estimate according to another expert¹⁴. A Norwegian study published in December 2005 suggested that abortion caused more long-term psychological problems than natural miscarriage.¹⁵ A New Zealand study published in January 2006 suggested that abortion in young women (i.e. women aged 15-25) may be associated with increased risks of mental health problems.¹⁶

11 Reardon et al., "Psychiatric admissions of low-income women following abortion and childbirth", CMAJ. 2003 May 13; 168(10):1253-6

12 Cogle et al., "Depression associated with abortion and childbirth", Archives of Women's Mental Health 2001; 3; Suppl 2: 105

13 Zolse et al., "The psychological complications of therapeutic abortion", British Journal of Psychiatry 1992; 160: 742-49

14 Prof. P. Carey, "Treatment of post-abortion syndrome" in P. Doherty (ed) Post-Abortion Syndrome. Its Wide Ramifications (1995) p.73

15 <http://www.telegraph.co.uk/news/main.jhtml?xml=/news/2005/12/12/wabor12.xml&Sheet=/news/2005/12/12/ixworld.html>

What are the immediate medical risks of induced abortion?

The main complications arising from abortion are retained tissue, infection and pelvic inflammatory disease (PID) which can lead to infertility, especially in women with the sexually transmitted infection (STI) Chlamydia. Most women will be warned about these when they go to have an abortion.

Many of these complications are relatively minor, but in some cases the consequences can be quite serious. Some researchers have found quite a high incidence of complications; in one case this was as high as 17%.¹

When researchers in Canada compared 41,000 women who had induced abortions to women who did not have abortions, they found that after just 3 months there was a fourfold increase in hospitalisation for infections among the post-abortive women, and a fivefold rise in admissions for “psychiatric events”, that is, mental health problems requiring medical intervention.²

1 Duthie et al., “Morbidity after termination of pregnancy in first trimester”, *Genitourinary Medicine* 1987; 63; 183-7, ALSO Major et al., “Psychological responses of women after first trimester abortion”, *Archives of General Psychiatry* 2000; 57; 777-84

2 Ostbye et al., “Health services utilization after induced abortions in Ontario”, *American Journal of Medical Quality* 2001 (May) 6; 99106

Can abortion affect subsequent pregnancies?

Sadly, the answer to this question appears to be “sometimes, yes.” Abortion can result in trauma to the cervix or to the lining of the uterus, leaving women more susceptible to subsequent problems.

Numerous studies from many countries show a considerable increase in premature births after induced abortion. A Danish study looked at 15,000 women with first trimester abortions. Compared to women whose pregnancies did not end in induced abortion, there was an **89% increased risk of subsequent premature birth**³ and prematurity is a major cause of neonatal health problems.

Placenta praevia is when the placenta is positioned low in the uterus. It can cause severe bleeding resulting in premature birth and in extreme cases stillbirth. A large-scale analysis of 5 separate studies found that women with prior abortion had a 70% increased risk of placenta praevia in subsequent pregnancies.⁴

Abortion has also been linked to ectopic pregnancy (a rare but dangerous condition where the embryo starts to develop in the fallopian tube rather than the womb).⁵

Is abortion linked to breast cancer?

There is some extremely strong evidence for this worrying link. In one large-scale analysis, 27 out of 33 studies found a higher risk of breast cancer in women who have had an abortion.⁶

Of particular concern is a study at the US-based Fred Hutchinson Cancer Institute by Dr Janet Daling (who is in favour of abortion).

She found an overall 50% increase in the incidence of breast cancer among women who had had an abortion. The increase was particularly noticeable among women who had an abortion before age 18. There seemed to be an especially severe risk to women with a family history of breast cancer and an abortion before age 18.⁷

3 Zhou et al., “Induced abortion and subsequent pregnancy duration”, *Obstetrics and Gynaecology* 1999; 94: 948-53

4 Ananth et al., “The association of placenta praevia with history of caesarean delivery and abortion: A meta-analysis”, *American Journal of Obstetrics and Gynaecology* 1997; Vol. 177: 1071-78

5 Michalas et al., “Pelvic surgery, reproductive factors and risk of ectopic pregnancy”, A case controlled study. *Int. Journal of Gynaecology and Obstetrics* 1992; 38: 101-5, also Risk of ectopic pregnancy and previous induced abortion *American Journal of Public Health* 1998, Vol. 88(3): 401-5

6 Ring-Cassidy et al., “Women’s Health after Abortion: The Medical and Psychological Evidence”, Toronto: de Veber Institute for Bioethics and Social Research, 2002.

7 Daling et al., “Risk of breast cancer among young women: relationship to induced abortion”, *Journal of the National Cancer Institute* 1994; 86: 1584-92

Most doctors now acknowledge that women who carry a child to term early in their reproductive life (i.e. in their teens or twenties) considerably reduce their risk of developing breast cancer in later life. The flip side of this is that a decision to abort a first pregnancy may “double the lifetime risk of breast cancer through losing the protective effect of a completed first full-term pregnancy earlier in life.”⁸

The authors of another study suggested that “...women contemplating their first induced abortion early in their reproductive life should be informed of two major long-term health consequences. First, their risk of subsequent preterm birth...will be elevated above their baseline risk in the current pregnancy. Second, they will lose the protective effect of a full-term delivery on their lifetime risk of breast carcinoma [cancer].”⁹

A link between abortion and breast cancer, as well as being biologically plausible, provides a possible explanation for the so-called “reverse gradient” which appears in breast cancer statistics. With all other cancers, there is a correlation between socio-economic status and cancer incidence i.e. poorer and less well-educated people suffer more cancer than the wealthier and the better-educated.

With breast cancer the opposite is true – wealthier and better-educated women suffer more breast cancer. A possible reason for this is that wealthier and better-educated women are more likely to have had an abortion before starting a family.

It is often said that the idea of an abortion-breast cancer link has been conclusively disproved. This assertion is primarily based on a study published in the *Lancet* in 2004.¹⁰ However, the American endocrinologist Professor Joel Brind has pointed out numerous flaws, mistakes and distortions in this “conclusive” research.

For more information about this subject see www.abortionbreastcancer.com

We are not saying that every woman who has an abortion will develop breast cancer or that every woman who has breast cancer has had an abortion. Yet when it is universally acknowledged that a first, full-term pregnancy provides protection against the onset of breast cancer and when one realises that induced abortion is one of the most common ways of ending a first pregnancy, the argument for induced abortion being a significant risk factor for breast cancer becomes very powerful.

8 Thorp et al., “Long Term Physical and Psychological Health Consequences of Induced Abortion: A Review of the Evidence”, *Obstetrical and Gynaecological Survey*. 2003 : 58 : 67-79 (January)

9 Thorp et al., “Long Term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence”, *Obstetrical and Gynaecological Survey*. 2003 : 58 : 67-79 (January)

10 Beral et al. “Abortion and breast cancer”, *Lancet*. 2004 Jun 5;363(9424):1910-1

Conclusion

In the abortion debate the 'right to choose' is promoted often without consideration of what is being chosen, the consequences of that choice and the other choices that might be available. In such circumstances the 'right to choose' becomes devoid of meaning.

So many women who seek post-abortion help from LIFE counsellors complain about the lack of information they were given before the operation, and the fact that they were rushed through without time to properly consider their options.

We believe that this is a tragedy. We believe that women should be given all the time and information they need to help them make sense of their situation and plan for their future.

If you need help, or just someone to talk to in confidence, please call our National Helpline on 0800 915 4600 or text us on 07786 200330.

National Head Office:
LIFE House, 1 Mill Street
Leamington Spa, Warwickshire CV31 1ES

National Helpline: 0800 915 4600
Text-to-talk: 07786 200330

Tel: 01926 421587 Fax: 01926 336497
Email: info@lifecharity.org.uk

For more information
visit www.lifecharity.org.uk

This leaflet can be made available in other formats or languages if required, e.g. large print or tape.

More information:

LIFE publishes a number of pamphlets and leaflets about various aspects of our mission and services. These are available, by post, from LIFE Head Office. You can access these and other materials on our website: www.lifecharity.org.uk.

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