

A LIST OF MAJOR PHYSICAL SEQUELAE RELATED TO ABORTION ¹

DEATH: According to the best record based study of deaths following pregnancy and abortion, a 1997 government funded study in Finland, women who abort are approximately four times more likely to die in the following year than women who carry their pregnancies to term. In addition, women who carry to term are only half as likely to die as women who were not pregnant.(16)

The Finland researchers found that compared to women who carried to term, women who aborted in the year prior to their deaths were 60 percent more likely to die of natural causes, seven times more likely to die of suicide, four times more likely to die of injuries related to accidents, and 14 times more likely to die from homicide. Researchers believe the higher rate of deaths related to accidents and homicide may be linked to higher rates of suicidal or risk-taking behavior.(16)

The leading causes of abortion related maternal deaths within a week of the surgery are hemorrhage, infection, embolism, anesthesia, and undiagnosed ectopic pregnancies. Legal abortion is reported as the fifth leading cause of maternal death in the United States, though in fact it is recognized that most abortion related deaths are not officially reported as such.(2)

BREAST CANCER:

The risk of breast cancer almost doubles after one abortion, and rises even further with two or more abortions.(3)

CERVICAL, OVARIAN, AND LIVER CANCER:

Women with one abortion face a 2.3 relative risk of cervical cancer, compared to non-aborted women, and women with two or more abortions face a 4.92 relative risk. Similar elevated risks of ovarian and liver cancer have also been linked to single and multiple abortions. These increased cancer rates for post-aborted women are apparently linked to the unnatural disruption of the hormonal changes which accompany pregnancy and untreated cervical damage.(4)

UTERINE PERFORATION:

Between 2 and 3% of all abortion patients may suffer perforation of their uterus, yet most of these injuries will remain undiagnosed and untreated unless laparoscopic visualization is performed.(5) Such an examination may be useful when beginning an abortion malpractice suit. The risk of uterine perforation is increased for women who have previously given birth and for those who receive general anesthesia at the time of the abortion.(6) Uterine damage may result in complications in later pregnancies and may eventually evolve into problems which require a hysterectomy, which itself may result in a number of additional complications and injuries including osteoporosis.

CERVICAL LACERATIONS:

Significant cervical lacerations requiring sutures occur in at least one percent of first trimester abortions. Lesser lacerations, or micro fractures, which would normally not be treated may also result in long term reproductive damage. Latent post-abortion cervical damage may result in subsequent cervical incompetence, premature delivery, and complications of labor. The risk of cervical damage is greater for teenagers, for second trimester abortions, and when practitioners fail to use laminaria for dilation of the cervix.(7)

PLACENTA PREVIA:

Abortion increases the risk of placenta previa in later pregnancies (a life threatening condition for both the mother and her wanted pregnancy) by seven to fifteen fold. Abnormal development of the placenta due to uterine damage increases the risk of fetal malformation, perinatal death, and excessive bleeding during labor.(8)

COMPLICATIONS OF LABOR: Women who had one, two, or more previous induced abortions are, respectively, 1.89, 2.66, or 2.03 times more likely to have a subsequent pre-term delivery, compared to women who carry to term. Prior induced abortion not only increased the risk of premature delivery, it also increased the risk of delayed delivery. Women who had one, two, or more induced abortions are, respectively, 1.89, 2.61, and 2.23 times more likely to have a post-term delivery (over 42 weeks).(17) Pre-term delivery increases the risk of neo-natal death and handicaps.

HANDICAPPED NEWBORNS IN LATER PREGNANCIES:

Abortion is associated with cervical and uterine damage which may increase the risk of premature delivery, complications of labor and abnormal development of the placenta in later pregnancies. These reproductive complications are the leading causes of handicaps among newborns.(9)

ECTOPIC PREGNANCY:

Abortion is significantly related to an increased risk of subsequent ectopic pregnancies. Ectopic pregnancies, in turn, are life threatening and may result in reduced fertility.(10)

PELVIC INFLAMMATORY DISEASE (PID):

PID is a potentially life threatening disease which can lead to an increased risk of ectopic pregnancy and reduced fertility. Of patients who have a chlamydia infection at the time of the abortion, 23% will develop PID within 4 weeks. Studies have found that 20 to 27% of patients seeking abortion have a chlamydia infection. Approximately 5% of patients who are not infected by chlamydia develop PID within 4 weeks after a first trimester abortion. It is therefore reasonable to expect that abortion providers should screen for and treat such infections prior to an abortion.(11)

ENDOMETRITIS:

Endometritis is a post-abortion risk for all women, but especially for teenagers, who are 2.5 times more likely than women 20-29 to acquire endometritis following abortion.(12)

IMMEDIATE COMPLICATIONS:

Approximately 10% of women undergoing elective abortion will suffer immediate complications, of which approximately one-fifth (2%) are considered life threatening. The nine most common major complications which can occur at the time of an abortion are: infection, excessive bleeding, embolism, ripping or perforation of the uterus, anesthesia complications, convulsions, hemorrhage, cervical injury, and endotoxic shock. The most common "minor" complications include: infection, bleeding, fever, second degree burns, chronic abdominal pain, vomiting, gastrointestinal disturbances, and Rh sensitization.(13)

INCREASED RISKS FOR WOMEN SEEKING MULTIPLE ABORTIONS:

In general, most of the studies cited above reflect risk factors for women who undergo a single abortion. These same studies show that women who have multiple abortions face a much greater risk of experiencing these complications. This point is especially noteworthy since approximately 45% of all abortions are for repeat aborters.

LOWER GENERAL HEALTH:

In a survey of 1428 women researchers found that pregnancy loss, and particularly losses due to induced abortion, was significantly associated with an overall lower health. Multiple abortions correlated to an even lower evaluation of "present health." While miscarriage was detrimental to health, abortion was found to have a greater correlation to poor health. These findings support previous research which reported that during the year following an abortion women visited their family doctors 80% more for all reasons and 180% more for psychosocial reasons. The authors also found that "if a partner is present and not supportive, the miscarriage rate is more than double and the abortion rate is four times greater than if he is present and supportive. If the partner is absent the abortion rate is six times greater." (15)

This finding is supported by a 1984 study that examined the amount of health care sought by women during a year before and a year after their induced abortions. The researchers found that on average, there was an 80 percent increase in the number of doctor visits and a 180 percent increase in doctor visits for psychosocial reasons after abortion.(18)

INCREASED RISK FOR CONTRIBUTING HEALTH RISK FACTORS:

Abortion is significantly linked to behavioral changes such as promiscuity, smoking, drug abuse, and eating disorders which all contribute to increased risks of health problems. For example, promiscuity and abortion are each linked to increased rates of PID and ectopic pregnancies. Which contributes most is unclear, but apportionment may be irrelevant if the promiscuity is itself a reaction to post-abortion trauma or loss of self esteem.

INCREASED RISKS FOR TEENAGERS:

Teenagers, who account for about 30 percent of all abortions, are also at much high risk of suffering many abortion related complications. This is true of both immediate complications, and of long-term reproductive damage.(14)

NOTES

1. An excellent resource for any attorney involved in abortion malpractice is Thomas Strahan's Major Articles and Books Concerning the Detrimental Effects of Abortion (Rutherford Institute, PO Box 7482, Charlottesville, VA 22906-7482, (804) 978-388.) This resource includes brief summaries of major finding drawn from medical and psychology journal articles, books, and related materials, divided into major categories of relevant injuries.
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8. Barrett, et al., "Induced Abortion: A Risk Factor for Placenta Previa", *American Journal of Ob&Gyn.* 141:7 (1981).
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10. Daling,et.al., "Ectopic Pregnancy in Relation to Previous Induced Abortion", *JAMA*, 253(7):1005-1008 (Feb. 15, 1985); Levin, et.al., "Ectopic Pregnancy and Prior Induced Abortion", *American Journal of Public Health* (1982), vol.72,p253; C.S. Chung, "Induced Abortion and Ectopic Pregnancy in Subsequent Pregnancies," *American Journal of Epidemiology* 115(6):879-887 (1982)
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