How Abortion Hurts Women

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

INDUCED ABORTION poses both short- and long-term risks to the physical health of women. It can also seriously affect mental health. These risks are exacerbated when abortion is legalized or promoted in countries with poor maternal health care.

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).

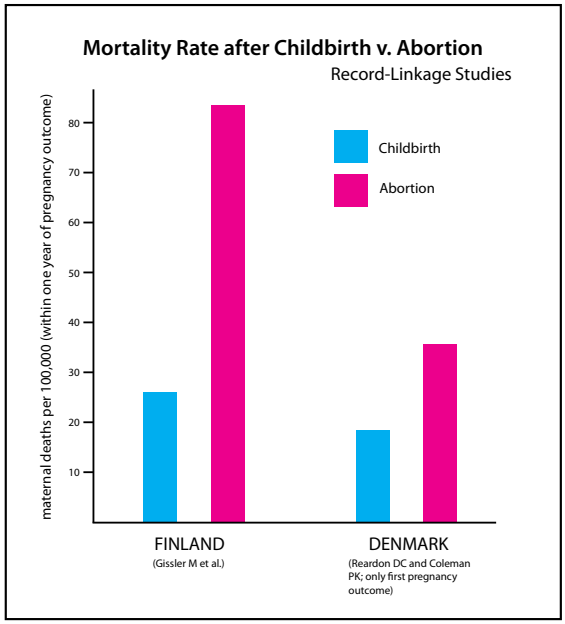

Fig. 1

Abortion can also result in death. Large record-based studies from Finland,[2] Denmark[3] and the United States[4] 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.[3]

Non-Surgical Abortions

Non-surgical or drug-induced abortion (often called "medical" abortion) poses its own risks to the health of pregnant women. Complications include hemorrhage, infection, rupture of undiagnosed ectopic pregnancy and incomplete abortion (often requiring surgical abortion) and have sometimes led to death.[5]

A large 2009 study published in *Obstetrics & Gynecology* determined that drug-induced abortions (using mifepristone together with a prostaglandin, usually misoprostol) led to significant adverse events in 20 percent of cases—almost four times the rate of immediate complications as surgical abortions (see Fig. 3).[6] A 2011 study of mifepristone in Australia compared the complications of first-trimester medical 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 medical abortions were performed in the second trimester—33 percent of cases required surgical intervention.[7]

Long-Term Risks

Abortion can hinder future reproductive success. It substantially increases the risk of subsequent preterm birth,[8] which seriously threatens the lives and health of newborn children.[9] The risk of premature delivery increases with each additional abortion.[10] Abortion is also associated with an increased risk of infertility,[11] miscarriage,[12] ectopic pregnancy[13] (which is life-threatening if not promptly treated) and placenta previa (which can result in injury to the woman and death to the child).[14]

Abortion can be a long-term risk factor for cancers of the breast and reproductive system.[15] Although the connection between abortion and breast cancer is controversial, it is clear that abortion can deprive a woman of the risk-reducing effect of a first full-term pregnancy.[16] And physiological and epidemiological evidence indicate that abortion leaves a woman with more cancer-vulnerable breast tissue than if she had not become pregnant in the first place.[17] Dozens of studies support this link;[18] a 1996 meta-analysis found a 30 percent increase in breast cancer risk among post-abortion women.[19] Alleged refutations of this evidence have proven flawed.[20]

Meta-Analyses of Health Risks after Abortion

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

Fig. 2

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 use, drug use and suicidal behavior.[21] A large-scale Finnish study found that the suicide rate following abortion was nearly six times greater than the suicide rate following childbirth.[22] 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.[23]

Abortion can also damage a woman's relationships with her partner[24] and others[25] and can adversely affect men[26] and children.[27] Many women and men now regret their decision to procure or encourage an abortion,[28] and many seek support and help to deal with their grief.[29]

Abortion in the Developing World

The inherent risks of abortion are exacerbated when basic maternal health care is unavailable or inadequate. The legalization or promotion of elective[30] abortion is thus far more dangerous to women in the developing world.

Drug-induced abortion, including abortion via misoprostol alone (rather than together with mifepristone), is often recommended in areas in which surgical abortion is unavailable. But this is particularly dangerous. The frequent complications of non-surgical abortion require a medical infrastructure (including ultrasound equipment, blood transfusions and surgical capability) that is often lacking in the developing world. And the use of misoprostol alone only increases the risk of incomplete abortion.[31] These methods threaten the lives and health of women and must not be facilitated.

Maternal Mortality

Many in the international community argue that legalized abortion is necessary to reduce maternal deaths in the developing world. But global evidence shows that the incidence of maternal mortality is mainly determined by the quality of maternal health care (and related factors), not by the legal status or availability of elective abortion.[32] Legalization does not solve the problem of poor health care—it simply increases the number of women subjected to the risks of abortion.

A 2012 study of maternal mortality in Chile found that maternal deaths declined significantly even after abortion was prohibited by law. Deaths due specifically to abortion also dropped—from 10.78 abortion deaths per 100,000 live births in 1989 to 0.83 in 2007, a reduction of 92.3 percent after abortion was made illegal.[33] Legalization is not necessary to improve maternal health and save women's lives.

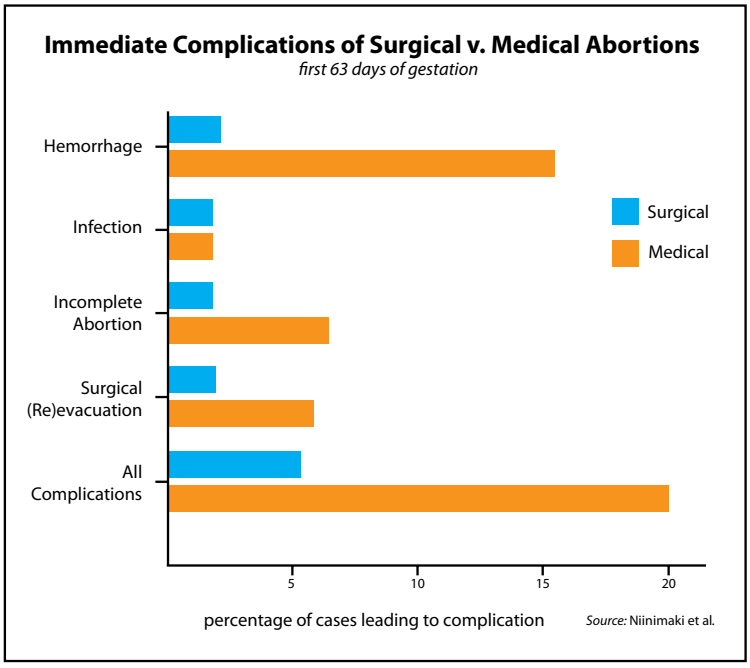

Fig. 3

Dangers Should Not Be Ignored

The risks of abortion to the physical and psychological well-being of women should not be ignored. Rather than legalize or promote abortion, governments should protect the equal dignity and basic rights of all human beings, including the unborn,[34] and work to improve maternal health care for the benefit of both mother and child.

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34 The science of embryology reveals that the human embryo or fetus is a living organism of the species *Homo sapiens*, like each of us, only at an earlier developmental stage. And it is a basic moral principle—affirmed in the United Nations' Universal Declaration of Human Rights and other international instruments—that all human beings bear an equal fundamental dignity and right to life that must be respected and protected.

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