Recent Research Abortion's Harm to Women

1. 62% Higher Risk of Death from All Causes, 2.5 Times Higher Risk of Suicide

Compared to women who give birth, women who abort have an elevated risk of death from all causes, which persists for at least eight years. Higher risk of death from suicide and accidents were most prominent. Projected on the national population, this effect may contribute to 2,000 - 5,000 more deaths among women each year.¹

Southern Medical Journal, 2002

2 3.5 Times Higher Death Rates from Suicide, Accidents, Homicides (Suicide 6 Times Higher)

Researchers examining deaths among the entire population of women in Finland found that those who had abortions had a 3.5 times higher death rate from suicide, accidents, or homicides in the following year. Suicide rates among aborting women were six times higher compared to women who gave birth and two times higher compared to women who miscarried.2

European Journal of Public Health, 2005

3. Abortion Deaths Underreported on Death Certificates

A study of medical records in Finland found that 94 % of maternal deaths associated with abortion are not identifiable from death certificates alone. The researchers found that linking death certificates to medical records showed that the death rate associated with abortion is three times higher than that associated with childbirth.³

Paediatric Perinatal Epidemiology, 2004

4 65% Suffered Trauma, 31% Had Health Complications

In this study comparing American and Russian women who had experienced abortion, 65% of American women studied experienced multiple symptoms of post-traumatic stress disorder (PTSD), which they attributed to their abortions. Slightly over 14% reported all the symptoms necessary for a clinical diagnosis of abortion induced PTSD, and 84% said they did not receive adequate counseling. 4 31% had health complications afterward.

Medical Science Monitor, 2004

5. 64% Involve Coercion, 84% Not Fully Informed

In the above study comparing American and Russian women who had experienced abortion, 64% of American women reported that they felt pressured by others to abort.⁵ 84% said they did not receive adequate counseling.⁴

Medical Science Monitor, 2004

6. Higher Rates of Depression, Substance Abuse, Suicidal Behavior After Abortion

In a New Zealand study, women who had abortions subsequently experienced higher rates of substance abuse, anxiety disorders, and suicidal behavior than women who had not had abortions, even after controlling for pre-existing conditions. Approximately 42% of women with a history of abortion had experienced major depression in the last four years (nearly double the rate of women who had not been pregnant and 35% higher than those who carried to term).

Journal of Child Psychology and Psychiatry, 2006

7. Significantly Higher Risk of Clinical Depression

Compared to women who carry their first unintended pregnancies to term, women who abort their first pregnancies are at significantly higher risk of clinical depression as measured an average of eight years after their first pregnancies.⁷

British Medical Journal, 2002

8. 65% Higher Risk of Clinical Depression

Analysis of a federally funded longitudinal study of American women revealed that, compared to women who gave birth, women who aborted were 65% more likely to be at risk of long-term clinical depression after controlling for age, race, education, marital status, history of divorce, income, and prior psychiatric state.⁸

Medical Science Monitor, 2003

9. 30% Higher Risk of Generalized Anxiety Disorder

Researchers compared women who had no prior history of anxiety and who had experienced a first, unintended pregnancy. Women who aborted were 30% more likely to subsequently report all the symptoms associated with a diagnosis for generalized anxiety disorder, compared to women who carried to term.⁹

Journal of Anxiety Disorders, 2005

10. Five Times Higher Risk of Substance Abuse

Women who abort are five times more likely to report subsequent drug or alcohol abuse than women who deliver.¹⁰

American Journal of Drug and Alcohol Abuse, 2000

11. Unintended First Pregnancies: Increased Substance Abuse if Women Abort

Among women who had unintended first pregnancies, those who had abortions were more likely to report, an average of four years later, more frequent and recent use of alcohol, marijuana, and cocaine than women who gave birth. This is the first study to compare substance abuse rates among women who had unintended pregnancies.¹¹

American Journal of Drug and Alcohol Abuse, 2004

12. Nearly Twice as Likely to Be Treated for Sleep Disorders, Which Are Often Trauma-Related

In a record based study of nearly 57,000 women with no known history of sleep disorders, women were more likely to be treated for sleep disorders after having an abortion compared to giving birth. Aborting women were nearly twice as likely to be treated for sleep disorders in the first 180 days after the pregnancy ended compared to delivering women. Numerous studies have shown that trauma victims will often experience sleep difficulties.¹²

Sleep, 2006

13. Records-Based Study Indicates More Outpatient Psychiatric Care

Analysis of California Medicaid records shows that women who have abortions subsequently require significantly more treatments for psychiatric illness through outpatient care. ¹³

American Journal of Orthopsychiatry, 2002

14. 160% More Likely to be Hospitalized for Psychiatric Treatment

A review of the medical records of 56,741 California Medicaid patients revealed that women who had abortions were 160% more likely than delivering women to be hospitalized for psychiatric treatment in the first 90 days following abortion or delivery. Psychiatric treatment rates remained significantly higher for at least four years.¹⁴

Canadian Medical Association Journal, 2003

15. Screening for Known Risk Factors Would Dramatically Reduce Abortions

This study is an analysis of 63 medical studies that identify risk factors that predict negative psychological reactions to abortion. The review concludes that the number of women suffering from negative emotional reactions to abortion could be dramatically reduced if abortion clinics screened women for these risk factors.¹⁵

The Journal of Contemporary Health Law and Policy, 2004

16. Subsequent Children Are Negatively Affected

The children of women who had abortions have less supportive home environments and more behavioral problems than children of women without a history of abortion. This finding supports the view that abortion may negatively affect bonding with subsequent children, disturb mothering skills, and otherwise impact a woman's psychological stability.¹⁶

Journal of Child Psychology and Psychiatry, 2002

17. Drug Abuse During Subsequent Pregnancies Five Times More Likely

Among women delivering their first pregnancy, women with a history of abortion are five times more likely to use illicit drugs and two times more likely to use alcohol during their pregnancies. This substance use places their unborn children at risk of birth defects, low birth weight, and death.¹⁷

American Journal of Obstetrics and Gynecology, Dec. 2002

18. Increased Smoking and Drug Abuse During Subsequent Pregnancies

A study of women who had just given birth found that compared to women who had experienced other types of pregnancy loss or had never had an abortion, women who had previously had an abortion are more likely to smoke, drink alcohol, or use marijuana, cocaine, or other illegal drugs during pregnancy.¹⁸

British Journal of Health Psychology, 2005

19. 95% Want To Be Fully Informed of All Statistically Associated Risks

Women considering elective surgery, such as abortion, consider all information about physical or psychological risks to be very relevant to their decisions. Fully 95 percent of patients wished to be informed of all risks statistically associated with a procedure, even if the causal connection between the procedure and risk has not been fully proven. (This finding is especially relevant to abortion providers who assert that, without proof that abortion directly causes problems such as depression or breast cancer, women would prefer not to be given such "worrisome" and "unnecessary" information.)¹⁹

Journal of Medical Ethics, 2006

20. Teens Have More Mental Health Problems After Abortion, Even With Unplanned Pregnancies

A nationally representative study found that aolescent girls who abort unintended pregnancies are five times more likely to seek subsequent help for psychological and emotional problems compared to their peers who carry unintended pregnancies to term, after controlling for previous mental health history, family situations and other factors that might influence mental health. Teens who aborted were also three times more likely to report having trouble sleeping and nine times more likely to report subsequent marijuana use. ²⁰

Journal of Youth & Adolescence, 2006

21. Abortion Increases Risk of Later Miscarriage by 60%

Researchers in the U.K. surveyed women ages 18 to 55 about their reproductive histories, lifestyles and relationships and found that women who had a previous abortion had a 60 percent higher risk of miscarriage during a subsequent preganancy.21

BJOG: An International Journal of Obstetrics & Gynecology, 2006

The Elliot Institute was involved in many of the studies listed above. For more comprehensive information, including links to some of the published studies, visit www.afterabortion.org/news.

Citations

- 1. DC Reardon et. al., "Deaths Associated With Pregnancy Outcome: A Record Linkage Study of Low Income Women," Southern Medical Journal 95(8):834-41, Aug. 2002.
- 2. M. Gissler et. al., "Injury deaths, suicides and homicides associated with pregnancy, Finland 1987-2000," European J. Public Health 15(5):459-63, 2005.
- 3. M. Gissler, et. al., "Methods for identifying pregnancyassociated deaths: populationbased data from Finland 1987-2000," Paediatric Perinatal Epidemiology 18(6): 44855, Nov. 2004.
- 4. VM Rue et. al., "Induced abortion and traumatic stress: A preliminary comparison of American and Russian women," Medical Science Monitor 10(10): SR5-16, 2004.
- 6. David M. Fergusson, et. al., "Abortion in young women and subsequent mental health," Journal of Child Psychology and Psychiatry 47(1): 16-24, 2006.

- 7. DC Reardon, JR Cougle, "Depression and Unintended Pregnancy in the National Longitudinal Survey of Youth: A Cohort Study," *British Medical Journal* 324:151-2, 2002.
- 8. JR Cougle, DC Reardon & PK Coleman, "Depression Associated With Abortion and Childbirth: A Long-Term Analysis of the NLSY Cohort," *Medical Science Monitor* 9(4):CR105-112, 2003.
- 9. JR Cougle, DC Reardon, PK Coleman, "Generalized Anxiety Following Unintended Pregnancies Resolved Through Childbirth and Abortion: A Cohort Study of the 1995 National Survey of Family Growth," *Journal of Anxiety Disorders* 19:137-142 (2005).
- 10. DC Reardon, PG Ney, "Abortion and Subsequent Substance Abuse," American Journal of Drug and Alcohol Abuse 26(1):61-75, 2000.
- 11. D.C. Reardon, P.K. Coleman, and J.R. Cougle, "Substance use associated with unintended pregnancy outcomes in the National Longitudinal Survey of Youth," *American Journal of Drug and Alcohol Abuse* 26(1):369-383, 2004.
- 12. DC Reardon and PK Coleman, "Relative Treatment Rates for Sleep Disorders and Sleep Disturbances Following Abortion and Childbirth: A Prospective Record Based-Study," *Sleep* 29(1):105-106, 2006.
- 13. PK Coleman et. al., "State-Funded Abortions Versus Deliveries: A Comparison of Outpatient Mental Health Claims Over Four Years," *American Journal of Orthopsychiatry* 72(1):141-152, 2002.
- 14. DC Reardon et. al., "Psychiatric Admissions of Low-Income Women Following Abortions and Childbirth," *Canadian Medical Association Journal* 168(10): May 13, 2003.
- 15. David C. Reardon, "The Duty to Screen: Clinical, Legal, and Ethical Implications of Predictive Risk Factors of Post-Abortion Maladjustment," *The Journal of Contemporary Health Law and Policy* 20(2):33-114, Spring 2004.
- 16. PK Coleman, DC Reardon, & JR Cougle, "The Quality of the Caregiving Environment and Child Developmental Outcomes Associated with Maternal History of Abortion Using the NLSY Data," *Journal of Child Psychology and Psychiatry* 43(6):743-57, 2002.
- 17. PK Coleman et. al., "A History of Induced Abortion in Relation to Substance Abuse During Subsequent Pregnancies Carried to Term," *American Journal of Obstetrics and Gynecology* 1673-8, Dec. 2002.
- 18. PK Coleman, DC Reardon, JR Cougle, "Substance use among pregnant women in the context of previous reproductive loss and desire for current pregnancy," *British Journal of Health Psychology* 10, 255-268, 2005.
- 19. PK Coleman, DC Reardon, MB Lee, "Women's preferences for information and complication seriousness ratings related to elective medical procedures," *Journal of Medical Ethics*, 32:435-438 (2006).
- 20. PK Coleman, "Resolution of Unwanted Pregnancy During Adolescence Through Abortion Versus Childbirth: Individual and Family Predictors and Psychological Consequences," *Journal of Youth and Adolescence* (2006).
- 21. N. Maconochie, P. Doyle, S. Prior, R. Simmons, "Risk factors for first trimester miscarriage—results from a UK-population-based case—control study," *BJOG: An International Journal of Obstetrics & Gynaecology*, Dec 2006. Abstract available at www.blackwell-synergy.com.