References
9. Minneapolis Citizens Concerned for Life, 4249 Nicollet Avenue  |  Minneapolis, MN 55409 612.825.6831  |  Fax 612.825.5527
10. This publication also available online; French and Spanish versions also available.

How Abortion Hurts Women

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

Abortion poses both short- and long-term risks to the physical health of women. It can also seriously affect mental health.

Women should be made aware of the dangers of abortion, which is not good for anyone.
Physical risks of abortion

Surgical abortion is an invasive 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. These complications can affect future fertility (see "long-term risks" below). In very rare cases abortion results in death. A 2004 study using national U.S. data found the risk of death increasing substantially the later in pregnancy abortion is performed. The risk increased more than fivefold from abortion at 13-15 weeks gestation to abortion at 21 weeks or later.1

Women who have abortions are also more likely than women who give birth to die (from any cause) in the subsequent months and years. Large record-based studies from Finland,2 Denmark3 and the United States4 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.

Non-Surgical Abortions

Chemical or "medical" (drug-induced) abortion—using mifepristone, or RU486, together with a prostaglandin, usually misoprostol—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 follow-up) and have even led to death. A total of 2,207 “adverse events” linked to RU486 were reported to the U.S. Food and Drug Administration from September 2000 (when the drug was approved) through April 2011.1 Of these, 14 women died, 612 were hospitalized (excluding deaths); 3,399 women bled so much that they required transfusions; and 256 women developed infections, 48 of them “severe infections.” These do not include women from other countries who have suffered or died as a result of chemical abortions.

A large 2009 study published in Obstetrics & Gynecology determined that chemical abortions led to significant adverse events in 20 percent of cases—almost four times the rate of immediate complications as surgical abortions (see Fig. 2).2

A 2011 study of mifepristone in Australia compared the complications of first-trimester chemical 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 chemical abortions were performed in the second trimester—33 percent of cases required surgical intervention.3

Meta-Analyses of Health Risks after Abortion

<table>
<thead>
<tr>
<th>Complication</th>
<th>Percentage of Cases Leading to Complication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature birth</td>
<td>46%</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>12%</td>
</tr>
<tr>
<td>Psychological problems</td>
<td>87%</td>
</tr>
</tbody>
</table>

Immediate Complications of Surgical v. Chemical Abortions

<table>
<thead>
<tr>
<th>Complication</th>
<th>Surgical</th>
<th>Chemical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection</td>
<td>3.4%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Incomplete abortion</td>
<td>4.9%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Surgical (re)evacuation</td>
<td>2.7%</td>
<td>2.2%</td>
</tr>
<tr>
<td>All Complications</td>
<td>7.7%</td>
<td>7.3%</td>
</tr>
</tbody>
</table>

Meta-Analyses of Health Risks after Abortion

Preterm Birth 36% increased risk

Breast Cancer 12% increased risk

Psychological Problems 87% increased risk

Increased risk of preterm birth after one abortion. A recent study found an increased risk of preterm birth after one abortion, with each additional abortion increasing the risk of preterm birth even further. Abortion is associated with an increased risk of infertility, miscarriage, ectopic pregnancy (which is life-threatening if not promptly treated) and placenta previa.

Other long-term risks of abortion include breast, cervical and ovarian cancers. The connection between abortion and breast cancer is especially controversial. But it is clear that abortion can deprive a woman of the risk-reducing effect of a first full-term pregnancy. And physiological and epidemiological evidence also indicate that abortion leaves a woman with more cancer-vulnerable breast tissue than if she had not become pregnant in the first place.

Dozens of studies support the abortion-breast cancer link; a 1996 meta-analysis found a 30 percent increase in breast cancer risk among post-abortion women.4 Alleged refutations of this evidence have proven flawed.

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; near 10 percent of the incidence of psychological problems was directly attributable to abortion. These problems included anxiety, depression, alcohol abuse, drug abuse and suicidal behavior.

A large-scale Finnish study found that the suicide rate following abortion was nearly six times greater than the suicide rate following childbirth. 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.

Abortion can also damage a woman’s relationships with her partner and others and can adversely affect men and children. Many women and men now regret their decision to procure or encourage an abortion, and many seek support and help to deal with their grief.

Silent no more

Increasingly, women are speaking up about their abortions and the consequences they have endured. The Silent No More Awareness Campaign is a nationwide organization of women and men telling their stories of abortion regret. “I did my best to move on (after having an abortion), but couldn’t,” says one Minnesota woman. “The abortion didn’t solve anything; it just created more problems. I felt paralyzed. … I was changed forever when I had the abortion.”5

Mortality Rate after Childbirth v. Abortion

Record-Linkage Studies

<table>
<thead>
<tr>
<th>Year</th>
<th>Mortality Rate</th>
<th>Childbirth</th>
<th>Abortion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>0.5%</td>
<td>1.5%</td>
<td>2.0%</td>
</tr>
<tr>
<td>2011</td>
<td>0.3%</td>
<td>1.4%</td>
<td>1.8%</td>
</tr>
<tr>
<td>2012</td>
<td>0.2%</td>
<td>1.3%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

Women who give birth to children and their mothers deserve our care and well-being should not be ignored. Both unborn children and their mothers deserve our care and support.