



## **Studies Demonstrate Significant Risks to Women from Late-Term Abortion**

Numerous, well-documented studies demonstrate that abortion poses significant medical risks for women and that serious—and potentially fatal—medical risks increase exponentially later in pregnancy.<sup>1</sup>

The undisputed risks of immediate complications from abortion include blood clots, hemorrhage, incomplete abortions, infection, and injury to the cervix and other organs.<sup>2</sup> Abortion can also cause missed ectopic pregnancy, cardiac arrest, respiratory arrest, renal failure, metabolic disorder, or shock. Immediate complications affect approximately 10 percent of women undergoing abortions, and approximately one-fifth of these complications are life-threatening.<sup>3</sup>

Studies also reveal that the long-term physical and psychological consequences of abortion include an increased risk of:

- subsequent preterm birth;
- placenta previa (a complication during pregnancy where the baby’s placenta partially or totally covers the mother’s cervix and which can cause severe bleeding before or during delivery);
- subsequent suicide or suicidal ideation;
- major depression;
- substance abuse;
- anxiety;
- sleeping disorders;
- breast cancer as a result of the loss of the protective effect of a first full-term pregnancy<sup>4</sup>;

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<sup>1</sup> For more detailed information, see AUL Talking Points on Health Risks to Women from Late-Term Abortion.

<sup>2</sup> These risks are openly acknowledged by abortion providers. See, e.g., Planned Parenthood, *In-Clinic Abortion Procedures* (2010), available at <http://www.plannedparenthood.org/health-topics/abortion/abortion-procedures-4359.htm> (last visited Jun. 24, 2012). However, although Planned Parenthood acknowledges certain risks of abortion, its website material fails to disclose many of the significant—even potentially fatal—side effects of abortion.

<sup>3</sup> Shadigian, Elizabeth. “Reviewing the Medical Evidence: Short and Long-Term Physical Consequences of Induced Abortion”, Testimony before the South Dakota Task Force to Study Abortion, Pierre, South Dakota, September 21, 2005.

<sup>4</sup> Although Planned Parenthood often asserts that “there is no evidence of an association between abortion and breast cancer,” medical studies document an association between induced abortion and subsequent breast cancer. A study by Thorp et al. in the January 2003 issue of *Obstetrical & Gynecological Survey* (OGS) shows that a woman who aborts her first pregnancy loses the protective effect against subsequent breast cancer that a first full-term pregnancy provides. See Thorp, Hartmann & Shadigian, *Long-Term Physical and Psychological Health Consequence of Induced Abortion: Review of the Evidence*, 58 *OBST. & GYN. SURVEY* 67 (2003); Russo, J. Russo, I., *Toward a physiological approach to breast cancer prevention. Can Epidemiology, Biomarkers, and Prevention*, 3, 353-364. See also Janet Daling, et al., *Risk of*

- miscarriage;
- ectopic pregnancy; and
- death.<sup>5</sup>

These medical risks, consistently documented by peer reviewed medical journals, gravely endanger women’s physical and psychological health.

**Notably, medical studies reveal that these serious—and even fatal—medical risks increase markedly later in pregnancy.<sup>6</sup>**

After eight weeks gestation<sup>7</sup>, the already high risk to a woman’s health from abortion increases exponentially.<sup>8</sup> At 12-13 weeks gestation, the physical complications rate is 3-6 percent.<sup>9</sup> The rate increases to 50 percent or higher as abortions are performed later into the second trimester.<sup>10</sup> Notably, the incidence of major complications, including death, is highest after 20 weeks of gestation.<sup>11</sup>

After the first trimester, the risk of hemorrhage from an abortion, in particular, is greater. The resulting complications may require a hysterectomy, other reparative surgery, or a blood transfusion.<sup>12</sup>

As detailed by Americans United for Life in the *Planned Parenthood v. Rounds* case out of South Dakota, numerous peer-reviewed studies demonstrate a link between abortion and depression, as well

*Breast Cancer Among Young Women: Relationship to Induced Abortion*, 86 J. NAT’L CANCER INST. 1584 (Nov. 1994). The study also concluded that if an 18-year-old, pregnant for the first time, decides to abort, her risk of breast cancer is almost doubled. A 1989 study by Holly Howe in the *International Journal of Epidemiology* found a 50 percent increased risk of breast cancer after abortion. See Howe et al, *Early Abortion and Breast Cancer Risk Among Women Under Age 40*, 18 INTER’L J. EPID. 300 (1989). In a 1994 study, in the *Journal of the National Cancer Institute*, NCI researcher Janet Daling, who is personally “pro-choice,” found that “among women who had been pregnant at least once, the risk of breast cancer in those who had experienced an induced abortion was 50 percent higher than among other women.” See Janet Daling, et al., *Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion*, 86 J. NAT’L CANCER INST. 1584 (Nov. 1994).

<sup>5</sup> See AUL Talking Points on Health Risks to Women from Late-Term Abortion.

<sup>6</sup> Several large scale studies have revealed that abortions after the first trimester (144,000 performed annually) pose more serious risks to women’s physical health than first trimester abortions. S. V. Gaufberg, "Abortion complications," 2008, <http://emedicine.medscape.com/article/795001-overview>, <http://www.web-citation.org/5iLo2bOzc>. [2] L. A. Bartlett, C. J. Berg, H. B. Shulman et al., "Risk factors for legal induced abortion-related mortality in the United States," *Obstetrics and Gynecology*, vol. 103, No. 4, pp. 729–737, 2004. For a study that shows an increased risk of post-traumatic stress symptoms with late-term abortions as compared to early term abortions, see, P. K. Coleman, C. T. Coyle, V. M. Rue, “Late-Term Elective Abortion and Susceptibility to Posttraumatic Stress Symptoms,” *Journal of Pregnancy*, v. 2010. At least two studies have concluded that “2<sup>nd</sup> trimester (13-14 weeks) and 3<sup>rd</sup> trimester (25-26 weeks) abortions pose more serious risks to women’s physical health compared to 1<sup>st</sup> trimester abortions.”

<sup>7</sup> Gestation means the time that has elapsed since the first day of the woman’s last menstrual period.

<sup>8</sup> See L. Bartlett et al., *Risk factors for legal induced abortion-related mortality in the United States*, OBSTETRICS & GYNECOLOGY 103(4):729 (2004).

<sup>9</sup> See Slava V. Gaufberg, *Abortion, Complications*, eMedicine, Feb. 5, 2010, available at <http://emedicine.medscape.com/article/795001-overview#a0199> (last visited July 19, 2012).

<sup>10</sup> *Id.*

<sup>11</sup> See J. Preger & A. DeCherney, WOMEN’S HEALTH: PRINCIPLES AND CLINICAL PRACTICE 232 (2002).

<sup>12</sup> See <http://www.aul.org/wp-content/uploads/2012/04/model-womens-health-protection.pdf> (last visited Jun. 25, 2012).

as an increased risk of suicide ideation and suicide following induced abortion.<sup>13</sup> Research also indicates that late-term abortions carry an elevated mental health risk. A 2010 study comparing the mental health of women undergoing early versus late term abortions found that women who underwent later abortions (13 weeks or beyond) reported “more disturbing dreams, more frequent reliving of the abortion, and more trouble falling asleep.”<sup>14</sup> The same study ultimately concluded that women who wait until the second or third trimester before undergoing an abortion have an increased risk of “unwelcome re-experience of the abortion procedure,” reminiscent of post-traumatic stress disorder, that may require professional counseling.<sup>15</sup>

Abortion complications have resulted in maternal death. Notably, the risk of death from abortion increases exponentially later in pregnancy. A study of national data in the U.S. on abortion-related mortality from 1988-1997 found that at 13-15 weeks of gestation, the rate of abortion-related mortality was 14.7 per 100,000; at 16-20 weeks, the rate rose to 29.5 per 100,000; and, at or after 21 weeks, the rate reached 76.6 deaths per 100,000.<sup>16</sup>

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<sup>13</sup> In July 2012, the Eighth Circuit upheld South Dakota’s “suicide advisory,” that portion of the informed consent law that requires women be informed that there is an increased risk of suicide and suicide ideation following abortion. (Other provisions of the informed consent law, also challenged by Planned Parenthood, were previously upheld by the court.) The brief filed by Americans United for Life is available at <http://www.aul.org/wp-content/uploads/2012/07/PP-v-Rounds-AUL-amicus-final.pdf> (last visited Aug. 6, 2012).

<sup>14</sup> Coleman, Coyle & Rue, “Late-Term Elective Abortion and Susceptibility to Posttraumatic Stress Symptoms,” 2010 *Journal of Pregnancy* 1, 7.

<sup>15</sup> *Id.* at 8.

<sup>16</sup> See L. Bartlett et al., *Risk factors for legal induced abortion-related mortality in the United States*, *OBSTETRICS & GYNECOLOGY* 103(4):729 (2004). Even the Alan Guttmacher Institute –Planned Parenthood’s former research arm—acknowledges that the risk of death associated with abortion increases for later-term abortions. See L. Bartlett et al., *Risk factors for legal induced abortion-related mortality in the United States*, *OBSTETRICS & GYNECOLOGY* 103(4):729-737 (2004).