

# Abortion Hurts Women

Revision date: 2/7/01

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This document provides scientific and other documentation that legal abortion, contrary to popular opinion, doesn't help women but hurts them severely and/or kills them.

There are approximately 350 entries below showing how abortion hurts women.

Word-searching can be done by key words you think of. Examples are "infection", "hemorrhage", "chlamydia", "trauma", and "breast cancer". Search without matching case. In addition, you can also search for categories of how abortion hurts women. These are the categories:

~PC = physical effects, cancer  
~PD = physical effects, death  
~PS = physical effects, smoking, drinking, and/or drugs  
~PG = physical effects, general  
~PL = physical effects, later complications  
~G = general  
~PSG = psychological  
~S = suicide

Note that the character ~ appears before the abbreviations. This is to facilitate searching. For example, if you were to search for "general" information, you could search for a G, but then every G in the document could be found. Therefore, search for ~G. Then, only "general" information will be found.

Every paragraph begins with a category abbreviation.

Because many sources are quoted several times, they would take up too much space unless abbreviated. Thus, I gave them abbreviations.

These are those abbreviations:

*NAIRVSC* is Strahan, Newsletter of Association for Interdisciplinary Research in Values and Social Change. *NAIRVSC* is available from NRL Educational Trust Fund, 419 7<sup>th</sup> Street NW, Suite 500, Washington, DC 20004, 202 626-8800. *MAB* is Thomas W. Strahan, ed., "Major Articles and Books Concerning the Detrimental Effects of Abortion" (Charlottesville, VA: The Rutherford Institute, December 1993).

*ABSNM* is David C. Reardon, *Aborted Women: Silent No More* (Wheaton, IL: Good News, Crossways Books; Chicago: Loyola University Press). Reardon's address and phone number are Elliot Institute, P. O. Box 7348, Springfield, IL 92791; 217 525 8202

*PSSFA* is Anne C. Speckhard, "The Psycho-Social Aspects of Stress Following Abortion," (Sheed and Ward: Kansas City, 1987).

*Saltenberger* means Ann Saltenberger, *Every Woman Has a Right to Know the Dangers of Legal*

*Abortion*, (Glassboro, NJ: Air- Plus Enterprises, 1982).

*TAP* is Pamela Zekman & Pamela Warrick, "The Abortion Profiteers: Nurse to Aide: Fake That Pulse!" *Chicago Sun-Times*, November 1978, quoted in Saltenberger, 168-170.

*JAMA* is *Journal of the American Medical Association*.

Other notes about citations:

When quotes extend beyond one paragraph, the source is given at the end of the last paragraph.

If a paragraph includes information from several sources, citations are given at the various places within the paragraph. Those not at the end are placed in parentheses.

**If you feel you have been injured by an abortion and might want to sue, call American Rights Coalition at 800 634 2224.**

Now the actual material on abortion hurting women begins.

A Planned Parenthood brochure entitled *PLAN YOUR CHILDREN for Health and Happiness* says,

"An abortion kills the life of a baby after it has begun. It is dangerous to your life and health. It may make you sterile so that when you want a child you cannot have it."

### **Physical Effects: Cancer**

~PC Dr. Joel Brind, Endocrinologist, said in a December 3, 1992 press release, "THERE IS A CLEAR RELATIONSHIP DOCUMENTED IN MEDICAL JOURNALS SHOWING THAT WOMEN ABORTING THEIR FIRST PREGNANCY ARE AT A MUCH HIGHER RISK OF DEVELOPING BREAST CANCER THAN WOMEN WHO CARRY THEIR PREGNANCY TO TERM." (Presumably, it took some time to determine this: Women mostly abort early in life, and get breast cancer later.) Brind cited four sources in the medical literature. One of these also showed that women are also at a much higher risk of developing cervical cancer. Kenneth E. Kogut, *The Facts of Pro-Life*, n.p., 64.

**SINCE BREAST CANCER IS A VERY LARGE KILLER OF  
WOMEN IN THE UNITED STATES, EVEN A VERY SMALL  
PERCENT INCREASE IN BREAST CANCER DUE TO  
ABORTION KILLS ADDITIONAL THOUSANDS OF WOMEN.**

~PC The most recent epidemiological studies have confirmed the abortion-breast cancer (ABC) link repeatedly. The ABC link received major media attention in November 1994 when a National Cancer Institute study was published in the Institute's Journal. The author was pro-abortion Dr. Janet Daling et al. of the Fred Hutchinson Cancer Research Center in Seattle, Washington. It reported a statistically

significant overall 50 percent increase in the risk of breast cancer among women who reported having had any induced abortions. This study was a meta study. That is, it was a statistical study of many other studies.

~PC "An upstate New York study matched 1,451 cases of breast cancer in women under 40 which were reported to the Cancer Registry with 1,451 population controls by year of birth and by residence using zip codes. An ODDS RATIO OF 4.0 (CI 1.5-13.6) was associated with a history of repeated interrupted pregnancies with no intervening live births." H. L. Howe et al., "Early Abortion and Breast Cancer Risk among Women Under Age 40," *Int'l Journal of Epidemiology*, 1989, 300, quoted in Thomas W. Strahan, ed., *NAIRVSC*, Winter 1993.

~PC "A DANISH STUDY FOUND THAT ABORTION IN THE FIRST AND SECOND TRIMESTER WAS SIGNIFICANTLY ASSOCIATED WITH A BREAST CANCER RISK OF 1.43 (ONE ABORTION) AND 1.73 (TWO OR MORE ABORTIONS) COMPARED WITH THOSE WITHOUT AN ABORTION HISTORY AFTER ADJUSTMENT FOR AGE, RESIDENCE, AND AGE AT FIRST BIRTH." (Emphasis by Life Research Institute) M. Ewartz, "Risk of Breast Cancer in Relation to Reproductive Factors in Denmark," *British Journal Cancer*, 1988, 99-104, quoted in Strahan, *NAIRVSC*, Winter 1993, 6-8.

~PC "Women who carry their first baby to term cut their chance for breast cancer almost in half. Women who abort their first pregnancy almost double their chance. With 2 or more abortions there is a 3 - 4 fold increase. . . . childbirth prevents [versus no pregnancy, not versus abortion] over 500 deaths from cancer for every 100,000 first pregnancies carried to term." *Voices for the Unborn*, Feb 1994, 5.

~PC "The number of additional breast cancer cases due to abortion is approximately 50,000 per year." Another estimate is 75,000. [Conservatively, without abortion 1 in 10 women will contract breast cancer. A mother's first abortion is most important, and there are about 1,000,000 of these annually. Thus, 100,000 of these would get breast cancer without aborting. But abortion increases the risk by .UL off \_at least\_ 50%.  $100,000 \times 50\% = 50,000$ . This analysis provides a very conservative result. Joel Brind, quoted at the first citation, estimates 75,000.]

~PC Regarding increased liver cancer risk: "A study of reproductive factors and the risk of primary liver cancer, conducted in Northern Italy between 1984-91, found a 2.1 relative risk for liver cancer for two or more induced abortions and 1.6 relative risk factor for one abortion compared with women with no abortion history." C. LaVeccia et al., "Reproductive Factors and the Risk of Hepatocellular Carcinoma in Women," *Int'l Journal Cancer*, 1992, 351, quoted in Strahan, *NAIRVSC*, Winter 1993, 7.

~PC Regarding increased risk for cancer of the cervix: "A case-control study published in 1984 in France showed a 2.3 relative risk for cancer of the cervix for women with one abortion and a 4.92 relative risk for women reporting two or more induced abortions compared with women with no prior abortion history." M-G Le et al., "Oral Contraceptive Use and Breast or Cervical Cancer: Preliminary Results of a French Case-Control Study," quoted in J. P. Wolff and J. S. Scott, eds., "Hormones and Sexual Factors in Human Cancer Etiology," *Excerpta Medica*, New York (1984) 139-47.

~PC "The U.S. Public Health Service and the National Institutes of Health have concluded that, 'child bearing is the most important known factor in preventing ovarian cancer suggesting that hormones play a role in its development. . . . Breast cancer may also increase a woman's chance of developing ovarian cancer.' [National Institute of Public Health, *Cancer Rates and Risks*, NIH Publication No. 85-691, 3<sup>rd</sup> Edition, 1985, quoted in Strahan, *NAIRVSC*, Spring 1993, 5.] The American Cancer Society states, 'Women who have never had children are twice as likely to develop ovarian cancer as those who have. Early age at first pregnancy, early menopause, and the use of oral contraceptives, which reduces the frequency of ovulation, appear to be protective against ovarian cancer. [But if a woman gets breast cancer for any reason (examples: because of the pill or because of abortion, then . . . ) If a woman has had breast cancer, her chances of developing ovarian cancer double.'" American Cancer Society, *Cancer Facts & Figures - 1993*, quoted in Strahan, *NAIRVSC*, Spring 1993, 5.

~PC "Several studies have determined that a risk factor for endometrial cancer or cancer of the uterine corpus is few or no children." Strahan, *NAIRVSC*, Spring 1993, 6.

~PC From the Abstract section of cited article: "Early FFTP [first full-term pregnancy] confers protection, while induced abortion confers risk. Most specific and controlled variables studies indicate 150% risk for abortions performed on women younger than 18 years of age. Studies have yet to discover the full impact of induced abortion because women who underwent legalized abortion in 1973 are just reaching ages of highest breast cancer incidence." Lucille, Canty, BSN, RN, "Protective Effect of an Early First Full-Term Pregnancy Versus Risk of Induced Abortion," *Oncology Nursing Forum*, 24 (1997): 1025-31.

~PC From the Conclusions section of the same article: "The scientific and physiologic data provide overwhelming evidence of the double-edged sword of pregnancy in terms of breast cancer. A pregnancy carried to term provides protection against breast cancer risk, especially for young women during their first pregnancy. On the contrary, interrupting that pregnancy with an induced abortion, especially when a woman is very young and it is her first pregnancy, may increase risk for breast cancer significantly. With at least one of every four U.S. women having an abortion in her life (Daling et al., 1994), this risk factor becomes extremely relevant. . . . Most breast cancer risk factors are outside of human control, but induced abortion is a matter of choice and, with awareness and information, its influence as a risk factor could be diminished." Lucille, Canty, BSN, RN, "Protective Effect of an Early First Full-Term Pregnancy Versus Risk of Induced Abortion," *Oncology Nursing Forum*, 24 (1997): 1025-31.

~PC "A case control study of cervical carcinoma in situ was conducted by a standard questionnaire among 133 women aged 15-50 years between 1979-85 in Santiago, Chile. The 254 controls were 2 women in the same 5 year age group as the corresponding case and who also had a normal Pap smear closest in time to the abnormal smear that led to the carcinoma in situ diagnosis. Several sexual variables were associated with an increased risk of carcinoma in situ. These included history of prior miscarriages, any prior aborted pregnancy, including spontaneous and induced abortions, total number of pregnancies, number of sexual partners and age at first sexual intercourse. The relative risk for carcinoma in situ for women with no abortion history was 1.85 (1.20-2.86, 95% C.I.). The relative risk for carcinoma in situ for a woman with an induced abortion was 1.38 (0.84-2.27, 95% C.I.) compared

to women with no induced abortion history." R. Molina, D.B. Thomas, A. Dabancens, "Oral Contraceptives and Cervical Carcinoma in Situ in Chile," *Cancer Research*, 15 February 1988, 1011-1015.

~PC "A case-control study by researchers in Milan, Italy of 528 cases of invasive cancer was compared with 456 control subjects hospitalized for acute conditions unrelated to any of the established or suspected risk factors for cervical cancer. Relative risks for invasive cervical cancer for women with one induced abortion compared to women with no induced abortion history were 1.89, 1.60 and 1.69 based upon Mantel-Haenszel (M-H) estimates adjusted for age, M-H estimates adjusted for age and age at first intercourse, respectively. For women with a history of two or more induced abortions compared with women with no induced abortion history the M-H estimates of risk were 2.38, 2.41 and 1.44 based upon the same adjustments in the same order as above." F. Parazzini, et al., "Reproductive Factors and the Risk of Invasive and Intraepithelial Cervical Neoplasia", *Br. J. Cancer*, 59 (1989), 805-809.

~PC "A case-control study of 39 cases of cervical adenocarcinoma were compared to 409 controls admitted to area hospitals in the Milan, Italy area during 1981-86 for surgical or other traumatic injury. The median age for both cases and controls was 53 years. A history of one or more induced abortions has a relative risk of 2.5 (1.2-5.3, 95% C.I.) for cervical adenocarcinoma compared to women with no induced abortion history using Mantel-Haenszel estimates adjusted for age and age at first birth and parity. The Mantel-Haenszel estimates of relative risk adjusted for age at first intercourse were 3.7 (1.6-8.2, 95% C.I.) for a woman with a history of one or more induced abortions compared to a woman with no history of induced abortion." Parazzini, et al., "Risk Factors for Adenocarcinoma of the Cervix: A Case-Control Study," *F. Br. J. Cancer*, 57 (1988): 201.

~PC "A comprehensive 1993 review article is: Joel Brind, "Induced Abortion as an Independent Risk Factor for Breast Cancer," Association for Interdisciplinary Research Newsletter, Summer, 1993, 1-8."

~PC "A comprehensive 1993 review article is: Scott W. Somerville, "Before You Choose: The Link Between Abortion and Breast Cancer," AIM, P.O. Box 871, Purcellville, VA 22132 ."

~PC "A correlation study in the USSR based on official abortion statistics and regional cancer incidence data for the period 1959-1985 showed a significant contribution of induced abortion to the variance of cervical cancer. The correlation between cervical cancer age adjusted incidence rates for women in 70 areas of Russia was 0.77 according to parametric tests and also 0.77 according to Spearman non-parametric rank criteria." L.I. Remennick, "Reproductive Patterns and Cancer Incidence in Women: A Population-Based Correlation Study in the USSR," *Int'l J. Epidemiology*, 18 (1989): 498.

~PC "A hospital based case-control study in Northern Italy between 1984-91 found that the risk of liver cancer increased with parity. The relative risk for 1 or more induced abortions was 1.6 (0.7-3.6, 95% C.I.) and for two or more abortions was 2.1 (1.0-4.3, 95% C.I.) based upon estimates from multiple logistic regression equations. p 184] C. LaVecchia, E. Negri, S. Franceschi, B. D'Avanzo, "Reproductive Factors and the Risk of Hepatocellular Carcinoma in Women," *Int'l. J. Cancer*, 52 (1992), 351.

~PC "A study of 1,869 cases of breast cancer in Washington state women (ages 25-) found that the incidence of breast cancer increased 22% between 1974-77 and 1982-84. The estimated annual increase was 2.5%. The risk for black women doubled based on small numbers. Conclusion: One reason for the increase may be the dramatic exposure to induced abortion. Black women have a higher abortion rate than white women." E. White, et. al., "Rising Incidence of Breast Cancer Among Young Women in Washington State," *Journal of the National Cancer Institute*, August 1987, 293?-243?.

~PC "Breast-Cancer Risk: Several recent studies have added to the existing research which concludes that an induced abortion increases the likelihood of breast cancer. This is of particular significance because approximately 44,000 women die each year from breast cancer in the U.S. Induced abortion, particularly of the first pregnancy, results in the loss of the protective effect against breast cancer if the first pregnancy is carried to term. There is substantial evidence that induced abortion is an independent risk factor for breast cancer in women. Induced abortion may be implicated in other types of cancer as well. The long-term effects of induced abortion on cancer in post-menopausal women are generally unknown. . . ." *MAB*, ii-v.

~PC "Dysplasia of the cervix is increasing among adolescents. Sexually active teenagers, especially those who become pregnant, are at high risk for developing cervical dysplasia and, ultimately, cervical cancer." Mark Spitzer and Burton A. Krumholz, "Pap Screening for Teenagers: A Life-Saving Precaution," *Contemporary OB/GYN*, January 1988, 3341.

~PC "In a Canadian study of 154 pregnant women with breast cancer, 20% of the 116 patients who carried their children to term were ultimately cured of their cancer, 40% of the 13 patients who spontaneously aborted were cured, but none of the 21 patients who had a 'therapeutic' abortion survived. It was concluded that a 'therapeutic' abortion did not confer any benefit and may reduce survival." R.M. Clark, T. Chua, Clin", *Breast Cancer and Pregnancy: The Ultimate Challenge*, "Oncology, a Journal Of The Royal College of Radiologists, 1 (1989): 11-18.

~PC "In a Howard University case control study of African-American women seen at their hospital from 1978-1987, the multiple logistic estimates of the odds ratio for breast cancer among women under 40 years of age, between 41-49 years and over 50 years was 1.5, 2.8 and 4.7, respectively, among women with a history of induced abortions compared to women with no history of induced abortions." A.E. Laing, et al., "Breast Cancer Risk Factors in African-American Women: The Howard University Tumor Registry Experience," *J. National Medical Association*, December 1993, 931-939.

~PC "In a study of 1,248 cases of carcinoma in situ of the cervix in Tokyo, the women in the cancer group had a significantly greater number of abortions than the control group. It was concluded that the cervical repair process after abortion seems to be too important to disregard as a factor in the development of carcinoma in situ." I. Fujimoto, H. Nemoto, K. Fuduka, S. Masubuchi, "Epidemiologic Study of Carcinoma in Situ of the Cervix," *J. of Reproductive Medicine*, July 1985, 535.

~PC "In a study of 163 white women less than 33 years of age in the Los Angeles area, a first-trimester

abortion before a first full-term pregnancy was associated with a 2.4-fold increase in risk of breast cancer." M.C. Pike, et al., "Oral Contraceptive Use and Early Abortion as Risk Factors for Breast Cancer in Young Women," *British Journal of Cancer*, 43 (1981): 72.

~PC "In a study of genetic markers in premenopausal breast tumors, it was found that tumors from patients with any abortions before a first full-term pregnancy were 26 times more likely to show amplification for the INT2 gene which was an indication of faster tumor growth and lower survival." H. Olsson, et al., "Her-2/neu and INT2 Proto-oncogene Amplification in Malignant Breast Tumors in Relation to Reproductive Factors and Exposure to Exogenous Hormones," *J. National Cancer Institute*, 16 October 1991, 1483.

~PC "Some 1,451 women with breast cancer were matched with population controls by year of birth and by residence using zip codes in upstate New York. Those with a history of induced abortion as determined by fetal death records had a 1.9 odds ratio compared with controls." H.L. Howe, R.T. Senie, H. Bzduch and P. Herzfeld, "Early Abortion and Breast Cancer Risk Among Women Under Age 40," *International J. of Epidemiology*, 18(2) (1989): 300-304.

~PC "When relative risks for induced abortion were subjected to multiple logistic regression equations including adjustments for age, marital status, education, age at first intercourse, number of sexual partners, history of Pap smears, smoking habits, oral contraceptive use, number of live births, and age at first birth, the relative risk computed by multiple logistic regression ranged from 1.26-1.39 for women with one or more induced abortions compared to women reporting no induced abortion with no significant trend shown with increasing number of induced abortions." Citation not known.

~PC ("Postmenopausal women who develop endometrial cancer . . . are more likely than others to have had their last pregnancy end in an . . . induced abortion." C. P. McPherson et al., "Reproductive Factors and Risk of Endometrial Cancer: The Iowa Women's Health Study," *American Journal of Epidemiology*, 143, 1996, 1195-1202, quoted in "Miscarriage and Abortion Are Related to Increased Endometrial Cancer Risk," *Family Planning Perspectives*, November/December 1996, 286.

~PC The following, through citation 22, is from Brent Rooney of Vancouver, Canada. His web site is [www.nocancer.net](http://www.nocancer.net)

Having a full-term birth reduces mom's risk of contracting three of the four major cancer killers of women in the U.S. Prevention beats cure any day of the week. Let's compare cancer death risks of childless women with moms:

<b>Cancer death risk</b>	<b>Moms (term births)</b>	<b>Childless Women</b>	<b>Cancer Mortality Rank</b>
Breast*	LOWER Risk	HIGHER Risk	#2 Cancer Killer
Colorectal	LOWER Risk	HIGHER Risk	#3 Cancer Killer
Ovarian	LOWER Risk	HIGHER Risk	#4 Cancer Killer

\*To get lower breast cancer risk, mom must have a first birth before about age 32. The more years before age 32, the greater the breast cancer risk reduction.

That full-term births reduce the risk of breast cancer and ovarian cancer is well accepted by medical

researchers.<sup>1-8</sup> But what about colorectal? There are now a substantial number of studies that report that nulliparity (i.e. being childless) increases colorectal cancer risk.<sup>12-21</sup> For example, highly regarded researcher Dr. Janet Daling (et al.) reported, "The finding of an elevated risk of colon cancer among women of low parity [i.e. total births] is consistent with other epidemiological data."<sup>12</sup> In this study moms had a lower risk of colon cancer than childless women; those with three or more births had a 50% reduced risk of colon cancer.<sup>12</sup> Utah Mormon women (who have good reproductive factors) have about a 30%-40% reduced risk of colorectal cancer compared to non-Mormon women living in Utah.<sup>18</sup>

A woman who has a first birth at age 32 has a 41% higher breast cancer risk than if she had had a first birth at age.<sup>22</sup> Long term (at least 3 years) breastfeeding further reduces breast cancer risk by another (relative) 30%-40%.<sup>9-11</sup> It appears to reduce ovarian cancer risk also.<sup>8</sup>

#### Citations

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2. Nancy Krieger, *Breast cancer Research & Treatment*; 1989;13:205-213
3. A Tavani, et al., *International J Cancer*, 1997;70:159-163
4. Emily White, *American J Public Health*, 1987;77:495-497
5. A Decarli, et al., *International J Cancer*, 1996;67:184-189
6. Brian MacMahon, et al., *Bull WHO*, 1970;43:209-221
7. V Chinchilli, et al., *J Epidemiology & Community Health*, 1996;50: 481-496 Ovarian Cancer Risk (a meta-analysis):
8. Alice Whittemore, et al., *American J Epidemiology*, 1992;136:1184-1203
9. I Romieu, et al. *American J Epidemiology*, 1996;143:543-552
10. PA Newcomb, et al., *New England J Medicine*, 1994;330:81-87
11. JL Freudenheim, et al, *American J Epidemiology*, 1996;143:S32
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14. M Slattery, et al., *Epidemiologic Reviews*, 1993;15:499-545
15. GR Howe, et al., *JNCI*, 1985;74:1155-1159
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17. JD Potter, et al., *JNCI*, 1980;71:703-709
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20. K Tajima, et al., *British J Cancer*, 1999,79(11/12):1901-1906
21. LG Dales, et al., *American J Epidemiology*, 1978;109:132-144
22. A Green, et al., *British Medical J*, 1988;297:391-395

#### Physical Effects: Death

~PD The unadjusted mortality rate per 100,000 cases was 27 for women who had given birth, 48 for women who had miscarriages or ectopic pregnancies, and 101 for women who had abortions. Thus, the mortality rate from abortion is  $101/27 = 3.7$  times higher for abortion than for giving birth. Fissler, M, et al., "Pregnancy-associated deaths in Finland 1987 - 1994--definition problems and benefits of record linkage," *Acta Obstetricia et Gynecologica Scandinavica*, 76:651-657, 1997.

~PD "A recent analysis of just a few abortion-related complications indicates that the number of indirect deaths attributable to abortion exceeds 25,000 per year." Thomas W. Strahan, "Women's Health and Abortion II- Risk of Premature Death in Women From Induced Abortion: Preliminary Findings," Strahan, *NAIRVSC*, Spring 1993. This does not count additional deaths from breast cancer.

~PD The *Journal of Obstetrics & Gynecology*, May, 1985, said that abortion is the sixth leading cause of maternal death in this country.

~PD "Women have a 58% greater risk of dying during a later pregnancy." *DRABSNM*

~PD Carol Everett, former *clinic killing center owner* says, "The last 18 months I was involved in the abortion industry we maimed to the point of major surgery one woman out of every five hundred. Let me define maimed. Hysterectomy, colostomy because her uterus had been perforated (punctured), and her bowel pulled through her vagina...or urinary tract repair because they had perforated her uterus and cut her urinary tract. Or...we had one death. A 32-year-old woman with two children. We never took them to the closest hospital. We never called an ambulance. An ambulance is a terrible advertisement in front of an abortion clinic." Carol N. Everett, *Women's Lobby* program on KFIA Radio (California), January 1990.

~PD In another case, Carol Everett says, "And the second time he went in with those big forceps he perforated her uterus and he pulled her bowl out through her vagina." Carol N. Everett, *Women's Lobby* program on KFIA Radio (California), January 1990.

~PD Researcher Ann Saltenberger says, "What had I learned in three years of studying the effects of legal abortion? That there are myriad complications and that there are no guarantees of safe passage. *No doctor, no hospital, no clinic can guarantee a woman she will survive a legal abortion.*" Saltenberger, 15.

~PD "What concerns *you* is, what are *your* chances of dying from a legal abortion (or childbirth)? The distinction between these two unpleasant possibilities is clear, striking, and significant: the overwhelming majority of women who die from a legal abortion are perfectly healthy before their lethal surgery; in carrying their pregnancies to term few--if any--would die. But most maternal childbirth deaths occur within a very small group of high-risk patients. "Most Mother, Child Mortality Seen in Small High-Risk Group," *Ob Gyn News*, 15 May 1981, quoted in Saltenberger, 52. Those women who died in childbirth died from a disease process--an abnormality in the pregnancy/childbirth experience which for some reason could not be adequately treat-ed. *No valid comparison can be made between two so entirely different classes of pregnant women: one group healthy and the other group diseased.*" Comments by Life Research Institute: *I.e., childbirth is very safe except for the abnormal person, but abortion is dangerous for every woman.*

~PD "In an attempt to learn how pervasive the problem of serious abortion complications is, an American obstetrician surveyed 486 of his colleagues regarding their experience with abortion patients. 87% revealed they had hospitalized women with complications following legal abortions;

91% had treated patients for complications. Twenty-nine of the doctors reported patients of theirs dying from legally-induced abortions." M. J. Bulfin, "Deaths and Near Deaths with Legal Abortions," presented at the ACOG (American Col.of Ob/Gyn) Convention, 28 October 1975, quoted in Saltenberger, 52.

~PD "Ectopic pregnancy rose from 17,800 cases in 1970 to 73,700 cases in 1986. Nearly 800,000 women have been hospitalized for ectopic pregnancy since 1970. Thirty-six women reportedly died from ectopic pregnancy in 1986." H. Lawson, et al., "Ectopic Pregnancy in the United States," 1970-1986, Centers for Disease Control, *Morbidity and Mortality Weekly Report*, Vol. 38, No. SS-2, September 1989.

~PD "From 1972-1979, hemorrhage was the third most frequent cause of death from legal abortion, accounting for 15% of deaths. If abortions are performed in free-standing clinics, the capability for rapid transportation to a nearby well-equipped hospital must be assured. Inordinate delays while waiting for an ambulance contributed to several deaths. The back-up hospital must have the ability to begin a laparotomy quickly and to transfuse large amounts of blood products." D. Grimes, et al., "Fatal Hemorrhage from Legal Abortion in the United States," *Surgery, Gynecology and Obstetrics*, November 1983, 461-466.

~PD "In an investigation of four Chicago-based abortion clinics (out of more than 20 in the state), investigative reporters for the Chicago Sun-Times uncovered 12 abortion deaths that had never been reported. Even when abortion-related deaths such as these are uncovered, they are not generally included in the "official" total since they were not reported as such on the original death certificates." *DRABSNM*,109.

~PD "Maternal Death: Maternal death related to childbirth or induced abortion appears to be seriously under reported. Differing interpretations of the term 'maternal death' by various federal, state or local agencies makes any direct comparison between the risk of maternal death from childbirth or induced abortion impossible under the current circumstances." *MAB*, ii-v.

~PD "Of the leading causes of direct maternal deaths during 1980-85, 45.5% were known to have been associated with delivery by cesarean section. It was concluded that maternal deaths from childbirth and abortion are underreported. [One method of late-term abortion is cesarean section.]" R. Rochat, L. Koonin, H. Atrash, J. Jewett, "Maternal Mortality in the United States: Report From the Maternal mortality Collaborative," *Obstetrics and Gynecology*, 72 (1988): 91.

~PD "The cause of death from legal abortion during 1979-1985 was hemorrhage (22.2%); infection (13.9%); embolism (15.3%); anesthesia (29.2%) and other (19.4%)." H.K. Atrash, H. Lawson and J. Smith, "Legal Abortion in the U.S.: Trends and Mortality," *Contemporary OB/Gyn*, February 1990, 58-69.

~PD "The incidence of maternal mortality is higher than vital statistics reports indicate. The person certifying the cause of death may not know that a woman had a recent pregnancy. Also, the definition

of maternal death can greatly affect the reported incidence of maternal mortality." J. Smith, J. Hughes, P. Pekow and R. Rochat, "An Assessment of the Incidence of Maternal Mortality in the United States," *Am. J. Public Health*, 74 (1984): 780-783.

~PD "The results suggest that the mortality rate [during delivery of a subsequent pregnancy] among women who have had abortions (1.9 per 100,000 legal abortions) is almost twice as high as maternal mortality rates for women who have had vaginal deliveries (1.1 per 100,000 live births)." M. Lanska, D. Lanska and A. Rimm", Mortality From Abortion and Childbirth,"(letter), *JAMA*, 15 July 1983, 361-362.

~PD "The state of California reported no deaths from abortion during 1982 and 1984, yet there was incontrovertible evidence from death certificates, police reports, coroner's reports and other sources that at least four women and teenage girls died from legal abortions in Los Angeles County alone during 1983 and 1984." "Brief of Amicus Curiae Feminists for Life of America, Women Exploited by Abortion, etc., Christine Smith Torre, *Webster v. Reproductive Health Services*, (1988), 22.

~PD "I think we have deluded ourselves into believing that people don't know that abortion is killing. So any pretense that abortion is not killing is a signal of our ambivalence, a signal that we cannot say yes, it kills a fetus, but it is the woman's body, and therefore ultimately her choice." Faye Wattleton, past president of Planned Parenthood Federation of America, in *Ms*, May/June 1997.

~PD A Finnish study disputes claims by abortion advocates that abortion is safer for a woman than childbirth. The results are startling. A woman's risk of dying within a year after an abortion was four times higher than the risk of dying after miscarriage or childbirth, according to the study. The study involved maternal post-abortion deaths of 9,192 Finnish women, aged 15-49, during the period of 1987-1994. The study results were released in 1997 by STAKES, the statistical analysis unit of Finland's National Research and Development Center for Welfare and Health.

~PD "Even though most abortion-related deaths are not officially reported as such<sup>1</sup>, legal abortion is reported to be the fifth leading cause of maternal death in the U.S.<sup>2</sup> By extending their scope beyond the very narrow time frame that is examined by most post-abortion studies, the researchers were able to get a better look at how abortion truly affects women's lives. The results clearly showed that compared to women who carry to term, women who aborted in the year prior to their deaths were:

- 60 percent more likely to die of natural causes,
- 7 times more likely to commit suicide,
- 4 times more likely to have fatal accidents, and
- 14 times more likely to die from homicide.<sup>3</sup>"

References: 1. K. Sherlock, *Victims of Choice* (Akron, OH: Brennyman Books, 1996) 134-135, quoted in Amy R. Sobie, "The Risks of Choice," *The Post-Abortion Review*, July-Sept. 2000, 2. 2. Kaunitz, "Causes of Maternal Mortality in the United States," *Obstetrics and Gynecology*, 65(5), May 1985, quoted in Amy R. Sobie, "The Risks of Choice," *The Post-Abortion Review*, July-Sept. 2000, 2. 3. Gissler, M., et. al., "Pregnancy-associated deaths in Finland 1987-1994--definition problems and benefits of record linkage," *Acta Obstetrica et Gynecologica Scandinavica* 76:651-657 (1977), quoted in Amy R. Sobie, "The Risks of Choice," *The Post-Abortion Review*, July-Sept. 2000, 2.

## Physical Effects: Smoking, Drinking, and Drugs

~PS "A study of women entering Boston Hospital for Women during 1975 - 77 found that among women who had 2 or more abortions 51.7% smoked compared with 40.3% for women with a history of 1 abortion and 31.7% for women with no history of abortion." A. Levin, et al., "Association of Induced Abortion With Subsequent Pregnancy Loss," *JAMA*, 27 June 1980, 2495, quoted in Strahan, *NAIRVSC*, Winter 1993, 4.

~PS "A study conducted by researchers at the Fred Hutchinson Cancer Research Center and the Department of Epidemiology at the University of Washington among 6541 white women during 1984 - 87 found that 18.0% of the women smoked during pregnancy where there was no history of a prior abortion compared with 28.1% (one abortion), 31.0% (two prior abortions), 29.8% (three prior abortions), and 41.6% (four or more prior abortions)." [Smoking is bad for the pre-born baby.] M. Mandelson, C. Maden, J. R. Daling, "Low Birth Weight in Relation to Multiple Induced Abortions," *Am. J. Public Health*, March 1992, 391-394, quoted in Strahan, *NAIRVSC*, Winter 1993, 4.

~PS "Post-abortive women are also more likely to smoke than women with other pregnancy outcomes, which carries its own set of health risks.<sup>26</sup> For example, smoking during pregnancy has been associated with pregnancy loss, premature birth, low birth weight, Sudden Infant Death Syndrome, and neurological and respiratory problems in infants. Despite these risks, women with a history of abortion are more likely to smoke during subsequent pregnancies, perhaps a means of relieving post-abortion anxiety.<sup>27</sup>" 26. See A. Lopes, et al., "The Impact of Multiple Induced Abortions on the Outcome of Subsequent Pregnancy," *Australia New Zealand J. Obstet. Gynaecol*, 31(1):43-43, 1991; S. Kullander and B. Kallen, "A Prospective Study of Smoking and Pregnancy," *Acta Obstet Gynecol Scandinavia*, 50:83-94, 1971; C. J. Hogue, "Low birth weight subsequent to induced abortion. A Historical prospective of 948 women in Skopje, Yugoslavia," *American J. Obstet Gynecol*, 123(7):678-681, Dec. 1, 1975, quoted in Amy R. Sobie, "The Risks of Choice," *The Post-Abortion Review*, July-Sept. 2000, 4. 27. M. T. Mandelson, C. B. Maden and J. R. Daling, "Low Birth Weight in Relation to Multiple Induced Abortions," *American J. Public Health*, 82(3):391-394, March 1992, quoted in Amy R. Sobie, "The Risks of Choice," *The Post-Abortion Review*, July-Sept. 2000, 4.

~PS "Induced abortion, including legalized abortion, is a risk factor for smoking in women. A study of women patients entering Boston Hospital for Women during 1976 - 78 found that 31.7% smoked if there was no history of abortion compared to 40.3% (one abortion) or 51.7% (two or more abortions). (Levin, et al., 2495-2499, quoted in Strahan, *NAIRVSC*, Spring 1993, 1.) A large scale study conducted by the World Health Organization on Arab and Jewish women found that among current smokers, 12.3% reported a prior induced abortion compared to only 6.3% among women who had never smoked. (Harlap and Davies, "Characteristics of Pregnant Women Reporting Previous Induced Abortions," *Bulletin of the World Health Organization*, 1975, 149, quoted in Strahan, *NAIRVSC*, Spring 1993, 1.) A Swedish study conducted during 1970 - 78 found that 37% of women reporting prior abortion smoked 10 or more cigarettes per day compared to only 21.1% for parity matched controls and 18.9% for Swedish women generally. The Swedish study also reported that women who had prior abortions were more often teenagers and unmarried at a subsequent delivery than controls, and were also more likely to be smoking during pregnancy. (Meirik and Nygren, "Outcome of First Delivery After 2<sup>nd</sup> Trimester Two-Stage Induced Abortion: A Historical Cohort Study," *ACTA. Obstet. Gynecol. Scand.*, 1984, 45-50, quoted in Strahan, *NAIRVSC*, Spring 1993, 1.) The results of

these earlier studies have been recently confirmed in a study of 6541 white women in the major urban counties of Washington state who delivered during 1984 - 87. Among women with no abortion history only 18.0% smoked during pregnancy compared with 28.1% (one abortion) or 41.6% (four or more abortions)." M. T. Mandelson, et al., 391-394, quoted in Strahan, *NAIRVSC*, Spring 1993, 1.

~PS "If all smoking related deaths were taken into account the 2% smoking increase in post abortion women would lead to approximately 11,250 deaths annually." "And if induced abortion increased smoking rates 15% the annual death rate would be approximately 84,405." (*NAIRVSC*, Spring 1993, 3.) Note by Life Research Institute: All these figures are in proportion. That is, 1% corresponds with  $11,250/2 = 5,625$  deaths annually. So, from the studies choose what percent increase is most likely. Multiply times 5,625. That's how many extra women die because of the abortion-smoking connection.

~PS "There is other evidence that induced abortion is a major direct or indirect factor in smoking. It is known that women frequently smoke for emotional reasons to attempt to relieve depression or anxiety or as an attempt to cope with stress. R. W. Coan, "Personality Variables Associated with Cigarette Smoking," *J. of Personality and Social Psychology*, 1973, 86-104, quoted in Strahan, *NAIRVSC*, Spring 1993, 2. "The available evidence [more abortions coincide with more smoking], particularly with respect to emotional problems as abortion is repeated, is a strong indicator that abortion does not relieve stress and anxiety over the long run but instead increases it."

~PS "According to the most recent figures [probably 1965 - 1990 data] women smokers are 10.8 times more likely to die from lung cancer than women non-smokers." L. Garfinkel and E. Silverberg, "Lung Cancer and Smoking Trends in the United States Over the Past 25 Years," *CA - A Cancer Journal for Clinicians*, May-June 1991, 137, quoted in Strahan, *NAIRVSC*, Spring 1993, 3.

~PS "In a California study of smoking and drinking practices of over 12,000 pregnant women during 1975 - 77, women reporting a history of two or more abortions nearly all (98.5%) reported consuming alcohol during the entire 9 months of subsequent pregnancy intended to be carried to term. This was a much higher level than women who reported their health as good or excellent (19.7%)." Kuzma and Kissinger, "Patterns of Alcohol and Cigarette Use in Pregnancy," *Neurobehavioral Toxicology and Teratology*, 1981, 211-221, quoted in Strahan, *NAIRVSC*, Winter 1993, 4.

~PS "Since women who have had abortions have a higher incidence of alcohol abuse compared to women without any abortion history, they have a higher risk of a fatal crash in a motor vehicle." "A 1981 random survey of U.S. women found that women with a history of abortion were more than twice as likely to be heavy drinkers (13%) compared to U.S. women in general (6%). Driving while intoxicated was a problem for 45% of the heavy drinkers but only 17% of women drinkers generally." A. Klassen and S. Wilsnack, "Sexual Experience and Drinking Among Women in a U.S. National Survey," *Archives of Sexual Behavior*, 1986, 363; and R. Wilsnack, et al., "Women's Drinking and Drinking Patterns from a 1981 National Survey," *Am. J. Public Health*, November 1984, 1231, quoted in Strahan, *NAIRVSC*, Spring 1993, 4.

~PS "Induced abortion is a direct cause of drug abuse in 15 - 20% of the women who have abortions. ( T. W. Strahan, "The Incidence and Effects of Alcohol and Drug Abuse in Women Following Induced

Abortions," *NAIRVSC*, Summer 1990, 1-8, quoted in Strahan, *NAIRVSC*, Spring 1993, 3.) Women with a history of abortion are frequently able to recall that the onset of drug abuse or increased drug abuse occurred as a direct result of their abortion experience and have stated that drugs were used to attempt to repress the abortion experience or to overcome nightmares or insomnia as a result of their abortions." Reardon, quoted in Strahan, *NAIRVSC*, Spring 1993, 3.

~PS "A study of Boston Inner-City women enrolled for prenatal care found that women with a history of two prior abortions were more than twice as likely to be using cocaine during pregnancy (19% v. 9%) and three times more likely to use cocaine with a history of 3 or more abortions (9% v. 3%) compared with non-cocaine using controls." D. A. Frank, et al., "Cocaine Use During Pregnancy, Prevalence and Correlates," *Pediatrics*, December 1988, 888, quoted in Strahan, *NAIRVSC*, Winter 1993, 4.

~PS "A study on maternal drug use at UCSD Medical Center in San Diego found that women who used cocaine and/or methamphetamine averaged 1.7 abortions compared with 1.2 abortions for non-drug using controls. Women who used heroin or methadone had an average of 2.4 prior abortions and women who used both heroin and either cocaine or methamphetamine had an average of 2.7 prior abortions." A. S. Oro and S. D. Dixon, "Prenatal Cocaine and Methamphetamine Exposure: Maternal and Neo-Natal Correlates," *J. Pediatrics*, 1987, 571, quoted in Strahan, *NAIRVSC*, Winter 1993, 4.

~PS "Women who abort are nearly four times more likely to start abusing drugs or alcohol." David C. Reardon, *The Post-Abortion Review*, "NEW STUDY CONFIRMS LINK BETWEEN ABORTION AND SUBSTANCE ABUSE.," Fall 1993, 1.

~PS "A 1974-75 study at Boston City Hospital found that infants born to heavy drinkers had more than twice the congenital abnormality (32%) compared to abstainers (9%) or light drinkers (14%)." Ouellette et al, "Adverse Effects on Offspring of Maternal Alcohol Abuse During Pregnancy," *New England Journal of Medicine*, 297 (1977): 528-530. So if, as other entries herein indicate, a woman increases her chances of heavy drinking after aborting versus women who don't abort, then her further offspring are more than twice as likely to have congenital abnormalities.

~PS "A 1976 Seattle, Washington study of women at a detoxification center found that problem drinkers and secondary alcoholics were found to be significantly more likely to have experienced alcoholic related problems subsequent to an abortion. Sixty-four percent of the secondary alcoholics and 32% of the problem drinkers reported physical fights while drinking." E.R. Morrissey and M.A. Schukit, "Stressful Life Events and Alcohol Problems Among Women Seen at a Detoxification Center," *J. Studies on Alcohol*, 1978, 1559.

~PS "A study at the Medical College of Ohio compared differences in 35 women who had their abortions as teenagers with 36 women who had their abortions after the age of 20. Antisocial and paranoid disorders as well as drug abuse and psychotic delusions were found to be significantly higher in the group who aborted as teenagers. Adolescents were more likely to retreat into sexual activity or drug and alcohol abuse." Nancy B. Campbell, K. Franco and S. Jurs, "Abortion in Adolescence," *Adolescence*, 23(92) (Winter 1988)" 813-823.

~PS "A study of 253 inner-city Boston adolescents served at Boston City Hospital during 1984-86 found that a history of a prior elected abortion increased by twice (33.0% vs. 16.3%) the likelihood that the adolescent mother was using alcohol, marijuana or cocaine. Some 67.9% of the drug users were American blacks, 8.9% were foreign-born blacks; 44% of the non-users were American blacks, 14.9% of the non-users were foreign-born blacks." H. Amaro, B. Zuckerman and H. Cabral, "Drug Use Among Adolescent Mothers: Profile of Risk," *Pediatrics*, July 1989, 144-150.

~PS "A study of 6,363 Swedish women during 1963-64 found that 56.1% of the women smoked who had induced abortions compared with 43.3% smokers among women having given birth. Information on whether the pregnancy was wanted was obtained on 4,843 women. Among those reporting wanted pregnancies, 41.5% were smokers vs. 52.4% among women who reported unwanted pregnancies (later carried to term). Some 18.9% of the women with wanted pregnancies smoked 10 or more cigarettes per day vs. 27.1% of women reporting unwanted pregnancies." S. Kullander and B. Kallen, "A Prospective Study of Smoking and Pregnancy," *Acta Obstet. Gynec. Scand.*, 50 (1971): 83-94.

~PS "A study of 6541 white women in major urban counties of Washington state who delivered during 1984-87 found that only 18.0% smoked during pregnancy if women reported no prior abortion compared to 28.1% (one abortion) or 41.6% (four or more prior abortions)." M.T. Mandleson, C.B. Madden, J.R. Daling, "Low Birth Weight in Relation to Multiple Induced Abortions," *Am. J. Public Health*, March 1992, 391.

~PS "A study of 697 Boston inner-city women during 1984 to determine the extent of cocaine use during pregnancy found that a history of two prior abortions doubled the rate of cocaine use (19% vs. 9%) and a history of three or more abortions tripled the risk of cocaine use (9% vs. 3%) compared with non-cocaine users. Some 62% of the cocaine users were North American blacks, 4% were identified as other blacks, 47% of the non-cocaine users were North American blacks and 19% were identified as other blacks." D.A. Frank, et al., "Cocaine Use During Pregnancy: Prevalence and Correlates," *Pediatrics*, December 1988, 888-895.

~PS "A study of 7,327 pregnant women at two Copenhagen hospitals found 63 percent smokers where there was one or more prior induced abortions, 51 percent smokers where there was a history of one or more spontaneous abortions, 49 percent smokers where there was a previous live birth, and 55 percent smokers where there was no previous history of pregnancy. After 28 weeks gestation, 43.1% still smoked during pregnancy if the last pregnancy was terminated by abortion compared to only 32.1% if live birth or 30.2% for no previous pregnancy." E.B. Obel, "Pregnancy Complications Following Legally Induced Abortion: An Analysis of the Population with Special Reference to Prematurity," *Danish Medical Bulletin*, 26 (1979): 192-199.

~PS "A study of women patients entering Boston Hospital for Women during 1976-78 found that 31.7% smoked if there was no history of abortion, compared to 40.3% (one abortion) and 51.7% (two or more abortions)." Levin, "Association of Induced Abortion with Subsequent Pregnancy Loss," *JAMA*, 27 June 1980, 2495.

~PS "A Swedish study conducted during 1970-78 found that 37% of the women reporting prior abortion smoked 10 or more cigarettes per day compared to only 21.1% for parity matched controls and 18.9% for Swedish women generally. Heavier smoking was more pronounced among women with a history of abortion than for women with no history of abortion." Meirik and Nygren, "Outcome of First Delivery After 2nd Trimester Two-Stage Induced Abortion: A Historical Cohort Study," *Acta., Obstet, Gynecol., Scand.*, 63(1) (1984): 45.

~PS "According to anecdotal reports, substance abuse occurred in women following induced abortion to overcome nightmares or insomnia, as an attempt to reduce grief reactions, and to repress the abortion experience itself." DRABSNM

~PS "In a 1981 random survey of 917 women in the U.S., 4% of the abstainers had a prior reported induced abortion versus 13% prior induced abortion rate for moderate or heavy drinkers. Moderate and heavy drinkers combined exceeded lighter drinkers in abortion experience to a statistically significant degree." A. Klassen and S. Wilsnack, "Sexual Experience and Drinking Among Women in a U.S. National Survey," *Archives of Sexual Behavior*, 15(5) (1986): 363-392.

~PS "In a Boston inner city study of adolescent mothers in 1984-86, mothers with a prior elective abortion were twice as likely to use alcohol, marijuana, cocaine or opiates than non-drug users (33% v. 16%). Drug users were nearly three times more likely to report being threatened, abused or involved in fights during pregnancy than non-users (24% v. 9%)." Amaro, Cabral, Zuckerman, "Drug Use Among Adolescent Mothers: Profile of Risk," *Pediatrics*, 84(1) (July 1989): 144.

~PS "In a California study of more than 12,000 women during 1975-1977, of those having a history of two or more abortions, virtually all (98.5%) consumed alcohol throughout the entire 9 months of a subsequent pregnancy and at higher levels than any of the other categories studied (up to 3 oz. Per day). Overall, 51% of the women drank and 35% smoked during the pregnancy." J. Kuzma and D. Kissinger, "Patterns of Alcohol and Cigarette Use in Pregnancy," *Neurobehavioral Toxicology and Teratology*, 3 (1981): 211-221.

~PS "In a later study of 4,719 Swedish women during 1970-1978, 58.1% of those women with a history of abortion smoked (37.4% smoked 10 or more cigarettes per day) compared with 40.4% smokers among parity-matched controls (21.1% of parity-matched controls smoked 10 or more cigarettes per day) and all Swedish women generally in 1975 (37.8% smoked and 18.9% of all Swedish women smoked 10 or more cigarettes per day)." O. Meirik, K.G. Nygren, "Outcome of First Delivery After Second Trimester Two Staged Induced Abortion: A Controlled Historical Cohort Study," *Acta Obstet. Gynecol. Scand.*, 63(1) (1984): 45-50.

~PS "In a San Diego study of drug use, women who used cocaine and/or methamphetamine averaged 1.7 abortions compared with 1.2 abortions for non-drug using controls. Women who used heroin or methadone were more likely to have had abortions (2.4 vs. 1.2) than non-drug using controls. Infants exposed to both heroin and either cocaine or methamphetamine had mothers with the highest number of pregnancies (5) and abortions (2.7). These infants had the highest percentage of no prenatal care,

prematurity, poorer growth, small birth weight and fetal distress." A.S. Oro and S.D. Dixon, "Perinatal Cocaine and Methamphetamine Exposure: Maternal and Neonatal Correlates," *Journal of Pediatrics*, 111 (1987): 571-578.

~PS "In a Scottish study of 1,008 women, those with a history of induced abortion had higher levels of alcohol consumption than those with a history of stillbirth, spontaneous abortion, or having had a mentally or physically handicapped child, according to self-reports of the women involved." Moria Plant, *Women, Drinking and Pregnancy*, (Tavistock Publications: London, 1985).

~PS "In a study of drug abuse among Boston inner-city women during pregnancy, those using cocaine were twice as likely to have a history of two elective abortions (19% vs. 9%) and three times more likely to have had three or more elective abortions (9% vs. 3%) than non-cocaine using controls." D.A. Frank, B. Zuckerman, H. Amaro, K. Aboagye, "Cocaine Use During Pregnancy: Prevalence and Correlates," *Pediatrics*, December 1988, 888-895.

~PS "In a study of inner-city adolescent mothers, those with a history of induced abortion were twice as likely to be involved in alcohol, marijuana or cocaine compared with non-using controls." H. Amaro, B. Zuckerman and H. Cabral, "Drug Use Among Adolescent Mothers: Profile of Risk," *Pediatrics*, July 1989, 144-150.

~PS "In a survey of 700 women who responded to a random questionnaire survey, the rate of substance abuse was reported to be 14.6% among women who aborted their first pregnancy compared to 3.8% among women who did not abort their first pregnancy. Women who engaged in substance abuse prior to their first pregnancy were excluded from the study." David C. Reardon, "New Study Confirms Link Between Abortion and Substance Abuse," *The Post-Abortion Review*, Fall 1993, 6.

~PS "In a Washington State Study of 6541 women who delivered a child between 1984-87, 41.6% of the women smoked during this pregnancy if they had a history of 4 or more induced abortions compared with 31.0% smokers (2 prior abortions), 28.1% smokers (1 prior abortion), or 18.0% smokers (no prior abortions.)" M.T. Mandelson, C.B. Maden, J.R. Daling, "Low Birth Weight in Relation to Multiple Induced Abortions," *Am.J. Public Health*, March 1993, 391-394.

~PS "Increased use of alcohol, tobacco, drugs and tranquilizers was found in women who aborted compared to women who carried to term where each group had presented for abortion for psychiatric reasons at a Capetown, South Africa hospital." S.A. Drower and E.S. Nash, "Therapeutic Abortion on Psychiatric Grounds," *South Africa Medical Journal*, 7 Oct 1978, 604-608.

~PS "Smokers have twice the rate of reporting previous induced abortion than non-smokers, i.e. 12 percent vs. 6 percent based upon standardized rates among Arab and Israeli women." S. Harlap and A. Davies, "Characteristics of Pregnancy Women Reporting Previous Induced Abortions," *Bulletin World Health Organization*, 52 (1975): 149.

~PS "Substance Abuse: Women who have had abortions frequently report their first heavy use of alcohol or drugs to attempt to alleviate the stress related to abortion. Substance abuse in women following abortion may occur in an attempt to overcome nightmares or insomnia, as an attempt to reduce grief reactions and to attempt to repress the abortion experience itself. *MAB*, ii-v.

~PS "Women patients of Boston Hospital had smoking rates of 31.7 percent with no prior induced abortion, 40.3 percent with one prior abortion and 51.7 percent with two or more prior abortions." A. Levin, et al., "Association of Induced Abortion with Subsequent Pregnancy Loss," *Journal of the American Medical Association*, 27 June 1980, 2495-2499.

~PS Myfawny Sanders, director of the Women's Pregnancy Center in Peoria, Ill., says she has never met a woman in prison who doesn't blame her incarceration partly on past abortions.

Mrs. Sanders, who works mainly with women with drug problems, says that because of "the emotional pain caused by [their past] abortions, these girls took any measure necessary to get their drug of choice," then ended up in jail.

~PS "Women who have an abortion are five times more likely to report subsequent substance abuse compared to women who carry to term, according to a study published in the latest issue of *American Journal of Drug and Alcohol Abuse*.

The study was authored by Elliot Institute director Dr. David Reardon and Dr. P. Ney, a British Columbia psychiatrist who specializes in post-abortion counseling. This is at least the 15th published study connecting abortion to subsequent drug or alcohol abuse. . . .

'Even if we assume the lowest statistical range for the relative risk, our results would indicate that there are between 150,000 and 500,000 new cases of abortion-related substance abuse per year,' Reardon said.

Ney notes that these findings are especially disturbing since substance abuse is a leading cause of neonatal death and malformation in subsequent planned pregnancies. . . .

A recent major study of death certificates and government medical records in Finland has shown that the risk of death from suicide is six times higher for women who have had an abortion compared to women who gave birth. The researchers also found that the risk of dying from accidents and homicide was four and twelve times higher, respectively." *The Post-Abortion Review*, "15th Study Links Abortion, Substance Abuse," January - March 2000, 8.

## **Physical Effects: General Physical Problems**

~PG From Dayton Women's Health Center, Iowa: "Mary was rushed to the hospital after her abortion due to *profuse bleeding*. The attending physicians discovered 'the entire front of her uterus was blown away.' After the surgeon removed the damaged uterus, they explored her abdominal cavity. Behind her liver they found the decapitated head of a 24 week old pre-born child."

~PG Researcher George Grant says, "'There are a lot more complications out there than anyone seems to care to believe,' says Dean. 'It is a national health disaster'" George Grant, *Grand Illusions: The Legacy of Planned Parenthood* (Brentwood, TN: Wolgemuth & Hyatt, 1984) 66.

~PG "Although Planned Parenthood stubbornly refuses to admit publicly that such a disaster exists, privately it is quite concerned." George Grant, *Grand Illusions: The Legacy of Planned Parenthood* (Brentwood, TN: Wolgemuth & Hyatt, 1984) 66.

~PG Researcher Doug Scott says, "Dr. Beverly McMillen, a former abortionist from Jackson, Mississippi, notes that Planned Parenthood claims of few complications are unreliable. 'Planned Parenthood clinics, and free-standing abortion clinics like them, claim they have an untarnished record of no complications from their abortion procedures, but what they don't know is that I'm the practitioner who sees their complications. These women don't go back to the clinic where they've had a bad experience. They show up in my office or in my emergency room with their bleeding or with their infections or with their retained placenta, needing another D&C.'" "A Close Look at Planned Parenthood," *Focus on the Family* radio program, 27-27 October 1989, quoted in Douglas R. Scott, *Inside Planned Parenthood*, (Grand Rapid, MI: Frontlines Publishing, 1990) 86.

They show up in my office, or in my emergency room with their bleeding or with their infections or with their retained placenta . . .

~PG Quoting Saltenberger again, below are just a very few excerpts from her list of complications:

~PG "'Infection is the main cause of death associated with legal abortion in the United States.' (D. A. Grimes & W. Cates, "Complications from Legally-Induced Abortion: A Review," *Ob Gyn Survey*, 1979, 177-91, quoted in Saltenberger, 29.) Infection was the leading cause of abortion-related deaths of 104 women in a CDC report. (A. M. Kimball et al., "Deaths caused by Pulmonary Thromboembolism After Legally Induced Abortion," *American Journal Ob & Gyn*, 15 September 1978, 169-74, quoted in Saltenberger 29.) In another study 'documented incomplete abortion caused each of the four deaths from infection.'" D. A. Grimes, et al., "Comparative Risk of Death from Legally Induced Abortion in Hospitals and Non- Hospital Facilities," *Ob & Gyn*, March 1978, 323-26, quoted in Saltenberger, 29."

~PG Researcher Kogut says, "Physical damage to the mother is also very common. There are several reasons we don't hear much about this. First, most abortions are done in clinics whose records are insufficiently inspected. When a complication occurs, the clinics really have no incentive to turn themselves in. Second, deaths from abortion generally are not reported as deaths from abortion. Rather, the death might be from a perforated (punctured) uterus or internal bleeding. Thus, abortion seems safe." Kenneth E. Kogut, *The Facts of Pro-Life*, n.p., 64.

~PG Following is a *long list of the physical damages* that can occur as a result of abortions: death, infection, hemorrhage, cervical damage, damage and loss of other internal organs, perforation of the uterus, menstrual irregularity, headaches, dizziness, blood clots, AIDS from blood transfusions, AIDS or Hepatitis from increased drug and needle use (see list below of psychological damages showing increased drug use), increased probability of future miscarriages, stillbirths, sterility, ectopic (tubal) pregnancies, menstrual disturbances, other bleeding, shock, coma, peritonitis, cold sweats, and much more." Kenneth E. Kogut, *The Facts of Pro-Life*, n.p., 64.

~PG A Wynn and Wynn Study shows that 3 - 5 percent of aborters are left sterile. (Both of the Wynns are pro-abortion.) Arthur Wynn and Margaret Wynn, "Some Consequences of Induced Abortion to Children Born Subsequently," *British Med. Journal*, 3 March 1973.

~PG From a David Reardon flyer of 1986:

~PG "47% of women in a study stated that they had suffered one or more physical complications following their abortions.

~PG 31% Of these stated the complication was very minor and 26% Said it was of a moderate nature, and 35% Said it was very severe.

~PG Of short-term complications: 15% Reported post-operative hemorrhage and 9% Reported infection. Post-operative infections are frequently the result of an incomplete abortion and must be treated by a second operation.

~PG Of long-term, delayed complications: 6% Required a total hysterectomy 8% Reported total or partial blockage of fallopian tubes 6% Got cervical cancer 22% Later had a miscarriage of a wanted child 8% Were diagnosed as suffering from cervical incompetence" (These were random samples, not a poll of all the women.)

~PG Famous pro-life leader, Jack Willke, says, "A busy chief of an OB department in Ft. Lauderdale reported, 'An unusually large number of complications are being seen by private physicians. Because many of these adolescent patients, in who complications develop, do not return to the physician who did the abortion, accurate data on complications are difficult to obtain.'" M. Bulfin, "A New Problem in Adolescent Gynecology," *Southern Med. Journal*, August 1979, quoted in Dr. Jack Willke and Barbara Willke, *Abortion: Questions & Answers*, (Cincinnati, OH: Hayes Publishing Company, 1988) 96.

~PG "According to renowned obstetrician and gynecologist Matthew Bulfin, the reason that . . . estimated figures are so skewed is that Planned Parenthood and the various other agencies that measure maternal complication rates are 'missing vital input for their mortality and morbidity studies by not seeking information from the physicians who see the complications from legal abortions--emergency room physicians and the obstetricians and gynecologists in private practice. The physicians who do the abortions, and the clinics and centers where abortions are done should not be the only sources from which complication statistics are derived.'" Matthew J. J. Bulfin, "Complications of Legal Abortion: A Perspective from Private Practice," quoted in George Grant, *Grand Illusions: The Legacy of Planned*

*Parenthood*, (Highland Books, 1998) 84.

~PG "The so-called 'freestanding clinics,' which do over 90% of all abortions in the U.S., are often little better than back-alley operations that have been legalized . . . .' *Complications following abortions performed in free-standing clinics is one of the most frequent gynecological emergencies . . . encountered.* Even life-endangering complications rarely come to the attention of the physician who performed the abortion unless the incident entails litigation. The statistics presented by Cates represent substantial under reporting and disregard women's reluctance to return to a clinic, where, in their mind, they received inadequate treatment." Iffy, "Second trimester Abortions," *JAMA*, 4 February 1983, 588, quoted in Willke, 98, 99.

~PG Researcher David Reardon says about abortion for fetal handicap: "In addition, since eugenic abortions *are almost always late-term*, the physical risks of abortion are many times higher than for childbirth. In fact, the odds that a forty-year-old woman will suffer a severe complication from abortion are more than twice as great as the odds that she will have a child with Down's syndrome." Dr. Hymie Gordon, letter on amniocentesis in *Primum Non Nocere*, newsletter published by The World Federation of Doctors Who Respect Human Life, September 1980, 4-6, quoted in *DRABSNM*, 236. (Down's babies are found mostly in wombs of these 'older' women.)

~PG Miscellaneous quotes (Pamela Zekman and Pamela Warrick, "The Abortion Profiteers," *Chicago Sun Times*, special reprint 3, December 1978 (original publication 12 November, 1978) 15, quoted in *DRABSNM*, 236.) 'Health inspectors at one abortion clinic found that the lack of sterile conditions extended to:

~PG Instruments that were 'dirty and worn to the point that the stainless-steel finish had deteriorated and the instruments were beginning to rust.' 'Recovery room beds made with dirty linens.' 'Supposedly sterile instruments' encrusted with 'dried matter.' 'Instruments being 'sterilized' with Tide detergent, and surgical equipment, including the suction machine, being 'cleansed' with plain water."

~PG "A 1989-90 New Zealand study found an overall complication rate of 5.8% following induced abortion as measured by readmission of women. This included 2.9% who had retained products of conception. Immediate complications (0.92%) included perforation, hemorrhage and post-operative pain. Delayed complications were lower abdominal pain and vaginal bleeding presumed to be due to endometritis, retained products of conception or both." P. Sykes, "Complications of Termination of Pregnancy: A Retrospective Study of Admissions to Christchurch Women's Hospital 1989 and 1990," *New Zealand Medical Journal*, 10 March 1993, 83-85.

~PG "A follow-up examination 4-6 weeks following abortion by vacuum aspiration found 4.8% with retained fetal parts: 11.1% had post-abortion bleeding greater than normal menstrual period, and 4.1% had pelvic inflammatory disease." K. Dalaker, K. Sundfor and J. Skuland, "Early Complications of Induced Abortion in Primigravidae," *Annes Chirurgiae et Gynaecologiae*, 70 (1981): 331-336.

~PG "A Norwegian study of 619 women by questionnaire in 1976 found that, among those not

pregnant previously, 25.5% of the post-abortion women compared to 13.2% of post delivery women (matched for age and parity) had post-abortion complications. Complications were cervical incompetence, pre-term delivery, ectopic pregnancy and sterility. Among all groups regardless of parity, total complications in the abortion group was 24.3% vs. 20.2% in the post-delivery women." K. Dalaker, S.M. Lichtenberg and G. Okland, "Delayed Reproductive Complications After Induced Abortion," *Acta Obstet. Gynaecol. Scand.*, 58 (1979): 491-494.

~PG "A prospective study of 11,057 West Jerusalem mothers interviewed during pregnancy found that those who reported one or more prior induced abortions in the past were more likely to report bleeding in the 1st, 2nd and 3rd months of their pregnancy compared with women reporting no previously induced abortions. Women with prior abortions were less likely to have a normal delivery. In births following induced abortions, the relative risk of early neonatal death was doubled, while late neonatal deaths showed a 3 to 4 fold increase. Major and minor malformations were increased in the abortion group." S. Harlap and A.M. Davies, "Late Sequelae of Induced Abortion: Complications and Outcome of Pregnancy and Labor," *Am J. Epidemiology*, 1975, 217.

~PG "Among 50 women (86% black) who obtained legal abortions in Atlanta, Georgia after being denied abortion at Grady Memorial Hospital in 1978-79, 12% subsequently reported at least one complication including retained placenta, hemorrhage, pelvic infection or cervical or uterine injury when followed-up in 1980-81." N. Binkin, et al., "Women Refused Second-Trimester Abortion: Correlates of Pregnancy Outcome," *Am.J. Obstet Gynecol*, 145 (1983): 279.

~PG "Bleeding before 28 weeks of gestation and retention of placenta or placental tissue occurred more frequently after an abortion than in a control group matched for age, parity and socio-economic status." E. Obel, "Pregnancy Complications Following Legally Induced Abortion," *acta Obstet. Gynecol. Scand.*, 58 (1979): 485-490.

~PG "Concludes that the relative risk of pre-term delivery is significantly increased following abortion." R. Pickering and J. Forbes, "Risks of Preterm Delivery and Small for Gestational Age Infants Following Abortion: A Population Study," *British Journal of Obstetrics and Gynecology*, 92 (Nov. 1985): 1106-1112.

~PG "Fifty-four teenage patients were seen with significant complications after legal abortion. None felt that they had been afforded any meaningful information about the potential dangers of the abortion operation. Perforation of the uterus, peritonitis, pelvic pain, pelvic abscesses, bleeding and cramping, cervical lacerations, severe hemorrhage and adverse psychological and psychiatric sequelae were noted in various case reports." M. Bulfin, "A New Problem in Adolescent Gynecology," *Southern Medical Journal*, 72(8) (August 1979): 967-968.

~PG "In a study of 1000 women who had abortions in Stockholm, Sweden in 1987, 5.4% were reported to have complications in the form of infection, bleeding or incomplete abortion, fever at over 38 degrees centigrade (1.6%). About one-half (2.8%) were re-admitted to the hospital." G. Fried, E. Ostlund, C. Ullberg, M. Bygdeman" Somatic Complications and Contraceptive Techniques Following Legal Abortion, " *Acta Obstet Scand.*, 68 (1989): 515-521.

~PG "In a study of 252 women who were members of Women Exploited by Abortion, two women were reported to suffer from anorexia nervosa, which they attributed to their abortions. At least one woman suffered from excessive weight gain after her abortion, as she tried to bury her guilt in food." *ABSNM*, 24.

~PG "In a study of 30 women who were stressed by abortion, 23 percent reported extreme weight gain, generally defined by the subjects as a 20-pound weight gain or more. Extreme weight gain was usually attributed to increased eating to calm oneself. Extreme weight loss was reported by 30 percent of the sample; 23 percent classified themselves as experiencing a period of anorexia nervosa. This was self-defined, although many subjects reporting anorexia included evidence such as a loss of 25 percent of body weight, cessation of menses, hospitalization and/or clinical diagnosis of anorexia nervosa." *PSSFA*

~PG "In a study of 68 women in a post abortion support group 10-15 years post-abortion, 32% reported lacking patience with their children, 29% reported sometimes being verbally or emotionally abusive with them, 20% acknowledged frequent anger toward their children, 15% admitted feelings of unexpected rage toward their children and 13% felt they over disciplined their children \_Ä“ 29% also reported being over-protective of their children and 14.7% reported having difficulty bonding to their children." Jeanette Vought, "Post-Abortion Trauma, 9 Steps to Recovery," (Grand Rapids: Zondervan 1991).

~PG "Induced first-trimester abortion is a procedure which removes the conceptus from the uterine cavity before the end of the twelfth gestational week counted from the first day of the last menstrual period. The surgical field, consisting of the vagina, endo-cervix, and uterine cavity is contaminated because even meticulous surgical scrub cannot sterilize the endocervix. Consequently, postoperative infection must be expected in a number of women." Lars Heisterberg, "Pelvic Inflammatory Disease Following Induced First-Trimester Abortion," *Danish Medical Bulletin*, 35(1) (February 1988), 64-75, quoted in N.G. Osborne and R.C. Wright, "Effect of preoperative scrub on the bacterial flora of the endocervix and vagina," *Obstetrics and Gynecology* 50:148-151(1977).

~PG "PA British study of 6105 women during 1976-79 found that the main factors independently affecting post abortion morbidity were the place of operation, gestation at termination, method of operation, sterilization at the time of abortion and smoking habits. Morbidity rates were higher for abortion carried out under the National Health Service than in private practice. Overall newly presenting morbidity, as defined in the study, was reported in 16.9% of the patients (1031 patients) in the 21 days following abortion of which 10% (612 patients) was thought to be directly related to the abortion. Major complications as defined in the study were 2.1%." I. Frank, C.R. Kay, S.S. Wingrave, "Induced Abortions Operations and Their Early Sequelae," *J. Royal College General Practitioners*, April 1985, 175.

~PG "The rate of unrecognized perforations may be three-to-thirty-fold higher than reported." C. Tietze and S. Lewit, "Joint Program for the Study of Abortion," *Studies in Family Planning*, 3 (1972): 97.

## Physical Effects: Later Complications

~PL "Dr. Pulver (charged with a 'bungled abortion') has 'an outstanding record of service with thousands of women and families in Schenectady [New York]." Planned Parenthood official quoted in *The Daily Gazette*, 1 November 1991.

~PL "Our association with Dr. Cunanan [placed on probation for committing abortions on two women and sterilizing another, all without their permission] has been longstanding and extremely positive." Planned Parenthood of Niagara County, *Niagara Gazette*, 2 October 1997.

~PL "There is a wide range of reported incidence of post abortion infections from .1% to as high as 43%. [J. L. Sorensen, et al., *Br. J. Obstet. Gynaecol.* May 1992, quoted in source shown below] The difference is mainly due to (1) differences in defining the word infection; (2) time of observation; and (3) whether or not antibiotics were used. From "Lack of Individualized Counseling Regarding Risk Factors For Induced Abortion: A Violation of Informed Consent, Part 1," *NAIRVSC*, July/August 1996,

~PL Types of postabortion infections include pelvic inflammatory disease (PID) which is inflammation of the female genital tract, endometritis which is inflammation of the inner lining of the uterine wall, salpingitis which is inflammation of the fallopian or Eustachian tube, and peritonitis, inflammation of the abdominal cavity. The term sepsis or septic abortion is also frequently used to describe any serious infection. From "Lack of Individualized Counseling Regarding Risk Factors For Induced Abortion: A Violation of Informed Consent, Part 1," *NAIRVSC*, July/August 1996, 2.

~PL A sample statement from an abortion clinic informational form includes the following: "Infection is caused by germs from the vagina or cervix getting into the uterus or tubes. The risk of infection associated with early abortion is less than 1 in 100 cases. Such infections usually respond to antibiotics, but in a few cases, a repeat procedure or hospitalization is necessary and occasionally surgery is required. From "Lack of Individualized Counseling Regarding Risk Factors For Induced Abortion: A Violation of Informed Consent, Part 1," *NAIRVSC*, July/August 1996, 2.

~PL This statement has several errors or omissions. First, it narrowly interprets the meaning of the word infection to what is immediately observed at an abortion facility, and thus omits infections which occur a few hours, days, or weeks later. It fails to acknowledge that abortion itself can cause infection as well as spread infection. It fails to explain any of the potentially serious complications from post-abortion infections. Finally, it fails to differentiate between different populations which have varying rates of infection because of age or previous reproductive history." From "Lack of Individualized Counseling Regarding Risk Factors For Induced Abortion: A Violation of Informed Consent, Part 1," *NAIRVSC*, July/August 1996, 2.

~PL "For example, researchers at Johns Hopkins University compared women undergoing first trimester abortion and found that among those without gonorrhoea at the time of the abortion only 3.3% had post-abortion endometritis and 1.1% were hospitalized compared to 14.7% incidence of

endometritis and a 5.4% hospitalization rate if gonorrhea was present. [R. T Burkman et al., "Untreated Endocervical gonorrhea and Endometritis Following Elective Abortion," *Am. J. Obstet. Gynecol.* 126:1976, 648-651] John's Hopkins researchers had similar findings when chlamydia trachomatis was present at the time of abortion [M. Barbacci et al., "Post-Abortal Endometritis and Isolation of Chlamydia Trachomatis," *Obstet. Gynecol.* Nov 1996, 686-690 and D. Avonts and P Piot, "Genital Infections in women Undergoing Therapeutic Abortion," *Europe. J. Obstet. Gynec. Reprod. Biol.* 20:1985, 53-59] The authors stated: 'it is believed that a factor in the development of endometritis is the induced abortion itself as it has been documented that dilation of the cervical canal and curettage of the uterine cavity can stimulate spread of an unrecognized infection to the uterine cavity.' From "Lack of Individualized Counseling Regarding Risk Factors For Induced Abortion: A Violation of Informed Consent, Part 1," *NAIRVSC*, July/August 1996, 3.

~PL Scandinavian studies have also found that the presence of chlamydia trachomatis infection at the time of the abortion significantly increases the incidence of post-abortive pelvic inflammatory disease from 4.4% to 23.4% in one study [T. Radbert and L. Hamberger, "Chalmydia Trachomatis in Relation to Infections Following First Trimester Abortions," *Acta. Obstet. Gynaecol.*, Supp 93, 1980, 478], and from 10% to 28% in another study. [L. Westergaard, "Significance of Cervical Chlamydia Trachomatis Infection in Post-Abortal Pelvic Inflammatory Disease," *Obstet. Gynecol.* Sept 1982, 322]. From "Lack of Individualized Counseling Regarding Risk Factors For Induced Abortion: A Violation of Informed Consent, Part 1," *NAIRVSC*, July/August 1996, 3.

~PL Age is also a risk factor for post-abortion infection. In a study done at Johns Hopkins University on post abortion endometritis (infection of the uterine wall), it was found that 7% of post-abortion women had endometritis if they were 17 years of age or less at the time of their abortion, compared to only 2.5% among women who were 20 - 29 years. The difference was statistically significant [R.T Burkman et al., "Morbidity Risk Among Young Adolescents Undergoing Elective Abortion," *Contraception*, August 1984, 99]. Another Scandinavian study found that chlamydia positive women age 13 - 19 undergoing first trimester abortion were significantly more likely to develop post-abortion endometritis (28%) compared to women age 20 - 24 (22.7%), or women age 25 - 29 (20%). Also, chlamydia positive post abortion women age 13 - 19 were also more likely to develop post abortion salpingitis (21.9%) compared to women age 20 - 24 (13.6%) [S. Osser and K. Perrson, "Postabortal Pelvic Infection Associated with Chlamydia Trachomatis Infection and the Influence of Hormonal Immunity," *Am. J. Obstet. Gynecol.*, 150:1984, 699]. Overall, early complication rates are higher in younger women." [L. Heisterberg, M. Kringelbach, "Early complications After Induced First-Trimester Abortion," *Acta Obstet. Gynecol. Scand.*, 66:1987,201] From "Lack of Individualized Counseling Regarding Risk Factors For Induced Abortion: A Violation of Informed Consent, Part 1," *NAIRVSC*, July/August 1996,4.

~PL "The presence of post-abortion PID has a very significant impact on long term reproduction. For example, in a study by Danish researcher Lars Heisterberg of 382 women without postabortal PID, only 5% of those without PID reported any spontaneous miscarriages 5 - 6 years post abortion, compared to 22% among those women with postabortal PID. Significant differences were also found with secondary infertility (2% vs. 10%), pain during sexual intercourse (5% vs. 20%), chronic pelvic pain (2% vs. 14%), and a new episode of PID within the first year after abortion (5% vs. 41%). [Lars Heisterberg et al., "Sequelae of Induced First-Trimester Abortion: A Prospective Study Assessing the Role of Postabortal Pelvic Inflammatory Disease and Prophylactic Antibiotics," *Am. J. Obstet. Gynecol.*, 155:1986, 73]. Other studies by this same researcher on the long term effects of abortion

have shown similar results. [Lars Heisterberg, "Factors Influencing Spontaneous Abortion, Dyspareunia, Dysmenorrhea, and Pelvic Pain," *Obstet. Gynecol.*, 81:1993, 594 - 597, and Lars Heisterberg, "Pelvic Inflammatory Disease following Induced First-Trimester Abortion", *Danish Medical Bulletin*, February 1988, 64]. This researcher reported that the overall risk of postabortion infections requiring hospitalization among Danish women is 3 - 5%. [Lars Heisterberg and Ugeskr Laeger, "Prophylactic Antibiotics in Induced First-Trimester Abortion," *Eng. Abstr.*, 154:1992, 3056 - 3060]. " From "Lack of Individualized Counseling Regarding Risk Factors For Induced Abortion: A Violation of Informed Consent, Part 1," *NAIRVSC*, July/August 1996, 4.

~PL Regarding increased low birth weight and short gestation: "A study by the World Health Organization of legalized abortion in Great Britain, Europe, Korea and Scandinavia concluded that repeat abortion is associated with a 2 to 2.5 fold increase in low birth weight and short gestation when either is compared with one live birth or one abortion." *World Health Organization, Special Program of Research, Development and Research Training in Human Reproduction: Seventh Annual Report*, Geneva, November 1978, quoted in *NAIRVSC*, Winter 1993, 6-8.

~PL Also regarding increased low birth weight and short gestation: "In a study of white women who delivered between 1984-87 in Washington state, the unadjusted proportion of infants born with a birth weight of less than 2500 grams was 4.4% among women with no abortion history, 5.7% for women with one prior abortion, 7.7% for women with two prior abortions, and 9.6% for women with 4 or more prior abortions." M. T. Mandelson, et al., 391-394, quoted in Strahan, *NAIRVSC*, Winter 1993, 6-8.

~PL Regarding increased risk of premature birth : "A Danish study conducted in 1974-75 concluded that women with a history of 2 or more abortions had twice the risk of a premature infant compared with women with one past abortion." E. Obel, "Pregnancy Complications Following Legally Induced Abortion With Special Reference to Abortion Technique," *Acta Ob Gyn Scan*, 1979, 147-52, quoted in Strahan, *NAIRVSC*, Winter 1993, 6-8.

~PL Regarding increased risk of miscarriage or incomplete abortion: "A Boston Hospital for Women study conducted in 1976-78 concluded that women who had had two or more induced abortions were 2.7 times more likely to have future first trimester spontaneous abortions (early miscarriage) and 3.2 times more likely to have a second trimester incomplete abortion than were women with no history of induced abortion." A. Levin et al., "Association of Induced Abortion With Subsequent Pregnancy Loss," *JAMA*, 27 June 1980, 2495, quoted in Strahan, *NAIRVSC*, Winter 1993, 6-8.

~PL Regarding increased incidence of secondary infertility: "A 1987-88 study of women in Athens, Greece, admitted for secondary infertility found that women with 2 or more prior abortions had a relative risk of 2.3 for secondary infertility and women with one abortion had a relative risk of 2.1 compared with women with no abortion history." (Tzonou et al., "Induced Abortions, Miscarriages, and Tobacco Smoking as Risk Factors for Secondary Infertility," *Journal Epidemiology and Community Health*, 1993, quoted in *NAIRVSC*, Winter 1993, 6-8.) (Secondary fertility means there was a previous conception, the woman had been trying to become pregnant for at least 18 months, and the man had a normal semen analysis.)

~PL Regarding increased risk of ectopic pregnancy: "A study of women at the Boston Hospital for Women found that the relative risk of ectopic pregnancy to be 1.6 for women with one prior abortion (reduced to 1.3 after control [adjustment] of confounding factors) and 4.0 for women with two or more prior abortions (reduced to 2.6 after control of confounding factors.)" A. Levin et al., "Ectopic Pregnancy and Prior Induced Abortion," *American Journal Public Health*, March 1982, 253-56, quoted in Strahan, *NAIRVSC*, Winter 1993, 6-8.

~PL "The Virginia Department of Medical Assistance Services has gathered data indicating that poor women who give birth are healthier than those who undergo abortions. 'The women with legally induced abortions had 532 claims for subsequent health interventions,' a memo from the department read. 'The women with normal deliveries had 307 claims for subsequent health interventions.' Thus, those who aborted had  $(532 - 307)/307 \times 100 = 73\%$  greater chance of needing intervention than those who had not aborted. "UPDATES: ABORTION AND HEALTH," *Family Voice*, June 1995, 30.

~PL "2.7 percent of 4,823 patients had gonorrhea; 14.7 percent of patients with gonorrhea developed endometritis over a two-year period. The authors concluded that there is a potential threefold increase for postabortal endometritis with untreated endocervical gonorrhea, which indicates a need to reevaluate approaches to some patients requesting pregnancy termination." R.T. Burkman, J. Tonascia, M. Atienza and T. King, "Untreated Endocervical Gonorrhea and Endometritis Following Elective Abortion," *American Journal of Obstetrics and Gynecology*, 126 (1976): 648-651.

~PL "70,000 women were hospitalized for ectopic pregnancy in the U.S. in 1983, resulting in 70,000 fetal deaths. Ectopic pregnancy accounted for 12.8 percent of all maternal deaths in the U.S. in 1983. In 1985, black women continued to have a 3.5 times higher risk of death from ectopic pregnancy. Teenage black women have a 6.2 times higher risk than white teenagers." H. Atrash, *Ectopic Pregnancy in the United States, 1970-1983, Morbidity and Mortality Weekly Report*, Vol. 35, No. 22S, August 1986.

~PL "A California case-control study of 2091 women who had one or more induced abortions matched with 4098 controls without a history of abortion found that a prior induced abortion had a relative risk of 1.45 (1.06-1.99, 95% C.I.) of pregnancy failure (ectopic pregnancy, spontaneous abortion, fetal or neonatal death). Smokers had a relative risk of 1.85, (1.11-3.10, 95% C.I.) of pregnancy failure." C. Madore, W.E. Haws, F. Many, A.C. Hexter, "A Study on the Effects of Induced Abortion on Subsequent Pregnancy Outcome," *Am J. Obstet. Gynecol*, 139 (1981): 516-521.

~PL "A California study of 173 cases of placenta previa during 1975-78 found that a history of prior abortion, previous placenta previa or prior cesarean section enhanced the risk of developing placenta previa. The complications associated with placenta previa included fetal malpresentation (breech or transverse lie), cord prolapse and premature rupture of the membranes." D.B. Cotton, J.A. Read, R.I.T. Paul, E.J. Quilligan, "The Conservative Aggressive Management of Placenta Previa," *Am J. Obstet. Gynecol.*, 137 (1980): 687.

~PL "A case-control analysis of 19 uterine perforations which occurred during laparoscopic

sterilization had an overall perforation rate of 30.4 per 1,000 procedures. Case women were more likely to combine two of the three characteristics: age over 34, parity (one or more children) and obesity (20% above the ideal body weight for height.)" M. White, H. Ory and L. Goldenberg, "Uterine Perforation Following Medical Termination of Pregnancy by Vacuum Aspiration," *Am. J. Obstet. Gynecol.*, 129 (1977): 623.

~PL "A case-control study of 68 women at Grady Memorial Hospital, Atlanta, Georgia in 1975-79 found that the crude risk ratio for placenta previa in women with a history of one or more legal abortions was 1.4 (0.5-3.6, 95% C.I.) after adjustment for age and gravidity. The study used a narrow definition for placenta previa which limits its value." D.A. Grimes, T. Techman, "Legal Abortion and Placenta Previa," *Am J. Obstet. Gynecol.*, 149 (1984): 501.

~PL "A case-control study of married couples diagnosed as having secondary infertility at the University of Washington Hospital in 1976-78 found that women with a history of prior induced abortion had a 1.31 relative risk of secondary infertility (0.71-2.43, 95% C.I.) compared with controls." J.R. Daling, L.R. Spadoni, I. Emanuel, "Role of Induced Abortion in Secondary Infertility," *Obstet Gynecol*, 57 (1981), 59.

~PL "A Connecticut case-control study during 1974-76 found that mothers with prior induced abortions had odds ratios above 1.0 with respect to the following specific congenital malformations of subsequently born children: Inguinal Hernia (OR 1.4, P=0.24); Anencephaly (OR 1.3, P=0.62); Poly-syndactyly (OR 2.7, P=0.02); Downs (OR1.5, P=0.46). Overall, white women delivering babies with congenital malformations were significantly less likely to report having had a previously induced abortion (OR 0.7, P=0.01) while black women who delivered were significantly more likely to have experienced a past induced abortion (OR 1.7, P=0.04)." M.B. Braken, T.R. Holford, "Induced abortion and subsequent congenital malformations in offspring of subsequent pregnancies," *Am. J Epidemiology*, 109(4) (1979): 425-432.

~PL "A Danish study compared women whose previous pregnancy was terminated by a legal induced abortion (group 1), with women whose previous pregnancy had ended in a spontaneous abortion or still birth (group 2), women whose previous pregnancy ended in a live birth (group 3), and women with no previous pregnancies. The study found that an induced abortion increases the risk of bleeding in a subsequent pregnancy compared with women with previous deliveries as well as women with no previous pregnancies. Delivery following a legally induced abortion had a greater tendency of retention of placenta or placental tissue than in a woman with no previous pregnancies. A legally induced abortion complicated by pelvic inflammatory disease may reduce a woman's fertility." E.B. Obel, "Long-term Sequelae Following Legally Induced Abortion," *Danish Medical Bulletin*, April, 1980, 61.

~PL "A Norwegian study compared 619 women who had their last pregnancy terminated by abortion to an age and parity matched group of women who continued the pregnancy to delivery. Among those who had not been pregnant previously the complications rate was 25.5% in the abortion group compared to 13.2% in the control which was statistically significant. Complications included first and second trimester abortion (miscarriage): cervical incompetence, pre-term delivery, ectopic pregnancy and sterility. After women had one or two live births there was no statistical significance between the

two groups." K. Dalaker, S.M. Lichtenberg, G. Okland, "Delayed Reproductive Complications After Induced Abortion," *Acta Obstet Gynecol Scand.*, 58 (1979): 491-494.

~PL "A prospective study of 11,057 pregnancies of West Jerusalem mothers found that 0.3% of women reporting no previous induced abortions had placenta previa compared to 0.8% of women reporting one or more induced abortions according to crude rates. Standardized rates showed no statistical significance (0.4% vs. 0.5%)." S. Harlap and M. Davies, "Late Sequelae of Induced Abortion: Complications and Outcome of Pregnancy and Labor," *Am J. Epidemiology*, 102(3) (1975): 217.

~PL "A repeat abortion is associated with a two- to two and a half-fold increase in the rate of low birth weight and short gestation when compared with either one abortion or one live birth. Women were matched with women who had the same operative procedure. Cases and controls were matched also for age, smoking institution and duration of gestation at entry into the study. See Repeat Abortions Increase Risk of Miscarriage, Premature Birth and Low Birthweight Babies, *Family Planning Perspectives* 11(1):39-40, Jan/Feb 1979." *World Health Organization, Special Program of Research, Development and Research Training in Human Reproduction: Seventh Annual Report, Geneva, November 1978.*

~PL "A study at Vanderbilt University in 1979-80 found that 3.8% of the women with a history of induced abortion had placenta previa. If it was the first delivery since an induced first trimester induced abortion, the incidence of placenta previa was 4.6% compared to an overall percentage of 0.9%." J.M. Barrett, F.H. Boehm, A.P. Killam, "Induced Abortion: A Risk Factor For Placenta Previa," *Am J. Obstet Gynecol*, 141 (1981): 769.

~PL "Amenorrhea and/or infertility secondary to intrauterine adhesions (Asherman's syndrome) following elective abortion is a significant complication." C. March and R. Israel, "Intrauterine Adhesions Secondary to Elective Abortion," *Obstetrics and Gynecology*, October 1976, 422-424.

~PL "An association was found between cervical pregnancy and prior induced abortion." Dicker, et al, "Etiology of Cervical Pregnancy," *The J. of Reproductive Medicine*, January 1985, 25.

~PL Many of the following paragraphs discuss PID. PID is infection of internal female reproductive organs by any of a variety of aerobic and anaerobic bacteria. PID is not a generic name for other STDs.

~PL "Between 1975 and 1981, the number of ectopic pregnancies at Fairview Hospital more than doubled. Ectopic pregnancy is responsible for 10 percent of all maternal deaths. Patients who are infertile, did not use birth control, or who have a history of recent abortion or menstrual extraction, of PID, of IUD or recent removal of IUD or a history of previous tubal sterilization, tubal pregnancy, tubal reconstruction, and abdominal surgery have a high index of suspicion." M. Faith Kamsheh, "Ectopic Pregnancy Critical Analysis of 139 Cases," *Minnesota Medicine*, February 1983, 83-86.

~PL "Chlamydia positive women aged 13-19 were more likely to develop post-abortion endometritis (28%) compared to women aged 20-24 (22.7%) or women aged 25-29 (20%). Chlamydia positive women aged 13-19 were more likely to develop post-abortion salpingitis (21.9%) compared to women aged 20-24 (13.6%)." S. Osser and K. Perrson, "Postabortal Pelvic Infection Associated with Chlamydia Trachomatis Infection and the Influence of Humoral Immunity," *Am. J. Obstetrics and Gynecology*, 150 (1984): 699-703.

~PL Some of the following paragraphs discuss salpingitis. Salpingitis is inflammation of a fallopian tube.

~PL "Despite antibiotic therapy, patients who have had at least one episode of salpingitis have a 21 percent rate of involuntary infertility, as compared with the rate of 3% among the control population." L. Westrom, "Inflammatory Disease and Its Consequences in Industrialized Countries," *American Journal Obstetrics Gynecology*, 138 (1980): 880-892.

~PL "Each abortion a woman has increases the chance that a subsequent pregnancy will be tubal." "Tubal Pregnancy Numbers Up," *Star Tribune*, 3 February 1987, 7C, quoted in Thomas Carrier, *OB/GYN*.

~PL "Ectopic pregnancy has risen from 17,800 cases in 1970 to 88,000 hospitalized cases in 1987. From 1970-1987 approximately 877,400 cases have been reported among U.S. women 15-44 years. Thirty women were reported to have died from ectopic pregnancy in 1987. Although the cause of ectopic pregnancy is unknown, it has been attributed to alteration in tubal motility, hormonal release and anatomical changes such as scarring. Scarring may be caused by acute and chronic salpingitis." K. Nederof, et al., "Ectopic Pregnancy Surveillance United States, 1970-1987," *Morbidity and Mortality Weekly Report*, Vol. 39, No. SS-4, December 1990.

~PL "Five hundred sixty-two Finnish patients who underwent legal abortions (69 percent by vacuum aspiration) were invited to a follow-up exam two years later. Only 25 percent came to a detailed gynecological exam. The rest either had an unknown address or were unwilling to take part in the discussion of an experience with 'negative personal associations.' Of the 143 patients examined, 14 percent had some early complications associated with the abortion. There were six cases of endometritis, six cases of heavy bleeding, one cervical rupture and one uterine perforation. A gynecological exam gave rise to suspected cervical insufficiency in 15 women, of which 10 had abortions by vacuum aspiration. Hysterosalpingography suggested tubal pathology in 18 percent. Laparoscopy revealed a normal tubal finding in 50 percent, although the HSG finding had been pathologic. Patients with pathologic tubal findings in laparoscopy (adhesions, nodules and sacculoalpinx formations had not had early complications on abortion. The author concluded, "The need of new follow-up examination following induced abortion is obvious." This is one of the few studies on longer term effects." P. Jouppila, A. Kauppila and L. Punto, "Observations on Patients Two Years After Legal Abortion," *International Journal Fertility*, 19 (1974): 233-239.

~PL "In a case-control study by the Harvard Schools of Public Health and the University of Athens, of women in Athens, Greece in 1987-88, the occurrence of either induced abortions or spontaneous

abortions independently and significantly increased the risk of subsequent secondary infertility. The logistic regressions adjusted relative risks was 2.1 (1.1-4.0, 95% C.I.) for secondary infertility when there was 1 previous abortion and 2.3 (1.0-5.5, 95% C.I.) when there were 2 previous abortions. The adjusted relative risk of tobacco smoking for secondary infertility was 3.0 (1.3-6.8, 95% C.I.) compared to non-smokers. Secondary infertility was defined as [1] A. Tzonou, et al., "Induced Abortions, Miscarriages and Tobacco Smoking s Risk Factors For Secondary Infertility," *J. Epidemiology and Comm. Health* 47:36, 1993. patient had a previous conception; [2] patient was married; [3] husband had a normal semen analysis and [4] patient had been trying to become pregnant for at least 18 months." Tzonou, et al., "Induced Abortions, Miscarriages and Tobacco Smoking as Risk Factors For Secondary Infertility," *J. Epidemiology and Comm. Health*, 47:36, 1993.

~PL "In a study at Boston Hospital for Women conducted from 1976-1978, the relative risk of ectopic pregnancy was found to be 1.6 for women with one prior abortion and reduced to 1.3 after control of confounding factors. The relative risk for two or more abortions was 4.0 for women with two or more prior induced abortions, which was reduced to 2.6 after control of confounding factors." A. Levin, S. Schoenbaum, P. Stubblefield, S. Zimicki. R. Ronson and K. Ryan, "Ectopic Pregnancy and Prior Induced Abortion," *American Journal of Public Health*, March 1982, 253-256.

~PL "In a study of 15,438 women who had suction curettage abortions at about 12 weeks gestation or less from 1975 to 1978, cervical injuries requiring suturing occurred in approximately one out of 100 abortions. [Cervical injury is one of the most frequent complications of suction curettage abortion, yet little is known about its risk factors or prevention. Most published reports lack an objective case definition of cervical injury. Reported rate of cervical injury ranges from 0.01 to 1.6 per 100 abortions. In addition to overt injury to the cervix during suction curettage, covert trauma is also important. Micro fractures of the cervix may occur during forceful dilation of the cervix, which may lead to persistent structural changes, cervical incompetence, premature delivery, and pregnancy complications.]" K. Schulz, D. Grimes and W. Cates, "Measures to Prevent Cervical Injuries During Suction Curettage Abortion," *Lancet*, 28 May 1983, 1182-1184.

~PL "In a study of 170 women at the Institute of Tropical Medicine in Belgium, there was found to be a strong correlation between an infection with *c. trachomatis* before abortion and the appearance of infectious complications after the aspiration curettage. Post-abortion infections were stated to be caused by micro-organisms introduced in the uterine cavity during the intervention. In addition, sexually transmitted micro-organisms such as *n. gonorrhoea* and *c. trachomatis* can colonize the endocervix and cause endometritis or PID (pelvic inflammatory disease) after the aspiration curettage." D. Avonts and P. Piot, "Genital Infections in Women Undergoing Therapeutic Abortion," *Europ J. Obstet. Gynec. Reprod. Biol.*, 20 (1985): 53-59.

~PL Many of the following paragraphs discuss chlamydia trachomatis. Chlamydia Trachomatis is a sexually transmitted disease. Brian Gibson of Pro-Life Action Ministries said on November 1, 1997 (telephone call by Kenneth E. Kogut, Life Research Institute), "Very strong anecdotal evidence indicates that is probably extremely rare that a Killing Center screens for chlamydia trachomatis before killing babies." Yet, see how prevalent this disease is and what complications result from it!

~PL "In a study of 1100 Swedish women, 37.7% of chlamydia positive women developed infectious

complications compared to only 6.2% of chlamydia negative women within one month of their abortion." S. Osler, I.C. Persson, "Postabortal Pelvic Infection Associated with Chlamydia Trachomatis and the Influence of Humoral Immunity," *Am. J. Obstet Gynecol*, 150, (1984): 699-703.

~PL "Approximately 30-50 percent of PID episodes are caused by chlamydia trachomatis infection. It is estimated that each year 402,200 episodes of chlamydial PID occur, leading to 1,005,400 outpatient visits; 106,900 hospitalizations; 8,050 infertility consultations; 13,900 ectopic pregnancies; and 280 deaths. Other adverse health effects, and estimated direct and indirect costs are discussed. Ed. Note - This report is most significant to the issue of induced abortion as it is implicated in the onset of pelvic inflammatory disease." A. Eugene Washington, R. Johnson, and L. Sanders, Jr., "Chlamydia Trachomatis Infections in the United States, What Are They Costing Us?" *Journal of the American Medical Association*, 17 April 1987, 2070-2072.

~PL "In a Johns Hopkins study of 505 women who had an induced abortion, 17.6% had a chlamydia infections. Six of 17 patients with post-abortal endometritis were culture positive immediately prior to abortion. Some 10% of c. trachomatis-infected women vs. 3.5% of non-c. trachomatis-infected women had endometritis following induced abortion. The article stated: 'It is believed that a factor in the development of endometritis is the induced abortion itself as it has been documented that dilation of the cervical canal and curettage of the uterine cavity can stimulate spread of an unrecognized cervical infection to the uterine cavity. (Ed. Note - Endometritis is inflammation of the uterine wall.)'" . " Burkman et al., "Culture and treatment results in endometritis following elective abortion," *American Journal of Obstetrics and Gynecology*, 128 (1977): 566, quoted in M. Barbacci et al., "Post-Abortal Endometritis and Isolation of Chlamydia Trachomatis," *Obstetrics and Gynecology*, November 1986, 686-690.

~PL "In a study of 218 women admitted for legal termination of pregnancy in Oslo, Norway, 30 (13.8 percent) had chlamydia trachomatis in the cervix before abortion. Twenty-one of the 30 patients exhibiting chlamydia trachomatis were followed up three months after their abortions. Seven (23.3 percent) had developed PID, six (20 percent) had developed salpingitis, 17 (81 percent) showed detectable chlamydial antibodies. Conclusion: Patients harboring chlamydia trachomatis in the cervix at termination of pregnancy are at high risk of developing post-operative infections. Routine screening in the cervix before surgery is essential." E. Qvigstad, et al., "Therapeutic Abortion and Chlamydia Trachomatis Infection," *British Journal of Venereal Disease*, 58 (1982): 182-183.

~PL "In a study of 7228 European women from 8 cities, the reduction in mean birth-weight associated with cigarette smoking varied from 120-146 grams. Low birth weight in the pregnancy after induced abortion by vacuum aspiration was 5.4% to 6.1% compared with 2.9%-4.7% for prior live birth or 3.7% if no previous pregnancy. Short gestation (258 days) was 4.7%-5.7% in the pregnancy after abortion after vacuum aspiration compared to 2.0%-3.9% for prior live birth or 2.4%-3.0% for no previous pregnancy. No significant differences between groups were found with respect to mid-trimester spontaneous abortions." "Gestation, Birth-Weight and Spontaneous Abortion in Pregnancy After Induced Abortion, Report of the Collaborative Study by World Health Organization Task Force on Sequelae of Abortion," *Lancet*, January 1979, 142-145.

~PL "In a study of 90 abortion facility workers in the San Francisco area, over 95% expressed

discomfort and surprise at repeaters." Kathleen Marie Roe, Ph.D., "Abortion Work: A Study of the Relationship Between Private Troubles and Public," (diss, University of California, Berkeley, 1985).

~PL "In a study of women at Yale-New Haven Hospital during 1974-75, women having repeat abortions were significantly more likely to be divorced than women having first abortions. Women having repeat abortions were more likely to be on public welfare than women having first abortions (38% vs. 25%)." M. Shepard and M. Bracken, "Contraception and Repeat Abortion," *Journal of Biosocial Science*, 11 (1979): 289-302.

~PL "In a Washington State study of 6541 white women who delivered their first child between 1984-87, 4.4% of women with no reported abortions had low birth weight babies (2500 grams or less) compared to 5.7% of women reporting 1 abortion, 7.7% of women reporting 2 abortions, 7.1% of women reporting 3 abortions, and 9.6% of women reporting 4 or more abortions." M.T. Mandelson, C.B. Maden, J.R. Daling, "Low Birth Weight in Relation to Multiple Induced Abortions," *Am J. Public Health*, March 1992, 391-394.

~PL "In addition to overt injury to the cervix during suction curettage, covert trauma is also important, microfractures of the cervix may occur during forceful dilatation of the cervix, which may lead to persistent structural changes, cervical incompetence, premature delivery and pregnancy complications. Citing several studies. " K. Schulz, D. Grimes, W. Cates, "Measures to Prevent Cervical Injury During Suction Curettage Abortion." *Lancet*, 28 May 1983, 1182.

~PL "In salpingitis, it is believed that anaerobic bacteria often gain entrance to the tubes as secondary invades from the lower genital tract in patients whose tubes have been damaged with sexually transmitted disease agents. In such secondary infections, both anaerobic and facultatively anaerobic bacteria can be demonstrated. Endogenous tubal infections may occur in hosts whose genital organs have been 'compromised' by gynecologic surgery, curettage, legal or illegal abortion, or various diagnostic procedures. In the hospital catchment region of Lund such 'iatrogenic' cases constitute approximately 15 percent of all salpingitis patients." P.A. Mardh, "An Overview of Infectious Aunts of Salpingitis, Their Biology and Recent Advances in Methods of Detection," *American Journal of Obstetrics and Gynecology*, 138(7), Part 2, 1 December 1980, 933-651. Also see L. Westrom and P. A. Mardh, *Epidemiology, Etiology and Prognosis of Acute Salpingitis - a study of 1,457 laparoscopically verified cases* in D. Hobson and K. Holmes, ed., *Non-gonococcal Urethritis and Related Infections*, Washington, D.C.: American Society for Microbiology, 1977, 84-90.

~PL "Induced abortion was associated with higher prematurity and spontaneous abortion rates in later pregnancies. Women who had 2 or more abortions had a 2-3 times increased risk of miscarrying a pregnancy." L.H. Roht, H. Aoyama, G.E. Leinen, "The Association with Multiple Induced Abortions With Subsequent Prematurity and Spontaneous Abortion," *Acta Obstet Gynaecol. Japan*, 23 (1976): 140-145.

~PL "Infants born following a previous induced abortion by dilation and curettage showed an excess of low birth weight. The greater the degree of dilation at D&C, the greater damage to the cervix. This in turn produces an increase in low birth weight due to shortened gestation in the next pregnancy.

Adverse effects of D&C are applicable only to settings where this procedure is the usual method employed and not to areas where vacuum aspiration is the procedure of choice or where gradual dilation by use of laminaria is used. If induced abortion is necessary, it should be done as early as possible with the minimum of cervical dilation." P.E. Slater, A.M. Davies and S. Harlap, "The Effect of Abortion Method on the Outcome of Subsequent Pregnancy," *Journal of Reproductive Medicine*, 26(3) (March 1981): 123-128.

~PL "It is estimated that each year 402,200 episodes of chlamydial PID occur, leading to 13,900 ectopic pregnancies and 280 deaths." A. Eugene Washington, R.E. Johnson, L.L. Sanders, "Chlamydia Trachomatis Infections in the United States, What Are They Costing Us?" *Journal of the American Medical Association*, 17 April 1987, 2070-2072.

~PL "One of the important complications of first-trimester abortion by vacuum aspiration is pelvic infection. The incidence of this complication varies widely (0.3-18 percent) due to differences in [1] definition of post-abortion infection; [2] use of prophylactic antibiotic treatment; [3] time of observation. Of 104 women who underwent first-trimester abortions, no patients showed any sign of lower genital tract infection prior to the operation. Nevertheless, 14 percent required postoperative treatment with antibiotics because of mild or severe infection of the upper genital tract. Patients were studied after two months." P.J. Moberg, et al., "Pre-operative Cervical Microbial Flora and Post-Abortion Infection," *Acta Obstet. Gynecol. Scand*, 57 (1978), 415-419.

~PL "Operative procedures such as cervical dilatation, curettage, tubal insufflations and IUD insertions carry a small risk of infectious complications. During the last few decades, the numbers of legal abortions and IUD insertions have reached such proportion that the immediate consequences have influenced the epidemiology of salpingitis." K.K. Holmes, P.A. Mardh, P.F. Sparling, P.J. Wiesner, *Sexually Transmitted Diseases*, 1984, 623.

~PL "Out of 325 patients with a history of ectopic pregnancy, 181 had one or more abortions, either spontaneous or induced. Of those, 135 were induced and 67 were spontaneous abortions. Twenty-one of the 181 women had both induced and spontaneous abortions." A. Levin, et al., "Ectopic Pregnancy and Prior Induced Abortion," *American Journal of Public Health*, December 1955, 619-624.

~PL "Pelvic inflammatory disease is a major complication after therapeutic abortion; readmission rates to hospitals were 4 percent in this study, with pelvic infections and retained products being the main causes." F. Jerve and P. Fylling "Therapeutic Abortion," *Acta. Obstetric Gynecology Scand.*, 57 (1978): 237.

~PL "Pre-abortion clinical and microbiological tests were undertaken. Post-abortion morbidity was measured in 167 women in Liverpool, England during 1984. Twelve percent had major upper genital tract infection 8-17 days after their abortion. Another 10% later showed clinical signs that suggested minor upper genital tract infection. Abnormal cervical cytology (mostly inflammation) was found in 52% of the overall sample and 79% of the women with chlamydial infection had abnormal cervical cytology. Neither the medical history nor clinical examination before the abortion would have indicated that post-abortion complications were likely to occur. (Ed. Note - The findings strongly

suggest that it was the abortion procedure that was the primary cause of the post-abortion morbidity.)" S. Duthrie et al., "Morbidity After Termination of Pregnancy in First-Trimester," *Genitourinary Medicine*, 63(3) (June 1987): 182-187.

~PL "Quoting Kenneth Schulz, Division of Sexually Transmitted Disease, Centers for Disease Control, Atlanta, Georgia: 'An estimated 13,000 women develop postabortal upper genital tract infection which is associated not only with long-term morbidity but also, occasionally, with long-term sequelae such as infertility and ectopic pregnancy.'" "Genital Tract Infection," *Ob. Gyn. News*, 20(3) (1985): 41-42.

~PL "Repeated abortion was associated with a 2- to 2.5-fold increase in the rate of low birth weight and short gestation when compared with either one abortion or one live birth. "Repeat Abortions Increased Risk of Miscarriage, Premature Births and Low Birth Weight Babies," *Family Planning Perspectives*, January/February 1979, 39-40.

~PL "Repeaters were found to be more sexually active than first-timers, thus increasing their risk of unwanted pregnancy even though they used contraception more than initial aborters." B. Howe, R. Kaplan, and C. English, "Repeat Abortion: Blaming the Victims," *American Journal Public Health*, December 1979, 1242-1246.

~PL "Review of the literature on the incidence and effects of repeat abortions. In includes moral and social deterioration, communication breakdown, decline in religious affiliation, emotional or psychological conflicts, replacement pregnancy, self-punishment, abortion as birth control and the evangelization of abortion." "Special Issue on Repeat Abortion" *Association for Interdisciplinary Research Newsletter*, Summer 1989, 1-8.

~PL "Reviews the current status of studies on the subject. Notes that studies show evidence of elevated risk of post-abortal PID for women with history of PID or c. trachomatis. A recent episode of vaginitis may also be a risk factor. " Lars Heisterberg, "Pelvic Inflammatory Disease following Induced First-Trimester Abortion", *Danish Medical Bulletin*, February 1988, 64-75.

~PL "Seven hundred fifty-two mothers who were interviewed during a subsequent pregnancy, and who reported one or more induced abortions in the past, were more likely to report bleeding in each of the first three months of present pregnancy. They were subsequently less likely to have a normal delivery, and more of them needed a manual removal of the placenta or other intervention in the third state of labor. A disturbing finding in this study is the excess of malformations in the births following earlier induced abortions." S. Harlap and AM Davies, "Late Sequelae of Induced Abortion: Complications and Outcome of Pregnancy and Labor," *American Journal of Epidemiology*, 102(3) (1975): 217-224.

~PL "The relative risk of spontaneous fetal losses after induced abortion increased with the number of previous induced abortions and was not explained by the distribution of demographic and social variables." S. Harlap, et al., "Prospective Study of Spontaneous Fetal Losses After Induced Abortions," *New England Journal of Medicine*, 27 September 1979, 677-681.

~PL "The total rates of later abortions and infants with low birth weight below 2500 grams was higher in women with a previous induced abortion than in women whose previous pregnancy ended in a spontaneous abortion or delivery." O. Koller and S.N. Eikhom: "Late Sequelae of Induced Abortion in Primigravidae," *Acta Obstet. Gynecol. Scand*, 56 (1977): 311.

~PL "There is increased risk of cervical injury during suction curettage abortions obtained by teenagers. These findings cause concern because cervical injury in initial unplanned pregnancies may predispose young women to adverse outcomes in future planned pregnancies." W. Cates, K. Schultz, D. Grimes, "The Risks Associated with Teenage Abortion," *New England Journal of Medicine*, 15 September 1983, 612-624.

~PL "There was a clear association between the presence of post-abortion infection or retained parts and a five-fold increase in ectopic pregnancy compared to uninfected women." C.S. Chung, et al., "Induced Abortion and Ectopic Pregnancy in Subsequent Pregnancies," 115(6) (1982): 879-887.

~PL "There was a significant increase in the frequency of low birth weight, compared to births in which the mother has no history of previous abortion." S. Harlap and A. Davies, "Late Sequelae of Induced Abortion: Complications and Outcome of Pregnancy and Labor," *American Journal of Epidemiology*, 102(3) (1975): 217-224.

~PL "This article identifies 32 areas of social, medical and psychological health that deteriorate as induced abortion is repeated." "Women's Health and Abortion. I. Deterioration of Health Among Women Repeating Abortion," *Association for Interdisciplinary Research Newsletter*, Winter 1993, 1-8.

~PL "This study compared prior pregnancy histories of two groups of women, one having a pregnancy loss up to 28 weeks gestation and the other having a full-term delivery. Women who had two or more prior induced abortions had a twofold to threefold increase in first-trimester spontaneous abortions (miscarriage) between 14 to 20 and 20 to 27 weeks. The increased risk was present for women who had legal induced abortions since 1973. It was not explained by smoking status, history of prior spontaneous loss, prior abortion method, or degree of cervical dilation. No increased risk of pregnancy loss was detected among women with a single induced prior abortion." A. Levin, et al., "Association of Induced Abortion with Subsequent Pregnancy Loss," *JAMA*, 243 (1980): 2495.

~PL "This study concludes the principal etiology of ectopic pregnancy as healed salpingitis which may have been gonorrheal, post-abortal or puerperal. These infections are readily controlled with antibiotics but fusion of the plical of the endocalpinix is a sequelae. These tubal adhesions subsequently trap the developing embryo." Jack G. Hallatt, "Repeat Ectopic Pregnancy: A Study of 123 Consecutive Cases," *American Journal of Obstetrics and Gynecology*, 15 June 1975, 520.

~PL "This study found that birth weight less than 2500 grams as well as a birth weight less than 2000 grams were significantly more frequent in an obstetric history of one or more induced abortions than in

a group of patients without a history of induced abortion; 5.3% v. 4.7% below 2500 grams and 2.3% v. 1.4% below 2000 grams. The differences in birth weight were found to be due to pre-term delivery and not to growth retardation. It was not clear whether the induced abortions in all cases immediately preceded the current pregnancy. Most abortions in this study were thought to have been illegal." S. Harlap and M. Davies, "Late Sequelae of Induced Abortion: Complications and Outcome of Pregnancy and Labor," *Am J. Epidemiology*, 102(3) (1975): 217.

~PL "Women in the post-salpingitic state have a seven-to tenfold risk for ectopic pregnancy, compared with women who never had the disease." K.K. Holmes et al., *Sexually Transmitted Diseases*, 1984, 630.

~PL "Women who had two or more induced abortions were 2.7 times more likely to have future first-trimester spontaneous abortions (miscarriage) and 3.2 times more likely to have a second-trimester incomplete abortion than were women with no history of induced abortion." A. Levin, S. Schoenbaum, R. Monson, P. Stubbelfield, K. Ryan, "Association of Induced Abortion with Subsequent Pregnancy Loss," *JAMA* 243: (1980): 2495.

~PL Compared to women who have previously delivered, the risk of low birth weight is elevated for women delivering for the first time after an induced abortion by vacuum aspiration." Carol J. Hogue, "Impact of Abortion on Subsequent Fecundity," *Clinics in Obstetrics and Gynecology*, March, 1986.

~PL According to an /American Journal of Public Health/ study, a woman's chances of having an ectopic pregnancy increase significantly, in direct proportion to the number of abortions she has had. "After Abortion, Women Who Have Never Had an Ectopic Pregnancy May Be at Increased Risk of Having One," /Family Planning Perspectives/, July-August 1998, 199.

~PL "Studies indicate that for healthy women, the risks of contracting certain problems during pregnancy and delivery are actually reduced with each subsequent pregnancy. For example, hypertensive disorders like eclampsia (convulsions) and pre-eclampsia (high blood pressure with edema or abnormal protein in the urine) are among the major causes of pregnancy-related deaths in the western world." B. E. Kwast, "The hypertensive disorders of pregnancy: their contribution to maternal mortality, *Midwifery*, 7:157-161, 1991, quoted in Amy R. Sobie, "The Risks of Choice," *The Post-Abortion Review*, July-Sept. 2000, 3. *The Post-Abortion Review* also presents a graph. Software limitations prevent showing the graph here, but the data on the graph is as follows:

	<b>% with proteineuric pre-eclampsia in 2nd pregnancy</b>
No pregnancy	5.6
Full Term Birth	1.9
Abortion	7.5

Citation for graph/table: D. Campbell et al., "Pre-eclampsia in second pregnancy," *British Journal of Obstetrics and Gynaecology*, 92:131-140, 1985.

~PL "Data from other studies show that women with a history of abortion:

- Were four times more likely to have an intrauterine infection during a subsequent pregnancy than

women whose previous pregnancy had ended in a birth of at least 20 weeks gestation.<sup>16</sup>

- Experienced more intense pain during labor than women who had previously carried to term.<sup>18</sup>
- Were more likely to suffer from retained placenta during delivery or postpartum hemorrhage than women who had previously given birth.<sup>19"</sup>

16. M. A. Krohn, et al., "Prior Pregnancy Outcome and the Risk of Intraamniotic Infection in the Following Pregnancy," *Am J. Obstet Gynecol*, 178:381-385, 1998, quoted in Amy R. Sobie, "The Risks of Choice," *The Post-Abortion Review*, July-Sept. 2000, 3. 18. F. Fridh et al., "Factors Associated With More Intense Labor Pain," *Research in Nursing and Health*, 11:117-124, 1988, quoted in Amy R. Sobie, "The Risks of Choice," *The Post-Abortion Review*, July-Sept. 2000, 3. 19. See M. H. Hall et al., "Concomitant and repeated happenings of complications of the third stage of labor," *British J Obstet Gynaecol*, 92:732-738, July 1985; and A. Lopez et al., "The Impact of Multiple Induced Abortions on the Outcome of Subsequent Pregnancy," *Aust NZ J. Obstet Gynaecol.*, 31(1):41-43, 1991, quoted in Amy R. Sobie, "The Risks of Choice," *The Post-Abortion Review*, July-Sept. 2000, 3.

*The Post-Abortion Review* also presents a graph. Software limitations prevent showing the graph here, but the data on the graph is as follows:

	<b>Relative Risk of Fetal Loss in Later Pregnancies</b>
No pregnancy	1
1 birth	1
2 births	.71
1 abortion	1.4
2 abortions	4.31

Citation for table/graph: C. Infante-Rivard and R. Gauthier, "Induced Abortion as a Risk Factor for Subsequent Fetal Loss," *Epidemiology*, 7:540-542, 1986.

~PL "Researchers estimate that about ten women die every year from abortion-related ectopic pregnancy." T. Strahan, "Induced Abortion as a Contribution Factor in Maternal Mortality or Pregnancy-Related Death in Women," *Research Bulletin*, 10(3):7, Nov. - Dec. 1996, quoted in Amy R. Sobie, "The Risks of Choice," *The Post-Abortion Review*, July-Sept. 2000, 4.

~PL "Such self-destructive tendencies are a common post-abortive reaction. One study found that women who had undergone abortions were treated 24 percent more often for accidents or conditions related to violence than women who had given birth." R. F. Badgely et al., *Report of the Committee on Abortion Law, Supply and Services*, Ottawa, 1977:313-321, as cited in L. L. De Veber et al., "Post abortion Grief: Psychological Sequelae of Induced Abortion," *Humane Medicine*, 7(3):203, Aug. 1991.

## **General Comments on Abortion Hurting Women**

~G "As a result of these complications [hemorrhaging, viral hepatitis, embolism, cervical laceration, cardio-respiratory arrest, acute kidney failure, and amniotic fluid embolus], women in America have seen a massive increase in the cost of medical care. While the average cost of normal health maintenance for men has increased nearly twelve percent over the last eight years due to inflation, the average cost for women has skyrocketed a full twenty-seven percent." Julia Wittleson, *The Feminization of Poverty*, (Boston: Holy Cross Press, 1983) 81, quoted in *Grand Illusions: The Legacy of Planned Parenthood*, Highland Books, 1998), 86. Grant points out for the first sentence that

insurance companies already adjusted cost figures to account for more women being in the work force.

~G "What *about malpractice insurance* for abortionists? The more dangerous the surgical procedure, the higher the cost of medical malpractice insurance. The State of Florida has always rated its doctors as Class I up to Class VI. On January 1, 1984, a special ultra-risk Class VII rating was created for abortionists. PIMCO, "Florida Insurance Reciprocal," *American Association of Pro-Life Ob & Gyn Newsletter*, 1984, 10, quoted in Willke, 196. *This acknowledged the fact that the risk was greater than that for brain or heart surgery.*" Comment by Life Research Institute: And this notwithstanding that the fact of the butcher-job seldom gets back to the abortionist herself!

~G "Where can one find full documentation of published reports on abortion complications? The most important collection of scientific papers detailing damage is the Wynn Report. These (PRO-ABORTION) doctors have published an exhaustive report of physical and mental complications of induced abortion in the United Kingdom and elsewhere." Dr. Jack Willke and Barbara Willke, *Handbook on Abortion*, (Cincinnati: Hayes Publishing, 1975) 96.

~G American College of Obstetricians and Gynecologists did a survey in late 1974 to which 486 specialists responded with: Paul Ervin, *Women Exploited, the other victims of abortion*, (Huntington, IN and/or Thaxton, VA: Our Sunday Visitor, 1985) 88.

1. Have you had to treat patients with complications following abortions:

Answer	Percent	Number of physicians answering
Yes	91	443
No	9	43

2. Was hospitalization necessary?

Yes	87	423
No	13	63

3. Was there any mortality?

Yes	6	29
No	94	457

~G "Doctors have been known to race one another, competing for big bucks in the game of Who Can Perform the Most Abortions Today. Pamela Zekman and Pamela Warrick, "The Abortion Profiteers: Making A Killing In Michigan Avenue Clinics," *Chicago Sun-Times*, 12 November 1978, quoted in Saltenberger, 159.

~G Although most physicians limit themselves to 15 or 20 abortions per day, others may perform six to eight per hour. Doing too many may be monotonous, fatiguing the doctor and endangering the woman's health; but the profit motive may prompt a precarious pace--dozens and dozens a day. How is a woman to know whether her abortionist is trying for the world landspeed record?" "The Abortion Profiteers: Dr. Ming Kow Hah: Physician Of Pain," *Chicago Sun-Times*, November 1978, quoted in

Saltenberger, 159.

~G About counseling, "On her first day as counselor at a prominent legal abortion clinic, an investigative reporter was trained to counsel by her supervisor. These were her instructions: (Saltenberger, 163.)

1. Don't tell the patient the abortion will hurt
2. Don't discuss procedure or the instruments to be used
3. Don't answer too many questions
4. Don't try to talk about birth control"

~G "SCHEDULING UNNECESSARY SURGERY: Virtually everywhere that investigators have 'tested' abortion clinics by submitting male urine for pregnancy tests the results have come back positive; not every time, but too many times. Women with negative results have been sold abortions they didn't need, suffering severe complications they weren't prepared for. . . ." *TAP*

~G "VITAL SIGN FRIVOLITY: . . . On the abortion assembly lines, *workers invent vital signs*. 'Don't take it, just fake it' could have been the motto of the clinic where untrained aides were told to fill out charts themselves. During her first day as a nurses' aide, Jacqueline was told it wasn't necessary to take pulse and respiration; she could enter anything on the chart. *TAP*

~G After surgery vital signs are even more crucial. A high temperature can mean infection; a weak heartbeat could mean shock. At one clinic, temperatures weren't taken for weeks because the batteries in the recovery room thermometers were dead. (Apparently they didn't believe in the old-fashioned, do-it-yourself type). For blood pressure readings nurses instructed aides to write down something a bit higher than it had been before the abortion." *TAP*

~G "In legalizing abortion, the Supreme Court said the abortion decision was to be made by a woman and her doctor. Today the decision is invariably made by the woman, alone, and implemented by a doctor she has never seen before, whose name she may not even know. The majority of abortions are done swiftly in efficiently run clinics where *it is assumed the woman's mind was made up before she walked in the door*. While there is a plethora of information on the complications of legal abortion buried in medical libraries, no retrieval system has been contrived to collate it, no distribution method developed to disseminate it, no agency appointed to make it accessible to those who need the facts most--women considering artificial termination of pregnancy." Saltenberger, back cover.

~G "There are at least 30 health areas in which the repeating of abortion is detrimental to the health and well-being of women. There are no studies showing that repeating abortion improves health and well being." . Strahan, *NAIRVSC*, Winter 1993, 1.

~G From David Reardon, whose publisher can be found in the abbreviations: "*5% reported child abuse or child neglect following their abortion.*"

~G NOT ONLY DOES ABORTION DAMAGE WOMEN, BUT IT ALSO DAMAGES SOCIETY AND THE WELFARE SYSTEM. IT IS *NOT* TRUE THAT ABORTING POOR WOMEN KEEPS THE WELFARE ROLES FROM GROWING. See the following eight paragraphs.

~G "Women who have had abortions are at greater risk of suffering emotional and psychological problems which may interfere with their ability to concentrate, make decisions, and interact with others, thereby reducing their level of job skills and employment opportunities.

~G Post abortion women are more likely to engage in drug and alcohol abuse, often as a means of 'numbing' negative feelings stemming from the abortion. This will in turn effect their ability to function in the work place and may inhibit their ability to enter into meaningful relationships.

~G Women who have had abortions are more likely to become pregnant again and undergo additional abortions.

~G . . . Women who have had abortions are more likely to subsequently require welfare assistance, and the odds of going on welfare increase with each subsequent abortion.

~G Women who have repeat abortions tend to have an increasing number of health problems and greater personality disintegration, which increases the likelihood of their needing public assistance.

~G Post-abortion women have greater difficulty establishing permanent relationships with male partner. They are more likely to never marry, more likely to divorce, and more likely to go through a long string of unsuccessful relationships. This inability to form a nuclear family reduces household income and increases the probability that the woman and her children will require public assistance." . David C. Reardon, "Abortion and the Feminization of Poverty"

~G "Women undergoing abortion at the Yale-New Haven Hospital during 1974 - 75 had an overall incidence of welfare of 25.8% for those women having an abortion for the first time compared to a welfare incidence of 38.2% for women repeating abortion. Among black women, 55.6% of the first abortion group were on welfare compared to 65.6% of the repeat abortion group. Among white women the figures were 12.3% (first abortion) and 19.3% (repeat abortion)." M. Shepard and M. Bracken, "Contraceptive Practice and Repeat Induced Abortion: An Epidemiological Investigation," *J. Biosocial Science*, 11, 1979, 289,302, quoted in Strahan, *NAIRVSC*, Winter 1993, 3.

~G "In a study of women patients entering Boston Hospital for Women during 1976 - 78, 16.9% of the

women with no prior abortions were welfare recipients compared to 26% for women with one prior abortion and 27% for women with 2 or more prior abortions." M. Mandelson, C. Maden, J. R. Daling, "Low Birth Weight in Relation to Multiple Induced Abortions," *Am. J. Public Health*, March 1992, 391-394, quoted in Strahan, *NAIRVSC*, Winter 1993, 4.

From *The Facts of Pro-Life* (3 paragraphs with quoted references shown) by Kenneth E. Kogut. Not yet published.

~G "Mothers suffer many psychological and physical complications from abortion. Although the public generally is unaware that these complications occur, *psychological damage to the mothers [women become mothers at fertilization, not birth] occurs in approximately 95% percent of the women who have abortions, and physical damage occurs in approximately 45%*. ("Statement of Facts," American Rights Coalition, quoted in Kogut, *The Facts of Pro-Life*, n.p 60.) David Reardon, famed researcher, notes that there are over one hundred complications associated with abortion.\_64\_ This does not include death of the baby: This is not a *complication* of abortion, it is a goal."

~G "As with the psychological damages, a woman may not have physical damage, or she may have more than one type of physical damage. She may also have both physical and psychological damage." Kogut, 64.

~G "About 10,000 American women are hospitalized yearly for abortion complications." *New York Times*, 19 May 1993, C13.

~G "A study of 30 women who reported stress following their abortion found grief reactions, fear and anxiety, changes in sexual relationships, unresolved fertility issues, increased drug and alcohol use, changes in eating behaviours, increased isolation, lowered self-worth and suicide ideation and attempts." *PSSFA*, quoted in *MAB*, 45.

~G "A study of 532 Baltimore mothers (two-thirds black) found that mothers who maltreated their children were significantly more likely to have had a prior stillbirth or reported abortion (18.2% vs. 12.4%). With two prior stillbirths or abortions or combination thereof, the abuse rate was nearly doubled (4.3% vs. 2.4%). It was concluded that reproductive history may provide important clues in eliciting more precisely what family dynamics may be related to subsequent maltreatment." M. Benedict, R. White, and P. Cornely, "Maternal Perinatal Risk Factors and Child Abuse," *Child Abuse and Neglect*, 9 (1985): 217-224.

~G "Chronic villus sampling (CVS) in the first 250 cases resulted in 22 genetic-induced abortions, 3 non-genetic-induced abortions, 10 fetal losses (4.4%); 11 pre-term deliveries (4.9%); 214 full-term deliveries. Complications included 4 threatened abortion, 42 (18.6%) vaginal bleeding, 7 malformations, 14 intrauterine growth retardation (6.2%). The authors conclude that the sampling technique is safe." Brambiti and Oldrini, "CVS for First-Trimester Fetal Diagnosis," *Contemporary OB/GYN*, May 1985, 94-104.

~G "Effect on Male-Female Relationships: Induced abortion appears to be generally detrimental to male-female relationships. Casual or relatively uncommitted or conflicted relationships are particularly likely to break up after the abortion. The incidence of break-up of relationships appears to increase over time. Where couples do not break up sexual dysfunction, communication problems and increased isolation are reported." *MAB*, ii-v.

~G "In Northern California, 2,138 respondents indicated widespread acceptance of ongoing biomedical research to perfect preselection methods and of making these procedures available to potential parents. Almost half agreed that they might want to use such techniques. Variation in levels of agreement were assessed by sex, race, marital status, child-parity, religious affiliation and attendance, level of education, class and general attitudes toward medical and scientific leaders. The implications of the general acceptability of sex selection go far beyond the freedom of parental choice to such matters to socialization patterns of first son, second daughter ordering, sex role inflexibilities, sex ratio imbalances, and include possibilities for curtailing rapid population growth." S. Hartley and L. Pietraczyk, Preselecting the Sex of Offspring: Technologies, Attitudes and Implications," *Soc. Biol.* 26 (1979): 232-246.

~G "Repeat Abortion: If a woman has a first abortion [that is, if she aborts her first pregnancy], she is approximately 4 times more likely to repeat abortion compared with women who have not had a prior abortion. Presently, about 50% of the abortions in the United States are repeat abortions. Moral and social deterioration is increasingly evident as abortion is repeated. Women who repeat have increasingly less stable relationships. are more likely to be separated or divorced, are more likely to be on public welfare, are increasingly isolated, have more difficulty in getting along with others, are more likely to smoke or abuse alcohol or other drugs, are more likely to be hospitalized for psychiatric problems, are increasingly likely to suffer from anxiety disorders, have greater difficulty in sleeping and are more likely to attempt suicide." *MAB*, ii-v.

~G "Repeaters tended to have more frequent intercourse, less satisfying relationships, and more difficulty sleeping. They were less likely to live with their partners. Women with prior abortion were almost 4 times more likely to have repeat abortion compared to women having an abortion for the first time." Christopher Tietze, "Repeat Abortions-Why More?" *Family Planning Perspectives*, September/October 1978, 286-288.

~G "Summarizes various studies and concludes that abortion is not the answer to social ills." Carlos Del Campo, "Abortion Denied \_Ä“ Outcome of Mothers and Babies," (editorial), *Canadian Medical Association Journal*, 15 February, 1984, 361-362.

~G "Teenagers who experienced one prior abortion were approximately four times more likely to terminate a current pregnancy by abortion compared to teenagers with no prior abortion history. Medicaid tended to increase the likelihood of carrying pregnancies to term. Married adolescents were more likely to carry a pregnancy to term than unmarried adolescents." Theodore Joyce, "The Social and Economic Correlates of Pregnancy Resolution Among Adolescents in new York by Race and Ethnicity: A Multivariate Analysis," *Am. J. Public Health*, 78(6) (1988): 626-663.

~G "There was a lack of contraceptive motivation in repeaters as an etiologic basis for recurrent unwanted pregnancy; the article cites a case of 17 prior abortions." Joseph Rovinsky, "Abortion Recidivism-A Problem in Preventative Medicine," *Obstetrics and Gynecology*, May 1972, 649-659.

~G "United States study reported that 80 percent of the women had their babies when refused a second-trimester abortion." N. Binkin, et al., "Women Refused Second Trimester Abortion: Correlates with Pregnancy Outcome," *American Journal of Obstetrics and Gynecology*, 1 February 1983, 279-284.

~G "Women at a Phoenix, Arizona abortion clinic have an appointment to return in two weeks. The counselor stresses, 'It's important to come back. We need to check for possible infection and to see that your cervix has healed properly.' However, it is reported that two-thirds of them will never be heard from again. 'We'll call the number they've listed, and it will be non-existent, explains the counselor.'" (Susan Reed, "The Abortion Clinic: What Goes On," *People Magazine* (26 August 1985): 103 - 106, quoted in *MAB*, 20. Induced abortion contributes to fetal risk as women with prior abortions are significantly more likely to consume alcohol or drugs during subsequent pregnancies intended to be carried to term compared to women with other pregnancy outcomes."

~G Induced abortion increases HIV-1 infection risk by 172% according to an Italian study. "Significantly higher prevalences of infection [HIV-1] were associated with induced abortion (0.49%) than with delivery (0.18%) (OR: 2.72; 95% CI: 2.29-3.22)" (*European Journal of Epidemiology*, Deliveries, abortion and HIV-1 infection in Rome, 1989-1994, 1997, 13:373-378). Translated into plain English, women who have induced abortions have an increased risk of HIV-1 infection of 172% and the researchers were at least 99% confident of this result. How many U.S. women would get HIV-1 infection yearly from induced abortion? If the same 172% increase risk of HIV-1 infection applied to U.S. women, there would be roughly 4,000 HIV-1 infections per year from women having induced abortions (1,300,000 abortions X .31%). This is not the only medical journal report linking induced abortions to increased HIV-1 infection risk? The authors (Damiano D. Abeni et al.) cite four other studies that have found increased HIV-1 risk from induced abortion.

## **Psychological Effects**

~PSG Women's Mental Health Declines After Abortion While Childbirth Helps

Springfield, IL -- Women who undergo abortions are at greater risk for mental health problems in subsequent years, according to a new study presented at the annual meeting of the American Psychological Society (APS) held this June in Miami Beach, Florida.

The study looked at California women who received state funded medical care and who either had an abortion or gave birth in 1989. Researchers examined the women's medical records for up to six years afterwards and found that women who had undergone abortions had significantly higher mental health claims than women who had given birth. Women who had abortions were more than twice as likely to have two to nine treatments for mental health as women who carried to term.

According to the authors, Dr. Priscilla Coleman, a psychology professor at the University of the South

and Dr. David Reardon, director of the Elliot Institute, "the data presented in this report suggest that when compared to birth, abortion is associated with a significantly greater risk for psychological disturbance among low income women."

Reardon said that the study avoided many problems that have plagued other post-abortion studies in the past, such as small sample sizes and a limited time frame. "Most other studies have only followed women for a few months at most," Reardon said. "However, the few long-term studies that have been done shows that many women's problems don't start cropping up until at least a year or so after the abortion, often when they reach the expected due date of the child or the anniversary of the abortion itself. By examining a larger period of time, this study was able to get a broader look at the association between abortion and subsequent mental health problems."

Yet another new study that presented at the APS conference by researchers from the University at Albany in New York found that teens who had children were as well or better adjusted than teens who did not have children. Compared to their non-parenting peers, the teen moms in the study had fewer mental disorders, reported less stress, were less likely than their peers to engage in denial as a coping strategy, were less dependent on social support and reported greater satisfaction with the support they did receive.

"These two studies clearly contradict the popular notion that abortion benefits women in general and teens in particular," said Reardon. "Giving birth to a child is a naturally maturing experience. By contrast, abortion increases the risk of subsequent psychological problems, including a six fold higher risk of substance abuse as reported in one of our previous studies."

Citations:

Coleman, P. K., & Reardon, D. (June, 2000). "State-funded abortions vs. deliveries: A comparison of subsequent mental health claims over six years." Poster presented at the American Psychological Society, 12th Annual Convention, Miami, FL.

Hanna, D. R., Lowe K. A., Leslie F. H. (June, 2000) "Pregnancy, coping strategies and stress: Are teenage mothers really more at-risk?" Poster presented at the American Psychological Society, 12th Annual Convention, Miami, FL."

Source of the above: Elliot Institute; July 26, 2000

~PSG "The most serious psychological damages that occur can be lumped under the condition known as Post-Abortion Syndrome (PAS), which is a part of a larger class of disorders called Post-Traumatic Stress Disorder. The PAS victim, through the process of denial, blocks the natural grieving process of the death of her child and often denies her own responsibility in the abortion. The denial or suppression blocks the healing process and the possibility of forgiveness for herself and the others who have been involved in her decision and her abortion. The trauma often manifests itself as a breakdown of function in the psychological, physical, or spiritual areas." J. Denton Collins, M.A., M.F.C.C. MK19363, quoted in Kogut, *The Facts of Pro-Life*, n.p 61.

~PSG "Dr. Vincent Rue, a clinical psychologist, likened abortion victims to "walking time bombs" and said that little is heard of PAS problems because there is a massive denial among professionals.

~PSG Following is a *long, long list of the psychological damages*. Not every mother who aborts has damage, but many have more than one of these problems because of the abortion: child abuse, child neglect, suicidal behavior, anger/rage, feeling of being raped, worsening self-image, sexual coldness, fear of touching babies, nervous breakdown, promiscuity, constant thoughts about the child, loneliness, fear of making decisions, hallucinations related to the abortion, nightmares, increased drug and alcohol use, feelings of craziness, flashbacks, decreased ability to experience emotions, inability to communicate, feeling victimized, fear that others will learn of the abortion, guilt, anxiety, depression, grief, sadness, regret, loss, repeat abortions, unwillingness to continuing pursuing their life's goals, inability to sustain intimate relationships, hatred of people connected with abortions, and many, many more." Kogut, *The Facts of Pro-Life*, n.p 62.

". . . More than a baby would die in that room. Once I had a personality, a life, a soul. Now I was a body with broken pieces." Citation: *ABSNM*, 64.

~PSG "One doctor reports, 'Since abortion was legalized I have seen hundreds of patients who have had the operation. Approximately 10% expressed very little or no concern . . . *Among the other 90% there were all shades of distress, anxiety, heartache and remorse.*'" E. A. Quay, "Doctors Note Serious Side Effects on Women Following Abortion," *The Wanderer*, 16 November 1978, quoted in Saltenberger, 136.

~PSG "The complication of "GRIEF: 109 girls between the ages of 14 and 18 underwent abortions at a special adolescent clinic during a 12 month period. Careful follow-up revealed 'all of the girls had some sort of grief reaction'; *3 of them required psychotherapy.*" C. A. Cowell, "Problems of Adolescent Abortion," *Orthopanel 14*, (Ortho Pharmaceutical Corporation), quoted in Saltenberger, 140.

~PSG "Of women surveyed professionally after legal abortion, *23% eventually suffered severe guilt*, 25% mild guilt with symptoms including insomnia, decreased work capacity and nervousness (Bulfin, quoted in Saltenberger, 140.); in another study, 26.4% felt guilt after legal abortions. Ian Kent, et al., "Emotional Sequelae of Therapeutic Abortion: A comparative Study," presented to the annual meeting of the Canadian Psychiatric Association at Saskatoon, September 1977, quoted in Saltenberger, 140. "

~PSG "Up to 43% of 500 women studied showed immediate negative response; the long-term negative response was as great as 50%. *Up to 10% of women develop serious psychiatric complications.*" C. M. Friedman, et al., "The Decision-Making Process and the Outcome of Therapeutic Abortion," *American Journal of Psychiatry*, 1974, 1332-7, quoted in Saltenberger, 145.

~PSG "Subjects who obtained their abortions in a clinic or hospital often did not meet the doctor performing the procedure until it was about to commence, and, in many cases, the doctor was not introduced by name."

~PSG "The inability to name the physician subsequent to the abortion, coupled with the knowledge that records were to some degree falsified, caused stress for many subjects who began to perceive the

abortion personnel as less than trustworthy. It was also stress enhancing for those subjects who later wanted access to their abortion records." *PSSFA*, 72.

~PSG "It can be easily demonstrated that postpartum patients do better than post-abortion patients in psychotherapy. Abortion puts women at greater risk mentally, and to conclude otherwise is to go beyond available data. . . ." David Mall and Dr. Walter F. Watts, eds., *The Psychological Aspects of Abortion*, (University Publications of America, 1979).

~PSG "This poll reveals that of all the situations which would make a person feel very bad about himself or herself, 67% of the women questioned and 55% of the men questioned in the age group 18 to 29 years old stated that having an abortion tops the list!" "The Curse of Self-Esteem," *Newsweek*, 17 February, reporting on a Gallup poll.

~PSG From David Reardon, on the psychological aftermath of abortion:

"94% reported negative feelings about their abortion experience.

On severity of post-abortion emotional problems, 55% said negative psychological impact was severe 31% said moderately severe 8% said mild or minor 6% were unsure

*More than 93% stated that their abortion resulted in a severely worsened 'self image.'*

Asked to list what they felt was their most severe reaction, Reardon says 37% listed depression 32% listed guilt 20% listed lowered self-worth or lowered self-esteem

19% described themselves as engaging in 'suicidal' behavior

10% described themselves as having become 'alcoholics' after their abortions, [and a different]

10% turned to drug abuse

15% reported that their abortions left them with chronic feelings of anger or rage toward others

10% reported sexual coldness or revulsion of sex following abortion

77% stated that their post-abortion psychological complications persisted for three years or longer. 38% felt a very strong need for psychological counseling. Many got it.

*66% believed their lives today are worse off because of their abortions.*

~PSG "Abortion often creates feelings of low self-esteem, feelings of having compromised values, having 'murdered my child,' and so on. The damage abortion inflicts on a woman's sense of confidence and self-respect is even worse when these traits are already weak. For such an 'unaffirmed woman,' the 'consequences of induced abortion . . . consist always of a deepening of her feelings of inferiority, inadequacy, insignificance, and worthlessness.'" Dr. Conrad Baars, "Psychic Causes and Consequences of the Abortion Mentality," *The Psychological Aspects of Abortion*, (Washington, DC: University

Publications of America, 1979) 122, quoted in *ABSNM*, 127.

~PSG "Feelings of rejection, low self-esteem, guilt and depression are all ingredients for suicide, and the rate of suicide attempts among aborted women is phenomenally high. According to one study, *women who have had abortions are nine times more likely to attempt suicide than women in the general population.*" Dr. Margaret White at the Royal College of Physicians, *The Liverpool Echo*, 25 May 1976; Greenglass, "Therapeutic Abortion and Psychiatric Disturbance in Canadian Women," *Canadian Psychiatric A. Journal*, (1976), p. 45 found a 3 percent suicide rate. This was quoted in *ABSNM*, 129.

~PSG The fact of high suicide rates among aborted women is well known among professionals who counsel suicidal persons. *But also, there is always a downswing in a woman's hormones during the early months of pregnancy. Because a pregnant woman is experiencing a major hormonal disturbance, 'depression is to be expected during the 2nd and 3rd months [of pregnancy], often the time the pregnancy is verified and a decision made.'* (Regis Walling, "When Pregnancy is a Problem," *The National Right to Life News*, 12 January 1984, 1, quoted in *ABSNM*, 129.) The natural, hormone-induced depression may be easily misinterpreted to mean hostility towards childbirth, parenting, or even one's sexual partner."

~PSG "Because the aborted child was wanted and the abortion is seen at best as 'mercy killing' of an innocent child, the incidence of severe depression following a selective abortion is about 92 percent among the mothers, and 82 percent among the fathers." *ABSNM*, 176.

Many children are unwanted only during a temporary hormonal change.

~PSG "Indeed, the emotions surrounding rape and abortion are so nearly identical that abortion is almost certain to reinforce negative attitudes. Like rape, abortion accentuates feelings of guilt, lowered self-esteem, feelings of being sexually violated, feelings of having lost control or of being controlled by circumstances, suspicion of males, sexual coldness, and so on. Abortion of pregnant rape victims, then, tends only to rein-force these negative feelings and does nothing to promote the inner reconciliation which is so desperately needed. Encouraging a woman to vent her displaced anger in 'revenge' against her unborn child only impacts negative and self-destructive attitudes into her psyche." *ABSNM*, 198.

~PSG "Several researchers show that many aborters may never want intercourse again and many are forever frigid. Thus, they may never connect with love and marriage.

~PSG "An analysis of the National Longitudinal Study of U.S. Youth of a total of 5295 women in 1987 who were assessed for well-being based upon self-report found that women with repeat abortions were significantly more likely to say that they did not have much to be proud of than were women who had either one or no abortions." N. Russo and K. L. Zierk, "Abortion, Childbearing and Women's Well-Being," *Professional Psychology: Research and Practice*, 23, 1992, 269-280, quoted in Strahan, *NAIRVSC*, Winter 1993, 1.

~PSG "A Danish study during 1973 - 74 of psychiatric hospital admissions based upon an age adjusted percentage found that the psychiatric hospital admission rate was 1.9% for women with no prior abortions, 3.4% for women with one prior abortion, 4.1% for women with two prior abortions, and 6.0% for women with three prior abortions." \_Teenage aborters had 2.9 times the rate of psychiatric admissions compared with teenage women in general. \_(R. L. Somers, "Risk of Admission to Psychiatric Institutions among Danish Women Who Experienced Induced Abortion: An Analysis Based Upon Record Linkage," (Ph.D. thesis., UCLA, 1979), 41, quoted in Strahan, *NAIRVSC*, Winter 1993, 4.) \_ \_

~PSG This study (Douglas Brown, T. E. *Elkins*, and David B. Larson, "*Prolonged Grieving after Abortion*," *The Journal of Clinical Ethics* (Summer 1993): 118-123, quoted in "Strahan, *NAIRVSC*, May/June 1997, 6, 7.) was not scientific. Nonetheless, in that it shows considerable negative sequelae of a large percentage of participants, it is not inconsequential, but important.

~PSG "Among the invitees [to the study] was the pastor of a large Protestant congregation in Florida which was predominantly white, urban and middle- to upper-class. After informing a Sunday gathering, which included 1,600 to 2,000 women, the pastor asked for descriptive letters from women who had negative experiences that they perceived to be linked with a past abortion. One week later, 61 replies, mostly anonymously forwarded through the mail, had arrived. Of these replies, 5 came from significant others (2 husbands, 2 sisters and 1 parent) and 11 letters were too brief to be useful. The remaining 45 letters were analyzed and published. Douglas Brown, T. E. *Elkins*, and David B. Larson, "*Prolonged Grieving after Abortion*," *The Journal of Clinical Ethics* (Summer 1993): 118-123, quoted in "Strahan, *NAIRVSC*, May/June 1997, 6, 7.

~PSG The ages of the women ranged from 25 to over 60 years, and 87% of those who mentioned their age were less than 40 years old. The age at the time of their abortion ranged from 16 to their early 40's, and 81% had undergone first-trimester abortions. . . . Of the 45 respondents, 64% spoke of more than incidental and transient grief immediately after the procedure, and 42% reported negative emotional sequelae endured over 10 years. One woman endured such experiences for 60 years." Douglas Brown, T. E. *Elkins*, and David B. Larson, "*Prolonged Grieving after Abortion*," *The Journal of Clinical Ethics* (Summer 1993): 118-123, quoted in "Strahan, *NAIRVSC*, May/June 1997, 6, 7.

~PSG "The most frequently mentioned long-term experience was the continued feeling of guilt (73.3%). Fantasizing about the aborted fetus was the second most frequently mentioned (57.8%). . . . Suicide ideation (15.5%), recurrent nightmares (13.3%), marital discord (15.5%), phobic responses to infants (13.3%), fear of men (8.9%) and disinterest in sex (6.7%) were also listed as negative sequelae. Douglas Brown, T. E. *Elkins*, and David B. Larson, "*Prolonged Grieving after Abortion*," *The Journal of Clinical Ethics* (Summer 1993): 118-123, quoted in "Strahan, *NAIRVSC*, May/June 1997, 6, 7.

~PSG Many of the respondents said they were writing the most difficult letter they had ever written, and half referred to their abortions as murder. Others used such phrases as 'a horrid mistake,' 'my worse experience,' 'a living hell.' . . . Unavoidable reminders such as Mother's Day, receiving news of a friend's pregnancy, being invited to a baby shower, seeing children on a playground and planning a

birthday for their own children kept many of these women moving from one painful fantasy to the next." Douglas Brown, T. E. Elkins, and David B. Larson, "Prolonged Grieving after Abortion," *The Journal of Clinical Ethics* (Summer 1993): 118-123, quoted in "Strahan, *NAIRVSC*, May/June 1997, 6, 7.

~PSG "Abortion Decision-Making: Anticipatory distress in women prior to abortion which may be marked by anxiety, depression or denial is frequently present in women seeking abortion. Distress may arise from grief reactions which appear to be initiated by the decision to terminate a pregnancy by abortion. This temporary depression, distress or denial will impair rational decision-making ability and the woman may be unable to fully comprehend the necessary information on risks or alternatives which interferes with the legal requirement of informed consent. The degree of emotional and social support is an important factor as to whether or not a pregnancy is carried to term or abortion takes place. Boy friends or husbands frequently instigate the decision for abortion or urge or encourage abortion or act with indifference which is likely to result in a stressful crisis situation for the prospective mother." *MAB*, ii-v.

~PSG ". . . post abortion syndrome is a type of Post Traumatic Stress Disorder composed of the following basic components (a) exposure to or participation in abortion experience, which is perceived as the traumatic and intentional destruction of one's unborn child; (b) uncontrolled negative re-experiencing of the abortion event; (c) unsuccessful attempts to avoid or deny painful abortion recollections, resulting in reduced responsiveness; and (d) experiencing associated symptoms not present before the abortion, including guilt and surviving. Anne C. Speckhard and Vincent M. Rue, "Post Abortion Syndrome: An Emerging Public Health Concern," *Journal of Social Issues*, Vol. 48(3) (1992): 95-119, quoted in *MAB*, 44.

~PSG "[In] A study of 68 religiously oriented, primarily Protestant women who were studied 10 - 15 years post-abortion, 76% reported depression as one of the emotional effects of abortion" Jeanette Vought, *Post-Abortion Trauma* (Grand Rapids: Zondervan Publishing House, 1991), quoted in *MAB*, 53.

~PSG "A 1987 survey of 100 women an average of 11 years post-abortion who were contacted through state Women Exploited by Abortion Chapters found that only 54% felt they had fully reconciled their abortion experience; 62% experienced the majority of their negative experience one year or more post-abortion; 97% regretted having the abortion; 62% said they felt more callused and hardened; 70% felt a need to stifle feelings; 45% said they had feelings of relief after abortion; 42% became sexually promiscuous; 50% reported aversion to sexual intercourse or sexual unresponsiveness; 54% thought the abortion choice was inconsistent with their own ideals; 64% ended the relationship with their sexual partner following the abortion (41% within one month, 9% within six months, 14% within one year); 13% were later hospitalized for psychological treatment due to the abortion." David C. Reardon, *A Survey of Post-Abortion Reactions* (Springfield, IL: The Elliot Institute, 1987), quoted in *MAB*, 55.

~PSG "A 1987 survey of 100 women an average of 11 years post-abortion who were contacted through state Women Exploited by Abortion chapters found that only 54% felt they had fully reconciled their abortion experience; 62% experienced the majority of their negative experience one year or more post-abortion; 97% regretted having the abortion; 62% said they felt more callused and hardened; 70% felt a

need to stifle feelings; 45% said they had feelings of relief after abortion; 42% became sexually promiscuous; 50% reported aversion to sexual intercourse or sexual unresponsiveness; 54% thought the abortion choice was inconsistent with their own ideals; 64% ended the relationship with their sexual partner following the abortion (41% within one month, 9% more within 6 months and 14% more within one year)." David C. Reardon, "A Survey of Post-Abortion Reactions."

~PSG "A Finnish study compared women seeking their second abortion to women who had successfully contracepted after their first abortion. Repeaters rated lower in control of impulsivity, emotional balance, realism, self-esteem and stability of life as well as reflecting a lesser capacity for integrated personal relationships. Repeating women more often had a history of broken legalized or non-legalized partner relationships. Partners of repeaters took less responsibility for contraception even though the women had left them greater responsibility in this respect. Solidarity with partners was weaker in the repeaters even though the women felt greater admiration for their partners. Repeating women were less mature and more impulsive, indicating a 'split' mechanism and immaturity of ego development which verged on a borderline level disturbance." P. Niemela, et al., "The First Abortion and the Last? A Study of the Personality Factors Underlying Failure of Contraception," *International Journal of Gynaecol. Obstet.*, 19 (1981): 93-200.

~PSG "A study of 3,222 female residents in Southern Japan in 1971, based upon a mailed questionnaire, found that women perceived menses to occur more frequently and be of shorter duration as the number of reported prior abortions increased. 'Nervousness increased as number of prior abortions increased: 150/1,000 women (no prior abortion); 228/1,000 (one prior abortion); 256/1,000 (two or more prior abortions)." L.H. Roht, M.A. Fanner, H. Aoyama and E. Fonner, "Increased Reporting of Menstrual Symptoms Among Women Who Used Induced Abortion," *Am. Journal of Obstetrics and Gynecology*, 15 February 1977, 356-362.

~PSG "A study of 80 women (3-5 years post-abortion) who had abortions at a Baltimore area clinic in 1984-86 using the Millon clinical Multi-Axial Inventory (MCMI) found that women had significantly higher scores in areas of histrionic, narcissistic and anti-social characteristics compared to the sample on which the test had been normed. They also exhibited higher levels of anxiety and paranoia." Catherine A. Barnes, *The Long Term Psychological Effects of Abortion*, (Institute For Pregnancy Loss: Portsmouth N.H., 1990). Also see "Stress Reactions in Women Related to Induced Abortion," *Association For Interdisciplinary Research Newsletter*, 3(4) (Winter 1991), 1-3.

~PSG "A study of the Danish Central Psychiatric Register of all women who had been admitted between April 1, 1973 and December 31, 1975 found that psychiatric admissions increased with the self-reported number of past abortions (no abortions, 1.90%; one abortion, 3.4%; two abortions, 4.0%; three abortions, 6.0%). No such increase was observed as number of live births increased; women aged 35-39 with two or more abortions had higher rates of psychiatric admission than younger women with two or more abortions." Ronald Somers, Ph.D. "Risk of Admission to Psychiatric Institutions Among Danish Women Who Experienced Induced Abortion: An Analysis Based Upon Record Linkage," (diss, University of California, Los Angeles, 1979).

~PSG "Among women with 2 or more abortions, the rate of psychiatric admissions among women 35-39 (approx. 9%) was about 4 times higher than women 25-29 years of age (approx. 2.3%) and 8-18

times higher than women 20-24 years of age (0.5-1.1%) during 1973-1975." Ronald L. Somers, Ph.D., "Risk of Admission to Psychiatric Institutions Among Danish Women Who Experience Induced Abortion," (Thesis, UCLA, 1979).

~PSG "An immature teenager is especially vulnerable if she values her pregnancy and is given an abortion under pressure. She is very likely (a) to develop severe post-operative depression which necessitates working through her loss as if after a bereavement; (b) to withdraw from her peers and completely isolate herself; (c) to deny the reality of her pregnancy and abortion; (d) to develop depressive equivalents, e.g., acting-out, difficulties at school, anti-social and aggressive behaviour; (e) to run away from school and/or home or university; (f) to attempt to commit and occasionally succeed in committing suicide (these girls are said to become accident prone and may resort to alcohol, drugs or self-mutilation); (g) to identify with the fetus and become ridden with guilt, shame and rage toward herself, her parents, her sexual partner, the doctor and the hospital. Joyce Dunlop, "Counseling of Patients Requesting an Abortion," *The Practitioner*, June 1978, 847-852, quoted in *MAB*, 58.

~PSG "Anxiety or Self-Punishing Behavior: There is growing evidence that women who have induced abortions will frequently exhibit a high level of anxiety, may fear they will be punished or deserve punishment, show paranoid behavior or fear of death. This may manifest itself in a number of contexts, such as fear of a dead child or deformed child in a subsequent pregnancy or self-destructive behavior such as drug or alcohol abuse or suicide attempts." *MAB*, ii-v.

~PSG "Even brief exposure to this population should serve to convince the skeptic that the frequent reports of insomnia, somatic complaints, intense anxiety, depressive feelings, suicide ideation and intense preoccupation with the problem of getting rid of the unwanted pregnancy define a population of people in crisis. Edward Senay, "Therapeutic Abortion: Clinical Aspects," *Archives of General Psychiatry*, November 1970, 408-415, quoted in *MAB*, 3.

~PSG "Forty-one medically indigent black women, unmarried and pregnant, ages 15 - 23, were studied. . . . In the study, deep regret was reported by 14.6%, some regret by 34.1%, a little regret by 19.5% and no regret by 31.7% on year post-abortion. Twenty-two percent stated they would not repeat their abortion; 14.4% probably not; 29.3% probably would and 24.4% definitely would." James M. Robbins, "Objective Versus Subjective Responses to Abortion," *Journal of Consulting and Clinical Psychology*, 47(5) (1979): 994-995, quoted in *MAB*, 57.

~PSG "Impact on Men: The impact of induced abortion on men has been greatly neglected and there is little available literature on the subject. It appears from what is known that [there is] the reaction of guilt, sense of loss, regret, sadness or perhaps coldness or real or apparent indifference. Where abortion takes place despite the male objections, men may report a tremendous sense of helplessness. There is evidence that men may suppress their reactions to abortion to a greater degree than women." *MAB*, ii-v.

~PSG "Impact on Siblings: The impact of induced abortion on siblings in a family has been little studied. Small children are surprisingly aware of a pregnancy or abortion even when told nothing about it. Reactions of sibling to an abortion may be very severe. Fear of the mother, afraid of the world in

general, self-blame, violent acting-out, despair and self-destructive behavior have been noted in various case studies." *MAB*, ii-v.

~PSG "In a 1987 'Survey of Postabortion' reactions among 100 women members of Women Exploited by Abortion and average of 11 years since their abortion, 87% agreed or strongly agreed with the statement, 'After my abortion I experienced feelings of depression.' Fifty per cent of these women were 20 years or younger at the time of their abortion. David C. Reardon, *A Survey of Postabortion Reactions*, (Springfield, IL: The Elliot Institute for Social Science Research, 1987), quoted in *MAB*, 53.

~PSG "In a British study of marital adjustment 3 months post abortion, 42% of the women said they were less close to their sexual partners vs. 22% who said they were more close. Unsatisfactory or mediocre marital adjustment before the abortion increased the likelihood of marital or sexual adjustment problems following the abortion." EIM. Belsey, H. Green, S. Lal, S. Lewis and R.W. Beard, "Predictive Factors in Emotional response to Abortion: Kind's Termination Study-IV," *Social Science and Medicine*, 11 (1977): 71-82.

~PSG "In a detailed study of 252 women with prior abortions who are members of Women Exploited by Abortion, approximately 10 years after their abortion, 95% were now dissatisfied with the abortion choice and 94% attributed negative psychological effects to their abortion." *ABSNM*

~PSG "In a Michigan study of 125 women who applied to be commercial surrogates, 35% either had a voluntary prior abortion (26%) or had relinquished a child for adoption (9%). Women felt, often unconsciously, that surrogate motherhood would help them master unresolved feelings through previous voluntary loss. Women stated, 'It would be their baby, not mine'; 'I'd be nest watching; and, I'll attach myself in a different way-hoping it's healthy.'" Philip Parker, "Motivation of Surrogate Mothers: Initial Findings," *American Journal of Psychiatry*, January 1983, 117-118.

~PSG "In a random telephone survey conducted in March, 1989 by Los Angeles Times of 2533 women, 8% acknowledged having had at least one abortion. One out of 5 women said they had never told anyone about it before talking to the interviewer; 56% of the women had a sense of guilt about the abortion and 26% said they now mostly regretted the abortion. Only 39% of the women thought abortion 'morally right' and approximately one-third agreed that 'abortion is murder.' G. Skelton, "Many in Survey Who Had Abortion Cite Guilt Feelings," *Los Angeles Times*, 19 March 1989, 28, quoted in *MAB*, 56.

~PSG "In a study of 100 women at a private clinic at Mount Sinai School of Medicine, 75% of the women were married or had long-term ongoing relationships. All had knowledge about contraception and had easy access to medical care; 66% had at least a college degree; 71% were employed full-time; 57% had incomes over \$20,000 per year; 81% had one abortion, 14% (two) and 5% (three); one-third had a pregnancy before abortion, one-third had a child since aborting, and for one-third the abortion was their sole obstetrical history. Some 46% agreed that the abortion was a major crisis in their lives. Most women experienced loss and grief rather than joy and freedom. Relationships were suddenly and unexpectedly shaken. Some 48% believed their relationship with their male partner was significantly altered (approximately equally split positive and negative); 33% felt their sexual life was negatively

affected to some degree; 52% were reluctant to tell people they had an abortion. Sadness, a sense of loss or emptiness, guilt, anger, anxiety and/or confusion was recalled by many. None ever expressed joy. Residual emotions diminished with time. Women with Catholic backgrounds and those with previous abortions more frequently expressed abortion as a form of infanticide." David H. Sherman et al., "The Abortion Experience in Private Practice," quoted in William F. Finn et al. ed., "Women and Loss: Psychobiological Perspectives," *The Foundation of Thanatology Series*, (Praeger Publishing: New York, 1985) Vol. 3, 98-107.

~PSG "In a study of 26 families at Yale New Haven Hospital in 1979-1982, in which mothers underwent abortion because of a serious defect in the unborn child, it represented a difficult and painful chapter of their lives. Fathers were particularly adversely impacted. Nineteen out of 22 children in the families studied had mild to severe reactions based upon observations of the parents." R. Furlong and R. Black, "Pregnancy Termination for Genetic Indications: The Impact on families," *Social Work in Health Care*, Fall 1984, 17.

~PSG "In a study of 30 women stressed by abortion after 5-10 years following their abortion, women reported feelings of sadness, regret, remorse or a sense of loss (100 percent); feelings of depression (92 percent); feelings of anger (92 percent); feelings of guilt (92 percent); fear that others would learn of the pregnancy and abortion experience (89 percent); surprise at the intensity of the emotional reaction to the abortion (85 percent); feelings of lowered self-worth (81 percent); feelings of victimization (81 percent); preoccupation with the characteristics of the aborted child (81 percent); feelings of depressed effect or suppressed ability to experience pain (73 percent); and feelings of discomfort around infants and small children (73 percent). In this study the most common behavioral reactions included frequent crying (81 percent); inability to communicate with others concerning the pregnancy and abortion experience (77 percent); flashbacks of the abortion experience (73 percent); sexual inhibition (69 percent); suicide ideation (65 percent) and increased alcohol use (61 percent)." *PSSFA*

~PSG "In a study of 30 women who reported chronic and long term stress from their abortion 92% expressed feelings of depression following abortion. Fifty per cent of these women had their abortion in the second trimester (46%) or third trimester (4%) of their pregnancy. The majority (64%) had their abortion 5 - 10 years previously, 20% were less than 5 years and 16% ranged from 11 - 25 years post abortion. *PSSFA*, quoted in *MAB*, 53.

~PSG "In a study of 344 post-abortive women an average of 6 years following their abortion, 66% expressed guilt, 54% expressed regret or remorse, 46% had an inability to forgive self, 57% reported crying or depression, 38% reported lower self-esteem and 36 % reported anger or rage." L.H. Gsellman, "Physical and Psychological Injury Following Abortion: Akron Pregnancy Services Survey," *Association For Interdisciplinary Research Newsletter*, September/October 1993, 1-8.

~PSG "In a study of 68 religiously oriented Minnesota women (primarily Evangelical and Lutheran), 10-15 years post-abortion, 90% reported guilt and shame related to their abortion, 74% feelings of isolation, 60% expressed anger toward others, 24% were more fearful of sexual intercourse after their abortion, 31% tried to avoid pregnant women, 53% said they desired to get pregnant again to compensate for their loss; 76% suffered from depression, 78% struggled with low self-esteem and 49% said they felt alienated from God." Jeanette Vought, *Post-Abortion Trauma, 9 Steps to Recovery*

(Grand Rapids: Zondervan , 1991).

~PSG "In a study of repeat abortion patients in the Atlanta area, 21% of the repeat aborters vs. 8% of the first-time aborters reported they had no religious affiliation. The disparity was especially striking in the private clinic population, among whom eight times as many repeat abortion patients as first-time aborters said they had no religious affiliation (20% vs. 2.5%)." Judith Leach, "The Repeat Abortion Patient," *Family Planning Perspectives*, January/February 1977.

~PSG "In an investigation of abortion facilities a Miami Herald reporter posing as a potential client in a Florida abortion clinic said 'What about the baby. I'm worried about hurting the baby.' 'What baby,' answered the clinic owner. There's just two periods there that will be cleared out.' 'You mean I'm not pregnant?' Oh, you're pregnant. But there is no baby there . . . two periods and some water. If you don't terminate, then it will become a fetus, and after birth it will become a baby.' Sontag, "An Abortion," *Miami Herald*, 17 September 1989, Topic at p. 14., quoted in *MAB*, 41.) The patient, if she aborts, learns the truth, she could be psychologically damaged.

~PSG "Repeat abortion patients are more often dissatisfied with themselves, more often perceive themselves as victims of bad luck, and more frequently express negative feelings toward the current abortion than women who are obtaining abortions for the first time." Judith Leach, "The Repeat Abortion Patient," *Family Planning Perspectives*, January/February 1977, 37-39.

~PSG "Repeat abortion patients showed significantly higher distress scores on interpersonal sensitivity, paranoid ideation, phobic anxiety and sleep disturbance, compared with controls. Repeaters also showed a trend in higher scores in somatization, hostility and psychoticism." Ellen Freeman, "Emotional Distress Patterns among Women having First or repeat Abortions," *Obstetrics and Gynecology*, May 1980, 630-636.

~PSG "Some 157 South African women were studied 12 - 18 months post-abortion and compared with those who had presented for abortion and were refused. Aborted women admitted to greater social isolation, more adverse personality change, greter increase in use of alcohol, tobacco and drugs and psychiatric problems than comparison group.S. A. Drowner and E. S. Nash, "Therapeutic Abortion on Psychiatric Grounds," *South Africa Med. J.* 54 (1978): 604-608, quoted in *MAB* 54-55.

~PSG "Some 18.8% of women who had undergone induced abortion 3 - 5 years previously reported all Plst Traumatic Stress Syndrome criteria (DSM-III R). Some 39 - 45% of all women still had sleep disorders, hyper-vigilance and flashbacks of the abortion experience. Some 16.9% had high intrusion scores and 23.4% had high avoidance scores on the Impact of Events Scale. Women showed elevated scores on the MCMI test in areas of histrionic, anti-social narcissism, paranoid personality disorder and elevated anxiety campared with the sample on which the test had been normed." Catherine A. Barnard, *The Long-Term Psycho-social Effects of Abortion*, (Portsmouth, NH: Institute For Pregnancy Loss, 1990), quoted in *MAB*, 44.

~PSG "Some 413 women between the ages of 14-40 who underwent first trimester abortions at the

university of Pennsylvania in 1977-78 were rated on emotional symptoms on pre-abortion and post-abortion tests. Some 35% of the women were repeating abortions. Seventy percent of the women undergoing a first abortion were black and 93% of the women undergoing a repeat abortion were black. Post-abortion scores of emotional distress of repeat abortion patients compared with women who had a first-time abortion were significantly higher on interpersonal sensitivity, paranoid ideation, phobic anxiety and sleep disturbance." E. Freeman, et al., "Emotional Distress Patterns Among Women Having First or Repeat Abortions," *Obstetrics and Gynecology*, May 1980, 630.

~PSG "Some 77% of the women studied experienced an acute grief reaction. Some 46% still remained symptomatic after six months, some requiring psychiatric support. Several would have liked burial or some recognition of death. Several had problems severe enough to influence reproductive behavior." J. Lloyd and K.M. Laurence, "Sequelae and Support After Termination of Pregnancy for Fetal Malformation," *British Medical Journal*, March 1985, 907-909.

~PSG "Stresses attendant to selective termination produce undesirable marital consequences that threatened marital stability." B. Blumberg, M. Golbus and K. Hanson, "The Psychological Sequelae of Abortion Performed for a Genetic Indication," *Am. J. of Obstet and Gynecol*, 1 August 1975, 799-808.

~PSG "The author, a social worker at a London hospital, interviewed more than 1,000 women with crisis pregnancies. Several in-depth case histories are reported. Repeaters were variously described as 'chaotic, childlike' (a woman who had 15 abortions in 23 years); 'doll-like' (history of numerous suicide attempts); holding 'anxiety, rage and confusion' over mother's mental illness; 'a delicate child-woman 16 years old with very little human warmth, depressed'; 'cold and detached with little feeling'; 'a suicidal woman with a history of three abortions, a first suicide attempt at age 15 and the most recent one at age 27, only six weeks ago, drug overdoses, anorexia nervosa and hospitalization for psychiatric treatment.' Women had shallow relationships with putative fathers and seemed to select male partners known to be objectionable to the repeaters' parents. Unconscious conflicts and lack of nurturing in family or origin were typical. Relationships with male partners usually terminated following abortion. Repeaters were irregular in keeping appointments and in completing therapy. Some called their unborn child 'monster.' The author concluded that repeat abortions are both an individual and social problem with physical and emotional suffering as well as a strain on medical and counseling resources." Susan Fisher, "Reflections on Repeated Abortions: The Meanings and Motivations," *Journal of Social Work Practice*, May 1986, 70-87.

~PSG "The significance of abortions may not be revealed until later periods of emotional depression. During depressions occurring in the fifth or sixth decades of the patient's life, the psychiatrist frequently hears expressions of remorse and guilt concerning abortions that occurred twenty or more years earlier." W. L. Sands, "Psychiatric history and mental status," *Diagnosing Mental Illness: Evaluation in Psychiatry and Psychology* (Kaplan, NY: Athenum, 1973) 31, quoted in *MAB*, 53.

~PSG "Thirty-eight of fifty girls were studied via a questionnaire and interview with a psychiatrist and social worker. Most of the girls (26 out of 38) thought the abortion was a positive experience, but when asked whether they would repeat the experience, 66% said no. Thirty-seven percent of the girls' fathers were absent by death or separation. Thirty-seven percent of the girls broke up with the putative fathers following abortion. Nine of the 50 girls were pregnant. Of the 12 girls who did not participate, 42%

had left home. The author suggested 'a high degree of emotional disturbance for the 'repeaters.' H. Cvejic, I. Lipper, R. Kinch and P. Benjamin, "Follow-Up of 50 Adolescent Girls Two Years After Abortions," *CMA Journal*, 8 January 1977, 44-46, quoted in *MAB*, 58.

~PSG "This study found elevated MMPI scores for women obtaining abortions in several categories, compared with controls. Masochistic behavioral patterns and a rejection of the maternal role were frequently reported in the abortion group." C. Ford, P. Castelnuovo-Tedesco and K. Long, "Women Who Seek Therapeutic Abortion: A Comparison with Women Who Complete Their Pregnancies," *American Journal of Psychiatry*, November 1972, 58-64.

~PSG "Those applying to be surrogate mothers included a substantial number of women with unresolved psychological problems from a prior induced abortion." Philip G. Parker, "Motivation of Surrogate Mothers: Initial Findings," *American Journal of Psychiatry*, January 1983, 117-118.

~PSG "Washington: American Institute for Research. A threefold increase in previous psychiatric consultations was found in women seeking repeat abortions compared with maternity patients." W. Pasini and J. Kellerhals, *Proceeding of the Conference on Psycho-Social Factors in Transnational Family Planning Research*, 1970, 44-54.

~PSG "A Denmark study found that 2% of uninfected post abortion women and 12% of post abortion women infected with Pelvic Inflammatory Disease (PID) had chronic pelvic pain. [Lars Heisterberg, S. Hebjorn, and L.F. Anderson, "Sequelae of Induced First-Trimester Abortion," *Am. J. Obstet. Gynecol.*, 155:1986, 76 - 80. A Swedish study of 382 women 5 - 6 years post abortion found that 2% of uninfected women had chronic pelvic pain, while 20% of post abortion women infected with PID had chronic pelvic pain. [Lars Heisterberg, "Factors Influencing Spontaneous Abortion, Dyspareunia, Dysmenorrhea, and Pelvic Pain," *Obstet. Gynecol.* 81:1993, 594-597. From "Lack of Individualized Counseling Regarding Risk Factors For Induced Abortion: A Violation of Informed Consent, Part 2," *NAIRVSC*, September/October 1996, 4.

~PSG Chronic pelvic or abdominal pain can be very serious and be accompanied by many other adverse effects. Women with abdominal pelvic pain syndrome have been found to be significantly more anxious, depressed, and hostile, and have more somatic symptoms than other patients. [J.C. Slocumb et al., "Anxiety and Depression in Patients with the Abdominal Pelvic Pain Syndrome," *General Hospital Psychiatry*, 11:1989, 48 - 53]. Other research concluded these women exhibited significantly higher prevalence of major depression, substance abuse, adult sexual dysfunction, somatization, and history of childhood and adult sexual abuse than a comparison group. [E. Walker et al., "Relationships of Chronic Pelvic Pain to Psychiatric Diagnosis and Childhood Sexual Abuse," *Am. J. Psychiatry*, 145:1988, 75]. Another study found that they are more likely to use dissociation as a coping mechanism, to show current psychological distress, to see themselves as medically disabled, and to experience vocational and social problems. [E. A. Walker, "Dissociation in Women with Chronic Pelvic Pain," *Am. J. Psychiatry*, 149:1992, 534-537]. Chronic abdominal or pelvic pain can be long lasting. A Danish study found that only 31% of abdominal pain disappeared over a period of 5 years [L. Kay, T. Jorgensen, K.H. Jensen, "Epidemiology of Abdominal Symptoms in a Random Population: Prevalence, Incidence, and Natural History," *Eur. J. Epidemiology*, October 1994, 559]. Some women are hospitalized [P. Velebil et al., "Rate of Hospitalization for Gynecological Disorders

Among Reproductive-Age Women in the United States," *Obstet. Gynecol.* 86:1995, 764-769] for abdominal or pelvic pain or seek treatment at emergency rooms of hospitals [T.W. Lukens, C. Emerman, and D. Efron, "The Nature History and Clinical Findings in Undifferentiated Abdominal Pain," *Annals of Emergency Medicine*, April 1993, 690]. Psychiatric counseling or treatment has not been successful in stopping the pain [G. T. Koopmans et al., "Effects of Psychiatric Consultation of Medical Consumption in Medical Outpatients with Abdominal Pain," *Psychosomatics*, 36:1995, 387-399]. Sometimes doctors will have women undergo a hysterectomy to attempt to eliminate the pain, but again this method is not effective." From "Lack of Individualized Counseling Regarding Risk Factors For Induced Abortion: A Violation of Informed Consent, Part 2," *NAIRVSC*, September/October 1996, 4.

~PSG ". . . For example, as abortion is repeated, studies have reported that there is a 2 -3 fold increased risk of ectopic pregnancy, [A. Levin et al., "Ectopic Pregnancy and Prior Induced Abortion," *Am. J. Public Health*. March 1982, 253-256, and J.R. Daling et al., "Ectopic Pregnancy in Relation to Previous Induced Abortion," *JAMA*, 15 February 1985, 1005-1008] low birthweight, miscarriage [5 sources: Susan Harlap et al., "A Prospective Study of Spontaneous Fetal Losses After Induced Abortion," *New England J. of Medicine*, 27 September 1979, 677, and Ann Levin, "Association of Abortion with Subsequent Pregnancy Loss," *JAMA*, 27 June 1980, 2495-2499, and E. Obel, "Pregnancy Complications Following Legally Induced Abortion with Special Reference to Abortion Technique," *Acta Obstet. Gynecol. Scand.*, 58:1979, 147, and L.H. Roht et al., "The Association with Multiple Induced Abortions with Subsequent Prematurity and Spontaneous Abortion," *Acta Obstet. Gynecol.*, 23:1976, 140-145, and M.T. Mandelson et al., "Low Birth Weight in Relation to Multiple Induced Abortions," *Am. J. Public Health*, March 1992, 391, and World Health Organization "Special Programme of Research, Development and Research Training in Human Reproduction: Seventh Annual Report," Geneva, November 1978 summarized as "Repeat Abortions Increase Risk of Miscarriage, Premature Birth and Low Birthweight Babies," *Family Planning Perspectives*, January/February 1979, 39-40] or childbirth complications [A. Lopes, P.A. King, and Aust. NZ, "The Impact of Multiple Induced Abortions on the Outcome of Subsequent Pregnancy," *Obstet. Gynaecol.* 31(1):1991, 41] in subsequent pregnancies compared to no abortions or one abortion. From "Lack of Individualized Counseling Regarding Risk Factors For Induced Abortion: A Violation of Informed Consent, Part 2," *NAIRVSC*, September/October 1996, 5.

~PSG "As abortion is repeated women tend to be increasingly alienated in various ways. Various research studies have found that there is increased likelihood of women being isolated and they are more likely to have poorer interpersonal relationships [E. Freeman et al., "Emotional Distress Patterns Among Women Having First or Repeat Abortions," *Obstet. Gynecol.*, May 1980, 630], have more broken relationships with their male partner [P. Niemala et al., "The First Abortion and the Last? A Study of the Personality Factors Underlying Failure of Contraception," *Int'l J. Gynaecol. Obstet.*, 19:1981, 193], or report having no male partner [M. Osler et al., "Repeat Abortion in Denmark," *Danish Medical Bulletin*, February 1992, 89]. They are also more likely to have been divorced [M.J. Shepard, M.B. Bracken, "Contraceptive Practice and Repeat Induced Abortion: An Epidemiological Investigation," *Biosocial Science*, 11:1979, 289], and are more likely to report being in unhappy marriages [E. Szabady and A. Klinger, "Pilot Surveys of Repeated Abortion," *International Mental Health Newsletter*, 14:1972, 6]. From "Lack of Individualized Counseling Regarding Risk Factors For Induced Abortion: A Violation of Informed Consent, Part 2," *NAIRVSC*, September/October 1996, 5.

~PSG A study of women in Atlanta, Georgia found that women repeating abortion were less likely to

report a religious affiliation compared to women with one abortion [Judith Leach, "The Repeat Abortion Patient," *Family Planning Perspectives*, January/February 1977, 37?]. A Danish study found that women who repeat abortion have been found to increasingly be admitted to a hospital for psychiatric care, although the same study found that this was not the case for increasing numbers of childbirths [Ronald Somers, "Risk of Admission to Psychiatric Institutions Among Danish Women Who Experienced Abortion: An Analysis Based Upon Record Linkage," *Dissertation Abstracts Int'l*, 1979, 2621-B]. A study of women in a post-abortion support group at the Medical College of Ohio who reported poorly assimilating their abortion experience(s), found that those who had repeated abortion were more likely to be depressed and more likely to have considered or attempted suicide than women reporting a single abortion [K.N. Franco et al., "Psychological Profile of Dysphoric women Postabortion," *J. of the American Medical Women's Asso.*, July/August 1989, 113]. A Greek study found that women repeating abortion are more likely to evidence symptoms of grieving and mourning [D. Naziri and A. Tzavaras, "Mourning and Guilt Among Greek women Having Repeated Abortions," *Omega*, 26(2):1992-1993, 137]. "From "Lack of Individualized Counseling Regarding Risk Factors For Induced Abortion: A Violation of Informed Consent, Part 2," *NAIRVSC*, September/October 1996, 5.

~PSG "None of the abortion clinic informational or consent forms advise women of the possibility of long term negative psychological effects from abortion. However, since 1987, there have been published at least three books which include data-based studies on long term negative psychological effects [Anne C. Speckhard, "The Psycho-Social Aspects of Stress Following Abortion" (1987) and David Reardon, "Aborted Women: Silent No More" (1987) and Jeanette Vought, "Post-Abortion Trauma, 9 Steps to Recovery"], several articles in medical or social journals [Four sources: K.N. Franco et al., "Psychological Profile of Dysphoric Women Postabortion," *J. of the American Medical Women's Association*, July/August 1989, 113, and Anne Speckhard and Vincent Rue, "Post Abortion Syndrome: An Emerging Public Health Concern, *Journal of Social Issues*, 48(3):1992, 95, and R. C. Erickson, "Abortion Trauma: Application of a conflict Model," *Pre and Perinatal Psychology Journal*, Fall 1993, 33, and R. Fisch and O. Tadmor, "Iatrogenic Post-Traumatic Stress Disorder" letter, *The Lancet*, 9 December 1989, 1397] four doctoral dissertations, and at least two presentations made to professional organizations on long-term negative psychological effects [See generally /Major Articles and Books concerning the Detrimental Effects of Abortion/, Rutherford Institute: Charlottesville, VA (1993)]. One study by researchers at the Medical College of Ohio was on women in a post-abortion support group who had abortions 1 - 15 years previously, and reported they had poorly assimilated their abortion experience. It was found that many women were ambivalent at the time of their abortion. Many felt coerced by boyfriends, doctors, or parents. Anxiety, somatoform disorders and dysthymia were prominent among the group. 48% had undergone psychotherapy after their abortion and a significant number had suicidal thoughts or suicidal attempts after their abortion. Anniversary reactions were clearly reported by 42% of the group. Those with multiple abortions evidenced more severe pathology than women with a single abortion [K.N. Franco et al., "Psychological Profile of Dysphoric women Postabortion," *J. of the American Medical Women's Asso.*, July/August 1989,113]. From "Lack of Individualized Counseling Regarding Risk Factors For Induced Abortion: A Violation of Informed Consent, Part 2," *NAIRVSC*, September/October 1996, 6.

~PSG Another study which limited itself to women with only one abortion and no other identifiable trauma within 5 years, found severe grief reactions to be present in women an average of 11 years post abortion (1 - 26 year range) [Gail Barger Williams, "Induced Elective Abortion and Perinatal Grief," *Dissertation Abstracts Int'l*, 53(3):1991, 1296B]. Post-traumatic stress disorder (PTSD) attributable to abortion has been found in at least 18.8% of women 3 - 5 years postabortion. (DSM-III-R criteria) [C.

A. Barnard, "The Long Term Psychosocial Effects of Abortion," Institute for Pregnancy Loss: Portsmouth, NH, 1989]. Other studies have found long term guilt, anger or stress, depression, lower self-esteem, suicidal impulses and other long term negative psychological effects [See generally /Major Articles and Books concerning the Detrimental Effects of Abortion/, Rutherford Institute: Charlottesville, VA (1993)]." From "Lack of Individualized Counseling Regarding Risk Factors For Induced Abortion: A Violation of Informed Consent, Part 2," *NAIRVSC*, September/October 1996, 6.

~PSG Counselor Laurie Velker says a nonscientific survey she conducted among female inmates in Michigan prisons revealed that "their anger was increased as a result of their abortion. They said they could see an increase in violent behavior after their abortions."

~PSG Ten years of research in Canada found a strong correlation between child abuse and abortion. Says Dr. Philip Ney of Victoria, British Columbia, "If that instinctual restraint against killing or neglect of one's young is pushed aside once, it's much more easy to do it again."

~PSG But Dr. Philip Mango, a psychotherapist with 30 years experience in individual and marital therapy, says "any honest clinician or researcher will come to the conclusion that large numbers of women who have had abortions, whether they believe in God or not, develop self-destructive behaviors."

~PSG "Women with a history of abortion are more likely to experience depression than women who give birth, especially if they had negative feelings about the abortion or felt that they had no control over the abortion decision." C. F. Bradley, "Abortion and Subsequent Pregnancy Loss," *Canadian J. Psychiatry*, 28:494-498, Oct. 1984, quoted in Amy R. Sobie, "The Risks of Choice," *The Post-Abortion Review*, July-Sept. 2000, 4.

~PSG "And a Danish study found that overall, women with a history of abortion had a 50 percent higher rate of admission to psychiatric hospitals than did women who had live born children." H. David, N. Rasmussen and E. Holst, "Postpartum and Postabortion Psychotic Reactions," *Family Planning Perspectives*, 13(2), March/April 1981, 8892, quoted in Amy R. Sobie, "The Risks of Choice," *The Post-Abortion Review*, July-Sept. 2000, 4.

~PSG "Another study (see Figure 3) found that while there was no significant difference in psychological disorders or use of social services between women carrying to term and those seeking abortion for the first time, women who had already had an abortion were almost twice as likely to have psychological disorders or to have had contact with the social service system." Tornbom, M., et al., "Repeat Abortion: A Comparative Study," *Journal of Psychosomatic Obstetrics and Gynecology*, 17:208-214, 1996, quoted in Amy R. Sobie, "The Risks of Choice," *The Post-Abortion Review*, July-Sept. 2000, 4.

~PSG "Women who undergo abortions are at greater risk for mental health problems in subsequent years, according to a new Elliot Institute study presented at the annual meeting of the American Psychological Society (APS) held this June in Miami Beach, Florida. The study looked at California women who received state funded medical care and who either had an abortion or gave birth in 1989. Researchers examined the women's medical records for up to six years afterwards and found that

women who had undergone abortions had significantly higher mental health claims than women who had given birth. Women who had abortions were more than twice likely to have sought treatment between two and nine times for mental health reasons as women who carried to term." P. K. Coleman & D. Reardon (June 2000), "State-funded abortions vs. deliveries: A comparison of subsequent mental health claims over six years." Poster presented at the American Psychological Society, 12th Annual Convention, Miami, FL, quoted in "Abortion vs. Childbirth," *The Post-Abortion Review*, July-Sept. 2000, 7.

## **Suicide**

~S "According to a 1986 study by researchers at the University of Minnesota, a teenage girl is 10 times more likely to attempt suicide if she had an abortion in the last six months than is a comparable teenage girl who has not had an abortion."

~S "In a study of 71 women at the Medical College of Ohio in a post abortion support who had poorly assimilated the abortion experience, among women with multiple abortions 50% made post abortion suicide attempts compared with 16% post abortion suicide attempts among women with a history of a single abortion." K. Franco, et al., "Psychological Profile of Dysphoric Women Postabortion," *J. of the American Medical Women's Association*, July-August 1989, 113, quoted in Strahan, *NAIRVSC*, Winter 1993, 4.

~S "Other times, the suicidal impulses result from years of repression, depression, and lost self-esteem. A 1987 study of women who suffered from post-abortion trauma found that 60 percent had experienced suicidal ideation, 28 percent had attempted suicide, and 18 percent had attempted suicide more than once. Often several years after the event." David C. Reardon, "The Abortion/Suicide Connection."

~S "Sixty-five percent of the subjects [in author's own study] reported having suicidal thoughts as a reaction to the abortion experience, and 31 percent of the subjects made suicide attempts." *PSSFA*, 57.

~S "What of post-abortion suicide? . . .

~S Post-abortion suicide is slowly growing into a rather frightening phenomenon. Suiciders Anonymous (M. Uchtman, Ohio Director of Suiciders Anonymous, Report to the Cincinnati City Council, 1 September 1981, quoted in Willke, *Abortion: Questions & Answers*, 126.) is a national fellowship patterned after Alcoholics Anonymous. It tries to help those who have attempted suicide. Suiciders Anonymous, in a 35-month period in the Cincinnati, Ohio area, reported counseling 5,620 members. These people were described as, 'those suffering in-depth, deep depression, anxiety, stress, and fears they cannot overcome, those who have attempted suicide, often several times, and failed, and those who are considering taking that final desperate step.' Of these 5,260 people: 4,000 were women 1,800 had abortions, of whom 1,400 were between 15-24 years old.

~S In her report, M. Uchtman (Suiciders Anonymous), said it in a way which makes it clearly understandable:

'AFTER YEARS OF LISTENING TO THEIR STORIES, WE KNOW THERE ARE THOUSANDS MORE OUT THERE BEING BRAVE. BY HOLDING A TIGHT REIGN ON THEIR EMOTIONS, THEY TUCK ALL THAT UNEXPRESSED EMOTION AND UNSHARED EXPERIENCE DEEP DOWN INSIDE THEMSELVES, WHERE IT KEEPS GROWING, LIKE A PRESSURED TUMOR OF PAIN.'

~S Of all the emotions they experienced during the abortion crisis, none brings more pain and distress than the one they now know and identify five to ten times more than any other feelings. These women always tell us the same thing. 'Oh, my god, I am evil. I have to be evil to have done this thing. I feel so alone, so forsaken.'

~S Panic and distress grips them after an abortion, because the feelings are allowed to remain shadowy, ominous, ghost-like. They are shapes dancing around the edges of their consciousness. They commonly postpone the moment of truth as long as possible. But when the subconscious throws it forward, they go through mental hell! Even at age 87, the critical moment comes when the chilling reality overwhelms them and cold reality numbs their spirit and casts them into those dark 'pits' of despair and pain!

*~S They fantasize that the 'cancer' will disappear. But it cannot! So feelings cannot be denied and repressed without doing violence to every other area of their living. And of all those they touch! It is vital that parents are prepared!*

Here are the two questions they always ask us:

**WILL THIS PAIN NEVER DIE? HOW MANY YEARS DOES IT TAKE TO GET OVER THIS PAIN?**

~S Many women purposely keep the pain alive by never forgiving the spouse or mate after the decision. He rejects her, leaving her to live in the pits alone, in the depths and in deep depression!

~S They become more and more depersonalized, superficial, and artificial. Suicide is now more desirable for them than a lifetime of false pretense and hopelessness."

~S "Suicide Attempts: Adolescents from dysfunctional homes or those who have run away from home have been found to have significantly elevated incidence of suicide attempts following abortion. Also, women who repeat abortion have a higher rate of suicide attempts than women with one abortion, according to a survey of women in a patient-led post-abortion support group." *MAB*, ii-v.

~S "Women reporting multiple abortions had more often considered suicide and scored higher on borderline personality pathology and depression. Some 40% of the 71 women studied reported

anniversary reactions. None of the women aborting sought psychotherapy after the procedure." K. Franco, M. Tamburrino, N. Campbell and S. Jurs, "Dysphoric Reactions in Women after Abortion," *J. of the American Medical Women's Association*, July/August 1989, 113.

~S "Pregnant women are only one-third as likely to commit suicide as other women in their age group, according to a recent study conducted by researchers at Cornell University Medical College. The study checked every known case of suicide among women aged 10 to 44 in New York city from 1990 to 1993. Of the 315 suicides reported, only six were pregnant women. *communiqué*, 7 February 1997.

~S In a study of 9,192 deaths of women aged 15 to 49 years of which 1,347 were suicides during the one-year period following the end of the pregnancy, "The mean annual suicide rate was 11.3 per 100,000. The suicide rate associated with birth was significantly lower (5.9) and the rates associated with miscarriage (18.1) and induced abortion (34.7) were significantly higher than in the population." In several paragraphs, the study points out: 1) Those that give birth have one-half the suicide risk of all the women combined, and 2) Those who have induced abortion are have 5.9 times the risk of those who give birth. (Mika Gissler, Elina Hemminki, Jouko Lonnqvist, "Suicides after pregnancy in Finland, 1987 - 94: register linkage study," *BMJ*, 7 (December 1996): 1431-1434.) The study also said, "The stated reasons for the abortion in suicide cases did not differ from those for all abortions; over 80% were performed because of social reasons. In our data on suicide no abortion was performed for fetal abnormality." (Same source.)

~S "Pregnant women commit suicide at much lower rates than women of child-bearing age who are not pregnant, according to a study published in the American Journal of Psychiatry. Peter M. Marzuk, M.D. et al. wrote that "this finding would be intriguing because it may suggest that pregnancy could be a model for exploring protective factors against suicide in women in general." Peter M. Marzuk, M.D. et al., "Lower Risk of Suicide During Pregnancy," *American Journal of Psychiatry*, January 1997, 122.

~S This study (Mika Gissler, "Abortion and suicide risk," *British Medical Journal*, No. 7070.) rates in Finland for women aged 15 to 49: For those who have given birth: 5.9 Average: 11.3 For those who have miscarried: 18.1 For those who have aborted: 34.7

Thus, those who aborted had nearly 6 times the suicide rate.

Among all women aged 15 to 49, suicide represented 15% of all deaths. Mika Gissler, "Abortion and suicide risk," *British Medical Journal*, No. 7070.

~S "A new Elliot Institute study has found that women who have had abortions are more likely to commit suicide than those who have given birth.

The study examined Medi-Cal records for more than 173,000 low-income California women who had abortions or gave birth in 1989. Linking these records to death certificates, the researchers found that women who had state-funded abortions were 2.6 times more likely to die of suicide compared to women who delivered their babies.

The average annual suicide rate per 100,000 women was 3.0 for delivering women, compared to 7.8 for aborting women. The national average suicide rate for women between the ages of 15 and 44 is 5.2

per 100,000 women. This shows that aborted women have a higher suicide rate than women in general, while giving birth actually reduces women's suicide risk.

'The data clearly shows what we have long suspected: that abortion is harmful rather than helpful to women,' said Elliot Institute director Dr. David Reardon, one of several researchers working on the study.

Reardon said that the Elliot Institute study built on previous research from other countries that found higher death rates among post-abortive women. A study of all women in Finland, for example, found that women who had abortions were three-and-a-half times more likely to die within the next year as women who carried their pregnancies to term." "Suicide Rate Higher After Abortion, Study Shows," *The Post-Abortion Review*, April-June 2001, 6.

~S Comment by Life Research Institute: Approximately one-third of pro-life activist women have had at least one abortion. (Nola Jones, personal observation of, 1991.) Perhaps the above explains why they became pro-life activists.

If you need pre-abortion or post-abortion counseling, you can find out how to find what you need in the "Pregnant? Need Help?" portion of this web site.

**If you feel you have been injured by an abortion and might want to sue, call American Rights Coalition at 800 634 2224.**