

Consequences to Women's Health of Late-Term Abortion



October 15, 2010

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.Late-term Abortion: Antecedent Conditions and Consequences to Women's Health

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Late-term abortion defined

“Late-term abortion” is an inexact medical term that has been used in reference to induced abortions in the 3rd trimester of pregnancy (28-39 weeks) and sometimes to 2nd trimester abortions (13-27 weeks) [1]. In certain contexts the “late-term” descriptor is applied to indicate a point in fetal development wherein there is a high probability of survival outside the uterus. With this definition, all 3rd trimester and some 2nd trimester abortions would qualify since the contemporary age of viability is approximately 22-24 weeks. Authors of two articles published in 1998 in the *Journal of the American Medical Association* could not agree on when an abortion should be considered late-term (the 20th week of gestation vs. the 27th week of gestation) [2-3].

Frequency of late-term abortion

According to the Centers for Disease Control and the Guttmacher Institute, slightly over 12% of abortions are performed in the U.S. after the 1st trimester [4-5]. This translates out to approximately 144,000, with 15,600 abortions or 1.3% of the 1.2 million occurring beyond the 20th week of pregnancy and 3.7% or 36,000 taking place at 16-20 weeks. These numbers are likely an underestimation because there is no established reporting system and these two agencies rely on clinics to provide the information on a voluntary basis.

Reasons women seek late-term abortions

According to the Guttmacher Institute [6] the vast majority of late-term abortions are performed for socio-economic reasons, on a healthy and potentially viable fetus. Fetal abnormalities or woman's health considerations are rarely the reason for undergoing a late-term abortion. Specifically, according to the Guttmacher Institute, abortions for fetal abnormalities comprise only 2% of all late-term abortions. Researchers at the Guttmacher Institute reported the following percentages of women indicating various reasons for late-term abortions:

- Woman did not realize she was pregnant: 71%
- Difficulty making arrangements for abortion: 48%
- Afraid to tell parents or partner: 33%
- Needed time to make decision: 24%
- Hoped relationship would change: 8%

- Pressure not to have abortion: 8%
- Something changed during pregnancy: 6%
- Didn't know timing was important: 6%
- Didn't know she could get an abortion: 5%
- Other: 11%

Characteristics of women who undergo late-term abortion

Women who seek late-term abortions (after 16 weeks) are significantly more likely to be under age 18, Black, unemployed, and/or poor [6]. Decision ambivalence is often characteristic of women who undergo abortions in the 2nd trimester and beyond [7-9].

Women who obtained 2nd trimester abortions have reported more deficient social supports and greater effort devoted to assessing the resources available to help them keep a child compared to women who obtain 1st trimester abortions [9-10]. Research suggests that 30% of women who delay an abortion beyond 16 weeks are afraid to tell those closest to them about the pregnancy [6]. Finally, when compared to women obtaining earlier abortions there is evidence that women who obtain late-term abortions are more likely to experience stronger attachment to the unborn child, have more moral or religious objections to abortion, and concede to an abortion based on the wishes of others [10-11].

Documented physical health risks of late-term abortion

According to Gauferg [12], Professor of Medicine at Harvard University, post-abortion physical complications at various gestational points are primarily the result of incomplete evacuation of the uterus, uterine atony, infection, and instrumental injury. Specific complications of abortions include the following: (1) complications of anesthesia, (2) postabortion triad (pain, bleeding, low-grade fever), (3) hematometra, (4) retained products of conception, (5) uterine perforation, (6) bowel and bladder injury, (7) failed abortion, (8) septic abortion, (9) cervical shock, (10) cervical laceration, and (11) disseminated intravascular coagulation (DIC). At 12-13 weeks, the complication rate is 3-6%, and by well into the second trimester, the complication rate increases to 50%, and possibly higher according to Gauferg.

The U.S. mortality rates per 100,000 abortions as reported by Gauferg [12] are 14.0 for 16-20 weeks and 18.0 for after 21 weeks. Even more dramatic results for second and third trimester abortions were reported by Bartlett et al. [13] using national U.S. data spanning the years from 1988 and 1997. Specifically, per 100,000 abortions, the relative risk of abortion-related mortality was 14.7 at 13–15 weeks of gestation, 29.5 at 16-20 weeks, and 76.6 at or after 21 weeks. This compares to a 12.1 rate for childbirth.[14] Causes of death during the 2nd trimester as reported by Bartlett [13] included hemorrhage, infection, embolism, anesthesia complications, and cardiac and cerebrovascular events. A study by the Centers for Disease Control for the period 1988-1997 showed that the mortality rate for live birth (7.06) was lower than that for abortion after 20 weeks (8.9)[15]. Clearly late-term abortion is more dangerous for women than abortion.

Underreporting of Abortion Complications

Although the rate of complications from late-term abortion is already high, there are reasons to believe that there is significant underreporting of abortion complications, for example:

1. The International Classification of Diseases (ICD-9) defines maternal death as one that occurs during pregnancy or within 42 days of the termination of pregnancy. Pregnancy-associated deaths occurring outside this window are not captured in the data.
2. Coding rule 12 of the ICD-9 requires deaths due to medical and surgical treatments to be reported under the complication of the procedure (e.g. infection) rather than the treatment (e.g., elective abortion).
3. Most women leave abortion clinics within hours of the procedure and go to hospital emergency rooms if there are complications. The data reported by abortion clinics to state health departments and ultimately to the CDC therefore under-represents abortion morbidity and mortality.
4. At least 50% of women who have aborted deny the experience and therefore the medical records of many women who have aborted are not likely to contain an accurate history [16].

Documented psychological health risks of late-term abortion

Later abortions are more likely to lead to psychological distress than earlier abortions for various reasons:

1) women have more time to bond with the developing fetus; 2) the fetus has developed more fully prior to termination and women are more aware of their presence; 3) women may have more desire to maintain the pregnancy; 4) and/or they may be more pressured from others to abort or carry to term.

Most of the established predictors of late-term abortion described above including decision ambivalence and dissatisfaction, lacking support to carry to term, timing during adolescence, and low income are also predictors of poor post-abortion psychological adjustment [17-22].

There have been only a few published studies on mental health after second trimester abortion. In a British study of 40 women who had prostaglandin induced abortions between 20-24 weeks gestation and felt fetal movements, 25% reported being depressed after the procedure [23]. Söderberg et al. reported that 37.5% of women who underwent 2nd trimester abortions experienced “extreme post-abortion emotional problems” [24].

Coleman and colleagues [25] recently analyzed online surveys completed by 374 women who experienced either a 1st trimester abortion or a 2nd or 3rd trimester abortion. Most respondents were U.S. citizens (81%), the majority of women sampled were unmarried at the time of the abortion (86%), and the women were generally well-educated, with nearly half having earned a bachelor's or graduate degree. The average amount of time elapsed since the abortion was 15 years.

Alarming, 52% of the early abortion group and 67% of the late-term abortion group met DSM-IV criteria for Post-traumatic Stress Disorder symptoms (PTSD). Those who had an early abortion were compared to

those who had a late-term relative to PTSD after controlling for several demographic and personal history variables that discriminated between the two groups. Later abortions were associated with higher intrusion scores. Intrusion is characterized persistent and unwanted re-experiencing of the traumatic event in the forms of recurrent and distressing memories, flashbacks, and hyper-reactivity to any stimuli associated with the trauma. A later abortion was also associated with a greater likelihood of reporting disturbing dreams, reliving the abortion and trouble falling asleep. Reporting the pregnancy was desired by one's partner, experiencing pressure to abortion, having left the partner prior to the abortion, not disclosing the abortion to the partner, and physical health concerns were more common among women who received later abortions. Social reasons for the abortion were linked with significantly higher PTSD total and subscale scores for the full sample.

There is an appallingly small published literature on the physical and psychological consequences of late-term abortion despite the fact that the procedures are so frequently performed in the U.S. Nevertheless all the published research to date, as described above, has consistently shown that late-term abortion poses serious risks to women's mental and physical health and no published studies have established health benefits of the procedures.

Medical Indications for Late-Term Abortion

There are certain medical conditions occurring late in pregnancy that can put the woman's health at risk, such as pre-eclampsia, Marfan's syndrome with aortic root involvement and complicated coarction of the aorta. These are serious conditions requiring medical intervention, but that intervention does not have to result in the demise of the child. Hospital care can preserve the life and health of both mother and child.

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