



THE HUMAN FAMILY
RESEARCH CENTER

*Every Human Being
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FACTS IN FOCUS

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

How is late-term abortion defined?

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

How common is late-term abortion?

Approximately 12 to 13% of abortions are performed in the U.S. after the first trimester [1, 4-6]. 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 the Centers for Disease Control and the Guttmacher Institute rely on clinics to provide the information on a voluntary basis [1].

What are the reasons women seek late-term abortions?

According to the Guttmacher Institute [7] 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 are cited as reasons for a late-term abortion among only 2% of women.

Researchers at the Guttmacher Institute reported the following percentages of women indicating various reasons:

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%

What are the 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 [7]. Decision ambivalence is often characteristic of women who undergo abortions in the 2nd trimester and beyond [8-10]. Women obtain 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 [10-11]. Research suggests that 30% of women who delay an abortion beyond 16 weeks are afraid to tell those closest to them about the pregnancy [7]. 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 [11-12].

What are the documented psychological health risks of late-term abortion?

There have been only a few published studies on mental health after 2nd 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 [13]. Söderberg et al. reported that 37.5% of women who underwent 2nd trimester abortions experienced “extreme post-abortion emotional problems” [14]. Further, most of the established predictors of late-term abortion described above including decision ambivalence and dissatisfaction, lacking support to carry to term, a strong attachment to the fetus, timing during adolescence, and low income are also predictors of poor post-abortion psychological adjustment [15-20].

Conclusion

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

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