Abortion and Depression

1 Introduction

Under the UK's Abortion Act 1967, abortion is permitted subject to certain conditions. The abortion must be justified under one or more of five grounds. In 2000, 92.8% of all grounds mentioned (more than one reason could be given for an abortion) were that "the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman" (ground C).[1]

This rests on the assumption that having an abortion is known to *improve* the physical or mental health of a woman who is distressed by an unplanned or unwanted pregnancy. Evidence of substantial negative effects of abortion may therefore undermine the legitimacy of the statutory grounds under which abortion is legal.

The existence of pathological conditions which may have been caused by abortion is a political 'hot potato'. Consequently relevant research is rare, and also difficult since long-term follow-up of women having abortions is generally neglected. The Royal College of Obstetricians and Gynaecologists (RCOG) recommend a follow-up appointment within two weeks of having an abortion.[2] The only complications formally reported in the UK are immediate physical ones such as sepsis, haemorrhage, and perforation.

RCOG directs doctors to be aware of the psychological sequelae of spontaneous miscarriage:

> All professionals should be aware of the psychological sequelae associated with miscarriage and should provide support and follow-up, as well as access to formal counselling when necessary. Many publications confirm the negative psychological impact of early pregnancy loss on a significant proportion of women, their partners and families. For some, the distress is severe and protracted even with miscarriage early in the first trimester… Women who miscarry should be offered the opportunity to attend for follow-up… Plans for follow-up should be clearly recorded in the discharge letter from the EPAU. Continuing awareness of the potential effects of miscarriage is required, with a willingness to involve appropriate support and counselling services when needed.[3]

On the other hand, RCOG guidelines reassure women and doctors that abortion rarely results in psychological damage. To doctors, RCOG advises that "only a small minority of women experience any long-term, adverse psychological sequelae after abortion. Early distress, although common, is usually a continuation of symptoms

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[1] Office for National Statistics (2001) "Abortions in England and Wales, 2000", *Abortion Statistics 2000, Series AB no. 27*

[2] "What you need to know about abortion care", RCOG, National Evidence-Based Clinical Guidelines http://www.rcog.org.uk/guidelines.asp?PageID=108&GuidelineID=32

[3] RCOG "Early pregnancy loss management" Clinical guidelines. http://www.rcog.org.uk/guidelines.asp?PageID=106&GuidelineID=8

present before the abortion."[4]. RCOG maintains, "few women experience any long-term psychological problems. Such women have often had similar problems before pregnancy."[5]

The likely explanation for RCOG's contradictory positions on foetal loss is the simplistic assumption that an early miscarriage is the loss of a wanted foetus, whereas an early abortion is the loss of an unwanted foetus. This results in the conclusion that if a woman chooses abortion she will not experience any psychological ill effects afterwards which were not present beforehand.

David Reardon and Jesse Cougle sought to investigate the assumption that depression after abortion was due only to a pre-existing condition.

2 What the researchers found

The study, reported in British Medical Journal January 2002, examined the hypothesis that prior psychological state can predict depression regardless of whether a woman decides to abort or carry an unwanted pregnancy to term.[6] They used data from the National Longitudinal Study of Youth, begun in 1979, involving 12,686 American youths. For this study they used a subset of 4463 women.

The authors found that among married women, those who aborted an unplanned pregnancy were more likely to be at risk of depression than those who delivered unplanned pregnancies. For unmarried women the difference was not significant.

3 Ethical analysis

In response to this published research, one observer suggested that the most important finding in this research is that there is no difference in depression before and after abortion for unmarried women, and that this "seems to negate the push to limit access to abortion for teenagers".[7]

He misses the point. This evidence is not simply another reason why abortion is not good for women. Research such as this casts doubt on the statutory grounds allowing abortion. The point is that there is no evidence to show that having an abortion actually *improves* a woman's mental health. In other words the most common reason for having an abortion ("to save the mother's mental health") is not evidence-based practice.

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[4] Royal College of Obstetricians and Gynaecologists, : "The care of women requesting induced abortion", National evidence-based guidelines , http://www.rcog.org.uk/guidelines.asp?PageID=108&GuidelineID=31

[5] "What you need to know about abortion care", RCOG, national evidence-based clinical guidelines

[6] Reardon D, Cougle J. "Depression and unintended pregnancy in the National Longitudinal Survey of Youth: a cohort study" *BMJ* Vol 324 (7330): 151-152, 19 January 2002

[7] Goddik S, "Unmarried women do not show psychological harm from abortion", letter to the editor, *BMJ* 2002; 324: 1097 (4 May 2002)

Rather, the immediate crisis of an unplanned pregnancy can elicit a belief that clearly the best solution would be to terminate. That belief has been expressed by Emily Jackson, a member of the Pro-Choice Forum in the UK, who claims, "the mental wellbeing of a woman who does not want to be pregnant is, almost by definition, advanced by termination"[8].

This research also challenges those who are not concerned with abortion rates. Does it matter that there are more and more abortions each year? What outcomes will be seen in women of childbearing age? Just as the equally contentious abortion-breast cancer link has vast epidemiological consequences, so does the psychological sequelae of abortion.

There were 185,375 legal abortions in England and Wales in 2000 – a rise of 2,125 (1.2%) from 1999[9]. The response of the British Pregnancy Advisory Service to the release of these statistics was an affirmation of the belief, maintained by abortion providers, that abortion is good for women. BPAS says, "the slow but steady rise in the proportion of conceptions terminated by abortion is likely to continue"[10]. And Ann Furedi, BPAS Director of Communications, says "we should stop seeing abortion as a problem and start seeing it as a legitimate and sensible solution to the problem of unwanted pregnancy".[11]

A recent study revealed that one in two pregnancies in Greenland ended in abortion in 2000 and 2001.[12] While those who profit from the abortion industry seek to reassure women that abortion will have no adverse consequences, what in fact will be the result of the increase of abortion on such a massive scale? The World Health Organisation notes that depressive disorders are already the fourth leading cause of the global disease burden, and are expected to rank second by 2020.[13] The aetiology of depression is complex and much is yet unknown. It would seem to be obvious, then, that identified potential risk factors should be investigated and acted on, not denied and trivialised.

This kind of research also has implications for informed consent. Countries such as Australia and the United States are currently grappling with legislation which requires doctors to provide women with comprehensive information about abortion – risks, both long term and short term, to their physical and mental health, as well as information about their foetus. Such legislation is opposed by the pro-abortion lobby who realise that abortion rates decrease when women are told the truth. In any case, women are beginning to take legal action against abortion providers who failed to

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[8] Jackson, Emily (2001) *Regulating Reproduction: Law, Technology and Autonomy*, Oxford 2001; p79

[9] Office for National Statistics (2001) "Abortions in England and Wales, 2000", *Abortion Statistics 2000, Series AB no. 27*, Press Release 28th September 2001. Find electronic version of this report at: www.statistics.gov.uk/products/p68.asp

[10] British Pregnancy Advisory Service (2001), "Abortion rise reflects increased choices for women", Press Release 28th September 2001

[11] BPAS (2001), "Abortion rise reflects increased choices for women", Press Release 28th September 2001

[12] Lifesite News "Greenland tops Nordic countries in number of abortions" July 2001. Figures from NOMESCO, Nordic health statistics committee. www.lifesite.net/ldn/2001/july/010727.html

[13] WHO "Mental Health: New understanding, new hope" Press release (media kit) Geneva, 4th October. Find at http://www.who.int/whr/2001/main/en/media/pressrelease.htm

warn them of the psychological risks. Five out-of-court settlements have already been reported.[14] A new study by the deVeber Institute for Bioethics and Social Research reviews literature on physical and psychological risks after abortion and finds risks underreported. This has important implications for informed consent.[15]

[14] Tankard-Reist, Melinda "Women are not told enough before they have an abortion" *The Canberra Times* 29th April 2002

[15] deVeber Institute for Bioethics and Social Research (2002) "Abortion risks higher than expected", Press Release April 22 2002, http://www.deveber.org/press-release-eng2.html