

## "ABORTION AND WOMEN'S HEALTH"

The Society for the Protection of Unborn Children (SPUC) has published "Abortion and Women's Health," by **Dr. Greg Pike**, to mark the 50<sup>th</sup> Anniversary of the passing of the Abortion Act 1967. Abortions have been performed legally in many countries over the past 50 years and there is now a considerable body of research on the physical and mental impact of abortion on women.

Below are some of the issues covered in "Abortion and Women's Health":



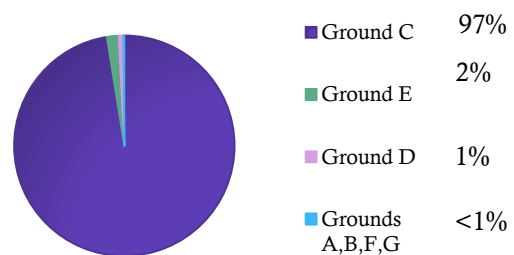
### Why Choose Abortion?

Many women choose abortion because of difficulties in their circumstances: financial stress and the stress of future parenthood as well as ongoing violence or deprivation.

Where there is **good support**, women will choose to keep their babies, as shown in a study of young pregnant black refugee/migrants looked after by the UK government where the environment was **woman-centred**.<sup>1</sup> Another study looking at formerly homeless young women who had babies concluded that "parenthood can activate hope and motivation".<sup>2</sup>

IPV (intimate partner violence) is a strong risk factor for abortion all over the world. In a study of London clinics, there was a six times higher rate of IPV in women undergoing abortion compared with women receiving antenatal care.<sup>3</sup>

Grounds Under Which Women had Abortions in England, Scotland, and Wales in 2016



**Under the Abortion Act 1967, 97%-98% of abortions carried out in England, Scotland, and Wales are on the grounds 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). "Abortion and Women's Health" shows that for so many women this is not the case, and the health and welfare of thousands of women is being seriously compromised.**



## Abortion Related Death

- Abortion-related deaths are normally expressed as a proportion of maternal mortality, and are almost always underestimated, being the least well measured.
- Research shows that women are also more likely to die from any cause after abortion versus giving birth.
- A Finnish study showed that suicide is approximately six times greater after abortion than after childbirth.<sup>4</sup>
- A Danish study found abortion was associated with significantly higher death rates for women up to ten years after an abortion, compared with women who gave birth.<sup>5</sup>

## Emotional Distress

- A study of Canadian students found that participants described significant grief three years after abortion.<sup>6</sup>
- A 2016 study of 8,005 American women found a 30% increased risk of depression and a 25% increased risk of anxiety following abortion.<sup>7</sup>

## Physical Effects

In 2014 medical abortions overtook surgical abortions in England and Wales for the first time.

Women having medical abortions may experience hospital admission, blood transfusion, emergency room treatment, administration of IV antibiotics and infection. Yet research carried out by those who provide abortion describe the procedures as safe and effective.<sup>8</sup>

## Mental Health

- A New Zealand study concluded that women who had abortions experienced mental health disorders 30% more often compared to women who had not had an abortion.<sup>9</sup>
- Depression, anxiety and post-traumatic stress disorder are also associated with the subsequent pregnancies of women who have had an abortion.<sup>10</sup>
- Women who have had an abortion are at a higher risk of psychiatric admission compared to women who keep their babies.<sup>11</sup>



For further information on these topics and more, please consult "Abortion and Women's Health," by Dr. Greg Pike, Founding Director of Adelaide Centre for Bioethics and Culture.

1 Mantovani N & Thomas H (2014) Choosing motherhood: the complexities of pregnancy decision-making among young black women 'looked after' by the State. *Midwifery* 30:e72-e78.

2 Ruttan L, Laboucane-Benson P & Munro B (2012) Does a baby help young women transition out of homelessness? Motivation, coping, and parenting. *J Family Social Work* 15(1):34-49.

3 Wokoma TT, Jampala M, Bexhell H, Guthrie K & Lindow S (2014) A comparative study of the prevalence of domestic violence in women requesting a termination of pregnancy and those attending an antenatal clinic. *BJOG* 121:627-633.

4 Gissler M, Karalis E & Ulander VM (2015) Decreased suicide rate after induced abortion, after the Current Care Guidelines in Finland 1987 – 2012. *Scandinavian Journal of Public Health* 43:99-101

5 Coleman PK, Reardon DC, & Calhoun BC (2012) Reproductive history patterns and long-term mortality rates: a Danish, population-based record linkage study. *European Journal of Public Health* 23(4):579-574.

6 Curley M & Johnston C (2013) The characteristics and severity of psychological distress after abortion among university students. *Journal of Behavioral Health Services & Research* 40(3):279-293.

7 Sullins DP (2016) Abortion, substance abuse and mental health in early adulthood: Thirteen-year longitudinal evidence from the United States. *SAGE Open Med* 4:1-11.

8 Cleland K, Creinin MD, Nucatola D, Nshom M & Trussell J (2013) Significant adverse events and outcomes after medical abortion. *Obstet Gynecol* 121(1):166-171.

9 Fergusson DM, Horwood LJ & Boden JM (2008) Abortion and mental health disorders: evidence from a 30-year longitudinal study. *British Journal of Psychiatry* 193(6):444-451.

10 Hamama L, Rauch SA, Sperlich M, et al. (2010) Previous experience of spontaneous or elective abortion and risk for posttraumatic stress and depression during subsequent pregnancy. *Depression & Anxiety* 27:699-707.

11 Reardon DC, Cogle JR, Rue VM, Shuping MW, Coleman PK & Ney PG (2003) Psychiatric admissions of low-income women following abortion and childbirth. *Canadian Medical Association Journal* 168(10):1253-6.

