

Complications You can have With your abortion.

"In medical practice, there are few surgical procedures given so little attention and so underrated in its potential hazards as abortion. It is a commonly held view that complications are inevitable."

- Dr. Warren Hern, world renowned **abortionist**

Death

STAKES, Finland's National Research and Development Center for Welfare and Health, studied death records of over 9,000 women who had abortions in Finland. In 1997, the organization published a number of results:

- Women who had induced abortions were 3.5 times more likely to die within a year as women who carried the pregnancy to term.
- Women who aborted were 76% more likely to die in the year following the abortion as women who were not pregnant.
- Women who gave birth were only half as likely to die in the year of birth as non-pregnant women.
- Of the women who aborted and died within a year of their last pregnancy, 27% of the deaths were caused from suicide. This represented an extremely high suicide rate. The rate of suicide among women who carried to term was about half that of the general population.¹

Ectopic (Tubal) Pregnancy

An ectopic pregnancy is any pregnancy that occurs outside the uterus. If not discovered soon enough, an ectopic pregnancy ruptures, and you can bleed to death if you do not have emergency surgery. There has been a fourfold increase in ectopic pregnancies in the

U.S. since abortion was legalized. In 1970, the rate was 4.8 per 1,000 live births. By 1980, it was 14.5 per 1,000 births, and by 1993 (the last available data) it was 19.7 per 1,000.² A number of researchers have noted a connection between induced abortion and an increased risk of ectopic pregnancy. In a 1998 study an increased relative risk of ectopic pregnancy of 1.4 after one induced abortion and 1.9 after two was reported.² A number of earlier studies found similar results.³

Premature Birth

Premature birth is the leading cause of death before the age of one. Forty-nine studies between 1963 and 2001 in ten countries show a significant increased risk of premature birth after induced abortion.

For instance, in one survey in Denmark of nearly 16,000 women who had first trimester abortions and 46,000 women who carried to term, the increase in premature birth was 89% after one abortion, 166% after two abortions.⁴

Uterine and Cervical Damage

Perforations and lacerations are caused by errors the doctor makes in the use of sharp instruments. In a study of over 6000 first trimester abortions, the rate of uterine perforation was found to be 19.6 per 1000. Scarring from perforations can interfere with implantation of a later pregnancy. Most of these injuries go undetected until a woman experiences difficulty becoming pregnant at a later time or has a miscarriage.⁵ If the uterine perforation is missed during the abortion, you may have increased abdominal pain, bleeding and fever. If perforation results in injury to major blood vessels, hemorrhagic shock may occur.

Bowel injury may accompany uterine perforation. If it is not recognized at first, you may have abdominal pain, fever, blood in the stool, nausea, and vomiting.

Bladder injury may occur as a result of uterine or cervical perforation, resulting in lower abdominal pain and blood in the urine.

Excessive hemorrhaging (internal bleeding) during or after abortion may be caused from cervical laceration or uterine perforation.⁶

Breast Cancer

An analysis of 38 worldwide studies found a 30% overall increased risk of breast cancer after abortion. The American Cancer Society reports that almost one of every seven women in the United States will develop breast cancer by age 85. It has become the leading cause of cancer death in women up to age 55.⁷ There are also studies showing possible links of cervical, ovarian and colorectal cancer to abortion, especially when a woman has had multiple abortions.⁸

Placenta Previa

In this condition your baby's placenta lies over the exit from the uterus so that the placenta has to be delivered before the baby can get out. This causes the mother to bleed severely while the baby almost always dies, unless your obstetrician recognizes this condition and removes the baby by Caesarean section at just the right time in the pregnancy. Researchers found that women who had aborted were 28% more likely to have trouble from placenta previa in a later pregnancy.⁹

Future Pregnancies

Due to injury to the cervix during dilation used in some abortions, your next baby may have a low birth weight or you may be more likely to have a spontaneous abortion in later pregnancies.⁹

Pelvic Inflammatory Disease (PID)

Even a single episode of PID can cause a infertility or increase the risk of ectopic pregnancies. Researchers have found that women who have untreated sexually transmitted diseases (STDs) at the time of their abortion have over a 60 percent cumulative risk of PID in the two years after their operation.⁸ Millions of American women are infected with chlamydia, gonorrhea, syphilis, or trichomoniasis but do not know it because they have no outward symptoms.¹⁰

Post-Abortion Syndrome

A major study found that at least 19% of post-abortion women suffer from post-traumatic stress disorder (PTSD).

And about 50% had many, but not all, of the symptoms that diagnose this disorder.¹¹ After an abortion, women can suffer a range of mental and psychological problems. These may include recurrent dreams of the abortion experience, avoidance of emotional attachment, relationship problems, sleep disturbances, guilt about surviving, memory impairment, hostile outbursts, suicidal thoughts or actions, depression, and substance abuse. These problems may occur days to decades later.

“Retained Products of Conception”

If your doctor leaves pieces of the baby, placenta, umbilical cord, or amniotic sac in your body, you may require antibiotics and possible hospitalization, and additional surgery to remove these remaining pieces. “Retained products of conception” are usually what is responsible for the “post-abortion triad”: Pain, bleeding, and low-grade fevers.⁶

Failed Abortion

Failed abortion is relatively common with very early abortions. You may experience hyperemesis (extremely severe nausea, resulting in weight loss and electrolyte imbalance), increased abdominal girth, and breast engorgement. Failed abortion would include ectopic pregnancies that were not recognized at the time of the abortion.⁶

AFE and DIC

If the amniotic fluid surrounding the baby mixes with the mother’s bloodstream (from a laceration or perforation), amniotic fluid embolism may result. Amniotic fluid embolism (AFE) results in acute respiratory failure, circulatory collapse, shock and DIC. DIC (disseminated intravascular coagulopathy) causes severe post-abortion bleeding and occurs in 2 to 6 of every 1,000 abortions. Amniotic fluid embolism with DIC is catastrophic and life threatening.^{6,12}

Additional Information:

Suggested book: Ring-Casidy, E. and Gentles, I., *Women’s Health after Abortion, the Medical and Psychological Evidence*, deVeber Institute for Bioethics and Social Research, Toronto, Ontario, Canada, 2003.

Suggested web site: Elliot Institute: www.Afterabortion.org.

Over one hundred potential complications have been associated with induced abortion. “Minor” complications include: minor infections, bleeding, fevers, chronic abdominal pain, gastro-intestinal disturbances, vomiting, and Rh sensitization. The nine most common “major” complications are infection, excessive bleeding, embolism, ripping or perforation of the uterus, anesthesia complications, convulsions, hemorrhage, cervical injury, and endotoxic shock.¹³

References:

1. 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 (1997), as cited by: Reardon, D., *Post Abortion Review, Abortion Is Four Times Deadlier Than Childbirth*, New Studies Unmask High Maternal Death Rates From Abortion found at: http://afterabortion.org/2000/abortion-four-times-deadlier-than-childbirth/#N_1_, accessed 10-15-2011.
2. “Risk of Ectopic Pregnancy and Previous Induced Abortion”, Thorax-Deneux, C., et al., *American Journal of Public Health*, March 1998, Vol. 88, No. 3, pp. 401-406, found at: <http://www.ajph.org/cgi/reprint/88/3/401>, accessed 10-15-2011.
3. Daling, et al., “Ectopic Pregnancy in Relation to Previous Induced Abortion”, *JAMA*, Feb. 15, 1985; 253 No. 7, 1005-1008 reported increases of 1.4 and 1.8. In addition, Am. J. Public Health, 72:253-6, 1982, reported relative risk of 1.3 and 2.6 for 1 prior induced abortion and 2 prior induced abortions, respectively, found at: <http://www.ajph.org/cgi/reprint/72/3/253>, accessed 10-15-2011.
4. Zhou, W., Sorensen, H., Olsen, J. Induced abortion and subsequent pregnancy duration, *Obstetrics & Gynecology*, 1999, Dec;94(6):948-53 as cited by Ring-Casidy, E. and Gentles, I., *Women’s Health after Abortion, the Medical and Psychological Evidence*, deVeber Institute for Bioethics and Social Research, Toronto, Ontario, Canada., 2003, p. 46.
5. Kaali, S. Szigetvari, I., Bartfai, G. The frequency and management of uterine perforations during first-trimester abortions, *American Journal of Obstetrics and Gynecology*, August, 1989, 161(2):406-408.
6. Gauflberg, S., MD, FACEP, *Abortion, Complications*, EMedicine, WebMD, 8-29-06, found at: <http://www.emedicine.com/emerg/topic4.htm>, accessed 10-15-2011.
7. Brind, J., et al., “Induced Abortion as an Independent Risk Factor for Breast Cancer: A Comprehensive Review and Meta-Analysis” *Epidemiology & Community Health*, Vol. 481 (1996).
8. Ring-Casidy, E. and Gentles, I., *Women’s Health after Abortion, the Medical and Psychological Evidence*, deVeber Institute for Bioethics and Social Research, Toronto, Ontario, Canada., 2003, p 38.
9. Taylor, V., et. al., *Placenta previa in relation to induced and spontaneous abortion: a population-based study*, *Obstetrics and Gynecology*, 1993, July;82(1):88-91; p. 91, as cited in: Ring-Casidy, E. and Gentles, I., *Women’s Health after Abortion, the Medical and Psychological Evidence*, deVeber Institute for Bioethics and Social Research, Toronto, Ontario, Canada., 2003, p 42-44.
10. Centers for Disease Control and Prevention, *Sexually Transmitted Diseases, Fact Sheets* found at: http://www.cdc.gov/std/HealthComm/fact_sheets.htm, accessed on 10-15-2011.
11. Barnard, C., *The Long-Term Psychological Effects of Abortion*, Institute for Pregnancy Loss, 1990, as cited by: *A List of Major Psychological Sequelae of Abortion*, found at: <http://www.afterabortion.org/psychol.html>, accessed 10-15-2011.
12. Bick, R., M.D., Ph.D., F.A.C.P., Hoppensteadt, D., Ph.D., D.I.C., *Hematological Complications in Obstetrics, Pregnancy, and Gynecology*, Cambridge University Press, 2006.
13. Reardon, “Criteria for the Identification of High Risk Abortion Patients: Analysis of An In-Depth Survey of 100 Aborted Women”, Presented at the 1987 Paper Session of the Association for Interdisciplinary Research, Denver.

If you are pregnant and need help or want to talk call:

©2011 Heritage House ‘76, Inc.

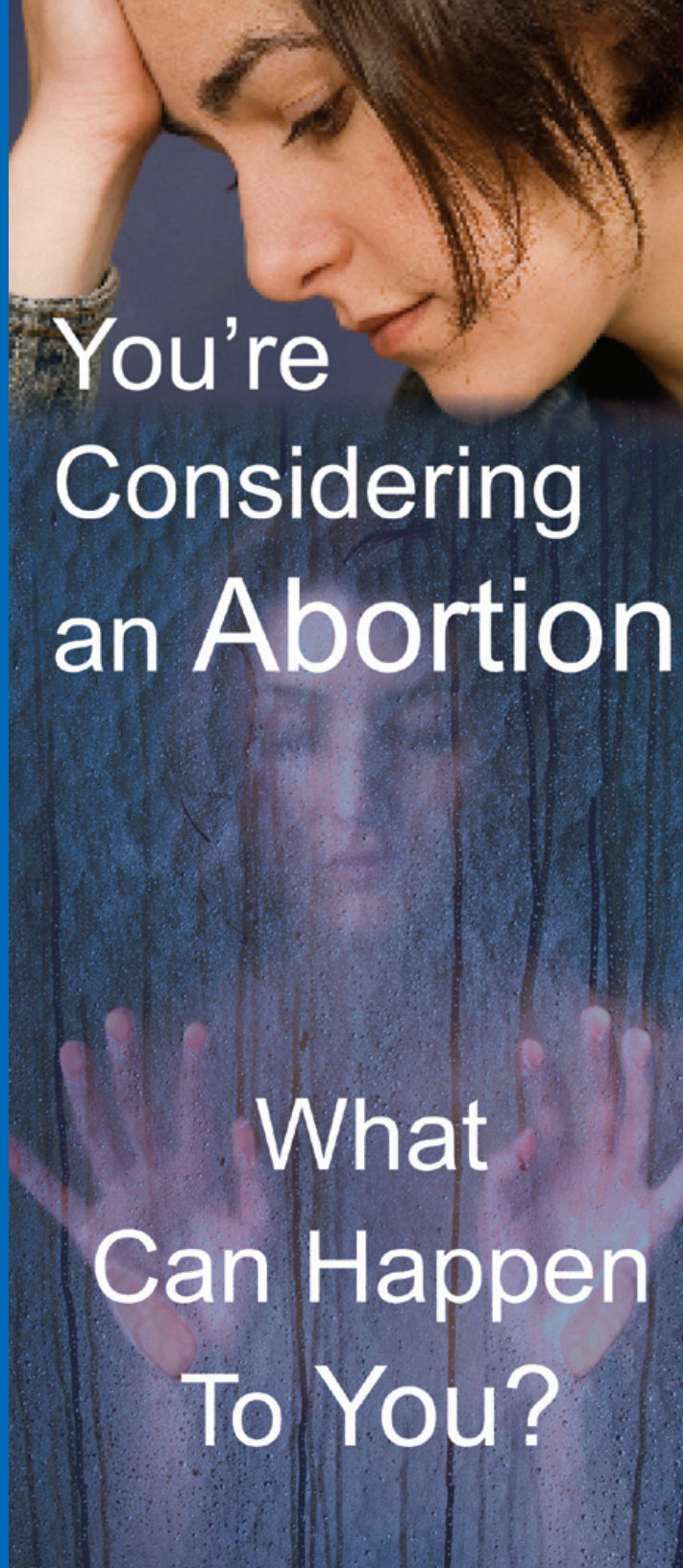
All rights reserved

919 S. Main St. Snowflake, AZ 85937

1-800-858-3040 item no. 928YC

reprints and quantity discounts available:

www.hh76.com 10-15-2011



You’re Considering an Abortion

What Can Happen To You?