

Myths About Abortion Complications

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Many Myths About the Dangers of Abortion

Women who have abortions are bad

Physicians and health care professionals who provide abortions are disreputable

Abortion is dangerous

MYTHS



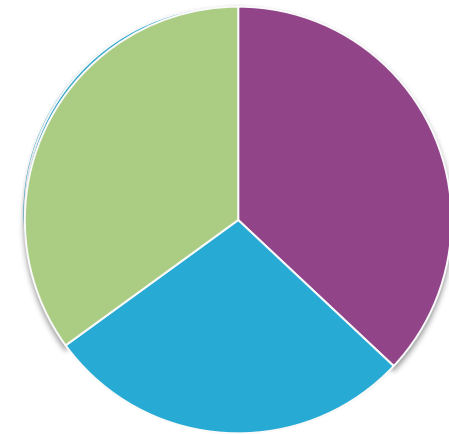
↑ FEAR

↓ ACCESS

Who has abortions? Women...

- Of all ages
- Of all races
 - Non-hispanic white – 36%
 - Non-hispanic black – 30%
 - Hispanic – 25%
- Of all religions
 - 65% Protestant or Catholic
- With kids
 - 61% have 1 or more kids already

Birth control use by age group



Who performs abortions?



- Myth: untrained, deviant doctors
- ↑ stigma, hostile environment
- ↓ opportunities to provide abortions
- Professional and social isolation



Formal Restrictions on Who Provides Abortions

- Admitting privileges
 - 21 states
- Within ambulatory surgery centers (ASC)
 - 27 states, 60% women
 - **Myth:** ASCs are safer
 - But nearly all abortions are done in freestanding clinics, and complications are rare
 - American Congress of Obstetricians and Gynecologists (ACOG) says providing abortions in private office is safe

Myth of Dangerous Health Effects from Abortion

- Infertility
- Ectopic pregnancy
- Spontaneous abortion
- Breast cancer
- Mental health effects
 - Depression
 - Post-abortion Syndrome
 - Regret (Federal Abortion Ban)

Explaining “Bad Outcomes” and the Importance of Study Design

- Study design
 - Choose women with the bad outcome (infertility, miscarriage, ectopic)
 - Compare “exposures” – in this case, prior induced abortion
- Abortion underreporting
- “Sick” women (those with bad outcomes) underreport LESS → makes it look like bad obstetric outcomes are associated with abortion

Poor Obstetric Outcomes: Infertility, Ectopic Pregnancy, Miscarriage, and Preterm Birth

- Infertility, ectopic, miscarriage: no evidence to support an association
- Preterm birth (PTB):
 - Many case-control study designs
 - Odds ratios 1.0 – 2.0
 - **Self-reported** abortion history
- Highest quality studies (Kalish, Jackson)
 - prospective study of pregnancy outcomes after D&E
 - no increased risk of PTB

Breast Cancer: an Ongoing Myth

MailOnline

Home News Sport TV&Showbiz Femail **Health** Science&Tech

Abortion 'triples breast cancer risk': Fourth study finds terminations linked to disease

By SIMON CALDWELL
Last updated at 1:55 AM on 24th June 2010

- Case control studies
- Self-reported history of abortion
- Abortion ~ breast cancer link stronger in areas of ↑ religion (↑ underreporting)

Danish study

where all medical care is registry-based (avoids problem of underreporting)

No association between abortion and breast cancer

Depression and Other Mental Health Effects

- American Psychological Association abortion task force reported negative mental health effects after abortion
 - Based on reporting effects seen over many studies
 - Problem with the comparison group
- Pre-existing mental health problems predict mental health problems after abortion

Other Mental Health Effects: “Post-abortion Syndrome”

- “Social diagnosis” introduced by crisis pregnancy centers (CPCs) in 1970s
 - CPCs: pregnancy testing and anti-choice counseling
 - Claim that abortion is uniquely damaging to women and childbirth is automatically beneficial
- 20 states require physicians to tell women about potential psychological side effects, including Post-abortion Syndrome
 - No scientific evidence

Regret

- Regret
 - Federal Abortion Ban
 - Data support ↑ satisfaction after abortion
- Complex emotions
 - Accompany all major life decisions

Fetal Pain

PAIN of the UNBORN
What does an unborn child feel during an abortion?

While an unborn child cannot verbally express the pain she experiences, all biological indicators suggest unborn children are capable of feeling pain by at least 20 weeks.



During weeks 8-16, the thalamus develops, functioning as the main relay center in the brain for sensory impulses going from the spinal cord to the cortex.(1)

to receive pain signals from the body, and their electrical activity can be recorded by standard electroencephalography (EEG)."

—Dr. Paul Rakic, neurologist, University of Toronto

With pain receptors, spinal cord, nerve tracts, thalamus, and cortex in place, all anatomical links needed for pain transmission to the brain, for feeling pain, are present.

An unborn child at 20 weeks gestation "is fully capable of experiencing pain... Without question, [abortion] is a dreadfully painful experience for any infant subjected to such a surgical procedure."

—Robert J. White, MD, Ph.D, professor of neurosurgery, Case Western Reserve University

Highest Pain Receptor Density Before Birth
Between weeks 20 and 36, an unborn child has more pain receptors per square inch than at any other time, before or after birth, with only a very thin layer of skin for protection.(4)

Pain Inhibition Not Fully Developed Until Later
Mechanisms that inhibit or moderate the experience of pain do not begin to develop until weeks 30-32. Any pain the unborn child experiences before these mechanisms form is likely worse than the pain an older child or adult experiences.(4)

The unborn's experience of pain may actually be heightened

- Systematic review: fetuses likely can't feel pain until 3rd trimester
- Used as a rationale to ban abortions after 20 weeks
 - January 2014: Supreme Court declined to hear a case regarding Arizona abortion ban after 20 weeks

Myths, Stigma, and Unsafe Abortion

