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Physical Health Risks of Abortion

Scientific Studies Reveal Significant Risk

A List Of Major Physical Sequelae Related To Abortion ¹

IMMEDIATE COMPLICATIONS

Approximately 10% of women undergoing elective abortion will suffer immediate complications, of which approximately one-fifth (2%) are considered life threatening. The nine most common major complications which can occur at the time of an abortion are: infection, excessive bleeding, embolism, ripping or perforation of the uterus, anesthesia complications, convulsions, hemorrhage, cervical injury, and endotoxic shock. The most common "minor" complications include: infection, bleeding, fever, second degree burns, chronic abdominal pain, vomiting, gastrointestinal disturbances, and Rh sensitization. ²

INCREASED RISKS FOR TEENAGERS

Teenagers, who account for about 30 percent of all abortions, are also at much high risk of suffering many abortion related complications. This is true of both immediate complications, and of long-term reproductive damage. ³

INCREASED RISK FOR CONTRIBUTING HEALTH RISK FACTORS

Abortion is significantly linked to behavioral changes such as promiscuity, smoking, drug abuse, and eating disorders which all contribute to increased risks of health problems. ⁴ For example, promiscuity and abortion are each linked to increased rates of PID and ectopic pregnancies. Which contributes most is unclear, but apportionment may be irrelevant if the promiscuity is itself a reaction to post-abortion trauma or loss of self esteem.

CERVICAL LACERATIONS

Significant cervical lacerations requiring sutures occur in at least one percent of first trimester abortions. Lesser lacerations, or micro fractures, which would normally not be treated may also result in long term reproductive damage. Latent post-abortion cervical damage may result in subsequent cervical incompetence, premature delivery and complications during labor. The risk of cervical damage is greater for teenagers, for second trimester abortions, and when practitioners fail to use laminaria for dilation of the cervix. ⁵

PLACENTA PREVIA

Abortion increases the risk of placenta previa in later pregnancies (a life threatening condition for both the mother and her wanted pregnancy) by seven to fifteen fold. Abnormal development of the placenta due to uterine damage increases the risk of fetal malformation, perinatal death, and excessive bleeding during labor. ⁶

HANDICAPPED NEWBORNS IN LATER PREGNANCIES

Abortion is associated with cervical and uterine damage which may increase the risk of premature delivery, complications of labor and abnormal development of the placenta in later pregnancies. These type of reproductive complications are the leading causes of handicaps among newborns. ⁷

ECTOPIC PREGNANCY

Abortion is significantly related to an increased risk of subsequent ectopic pregnancies. Ectopic pregnancies, in turn, are life threatening and may result in reduced fertility. ⁸ More on [ectopic pregnancy](#).

PELVIC INFLAMMATORY DISEASE (PID)

PID is a potentially life threatening disease which can lead to an increased risk of ectopic pregnancy and reduced fertility. Of patients who have a chlamydia infection at the time of the abortion, 23% will develop PID within 4 weeks. Studies have found that 20 to 27% of patients seeking abortion have a chlamydia infection. Approximately 5% of patients who are not infected by chlamydia develop PID within 4 weeks after a first trimester abortion. It is therefore reasonable to expect that abortion providers should screen for and treat such infections prior to an abortion. ⁹ More on [pelvic inflammatory disease](#).

ENDOMETRITIS

Endometritis is a post-abortion risk for all women, but especially for teenagers, who are 2.5 times more likely than women 20-29 to acquire endometritis following abortion. ¹⁰

UTERINE PERFORATION

Between 2 and 3% of all abortion patients may suffer perforation of their uterus, yet most of these injuries will remain undiagnosed and untreated unless laparoscopic visualization is performed. ¹¹ The risk of uterine perforation is increased for women who have previously given birth and for those who receive general anesthesia at the time of the abortion. ¹² Uterine damage may result in complications in later pregnancies and may eventually evolve into problems which require a

hysterectomy, which itself may result in a number of additional complications and injuries including osteoporosis.

CERVICAL, OVARIAN, AND LIVER CANCER

Women with one abortion face a 2.3 relative risk of cervical cancer, compared to non-aborted women, and women with two or more abortions face a 4.92 relative risk. Similar elevated risks of ovarian and liver cancer have also been linked to single and multiple abortions. These increased cancer rates for post-aborted women are apparently linked to the unnatural disruption of the hormonal changes which accompany pregnancy and untreated cervical damage.¹³ More on [cervical cancer](#).

BREAST CANCER

For women aborting a first pregnancy, the risk of breast cancer almost doubles after a first-trimester abortion and is multiplied with two or more abortions. This risk is especially great for women who do not have children. Some recent studies have refuted this finding, but the majority of studies support a connection.¹⁴ More on [abortion and breast cancer](#).

DEATH

The leading causes of abortion related deaths are hemorrhage, infection, embolism, anesthesia, and undiagnosed ectopic pregnancies. Legal abortion is reported as the fifth leading cause of maternal death in the United States, though in fact it is recognized that most abortion related deaths are not officially reported as such.¹⁵

INCREASED RISKS FOR WOMEN OBTAINING MULTIPLE ABORTIONS

In general, most of the studies cited above reflect risk factors for women who undergo a single abortion. These same studies show that women who have multiple abortions face a much greater risk of experiencing these complications. This point is especially noteworthy since approximately 45% of all abortions are repeats.

SOURCES

1. An excellent resource for those interested in legal aspects of abortion is Thomas Strahan's Major Articles and Books Concerning the Detrimental Effects of Abortion (Rutherford Institute, PO Box 7482, Charlottesville, VA 22906-7482, (804) 978-388.) This resource includes brief summaries of major findings drawn from medical and psychology journal articles, books, and related materials, divided into major categories of injuries.
2. Frank, et al., "Induced Abortion Operations and Their Early Sequelae," *Journal of the Royal College of General Practitioners* (April 1985), 35(73): 175-180; Grimes and Cates, "Abortion: Methods and Complications", *Human Reproduction*, 2nd ed., 796-813; M. A. Freedman, "Comparison of complication rates in first trimester abortions performed by physician assistants and physicians," *Am. J. Public Health*, 76(5):550-554 (1986).
3. Wadhwa, "Legal Abortion Among Teens, 1974-1978", *Canadian Medical Association Journal*, 122:1386-1389, (June 1980).
4. See sources (12 - 19) in related document, "A List of Major Psychological Sequelae of Abortion.". [Go there](#).
5. K. Schulz, et al., "Measures to Prevent Cervical Injuries During Suction Curettage Abortion," *The Lancet*, May 28, 1983, pp. 1182-1184; W. Cates, "The Risks Associated with Teenage Abortion," *New England Journal of Medicine*, 309(11):612-62, I; R. Castadot, "Pregnancy Termination: Techniques, Risks, and Complications and Their Management," *Fertility and Sterility*, 45 (I):5-16 (1986).
6. Barrett, et al., "Induced Abortion: A Risk Factor for Placenta Previa", *American Journal of Ob & Gyn.* 141:7 (1981).
7. Hogue, Cates and Tietze, "Impact of Vacuum Aspiration Abortion on Future Childbearing: A Review", *Family Planning Perspectives* (May-June 1983), vol. 15, no. 3.
8. Daling, et.al., "Ectopic Pregnancy in Relation to Previous Induced Abortion", *JAMA*, 253(7):1005-1008 (Feb. 15, 1985); Levin, et al., "Ectopic Pregnancy and Prior Induced Abortion", *American Journal of Public Health* (1982), vol. 72, p. 253; C. S. Chung, "Induced Abortion and Ectopic Pregnancy in Subsequent Pregnancies," *American Journal of Epidemiology*, 115(6):879-887 (1982)
9. T. Radberg, et al., "Chlamydia Trachomatis in Relation to Infections Following First Trimester Abortions," *Acta Obstetrica Gynaecologica* (Supp. 93), 54:478 (1980); L. Westergaard, "Significance of Cervical Chlamydia Trachomatis Infection in Post-abort Pelvic Inflammatory Disease," *Obstetrics and Gynecology*, 60(3):322-325, (1982); M. Chacko, at al., "Chlamydia Trachomatis Infection in Sexually Active Adolescents: Prevalence and Risk Factors," *Pediatrics*, 73(6), (1984); M. Barbacci, et al., "Post Abortal Endometritis and Isolation of Chlamydia Trachomatis," *Obstetrics and Gynecology* 68(5):668-690, (1986); S. Duthrie, et al., "Morbidity After Termination of Pregnancy in First-Trimester," *Genitourinary Medicine*, 63(3):182-187, (1987).
10. Burkman, et al., "Morbidity Risk Among Young Adolescents Undergoing Elective Abortion," *Contraception*, 30:99-105

(1984); "Post-Abortal Endometritis and Isolation of Chlamydia Trachomatis," *Obstetrics and Gynecology*, 68(5): 668- 690, (1986).

11. S. Kaali et al., "The Frequency and Management of Uterine Perforations During First Trimester Abortions," *Am. J. Obstetrics and Gynecology* 161:406-408, August 1989; M. White, "A Case-Control Study of Uterine Perforations Documented at Laparoscopy," *Am. J. Obstetrics and Gynecology* 129:623 (1977).

12. D. Grimes et al., "Prevention of uterine perforation During Curettage Abortion," *JAMA*, 251:2108-2111 (1984); D. Grimes, et al., "Local versus General Anesthesia: Which is Safer For Performing Suction Abortions?" *Am. J. of Obstetrics and Gynecology*, 135:1030 (1979).

13. M-,G, Le et al., "Oral Contraceptive Use and Breast or Cervical Cancer: Preliminary Results of a French Case-Control Study, Hormones and Sexual Factors in Human Cancer Etiology, ed. J P Wolff, et al., *Excerpta Medica: New York* (1984) pp. 139-141; F. Parazzini, et al., "Reproductive Factors and the Risk of Invasive and Intraepithelial Cervical Neoplasia," *British Journal of Cancer*, 59:805-809 (1989); H. L. Stewart, et al., "Epidemiology of Cancers of the Uterine Cervix and Corpus, Breast and Ovary in Israel and New York City," *Journal of the National Cancer Institute* 37(i):1-96; I. Fujimoto et al., "Epidemiologic Study of Carcinoma in Situ of the Cervix," *Journal of Reproductive Medicine* 30(7):535 (July 1985); N. Weiss, "Events of Reproductive Life and the Incidence of Epithelial Ovarian Cancer," *Am. J. of Epidemiology*, 117(2):128-139 (1983); V. Beral, et al., "Does Pregnancy Protect Against Ovarian Cancer," *The Lancet*, May 20, 1978, pp. 1083-1087; C. LaVecchia, et al., "Reproductive Factors and the Risk of Hepatocellular Carcinoma in Women," *International Journal of Cancer*, 52:351, 1992.

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Adapted from information provided by the [Elliot Institute](#), PO Box 7348, Springfield, IL 62791

As is clear from the document above, surgical abortion carries many physical risks, which are compounded for repeat and late term abortions. Many women may have done damage to their reproductive systems without realizing it, only to find years later that they are infertile or worse. Surgical abortion can make subsequent pregnancies more dangerous, thus contributing to overall maternal mortality for wanted pregnancies. The increased risk of breast cancer, though [well documented](#), is not usually disclosed to women seeking abortions. Any woman considering abortion should take into account the possibility of becoming injured in any of the ways documented above.

Additional Documented Effects

- More than 58 percent of all women experienced 'quite a bit' or 'severe' pain during induced abortion. Among women with no full term births prior to the abortion, this figure is 61.4%. "We were surprised to note that the majority of women reported moderate or more discomfort during the procedure [induced abortion]; we had not expected as many women to report severe pain."

[Source: *The Journal of Reproductive Medicine*, Pain During Early Abortion, Dr. Lynn Borgatta and David Nickinovich (PhD), 1997, vol. 42, pp. 287-293. Co-author Dr. Lynn Borgatta is in the Medical Division of Planned Parenthood Federation of America (New York City).]

- Women who have induced abortions have an increased risk of HIV infection of 172%, and researchers are at least 99% confident of this result. "Significantly higher prevalences of infection [HIV-1] were associated with induced abortion (0.49%) than with delivery (0.18%) (OR: 2.72; 95% CI: 2.29-3.22)" [*European Journal of Epidemiology*, Deliveries, abortion and HIV-1 infection in Rome, 1989-1994, 1997, 13:373-378.]
- A typical 15 year old American girl has a 10% lifetime risk of breast cancer. If she gets pregnant in her teens and has the baby she reduces her risk to 7.5%. However, if she has an abortion, her risk of breast cancer rises to 15% (assuming she has at least one child in her 20's). If the abortion causes permanent infertility her and/or for other reasons, she never has another pregnancy, her risk rises to 30%. [Source: Brinton LA, Hoover R, Fraumeni IF, Jr. (1983) *Brit. J. Cancer*. 47:757-62.]

Related Links

- [Mental Health Risks of Elective Abortion \(this site\)](#)
- [The Coalition on Abortion and Breast Cancer](#)

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