

**THE AMERICAN ASSOCIATION OF PROLIFE
OBSTETRICIANS AND GYNECOLOGISTS
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**LONG TERM COMPLICATIONS OF ABORTION: AN INTRODUCTION TO
THE INFORMATION CONTAINED IN THIS SECTION OF OUR WEBSITE**

When legal induced abortion came on the scene in American medicine in January, 1973, it's acceptance as a part of "medical care" was unique: It was accepted as a standard or care without real examination of it's potential after-effects on the patient. Legal abortion was part of a **legal-societal initiative, rather than as the culmination of a scientific process in biomedicine.** Normally, the introduction of a new medical "treatment" would involve **extensive clinical testing over time**, and a balanced and thorough consideration of the medical literature for the effect on the patient's health and well being, both in the short term and in the long term. **THIS EXTENSIVE SAFETY EVALUATION, especially with regard to longer term complications, DID NOT HAPPEN WITH THE INTRODUCTION OF LEGAL ELECTIVE ABORTION.**

•The immediate outcomes of a first trimester D&C abortion done in major hospital settings has a well documented safety record from the early 1970's. **However, for the past 25 or 30 years, the vast majority of abortions have been done in free standing clinics, where standards of expertise vary widely, where record keeping of complications is extremely inadequate, and where medical follow up is generally not done.** Most such free-standing clinics **never see their complications. They only do abortions. They do not do follow-up medical care.** Local emergency departments and local physicians "inherit" the complications of elective abortion. **As a result of this "arrangement," meaningful tracking of the complications of most induced abortions is practically impossible.**

There is scant evidence regarding the outcomes of elective abortion, other than its decided effectiveness at ending a pregnancy. In most cases, the long-term safety of abortion, and its "benefit" for women, has been accepted on the basis of inadequate or non-existent follow-up studies. **The long-term safety has simply not been questioned.** **For 35 years, long-term safety of induced abortion has largely been assumed!** (A kind of "after all, if the Supreme Court declared it legal, it must be safe" thought process prevails!)

•The American medical system is one of the world's most advanced. We keep adequate records on everything medical--- **EXCEPT FOR ABORTION RELATED STATISTICS.** Most abortions are done in free-standing clinics which never see the complications of their work. And there is generally **NO record linkage of abortion** to later medical events in a given woman's life. **We have essentially NO current meaningful records of long or short-term complications of 1.2 million abortions per year.**

•**And reporting of abortions is VOLUNTARY!** This further compromises the possibility of meaningful record keeping. **CA, NH, and VA simply do not report abortions at all to the CDC.** The standards of reporting from other states vary widely. In some European countries, (for contrast) all one's medical history in their home country is on their national computerized registry, and it can be studied. AAPLOG derives much of the educational information on abortion complications found on this website from such foreign sources.

LONG TERM COMPLICATIONS ASSOCIATED WITH INDUCED ABORTION

•The **basic premise** of the pro-choice movement is that induced abortion will result in a better life situation for the aborted woman-perhaps for some ultimately an improved educational or socioeconomic outcome. **But we are aware of no significant studies that demonstrate a better mental or physical health outcome for aborted women, compared to those who chose to deliver.**

• On the contrary, there is **ample evidence** that induced abortion in many cases is associated with **notable degradation of emotional health, physical health, and reproductive health.**

What do the “EXPERTS” say?

•The 2002, 2003, 2004 and 2005 issues of American College of Obstetricians and Gynecologists' "Compendium of Selected Publications" (Practice Bulletin #26) states (page 392, 445, 492, 561): "Long term risks sometimes attributed to surgical abortion include potential effects on **reproductive** function, **cancer** incidence, and **psychologic** sequelae. However, **the medical literature, when carefully evaluated, clearly demonstrates no significant negative impact on any of these factors with surgical abortion.**"

•In Oct, 2005, Practice Bulletin #26 (on medical “pill” abortions) was replaced by #67. The new bulletin does not contain the egregious misinformation regarding abortion complications. **But neither does it correct that very significant, oft repeated, misinformation.**

The ACOG-sponsored brief for the 2006 Supreme Court's Ayotte case (regarding parental consent) states: "C. The evidence belies any serious long term health consequences of abortion for minors: **Contrary to the claims of the State and its amici, there is simply no reliable evidence that abortions are harmful to minors' health.** Extensive reviews have concluded that there are no documented negative psychological or medical sequelae to abortion among teen-aged women. **Minors who obtain an abortion are not at greater risk of complications in future pregnancies, future medical problems, or future psychological problems.**"

Thus, one can conclude that ACOG documents have summarily denied the significance of medical literature demonstrating an association between induced abortion and

subsequent long-term complications. **We are aware of no current ACOG educational materials providing balance to this extreme position.**

AAPLOG HAS CONCLUDED THAT THE MEDICAL LITERATURE, “WHEN CAREFULLY EVALUATED,” TELLS A VERY DIFFERENT STORY!

•The material presented here details **the adverse long term health effects associated with induced abortion** that are evidenced in the literature up to December, 2008.

•It is our desire that this information, in the hands of informed and caring doctors and counselors, will help guide the women with an ”unwanted” pregnancy to **choices beneficial to the life of their unborn child and beneficial to their own emotional, reproductive, and physical health.**

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