

THE AMERICAN ASSOCIATION OF PROLIFE OBSTETRICIANS AND GYNECOLOGISTS

INDUCED ABORTION AND THE RISK OF SUBSEQUENT PREMATURE BIRTH: General comments and Summary of the pertinent literature.

Preterm Birth has become a very significant and extremely expensive medical reality in the United States (and other countries as well). Premature birth (birth before 37 weeks) has **increased 27% since 1981. In 2002 the premature (preterm, or PTB) rate was 12.1% of all live births** (and over 17% of all African-American births).

In 2003, the American College of ObGyn and the March of Dimes foundation announced a major campaign to decrease the number of premature births in America. Partnering with them in this campaign were the American Academy of Pediatrics, and the Association of Women's Health, Obstetrics, and Neonatal Nurses.

This campaign has identified a number of risk factors of premature birth, including infection, maternal or fetal stress, , bleeding or abruption, uterine stretch, maternal age, weight, smoking, drug use, and genetic component. **But, they conclude, "There is no known cause in HALF of premature births." AAPLOG is very concerned that they fail to mention induced abortion as a risk factor. It simply does not come up on their radar screen (nor on their Website).** Yet the existing medical literature **strongly confirms** that induced abortion may play a significant role in premature (preterm) birth (PTB) in a subsequent pregnancy. **At least 59 studies have demonstrated a statistically significant increase in premature birth or low birth weight risk in women with prior induced abortions.**

The March of Dimes failure to mention induced abortion as a risk factor for preterm birth is consistent with the published position of the American College of Obstetrics and Gynecology. The ACOG Practice Bulletin #26 (April, 2001) states: "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." This Bulletin was replaced in Oct, 2006 with Practice Bulletin #67, which does not repeat this misinformation. However, neither is there correction of this misinformation in any ACOG literature we have seen to date. (Dec 2008). Consistent with this position, the ACOG Amicus Brief for the 2006 Ayotte US Supreme Court Case declares authoritatively: "..... 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." AAPLOG does not feel this sweeping conclusion can be justified in the medical literature. To the contrary, there is a

very strong case in the medical literature implicating induced abortion as a risk factor for preterm birth, and as a factor in the escalating PTB rate seen over the past 30 years. Understand and addressing the risk factors for the preterm birth “epidemic” is crucial because **low birth weight** (LBW) and **preterm birth** (PTB) are the most important risk factors **for infant mortality or later disabilities**, as well as **for lower cognitive abilities and greater behavioral problems**. In addition to the huge human cost, the economic cost required to properly care for these premature babies is a severe challenge to medical care system.

Following are comments on several of the prominent studies focusing on the association between induced abortion and risk of subsequent preterm birth.

THE THORP REVIEW

Reference: Thorp, et. al., Long term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence; (OB GYN Survey, Vol 58 #1, 2002):

12 of 24 studies showed an association between Induced Abortion and PTB, showing a risk up to double the expected risk. Thorp identified a **“DOSE RESPONSE” effect, i.e., the more IA, the higher the risk.**

THE CALHOUN-ROONEY REVIEW

Calhoun, B, Rooney, B; Induced Abortion and Risk of Later Premature Birth; (Journal of American Physicians and Surgeons, Volt 8, #2, 2003):

Calhoun and Rooney reported on 1993 Australian study by Lumley of 121,305 births. See Table 1 for results:

	Number of prior IAs			1998 study
	1	2	3	4+
Gestational age	RR	RR	RR	RR
<u>20-27 wks(XPB)</u>	<u>1.6</u>	<u>2.5</u>	<u>5.6</u>	<u>9</u>
28-31 wks	1.5	1.1	2.6	
32-36 wks	1.1	1.6	2.4	

Table 1: Premature birth risk by # of prior induced abortions compared with outcome of first pregnancies.(Lumley, “The epidemiology of Pre term birth, Baillieres “Clinical OBGYN, 1993:7(3)477-498). Also Lumley in Prenatal Neonatal Med 1998; 3:21-24 (244,000 live births)

Most of the induced abortions reported in this study were by **vacuum aspiration**, which would be the **least traumatic** method for the cervix. Nevertheless, these IA’s resulted in the significant increases in PTB. Notice that **the Extreme Preterm Birth (XPB) category is inordinately affected**, with **doubling** of XPB with just 2 IA’s, an increase of over **5 times** the expected rate with 3 IA's, and **an astounding nine-fold increase with 4 or more induced abortions** (the latter figure from a 1998 study by Lumley, analyzing 243,679 live births.)

THE BAVARIAN STUDY

Calhoun and Rooney reported on a 1998 study from Bavaria of 106,345 births. See Table 2 for results.

Martius, et.al; "Risk factors..." EuroJ.ObGynReproBiol1998;80:183-189)

	Number of prior IAs		
	1	2	3 or more
Gestational age	RR	RR	RR
<32 weeks	2.5	5.2	<u>8.0</u>
<37 weeks	1.5	2.1	3.6

Note again, the dose response (more IA's produce more PTB). Note also the inordinate increase in Early Preterm Birth (under 32 weeks) associated with repeat induced abortion--an **eightfold increase** after 3 induced abortions

THE DANISH STUDY

Calhoun and Rooney reported on 1999 Danish study, which showed that a **mid trimester abortion by D&E**, (dilatation and evacuation) increased the risk of PTB substantially.

This seems logical, as the D&E procedure necessarily results in more cervical trauma than a simple suction curettage. One prior D&E more than doubled the PTB rate, and **two prior D&E's increased the risk 12 times higher** than the rate for women with no abortion history.(Zhou, Sorenson, Olsen, "Induced abortion and subsequent pregnancy duration," Obstet Gynecol 1999;94:948-953)

THE EUROPOP STUDY

A 2004 EUROPOP Study of 17 countries (7719 patients) concluded that the risk of **very preterm birth** (22 to 32 weeks), compared to women with no abortion history, **increased by 50% (1.5 times higher) after one abortion, and increased by 80% (1.8 times higher) after 2 abortions**. (Human Reproduction, Vol 19, No. 3, 29 Jan 2004, pp. 734-740)

THE EPIPAGE STUDY

Moreau C, et al."Previous induced abortions and the risk of very preterm delivery" Br J OBGyn,2005;112:430-437.

Previous induced abortions and the risk of very preterm delivery: results of the EPIPAGE study. (2837 patients) Among women who had one or more abortions, compared to women with no abortion history, there was a 50% increase (1.5 times higher) in very preterm births,(22-32 wks); two or more abortions resulted in a 160% increase (2.6 times higher). In this particular study they also looked at **extremely preterm deliveries** (22-27 weeks) and found a 70% increase (**1.7 times higher**) for those who had at least one prior abortion.

THE IOM REPORT

The most recent and complete commentary on the preterm birth question is found in the Institute of Medicine's newly published (National Academy of Science Press, July 06) 570 page resource book entitled "' *Preterm Birth: Causes, Consequences, and*

Prevention." This report has been applauded by ACOG, SART, and ASRM as an exceptional work on this adverse pregnancy result. ACOG is a co-sponsor of this work.

With a careful search, one will find a single reference to induced abortion as a risk factor for PreTerm Birth, found in the Appendix, on page 517-18, where abortion is noted as an “immutable” risk factor (meaning, once this pregnancy has started, there is no intervention to correct for the increased risk. Example of immutable factor: Congenital incompetent cervix). **Obviously, in the case of induced abortion, this risk factor is totally avoidable, if the woman is given adequate informed consent prior to the abortion and chooses NOT to have the abortion. The truth is, induced abortion is a preventable risk factor for future preterm birth: Do not have the abortion, and you will not have the associated increased risk of preterm birth.**

The latest statistics in the USA (2002) show a preterm (less than 37 weeks) birth rate of **12.7%**. Of these, Early Preterm Birth (EPB—under 32 weeks, infants weighing under 1500 grams, or about three pounds.) is at **7.8%**, **the highest rate in the past 30 years of stats**. As noted in the studies above, previous induced abortions’ have an **inordinately increased** association with **“extreme” (<27 wk) and “early” (<32 wk) premature deliveries** (compared to 32 - 37 week premature births.) Thus, abortion very likely will also have an inordinately increased association with cerebral palsy and other disabilities linked to extreme prematurity.

The total prematurity rate for women in America before 1970, before abortion became legal and common, was approximaely **6%**. . It is of interest to note that **in Ireland, where induced abortion is illegal, the prematurity rate in 2003 was 5.48%**, less than half the U.S. rate of 12.3%. Is there a message here??

Further very interesting statistics come from the Polish experience. Between 1989 and 1993, Poland’s induced abortion rate decreased 98% due to a new restrictive abortion law. The Demographic Yearbook of Poland reports that, between 1995 and 1997 the rate of extremely preterm births (<28 weeks gestation) dropped by 21%. Is there a message here??

Induced abortion has a significant association with subsequent premature birth, and particularly “very” premature birth (i.e, before 32 weeks gestation). “Very” premature birth has a significant association with cerebral palsy and other developmental difficulties.

AAPLOG calls upon the involved medical disciplines, (in particular, perinatologists and neonatologists) to recognize this reality, and to act in the best interest of the women and babies who are at risk. Public education and adequate informed consent are an essential place to start. But all physicians caring for women must be cognizant of this preventable risk factor, and educate their vulnerable patients accordingly.

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