

THE AMERICAN ASSOCIATION OF PROLIFE OBSTETRICIANS AND GYNECOLOGISTS

ABORTION AND MENTAL HEALTH ISSUES

“There is consensus among most social and medical science scholars that a minimum of 10 to 30% of women who abort suffer from serious, prolonged negative psychological consequences (Adler et al., 1992; Bradshaw & Slade, 2003; Major & Cozzarelli, 1992; Zolse & Blacker, 1992).”

Many assume that women with unplanned, unwanted pregnancies will suffer significant emotional distress if they carry to term. While the experience of continuing a pregnancy and parenting when a child was not expected can be quite stressful, the available literature indicates that women who abort are at an even higher risk for pronounced emotional, psychological, and behavioral difficulties. Four of these studies are briefly summarized below and are followed by highlights from the broader literature on the mental health consequences of abortion.

1. Coleman, P. K. (2006). Resolution of Unwanted Pregnancy During Adolescence Through Abortion versus Childbirth: Individual and Family Predictors and Consequences. *Journal of Youth and Adolescence*. After implementing controls, adolescents with an abortion history, when compared to adolescents who continued an unplanned pregnancy to delivery, were 5 times more likely to seek counseling for psychological or emotional problems, 4 times more likely to report frequent sleep problems, and they were 6 times more likely to use marijuana.
2. Cogle, J., Reardon, D. C., Coleman, P. K., & Rue, V. M. (2005). Generalized anxiety associated with unintended pregnancy: A cohort study of the 1995 National Survey of Family Growth. *Journal of Anxiety Disorders*, 19, 137-142. The odds of experiencing subsequent Generalized Anxiety was 34% higher among women who aborted compared to women who delivered an unplanned pregnancy. Differences between the abortion and birth groups were greatest among the following demographic groups: Hispanic 86% higher risk; unmarried at time of pregnancy: 42% higher risk; under age 20: 46% higher risk.
3. Reardon, D. C., Coleman, P. K., & Cogle, J. (2004) Substance use associated with prior history of abortion and unintended birth: A national cross sectional cohort study. *Am. Journal of Drug and Alcohol Abuse*, 26, 369-383. Compared to women who carried an unintended first pregnancy to term, those who aborted were 100% more likely to report use of marijuana in the past 30 days and 149% more likely to use cocaine in the past 30 days (only approached significance). Women with a history of

abortion also engaged in more frequent drinking than those who carried an unintended pregnancy to term. Except for less frequent drinking, the unintended delivery group was not significantly different from the no pregnancy group

4. Fergusson DM, Horwood JL, & Boden JM (2008). Abortion and mental health disorders: evidence from a 30-year longitudinal study, *The British Journal of Psychiatry* (2008) 193: 444-451. This study revealed the following increased risks associated with abortion: suicide ideation: 61%; alcohol dependence: 188%; illicit drug dependence: 185%; Major Depression: 31%; Anxiety Disorder: 113%

2006 NEW ZEELAND STUDY

J. of Child Psychology and Psychiatry, Vol 47:1 2006

Abortion In Young Women And Subsequent Mental Health

David M. Fergusson¹, L. John Horwood¹, and Elizabeth M. Ridder¹

Applauded by many as one of the best studies available. A longitudinal study of a birth

cohort in New Zealand. Examined over 500 women for the linkages between having an

abortion and mental health outcomes over an interval from age 15 to 25 years.

Results in the Ferguson study:

After adjustment for co-variables, when compared to women who delivered, women who aborted had:

- Over **2 times** the rate of severe anxiety disorders
- Nearly **3 times the rate of major depression**
- 4 times** the rate of suicidal ideation
- Over **6 times** the rate of illicit drug dependence

2008 NORWEGIAN STUDY

Willy Pedersen; Abortion and depression: A population-based longitudinal study of

young women; *Scandinavian Journal of Public Health*, volume 36, 2008 pages 424–428.

Results in the Pedersen study. This study involved 768 women aged 15 to 27.

After controlling for variables, women who had undergone an abortion were:

2.9 times more likely to have significant depression

2.8 times more likely to have alcohol problems

4.6 times more likely to use marijuana

5.0 times more likely to have nicotine dependence

7.7 times more likely to use other illegal drugs

COLEMAN REVIEW OF ABORTION AND SUBSTANCE ABUSE

Coleman, P, Induced Abortion and Increased Risk of Substance Abuse: a Review of the Evidence. Current Women's Health Reviews, 2005, Vol 1, 21-34

Coleman states, "Accumulating research evidence indicates that a history of induced abortion is associated with enhanced risk for substance abuse post-dating the procedure. In a study of over 700 women in New York State, Yamaguchi and Kandel [18] found that the use of illicit drugs other than marijuana was 6.1 times higher among women with a history of induced abortion when compared to women without a history. Similarly, research by Reardon and Ney [17] revealed that among women with no prior history of substance abuse, those who aborted when compared to those who continued their pregnancies to term were 4.5 times more likely to report subsequent substance abuse. Eighty-nine percent of the women reported the onset of substance use to be within three years of the induced abortion Additional studies have identified significant associations between induced abortion and substance use/abuse [14,15, 48, 49]."

This article is a detailed, thoughtful, extensive review of the literature, with 168 references. We commend it to your study.

CALIFORNIA DATA

•From Medical records of 173,000 California women (Medi-Cal data base) was used to compare those who delivered against those who aborted, using ICD diagnosis codes to get "hard data."

Research published since 1989 has consistently shown that women who abort are at a higher risk of subsequent substance abuse and emotional illness.

Reardon, et.al., Psychiatric admissions of low-income women following abortion and childbirth, Canadian Med Assn J., May 13, 2003 168 (10), 1253-1256. Across the 4-yr, the abortion group had 110% more claims (more than **DOUBLE**) for adjustment reactions than the birth group, (for depressive psychosis, single and recurrent episode, and bipolar disorder).

Coleman et.al. History of induced abortion in relation to substance use during subsequent pregnancies carried to term, AJOG, 2002, 187, 1673-1678. Compared with women who had previously given birth, women who aborted were significantly more likely to use **marijuana (10X)**, various **illicit drugs (5X)**, and **alcohol (2X)** during their **next pregnancy**.

Coleman, et.al., Substance use among pregnant women in the context of previous reproductive loss (abortion, miscarriage, stillbirth) and desire for current pregnancy; Brit J of Health Psychology, 2005, 10, 255-268. A prior history of abortion was associated with a significantly higher risk of using marijuana (3X), cocaine-crack (3X), cocaine-other than crack (5X), any illicit drugs (1.8X), and cigarettes (2X). It made no difference whether the pregnancy was wanted or not wanted.

Current actions by professional associations:

In March of 2008, the **Royal College of Psychiatrists** recommended updating abortion information leaflets to include details of the risks of depression, stating: **“Consent cannot be informed without the provision of adequate and appropriate information.”**

This overturns their previously declared consensus that has stood since 1994 that “the risks to psychological health from termination of pregnancy...is much less than the risks of proceeding with a pregnancy that is clearly harming the mother’s mental health.”

HOWEVER, THE APA DISAGREES

The American Psychological Assn, in August of 2008, after a year’s study of the literature, issued the following conclusion: for women with an unplanned pregnancy, the “risk of mental health problems is no greater if they have a single elective first trimester abortion than if they deliver that pregnancy.”

The bias and academic gymnastics involved in producing this convoluted report was of epic proportions. AAPLOG finds this report unsupportable from a scientific standpoint.

APA REPORT FALLOUT

- AAPLOG believes that this report will mislead physicians and the lay public.
- Most concerning, it has the potential to particularly mislead pregnant women considering abortion as an answer to their dilemma.
- This “official” statement will also likely be used to discredit physicians and counselors who advise patients of the mental health dangers of abortion.

“There is consensus among most social and medical science scholars that a minimum of **10 to 30%** of women who abort suffer from **serious, prolonged negative psychological consequences.**” (Adler et al., 1992; Bradshaw & Slade, 2003; Major & Cozzarelli, 1992; Zolese & Blacker, 1992).”

- The therapist’s awareness of the association of the abortion to the patient’s mental illness will be diminished by the APA statement, with consequent **treatment failures.**

•**These women deserve better than this from the APA.**

AAPLOG’S CONCLUSION

AAPLOG finds it deeply regrettable that the APA, a professional organization dedicated to the healing of mental health difficulties, would produce a report so lacking in academic balance, and so counter-productive to its basic mission.

To read the AAPLOG response to the APA statement, go to http://www.aaplog.org/downloads/CurrentIssues/AAPLOG_Response_To_APA_Task_210109.pdf.