

AAPLOG – AMERICAN ASSN OF PRO-LIFE OB/GYNS
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ABORTION AND PRETERM BIRTH

THE IOM REPORT: A CRACK IN THE STONE WALL

The ACOG has a firmly declared position on long term complications of induced abortions. Simply stated, they declare: THERE ARE NO SIGNIFICANT LONG TERM COMPLICATIONS. Lest you feel we are being unfair to the ACOG, we quote from the ACOG Practice Bulletin #26, unchanged since 2001, and re-validated as an ACOG position in their 2006 Compendium of Selected Publications: "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. Additionally, the ACOG sponsored Amicus Brief in the January 2006 Supreme Court case on parental notification (Ayotte vs Planned Parenthood of Northern New England), states unequivocally, "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." That Brief should be current enough to define ACOG's declared position on long-term abortion complications).

However, in July, 2006, National Academy of Science's Institute of Medicine produced a book entitled "Preterm Birth: Causes, Consequences, and Prevention." This is a 570-page volume with the very latest and most complete information. A July 06 ACOG news release highly praises this new work, and notes that "ACOG is pleased to be a cosponsor of this report because the impact of preterm birth is a major public health problem both in the US and worldwide." If one scrutinizes the report very carefully,

one will find, in the Appendix, one will find a single entry (on page 517-18) in which induced abortion is noted as an "immutable" risk factor (meaning, "once you are pregnant, if you have a history of previous induced abortion, this is an unalterable risk factor."

There are a few things on the "immutable" list that can be changed by action prior to pregnancy--the first is multiple gestations, which sometimes can be changed, when related to assisted reproductive techniques. A couple others, which MIGHT be able to be changed, are low pre-pregnancy weight and urogenital infections.

The elephant in the "risk factor room" is induced abortion, which can be changed by simply not obtaining the induced abortion in the first place--this would be primary prevention. There may not be any current secondary prevention, but there certainly can be primary prevention.

The "immutable" risk factor of induced abortion could be abolished as a risk factor in virtually all circumstances with adequate informed consent and some forward thinking. . .

But what about the ACOG position of denial of a risk association? What about the Amicus Brief issued for the 2006 Supreme Court case? They state categorically, concerning induced abortion, that the medical literature "clearly demonstrates no significant negative impact on" "reproductive function." They assure the Supreme Court Justices that induced abortion in "minors" renders them "not at greater risk of complications in future pregnancies," So what are we to believe?----the ACOG Amicus brief, or the ACOG sponsored and publicly praised IOM report? These positions seem to contradict each other. Perhaps a crack has developed in the stone wall of denial.

ACOG is a partner in the national March of Dimes campaign to reduce the number of premature births. To date, the word "abortion" has not appeared on the MOD website information concerning preventable risk factors for preterm births. Surely ACOG will advise MOD that the recent Institute of Medicine textbook validates the abortion as a risk factor, so MOD can, in turn, adequately inform the women they seek to serve regarding this completely preventable "immutable" preterm birth risk factor.