

THE MOST RECENT STUDY ON ABORTION AND SUBSEQUENT PRETERM BIRTH

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Is induced abortion a risk factor in subsequent pregnancy?

Voigt M, Olbertz D, Fusch C, Krafczyk D, Briese V, Schneider KT. The influence of previous pregnancy terminations, miscarriages and still-births on the incidence of babies with low birth weight and premature births as well as a somatic classification of newborns.

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Abstract Objective: To determine whether a history of terminations of pregnancy influences subsequent pregnancies in terms of pregnancy risks, prematurity and neonatal biometrics. Patients and methods: Based on the perinatal statistics of eight German federal states, data of 247,593 primiparous women with singleton pregnancies born between 1998 and 2000 were analyzed. The control group consisted of primiparous women without previous induced abortions. Maternal age was adjusted for. Results: There was an overall trend towards an increased rate of preterm delivery at ≤ 36 weeks' gestation and early preterm delivery at ≤ 31 weeks' gestation in women who had previous pregnancy terminations. For the cohort of 28-30 years, the observed rates of prematurity in women with one and with ≥ 2 previous induced abortions were 7.8% and 8.5%, respectively, compared to 6.5% in the control population ($P=0.015$). Preceding terminations of pregnancy did not alter the rate of small-for-gestational-age newborns. Psychosocial stress and symptoms associated with prematurity such as cervical incompetence and vaginal bleeding before and after 28 weeks of gestation occurred more frequently in women with previous induced abortion compared to the control group ($P<0.0001$). Conclusion: The rate of preterm births increases with the number of preceding abortions. Similarly, symptoms associated with prematurity are more common. The rate of small-for-gestational-age newborns was not affected by preceding terminations of pregnancy.

AAPLOG Comment: This appears to be a very clean retrospective study with large numbers. In the article, all 3 factors, elective abortion, spontaneous abortion, and stillbirth, had independent and additive effects on the risk of preterm birth in subsequent pregnancy when compared to women with no previous EAB, SAB, or stillbirth. With one EAB there was a 30% increase in < 32 week preterm birth. With 2 or more previous EABs the < 32 week preterm birth risk was increased by 90%. A previous SAB (and even more so a stillbirth) also increased the risk of < 32 week preterm birth. Our initial focus should be to recommend that women with previous EAB, SAB, or Stillbirth be watched carefully for evidence of preterm cervical change and/or preterm labor. Normally, this information would be made available to all women contemplating an elective abortion. However, like the more than 60 previous studies demonstrating an association between induced abortion and subsequent preterm birth, this study will also likely simply be ignored by the American ObGyn, MFM, and Neonatal medical specialty groups.