

THE AMERICAN ASSOCIATION OF PROLIFE OBSTETRICIANS AND GYNECOLOGISTS

INDUCED ABORTION AND SUBSEQUENT PLACENTA PREVIA

Placenta Previa is a condition in which the placenta has implanted abnormally low in the uterine cavity. In “partial placenta previa,” a segment of the placenta partially covers the opening to the cervical canal. In “complete placenta previa,” the placenta completely covers the opening to the cervical canal. Placenta previa can be potentially catastrophic to both mother and baby, as it carries the risk of **unpredictable, sudden, severe hemorrhage, necessitating emergency C Section as life saving treatment.** Very often this emergency occurs at a premature gestational age, increasing the risk for the baby’s favorable outcome. It can be appreciated that placenta previa is no small issue, whether for the patient, for her baby, or for her attending doctor. And it is increased significantly in pregnancies that follow an induced abortion.

Thorp (OB GYN Survey, Vol 58, No. 1, 2002) analyzed 3 studies, and found in women who had a previous induced abortion a **30% increase** in placenta previa rates compared to women with no abortion history. Thorp also noted a meta-analysis by Anath et. al., which found a **70% increase** in placenta previa rates in women with a previous abortion compared to women with no abortion history.

Normally, placenta previa occurs in about 1 in 125 pregnancies. With over 1 million abortions being done each year, and assuming that most of these women will carry a subsequent pregnancy, and using an average figure of a 50% increase, **there will be roughly 5,000 “extra” placenta previas per year due to induced abortion. And most placenta previa patients will require Caesarian Section delivery.**

A paper given at Society for Maternal Fetal Medicine, spring 07, indicated the following complications:

Emergent bleeding: 5% @ 35 wks, increasing to 29% @ 38 wks. Caesarian Section must be done to deliver the baby, deliver the placenta, and control (hopefully) the hemorrhage. Results noted below:

Hysterectomy: 2% for scheduled C/S delivery; 6% for emergent bleeding C/S.
Hysterectomy necessary due to failure to control uterine bleeding.

Roughly 3% of infants will have RDS

The ‘extra’ 5000 abortion related placenta previa cases per year would result in 250 cases of emergent bleeding at 35 wks and 1500 cases at 38 wks. This would result in **100 hysterectomies** in scheduled delivery cases, and **300 hysterectomies** in emergent bleeding cases;

150 babies with RDS.

Hemorrhage is a major cause of maternal mortality in the world, and placenta previa is a major cause of maternal hemorrhage.

Much of this morbidity and mortality could be avoided by choosing NOT to have an induced abortion in the previous pregnancy.