Myths About Abortion Complications

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Many Myths About the Dangers of Abortion

- Women who have abortions are bad
- Physicians and health care professionals who provide abortions are disreputable
- Abortion is dangerous

MYTHS

↑ FEAR
↓ ACCESS
Who has abortions? Women...

- Of all ages
- Of all races
  - Non-hispanic white – 36%
  - Non-hispanic black – 30%
  - Hispanic – 25%
- Of all religions
  - 65% Protestant or Catholic
- With kids
  - 61% have 1 or more kids already

Induced abortion fact sheet, Guttmacher Institute, 2014
Who performs abortions?

- **Myth: untrained, deviant doctors**
- **↑ stigma, hostile environment**
- **↓ opportunities to provide abortions**
- **Professional and social isolation**
Formal Restrictions on Who Provides Abortions

• Admitting privileges
  – 21 states

• Within ambulatory surgery centers (ASC)
  – 27 states, 60% women
  – **Myth:** ASCs are safer
  – But nearly all abortions are done in freestanding clinics, and complications are rare
  – American Congress of Obstetricians and Gynecologists (ACOG) says providing abortions in private office is safe
Myth of Dangerous Health Effects from Abortion

• Infertility
• Ectopic pregnancy
• Spontaneous abortion
• Breast cancer
• Mental health effects
  – Depression
  – Post-abortion Syndrome
  – Regret (Federal Abortion Ban)
Explaining “Bad Outcomes” and the Importance of Study Design

• Study design
  – Choose women with the bad outcome (infertility, miscarriage, ectopic)
  – Compare “exposures” – in this case, prior induced abortion

• Abortion underreporting

• “Sick” women (those with bad outcomes) underreport LESS → makes it look like bad obstetric outcomes are associated with abortion

Jagannathan et al. AJPH 2001
Poor Obstetric Outcomes: Infertility, Ectopic Pregnancy, Miscarriage, and Preterm Birth

• Infertility, ectopic, miscarriage: no evidence to support an association
• Preterm birth (PTB):
  – Many case-control study designs
  – Odds ratios 1.0 – 2.0
  – Self-reported abortion history
• Highest quality studies (Kalish, Jackson)
  – prospective study of pregnancy outcomes after D&E
  – no increased risk of PTB

References:
Parazzini 2010; Henriet 2001; Moreau 2005; Martius 1998; Raatikanen 2006; Kalish 2002; Freak-Poli 2009; Jackson 2007
Breast Cancer: an Ongoing Myth

- Case control studies
- Self-reported history of abortion
- Abortion ~ breast cancer link stronger in areas of ↑ religion (↑ underreporting)

Danish study where all medical care is registry-based (avoids problem of underreporting)

No association between abortion and breast cancer

Depression and Other Mental Health Effects

• American Psychological Association abortion task force reported negative mental health effects after abortion
  – Based on reporting effects seen over many studies
  – Problem with the comparison group

→ Pre-existing mental health problems predict mental health problems after abortion
Other Mental Health Effects: “Post-abortion Syndrome”

- “Social diagnosis” introduced by crisis pregnancy centers (CPCs) in 1970s
  - CPCs: pregnancy testing and anti-choice counseling
  - Claim that abortion is uniquely damaging to women and childbirth is automatically beneficial

- 20 states require physicians to tell women about potential psychological side effects, including Post-abortion Syndrome
  - No scientific evidence


**UCSF**

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innovating education in reproductive health
Regret

• Regret
  – Federal Abortion Ban
  – Data support satisfaction after abortion

• Complex emotions
  – Accompany all major life decisions

Fetal Pain

- **Systematic review**: fetuses likely can’t feel pain until 3rd trimester
- **Used as a rationale to ban abortions after 20 weeks**
  - January 2014: Supreme Court declined to hear a case regarding Arizona abortion ban after 20 weeks

*Lee et al. JAMA 2005*
Myths, Stigma, and Unsafe Abortion

**MYTHS**
- Depression
- Breast cancer
- Infertility

**STIGMA**
- Women who have abortions are bad

**UNSAFE ABORTIONS**

**ACCESS**