

POLICY PAGES

The Harms of Abortion

December 11, 2019

OVERVIEW

Contrary to what abortion activists claim, abortion is not harmless or risk free. First, the science is indisputable: abortion ends a human life with his or her own unique DNA. Second, abortion—whether by medication or surgery— can harm women physically, psychologically, and has been linked to an array of negative outcomes.

Regardless of the statistics abortion groups parade out showing abortion’s relative safety, the simple truth remains: abortion ends a human life, and for some women can lead to life-altering physical and psychological harms.

ANALYSIS

According to the 2018 Abortion Report from the Arizona Department of Health Services (DHS), 60% of reported abortions among Arizona residents were surgical abortions, while 40% were medication abortions.¹ Medication abortions, also known as chemical or medical abortions, are typically performed during weeks seven through ten of gestation,² and involve taking two separate drugs, mifepristone (Mifeprex) and misoprostol (Cytotec). The first drug “blocks a hormone called progesterone that is needed for a pregnancy to continue”³ and the second drug, taken within twenty-four to forty-eight hours after taking the first drug,⁴ “cause[s] contractions and expel[s] the remains of the baby. This process may take a few hours or as long as a few days.”⁵

In contrast, surgical abortion means “the use of a surgical instrument or a machine to terminate the clinically diagnosable pregnancy of a woman with knowledge that the termination by those means will cause, with reasonable likelihood, the death of the unborn child.” [A.R.S. §36-2151\(11\)](#). Though the majority of surgical abortions in Arizona occur at or before 13 weeks gestation, 980 abortions occurred at 14 to 20 weeks and 140 occurred at or after 21 weeks in 2018.⁶

Whether through drugs or surgery, abortions end a human life and pose a threat to the health and



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wellbeing of women.

ABORTION ENDS A UNIQUE HUMAN LIFE

Abortion ends a human life. According to embryology, the science is clear— a unique human life begins at fertilization: “Human development is a continuous process that begins when an oocyte (ovum) from a female is fertilized by a sperm (spermatozoon) from a male to form a single-celled zygote”⁷ and “[t]hrough the mingling of maternal and paternal chromosomes, the zygote is a genetically unique product of chromosomal reassortment.”⁸ In other words, “[t]he zygote is genetically *unique* because half of its chromosomes came from the mother and the half from the father” and it “contains a *new* combination of chromosomes that is *different* from that in the cells of either of the parents.”⁹ (emphasis added).

Baby Development During Pregnancy¹⁰

A typical gestation period lasts 37 to 42 weeks. Gestational age is measured from the first day of the mother’s last menstrual cycle, which means the woman’s body is preparing for a baby during weeks 1 and 2 of the gestational period. The third week is when ovulation and fertilization takes place, and implantation begins.

Weeks 4-5. Blood cells, kidney cells, and nerve cells develop; the baby’s brain, spinal cord, and heart begin to develop; bone tissue is growing.

Week 6. A heartbeat is detectable via ultrasound; brain activity can be recorded; eyes and ears begin to form; early reflexes develop; blood pumps through the main vessels; lungs begin to form.

Week 8. All major organs and body systems have begun to develop; the brain begins to control organs; elbows and toes are visible.

Weeks 9-12. Facial features become more distinct; fingers and toes start to form with soft nails; bones, muscles, and intestines begin to grow; arms and elbow develop; tooth buds appear.

Weeks 13-16. The baby can swallow and hear; arms and legs can flex; external sex organs are formed; kidneys are functioning and begin to produce urine.

Weeks 17-20. The sucking reflex begins; the baby sleeps and wakes regularly; in female babies, the eggs have formed in the ovaries; arms and legs begin to punch and kick. At 20 weeks, the baby can feel pain.¹¹

Weeks 21-24. The baby may hiccup, squint, smile and frown; rapid brain growth occurs; lungs are fully formed, unique finger and toe prints can be seen; vocal cords are active; eyes are fully functional and capable of movement. Babies born as early as 21 and 22 weeks have survived and are now thriving with minimal health complications.¹²

Weeks 25-28. The baby's eyes can open and close, and sense changes in light; the baby can make grasping motions and respond to sound; central nervous system is developed enough to control some body functions.

Weeks 29-32. The baby gains weight very quickly; bones harden; hair on head starts to grow; rhythmic breathing movement occur.

Weeks 33-36. The baby keeps eyes open during alert times and closed during sleep; organs are ready to function on their own, but may need special medical care.

Weeks 37-40. The baby is fully capable of surviving outside the womb.

Whether the abortion occurs at six weeks (when the heartbeat is detectable), or at week 20 (when the baby can feel pain), the medication or surgical abortion ends a unique human life.

ABORTION HARMS WOMEN

Although touted as relatively safe, abortion can harm women physically, psychologically, and has been linked to an array of negative outcomes.

Physical Harms

Medication and surgical abortions cause substantial or irreparable physical harm to women. Unfortunately, good statistical information regarding complications or deaths after an abortion is difficult to obtain. The information made available by the Centers for Disease Control (CDC) is incomplete and therefore can be misleading. According to the CDC, only 26 states collect abortion data and there is no requirement for those states to report their data to the CDC.¹³ In addition, it would not be surprising if the abortion industry were reluctant to identify abortion as the cause of death, rather than more immediate causes like hemorrhage or sepsis.

Complications and Adverse Effects. Medication and surgical abortions can lead to a variety of physical harms including:¹⁴

- Bleeding
- Infection, including life-threatening Sepsis
- Post-anesthesia complications
- Uterine perforation
- Uterine atony and subsequent hemorrhage
- Injuries to bladder or bowels
- Cervical laceration
- Incomplete evacuation of the "products of conception" leading to hemorrhage and further surgery
- Deep vein thrombosis
- Death

These medical risks exist regardless of whether the abortion is surgical or by pill. Although cramping and vaginal bleeding are expected effects of the medication abortion drugs, the U.S. Food and Drug Administration (FDA) reports that in some cases “very heavy vaginal bleeding will need to be stopped by a surgical procedure.”¹⁵ Other common side effects include “nausea, weakness, fever/chills, vomiting, headache, diarrhea, and dizziness in the first day or two after taking the two medicines.”¹⁶ The FDA has also received “reports of serious adverse events in women who took Mifeprex,”¹⁷ which was used in 99.2% of medication abortions in Arizona in 2018.¹⁸

Some studies suggest the risks of complication are even higher for medication than surgical abortion.¹⁹ A study followed all women in Finland undergoing induced abortion with gestational duration of 63 days (9 weeks) or less from 2000-2006 for 42 days post-abortion.²⁰ The study found incidence of adverse effects occurred in 20% of medication abortions and 5.6% of surgical abortions. The rates of hemorrhage were 15.6% for medication abortion and 2.1% for surgical abortion, while the rate of “surgical (re)evacuation” was 5.9% for medication abortions and 1.8% for surgical abortions. However, it should be noted that these numbers refer to abortions performed very early in pregnancy and the risk of complications in surgical abortions “increases exponentially with gestational age.”²¹

Deaths. The most frequent causes of death following an abortion include infection, hemorrhage, pulmonary embolism, and anesthetic complications.²² A 2014 analysis of 23 studies (published 2003-2012) with data from 115 countries estimated that 7.9% (193,000) of all maternal deaths around the world were due to abortion, though the study recognized that due to “religious or cultural perceptions in many countries” the numbers are likely under reported.²³

The CDC reports 439 deaths in the U.S. caused by legal abortions from 1973 through 2015, though it recognizes that its numbers are incomplete because “certain states did not report abortion data every year.”²⁴ In addition, the FDA as of December 31, 2018, has received “reports of 24 deaths of women associated with Mifeprex,”²⁵— used in 99.2% of medication abortion in Arizona²⁶— though the deaths “cannot with certainty be causally attributed” to the drug.²⁷

Psychological Harms

The correlation between abortion and mental health problems is undeniable. A 2011 article published in the *British Journal of Psychiatry* reviewed 22 major studies between 1995 and 2009 that examined the psychological effects of abortion on women.²⁸ The results of the study were alarming. Compared to women who carried their babies to term, women who obtained abortions were at an:

- 81 percent increased risk for mental health problems (10 percent of which is directly attributable to the abortion)
- 21 percent more likely to display suicidal behaviors
- 35 percent more likely to commit suicide

Not surprisingly, some experts downplay the connection between abortion and mental health problems, and argue the data is better explained by associated risk factors— like pre-existing mental health problems, perceived pressure to have an abortion, feelings of stigma, lack of support— rather than the abortion itself. The American Psychological Association’s Task Force on Mental Health and Abortion released a report in 2008 attributing the abortion and mental health connection to pre-existing risk factors, but nonetheless readily admitted that “it is clear that some women do experience sadness, grief, and feelings of loss following termination of a pregnancy, and some experience clinically significant disorders, including depression and anxiety” and also that women who have had multiple abortions have higher rates of mental health problems.²⁹

In any case, abortion— whether directly or in combination with pre-existing factors— undeniably contributes to psychological harms for many women.

Additional Harms

In addition to the immediate health and psychological harms of abortions discussed above, studies have also found a link between abortion and an array of additional negative health and behavioral outcomes. Women considering abortion should not ignore these studies when making an informed decision.

First, studies have found a link between abortion and various subsequent health problems, especially related to later pregnancies:

- **Breast Cancer.** A 2009 study released by the American Association for Cancer Research found “induced abortion” was “associated with an increased risk of breast cancer.”³⁰
- **Ectopic Pregnancy.** A study in France between 1993 and 2000 found “medical induced abortion” was associated with higher risk of ectopic pregnancy,³¹ which can be life-threatening and, at a minimum, can also cause reduced fertility.
- **Placenta Previa.** Several studies have discovered a link between abortion and uterine bleeding in subsequent pregnancies, later diagnosed as placenta previa. One of these studies indicated that the risk for placenta previa is 70 percent higher for women who underwent an abortion.³² The risk climbs to 200 percent for women who have had three to four induced abortions and 300 percent for five or more abortions.³³
- **Stillbirth.** Adolescents who have previously undergone an abortion are 3.3 times more likely to have a stillborn first child than those women who have never had an abortion.³⁴
- **Premature Delivery.** At least 127 peer-reviewed studies³⁵ have reported a link between abortion and premature delivery. Studies have found that post-abortive women can have twice the risk of premature delivery in subsequent pregnancies, and that this risk increases with more induced abortions.³⁶

- **Low Birth Weight.** Adolescents who undergo an abortion are 2.7 times more likely to later give birth to a child with very low birth weight.³⁷
- **Miscarriage.** Studies have found abortion increases the risk of subsequent miscarriages.³⁸

Second, studies have also found a link between abortion and harmful behaviors:

- **Alcoholism.** One study found abortion doubles the risk of frequent alcohol use when compared to those who carried to term.³⁹ Studies have also shown an increased risk of alcohol abuse *during* subsequent pregnancies following an abortion.⁴⁰
- **Drug Abuse.** One study found the use of illicit drugs among post-abortive women is 6.1 times higher than for those without a history of abortion.⁴¹
- **Child Abuse.** Abortion is linked to depression, violent behavior, and difficulty in bonding to children born subsequent to an aborted pregnancy. One study indicated that women who had an abortion history reported more frequent slapping, hitting, kicking or biting, beating, and use of physical punishment compared to women without an abortion history.⁴²

CONCLUSION

Abortion activists downplay or deny the harms of abortion. First, the science is indisputable: abortion ends a unique human life. Second, abortion— whether by medication or surgery— can harm women physically, psychologically, and has been linked to an array of negative outcomes. Women considering having an abortion need and deserve to be told the truth about the associated harms and risks.

TALKING POINTS

- Abortion ends a unique human life with his or her own DNA. It also harms women both physically and psychologically. Many women struggle with a lifetime of regret and remorse.
- The more we learn about the development of the preborn child, the less people can justify abortion. Consider the fact that within the first few weeks of life, a preborn baby's brain, spine, and heart are already developing. The tiny heart begins to beat and pump blood through the body before the mother even knows she is pregnant.
- Abortion is not health care. It ends life, and women can suffer damage to internal organs, infection, hemorrhaging, even death. Women can also suffer psychologically and emotionally— whether it's anxiety or depression related to severe regret, substance abuse, even suicide.

¹Arizona Department of Health Services, “Abortions in Arizona: 2018 Abortion Report,” 13 (September 21, 2019), <https://www.azdhs.gov/documents/preparedness/public-health-statistics/abortions/2018-arizona-abortion-report.pdf> (last visited December 6, 2019).

²U.S. Food & Drug Administration, “Mifeprex (mifepristone) Information,” <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/mifeprex-mifepristone-information> (last visited December 9, 2019); Abortion Pill Rescue, “What is the Abortion Pill?” <https://www.abortionpillreversal.com/how-it-works> (last visited December 9, 2019).

³U.S. Food & Drug Administration, “Questions and Answers on Mifeprex,” <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifeprex>, (last visited December 6, 2019).

⁴U.S. Food & Drug Administration, *supra* note 2.

⁵Abortion Pill Rescue, *supra* note 2.

⁶Arizona Department of Health Services, *supra* note 1, at 18.

⁷KEITH L. MOORE, T.V.N. PERSUAD AND MARK G. TORCHIA, *THE DEVELOPING HUMAN: CLINICALLY ORIENTED EMBRYOLOGY* 1 (11th ed. 2020).

⁸BRUCE CARLSON, *HUMAN EMBRYOLOGY & DEVELOPMENTAL BIOLOGY* 31 (6th ed. 2019).

⁹Moore, *supra* note 7, at 30.

¹⁰The American College of Obstetricians and Gynecologists, “Frequently Asked Questions Pregnancy,” April 2018, <https://www.acog.org/Patients/FAQs/How-Your-Fetus-Grows-During-Pregnancy?IsMobileSet=false> (last visited November 25, 2019); MedlinePlus, “Fetal development,” <https://medlineplus.gov/ency/article/002398.htm> (last visited November 25, 2019); Arizona Department of Health Services, “Woman’s Right to Know Act — Characteristics of Unborn Child,” <https://www.azdhs.gov/prevention/womens-childrens-health/informed-consent/index.php#right-to-know-characteristics-unborn> (last visited November 26, 2019).

¹¹Charlotte Lozier Institute, “Fact Sheet: Science of Fetal Pain,” December 17, 2018, <https://lozierinstitute.org/fact-sheet-science-of-fetal-pain/> (last visited November 26, 2019) (citing various sources).

¹²A. Pawlowski, “Miracle baby’: Born at 21 weeks, she may be the most premature surviving infant,” Nov. 9, 2017, Today, <https://www.today.com/health/born-21-weeks-she-may-be-most-premature-surviving-baby-t118610> (last visited November 26, 2019); Nick Trigg, “Babies born at 22 weeks ‘can now survive,’” October 23, 2019, BBC News, <https://www.bbc.com/news/health-50144741> (last visited November 26, 2019).

¹³Jatlaoui TC, et al. *Abortion Surveillance — United States, 2016*, Centers for Disease Control, 68 MMWR Surveillance Summaries 2019, November 29, 2019, https://www.cdc.gov/mmwr/volumes/68/ss/ss6811a1.htm#T23_up (last visited December 6, 2019).

¹⁴Karima R. Sajadi-Ernazarova and Christopher L. Martinez, *Abortion Complication*, StatPearls (October 29, 2019), <https://www.ncbi.nlm.nih.gov/books/NBK430793/> (last visited December 11, 2019).

¹⁵U.S. Food & Drug Administration, *supra* note 3.

¹⁶*Id.*

¹⁷*Id.*

¹⁸Arizona Department of Health Services, *supra* note 1, at 18.

¹⁹Ralph Meich, *Pathophysiology of Excessive Hemorrhage in Mifepristone Abortions*, 41 The Annals of Pharmacotherapy 2002 (2007); Margaret M. Gary and Donna J. Harrison, *Analysis of Severe Adverse Events Related to the Use of Mifepristone as an Abortifacient*, 40 Annals of Pharmacotherapy 191 (2006).

²⁰Maarit Niinimäki, et. al., *Immediate Complications After Medical Compared With Surgical Termination of Pregnancy*, 114 Obstetrics & Gynecology 795, 799 (2009).

²¹J. Diedrich and J. Steinauer, *Complications of surgical abortions*, 52 Clinical Obstetrics and Gynecology 205-12 (June 2009).

- ²²Linda A. Goodrum, *Maternal Mortality: Strategies in Prevention and Care*, Hospital Physician, Hospital Physician (January 2001), <https://pdfs.semanticscholar.org/a83b/ad331bdf56d1ada5e5e89a311c7f394ac296.pdf> (last visited December 10, 2019).
- ²³Lale Say, et. al., *Global causes of maternal death: a WHO systematic analysis*, The Lancet Global Health 323-333 (2014), <http://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2814%2970227-X/abstract?cc=y>, (last visited December 6, 2019).
- ²⁴Jatlaoui, *supra* note 13.
- ²⁵U.S. Food & Drug Administration, *supra* note 3.
- ²⁶Arizona Department of Health Services, *supra* note 1, at 18.
- ²⁷U.S. Food & Drug Administration, *supra* note 3.
- ²⁸Priscilla K. Coleman, *Abortion and mental health: quantitative synthesis and analysis of research published 1995-2009*, 199 Brit. J. of Psychiatry 180, 183 (2011).
- ²⁹Although the APA report downplayed the direct causation between abortion and mental health problems, it was honest when it concluded that “there is unlikely to be a single definitive research study that will determine the mental health implications of abortion ‘once and for all’ as there is no ‘all,’ given the diversity and complexity of women and their circumstances.” Brenda Major, et al., Report of the APA Task Force on Mental Health and Abortion, 4, 91, 93 (2008), <https://www.apa.org/pi/women/programs/abortion/mental-health.pdf> (last visited December 8, 2019).
- ³⁰Jessica Dolle, et al., *Risk Factors for Triple-Negative Breast Cancer in Women Under the Age of 45 Years*, 18 Cancer Epidemiology, Biomarkers & Prevention 1157, 1158 (2009).
- ³¹Jean Bouyer, et al., *Risk Factors for Ectopic Pregnancy: A Comprehensive Analysis Based on a Large Case-Control, Population-based Study in France*, 157 Am. J. of Epidemiology 185 (2003).
- ³²John M. Thorp, et al., *Long-Term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence*, 68 Obstetrical and Gynecological Survey 67, 70 (2002).
- ³³TH Hung, et al., *Risk factors for placenta previa in an Asian population*, 97 Int’l J. Gynecol & Obstet 26 (2007).
- ³⁴Birgit Reime, et al., *Reproductive outcomes in adolescents who had a previous birth of an induced abortion compared to adolescents’ first pregnancies*, 8 BMC Pregnancy and Childbirth 1, 4 (2008).
- ³⁵Byron Calhoun, *Abortion and Preterm Birth: Why Medical Journals Aren’t Giving Us The Real Picture* 6, 7 (April, 2013), https://c-fam.org/wp-content/uploads/Brief-9-FINAL.small_.pdf (last visited December 9, 2019).
- ³⁶Thorp, *supra* note 32, at 70; P.S. Shah & J. Zao, *Induced termination of pregnancy and low birth weight and preterm birth: a systematic review and meta-analysis*, 116 BJOG 1425 (2009).
- ³⁷Reime, *supra* note 34.
- ³⁸N. Maconochie, et al., *Risk factors for first trimester miscarriage -- results from a UK population-based case-control study*, 114 BJOG: An Int’l J. of Obstetrics & Gynecology 170 (2007); Yuelian Sun, et al., *Induced abortion and risk of subsequent miscarriage*, 32 Int’l J. of Epidemiology 449 (2003).
- ³⁹Priscilla K. Coleman, *Induced Abortion and Increased Risk of Substance Abuse: A Review of the Evidence*, 1 Current Women’s Health Rev 21, 22-23 (2005).
- ⁴⁰Priscilla K. Coleman, David C. Reardon, and Jesse R. Cougle, *Substance use among pregnant women in the context of previous reproductive loss and desire for current pregnancy*, 10 Brit. J. of Health Psychol. 255, 265 (2005).
- ⁴¹Coleman, *supra* note 39, at 22 (citing D. Yamaguchi and D. Kandel, *Drug use and other determinants of premarital pregnancy and its outcome: A dynamic analysis of competing life events*, 49 J Marriage Fam 257-270 (1987)).
- ⁴²Priscilla K. Coleman, et al., *Induced Abortion and Child-Directed Aggression Among Mothers of Maltreated Children*, 6 The Internet Journal of Pediatrics and Neonatology (2006).